



Influence of Accountability towards Antenatal Care Providers on ANC Service Performance in North Kivu, DR Congo.

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Abstract: *The countries of Sub-Saharan Africa suffer from serious problems of poor governance and the Democratic Republic of Congo is not spared. Thus the study aimed to analyse the influence of healthcare governance on the quality and performance of antenatal services focusing on accountability towards ANC providers within health structures management in DR Congo, North Kivu province, Goma, and Masisi health zones. 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 there is no accountability mechanisms towards health structures personnel especially ANC providers. ANC providers reported not having job descriptions resulting in job confusion and conflicts, opaque management and lack of clear staff recruitment procedures. These findings offer practical implications for DR Congo government and health system officials to improve leadership, management, and governance by increasing accountability mechanisms towards health staff to increase quality in healthcare delivery.*

Key words: *healthcare governance, accountability, 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 new-borns 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).

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).



The accountability to ANC health care providers

Definition of accountability

As pointed out by Kyriacou (2008), accountability is the obligation, or the responsibility of a person, a company or entities to explain, respond, justify, and defend their actions or what they have done to another party who will observe, evaluate, and scrutinize that performance and they can give feedback, including reward and punishment. Accountability can also be defined as the action of reporting, explaining and justifying. This action can be done in the organization in several ways, either from the employer to the employee, or vice versa. In the first case, it is about the managers of the institution to make their management transparent in order to motivate employees to improve productivity. Accountability is very important for strengthening governance in health systems in order to decrease corruption and make the health system efficient with values such as responsiveness, equity and efficient use of resources (Baez-Camargo, 2011).

Practically, in this study, accountability is the way in which the managers of the health structures (management team) report to the staff and in particular to the service providers in ANC. The aim here is to return to the medical staff in charge of ANC within the structure, the budget, the incoming funds and the related expenses, to evaluate the management of the structure, to clearly inform them of the objectives and expectations of their department and vice versa towards the management body.

Accountability has always been controversial in its meaning and application by many scholars (Savage et al. 2013). At the level of public administration, accountability is the way by which public administration and their workers manage the various expectations generated inside and outside the organization (Melvin, 2014). Baez-Camargo (2011) defines accountability as a process in which there is principal and an agent. The principal can be the government and the policy makers while the agent is composed of the healthcare providers considering that the behaviors of the principal influence the performance of the agent. Principal - agent theory has become the essential tool for measuring and analyzing public accountability (Gailmard, 2012). Indeed, this principal-agent model is characterized by the interrelationship between the various stakeholders of the health system, including the client/citizen and the government. The clients/citizens are the principal and the state actors are the agent with the key characteristic of the expression of the people's needs as a rule of accountability and the respect of promises done by the leaders (Brinkerhoff and Bossert, 2014).

Others definition of accountability are also based on the object and the institutional framework where it is applied, then there exist a social, politic and cultural accountability (Brandsma and Schillemans, 2012, Olsen 2016). Recent research done by Tsafack Nguimfack (2018) on how accountability could impact employee performance, shown that having a job description make them feel comfortable about their work, avoid conflicts and improve the management accountability and work performance. Moreover, Yousueng Han and Sounman Hong (2019) found that accountability mechanisms applied to staffing, performance appraisal and compensation systems in the federal government directly and positively affect performance organizational.

Han and Sounman Hong (2019) found a positive impact and direct relationship between accountability and performance and confirmed the argument that accountability-based management can improve the performance of public organizations.

In their research on the effect of accountability elements on public trust in Palestinian authorities in Gaza, Alaa Abu (2017) found that management did not effectively implement accountability to staff and performance was poor.

Interactions between health care providers and pregnant women.

Definition of interaction healthcare provider – patient

By simple definition, patient-healthcare provider collaboration is the communication and interaction between healthcare providers and patients and the involvement of the patients in the decision-making process for the care they receive. It is a therapeutic alliance between the healthcare provider and the patient.

