C0DZAL

**Does community governance improve primary health-care services delivery? Conflicting evidence from randomised control trials in Burundi and Eastern DR Congo.**

Mr. Jean-Benoît Falisse, jbfalisse@gmail.com, Oxford Department of International Development & St Antony's College, OX2 6JF, Oxford

Since the late 1980s', most African countries have set up elected citizen committees to co-manage primary health care facilities and thereby improve service delivery. A comprehensive mixed-methods study reveals the poor functioning of these health facility committees in rural clinics of Burundi and the neighbouring province of South Kivu in the Democratic Republic of the Congo (DRC). Field evidence and literature alike point out to an important 'capacity gap': the committees do not know what they should do.

This capacity gap hypothesis is explored through a project for building the knowledge health facility committees have of their expected role and the health system. The project was randomly implemented in Burundi and DRC (n=310). After one year, the intervention led to almost no change in Burundi but in the DRC, the committees functioned much better, social accountability indicators were one the rise, and there were remarkable improvements in health services management (infrastructure and human resources). There was however no visible changes in the use and perceived quality of services.

The paper tries to understand what makes social accountability initiatives efficient and re-examines the theory of change behind the health committee system. It is argued that local history, and especially the way people relate to power and authority, is key for social accountability initiatives -Kivu indeed has a long history of community governance while authority has rarely come from the people in Burundi's recent history. The actual impact of health facility committees on people's health is also discussed.