In order to seek to detect and determine certain weaknesses that may affect the quality of ANC and certain factors that may constitute obstacles to the early attendance of pregnant women, it is important to understand the nature of the collaboration between healthcare providers and patients, especially pregnant women. Indeed, according to the report of the National Program for Reproductive Health in DR Congo, the trends in attendance at ANC1 are up for the year 2020, compared to 2019, but lower compared to the national objective (PNSR DR Congo report, 2020) and therefore maternal and perinatal deaths remain a thorny issue.



Advantages of Patient-HCPs collaboration

Patient-HCPs collaboration demonstrates positive relationships between patients and their healthcare providers, in addition to being essential to the development of self-management skills (Lee and Wong, 2019). The collaboration of patients and HCPs is essential to guarantee health care for the sick, because it also makes it possible to contain the psychological aspects outside of medical care (Green, 2016) and to obtain full patient satisfaction.

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 showed that a large number of antenatal care providers gave negative answers to the criterion of accountability of the managers of the structure towards the employees (98%). Among these, 56 healthcare providers were from Goma (urban area), i.e., 97% of the total of urban healthcare providers surveyed and 24 healthcare providers were from Masisi health zone (rural areas), i.e., 100% of rural healthcare providers surveyed. In addition, among those who responded negatively to the accountability criterion, 56 healthcare providers were male and 26 were female. Younger healthcare providers were more negative about their accountability criterion, from age 20 to 39, than medical providers ranging in age from 40 to 49.

Also, the ownership structure strongly influences the fact of being negative or positive to the accountability criterion. The medical providers of public structures (99% negative to accountability) and those of medical structures belonging to religious confessions (91% negative to accountability) gave more negative responses than those of private for-profit structures.

Among health providers with a state-certified education level, the minority of them (97%) gave negative answers, while almost all (i.e., 100%) of healthcare providers with a level of study higher than the state diploma gave negative answers in relation to this criterion. At 5% significance level, with a p-value of less than one percent, we confirm that whether a service provider is positive or negative depends on whether he works in rural or urban areas.

Not all socio-demographic characteristics had a significant effect on whether healthcare providers agree or disagree with accountability criterion being taken into account towards ANC healthcare providers. The Chi-square test was performed at the 5% significance level.



Additionally, during focus group discussions with healthcare providers, data revealed insufficient accountability of medical providers. Some ANC healthcare providers have denounced an opaque management of the resources in their health centers, lack of transparency and cases of fraud as illustrated in the following quotation from a nurse in a hospital in the Goma health Zone:

“In this hospital, we know that there are many cases of fraud and theft even of equipment. However, we don't know how to solve them because managers themselves are involved. There are even doctors who sell their own drugs to patients. It's a total mess.

Some medical facilities that received NGO funding have suggestion boxes hanging on their walls, but they have never received complaints from employees, as they are there for just formalities. Many antenatal care providers do not know their job description. They are sometimes swapped between the different services of the health center without being informed beforehand, which causes long hours of waiting for pregnant women who come to ANC. They also stated that they do not know the motto, goals, missions and visions of their medical structures.

The concept of “accountability” was heard for the first time by the majority of the staff of the surveyed health structures, it was a new term. The meetings organized by the titular nurses concern only the programming of the activities and some evaluations if necessary. But staff nurses, management teams and healthcare providers are unaware that they are accountable to themselves, to the community and to the pregnant women.

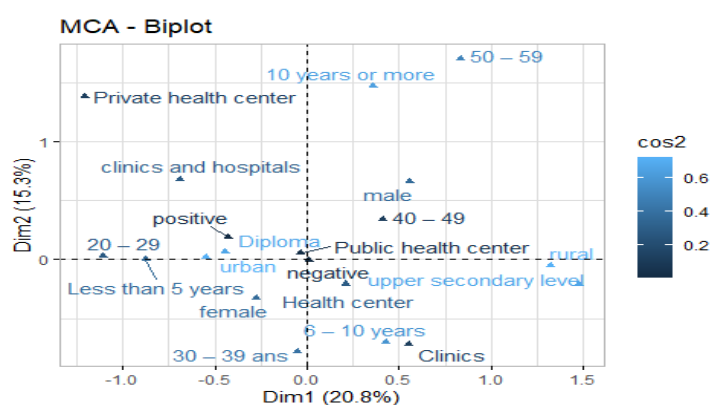


Figure 1 : Profiling of socio-demographic characteristics on the accountability criterion

After analysis of the multiple correspondences, the following profiles seem to emerge: health structures such as clinics, hospitals as well as strictly private structures in relation to the other categories do not agree on the idea that accountability criteria is taken into account by health structures. Most healthcare providers in rural areas also do not agree with considering accountability within their medical facilities, while a small number of urban and state-certified healthcare providers agreed to apply the principle of accountability.

Correlation between accountability on healthcare providers’ performance.

The nature of correlation between ANC's accountability index to medical providers and their performance on this criterion is as shown in the Table below.

Table 1 : Correlation between accountability on healthcare providers' performance

Spearman rank correlation was used because variables (Accountability and performance) are normally distributed.

Questions	Accountability	Q17	Q18	Q19	Q20	Q23
Accountability performance	1.0000000					
Feedback from follow-up/supervision of your activities on the points to be improved and the performance to be maintained	0.6966217	1.0000000				



The institutional procedure for healthcare providers to control the facility's budget	0.5335583	0.6012880	1.0000000			
Transparency in recruitment procedures within the institution.	0.5874108	0.4866321	0.3725149	1.0000000		
Influence of accountability to healthcare providers on their service performance.	0.8622018	0.7309981	0.4970986	0.6811752	1.0000000	
Information of healthcare providers on innovations and changes that concern them directly.	0.6281334	0.3615307	0.3518250	0.3174413	0.5871650	1.0000000

The effect of accountability on the performance of ANC providers is positive. Table 4.5 above reveals the relationship between accountability and healthcare provider performance and indicates that there is a significant positive correlation between these two variables ($r^2 = 0.73$, $p < 0.01$). Around 86% of the variability in the number of healthcare providers' performance is dependent on accountability criterion.

Additionally, most antenatal care providers mentioned in focus group discussions that they do not have accountability mechanisms within their medical facilities such as staff recruitment procedures, requirements of clear job descriptions for employees, the establishment of complaint management mechanisms in the case staff dissatisfaction, participatory budget and formative supervision by the hierarchy. Healthcare providers reported that the challenges related to the lack of accountability mechanisms and their application makes their work difficult and prevents them from achieving the desired professional performance. The recruitment of staff is done without clear and objective procedures. A nurse at a faith-based hospital said:

“Here, we don't know when and on what criteria employees are recruited. Recently, a doctor was recruited on the basis of his relationship with the management and according to obscure procedures was identified during the check done by the provincial health inspection. He held a fake medical degree,”

Antenatal healthcare providers reported during focus group discussions that they did not have formal complaints frameworks or mechanisms to handle complaints related to their working conditions. Indeed, challenges related to the weakness of accountability mechanisms influence the demotivation of health personnel and the lack of job satisfaction. In many medical structures, healthcare providers do not know the budget of their health facility; also they are not informed of the income they produce. Financial reports remains secret within the structure's management, while transparency would help reduce the misuse of resources and limit embezzlement and corruption. In some medical structures, there are suggestion boxes or complaint boxes affixed to the walls at the entrance to buildings with funding from international donors, but their operation, applicability and management remain obscure.

Also, results on the nature of the interaction between pregnant women and ANC providers show that most pregnant women do not have 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 were 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%).

5. DISCUSSION:

This study hypothesized that there is no accountability in the management structure to staff, especially the antenatal care providers in Masisi and Goma. The multivariate analysis considering the factors of accountability to ANC care providers and their performance showed a strong correlation between accountability and performance ($r^2 = 0.73$, $p < 0.01$). The lack of clear accountability mechanisms leads to fraud, corruption and embezzlement of funds as well as the demotivation of ANC providers.



Antenatal healthcare providers reported during focus group discussions that they do not have formal complaints frameworks or mechanisms to handle complaints related to their working conditions. Some antenatal healthcare providers cited opaque management of the resources of their health centers, the lack of transparency and cases of fraud. Many antenatal care providers do not know their job description. They are sometimes swapped between different services of the health center without being informed before, which causes long hours of waiting for expectant women.

This low accountability is confirmed by the results of the World Health Organization (WHO, 2019) and the World Bank (WB, 2019) that in low-income countries, there is poor regulation, demotivation of staff, poor management of resources with insufficient quality antenatal and child care and inadequate family planning practices and absenteeism of health care providers. This finding shows that there is a difference compared to the strategies of the Pan American Health Organization (PAHO) (WHO, 2020) which insists in promoting good governance, accountability, transparency, effective management of human resources and ensuring effective administration and use of resources.

The Haitian Childhood Institute (IHE, 2019) confirms PAHO strategies that to improve antenatal services it is necessary to respect standards and build strong administrative and management systems. In the DRC case, Nelly (2018) shows that managerial support could help to solve the problem linked to weak accountability.

Moreover, in their study, Han and Hong (2019) found that accountability mechanisms applied to staffing, performance appraisal and compensation systems in the federal government directly and positively affect organizational performance. Thus, there is a direct relationship between accountability and performance. This result is consistent with the argument that accountability-based management can improve the performance of public organizations. Without a sense of felt accountability, an organizational HRM will have a diminished effect on desired organizational outcomes.

This study's findings are also supported by Abu (2017) research results on effect of accountability elements on public trust on the Palestinian Authorities in Gaza. Alan found that the management did not effectively implement the accountability towards the staff with the means of 5.56 (55.64%), the Test-value = -2.09, and P value=0.019 which is smaller than the level of significance $\alpha= 0.05$. The results of Test-values showed that the people have negative orientation and they tend to disagree because the management did not effectively implement the accountability.

Our results are also similar to the results of Alamrew (2016) who also conducted a study on the effects of governance on job satisfaction, intention to leave work and task performance at the University of Gondar at the end of which they noted that many respondents including academic and administrative staff showed that the university does not have good governance, the employees are not satisfied with their work and even show the intention to leave work. They recommended that university managers improve governance.

Our results also agree with those of Alamrew (2016) regarding the correlation between governance and performance. We found a positive correlation between the different components of governance assessed including participation in decision-making, accountability and equity – inclusiveness in relation to the performance of ANC care providers ($r^2 = 0.67$, $p < 0.01$, $r^2 = 0.73$, $p < 0.01$, $r^2 = 0.5929$, $p < 0.01$), they also found the existence of a significant positive correlation between governance and employee performance with values ($r^2 = 0.041$, $p=0.01$).

Theoretical implications

Basing on principal-agent theory of accountability (Baez-Camargo 2011, Brinkerhoff and Bossert, 2014), agent behavior and performance are influenced by predetermined norms of the principal. The most basic requirements of accountability, stated in this study, is that the organization has a clearly specified purpose or mission, and a transparent internal management system, free of conflicts of interest, discrimination, favoritism, secrecy, corruption, and all other unethical practices. ANC care providers are negatively influenced in the performance of their services to pregnant women by the lack of accountability mechanisms within their medical structures.

Practical implications

In order to achieve effective accountability by employees, managers need to approach the mode of defining the roles and duties of ANC, helping ANC providers to understand their roles and responsibilities as well as creating a shared purpose within a team work, making delegation at workplace and creating learning environment for improving ANC skills.

This research tends to treat accountability as a manipulated variable that is externally imposed on individuals. However, treating accountability in this manner oversimplifies the sources from which it can emerge. In addition, the



researcher contend that a more comprehensive approach to understanding accountability is to view it as a perceptual variable shaped by individual's differences, interpersonal relationships as well as organizational rules and regulations.

Given the dependency theory that often exists between a subordinate and a supervisor, we argue that interpersonal relationship, especially between leaders and subordinates must be improved in order to determine the nature of accountability perceptions. The researcher recognizes that accountability does not automatically translate into behaviors and suggests that the expectancy theory of motivation theory provides a unifying theme for understanding the relationship between accountability perceptions and behaviors.

Policy implications

In terms of policy implications, the results of this study has to do with the institutions, procedures, and mechanisms that seek to ensure that health structures provide quality antenatal care, fulfils the public trust in health structures, aggregates and represents citizens' interests, and responds to on-going and emerging societal needs and concerns.

In addition, this study contributes on influencing the building health facilities in rural and urban areas on providing affordable antenatal healthcare which can be attractive options for pregnant women. In addition, the policy-making and service delivery relate to aggregating and representing citizens' interests, and responding to on-going and emerging societal needs and concerns especially of the expectant women. An important government responsibility is to remedy healthcare market failures both through regulation and resource allocation in terms of antenatal health care structures.

Interaction between pregnant women and antenatal care providers

The interaction between pregnant women and antenatal healthcare providers has to be effective in order to generate the positive results in health organizations. The hypothesis in this study stipulated that this interaction is ineffective in Masisi and Goma health zones.

By analyzing the results, 142 pregnant women, or 56.8% of the sample of women, do not have a good interaction with antenatal care providers. Pregnant women encountered during focus group discussions revealed that they interact well with antenatal healthcare providers in the urban areas.

The results of this study showed that the beneficiaries of ANC do not have equal opportunities to benefit from antenatal health care in some health facilities due to discrimination linked to the socioeconomic status of some pregnant women who are received without respecting the order of arrival. Indeed, the lack of equal and fair treatment of pregnant women during the antenatal care visits could lead to disinterestedness, de-motivation and distrust to the provided services as well as low attendance at ANC services, exposing pregnant women and their babies to the risks of maternal and neonatal mortality due to suboptimal use of antenatal care services. (WHO, 2012).

In conclusion, this weakness of relationship between ANC health providers and pregnant women has huge consequences on ANC use, and maternal and child health.

6. RECOMMENDATIONS:

- Stakeholders to promote good governance within their medical institutions by focusing more on transparency and accountability. There is need to constantly and systematically improve transparency in staff recruitment procedures and make job descriptions available to staff in order to avoid interpersonal conflicts resulting from confusion of roles and attributions. Moreover, they ought to make the hospital budget available to all the staff to avoid employee demotivation.
- It is recommended that private and even faith-based medical structures should have administrative and financial procedure manuals including written standards known by the staff.
- DR Congo health ministry should assist health structures in developing and following procedures, guidelines and standard operating procedures to improve accountability through clarifying roles and responsibilities among all healthcare providers.
- It is recommended to health ministry that a zonal complaints management committee for healthcare providers should be instituted. The zonal complaints management committee would be based at the health zone level in both rural and urban areas. It will be made up of members of the health zone management team and community



leaders. Its role would be to receive, channel and process complaints of abuse of power, mismanagement of medical structures, complaints from medical staff and sexual gender-based violence (SGBV) and sexual abuse and exploitation (SEA), and provide appropriate solutions.

Interaction with pregnant women

- Health structures managers should encourage and promote good interaction between service healthcare providers and patients and in particular good interaction between pregnant women and antenatal care providers.
- Health structures managers should set up the motivation system for ANC providers based on performance: Motivation system is effective tool of employee performance and satisfaction at workplace. This creates the favorable work environment and quality service delivery.
- The health structures in DRC are recommended to use competent employees especially in Antenatal services. It means that they should hire qualified employees who understand their services, always grasp the pregnant women's demands and consult them in terms 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 ANC service users.

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 accountability towards ANC providers 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. The results of this study showed major governance challenges within the health structures surveyed leading to weaknesses in the performance of services provided to patients as well as to pregnant women during ANC. This may lead to the low attendance of pregnant women in antenatal and the high maternal and infant mortality in DR Congo.

Understanding the governance of the health system at the operational level is important in that this exercise makes it possible to identify not only the existence of both national and provincial policies for the improvement of the health of the populations, but also the effectiveness of their implementation.

Ultimately, this study offers practical implications for the DR Congo government and health system leaders to improve health system leadership, management, and governance by increasing employee participation, accountability, and equity - inclusiveness. It could also be useful to other organizations in both the public and private sectors to improve leadership and governance in order to increase performance and productivity.

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