

# Community-Based Monitoring of Healthcare Providers in Uganda



Weak accountability in health systems often results in low-quality health service delivery and contributes to poor health outcomes. In Uganda, researchers are evaluating and unpacking a program closely based on a previously evaluated intervention found to greatly improve child health. The program provides community members and healthcare workers with information about the quality of their local health services, and brings them together to create action plans for how to improve local health service accountability, delivery, and quality.

## Policy Issue

In 2015, the under-five mortality rate in low-income countries was 76 deaths per 1000 live births—about 11 times the average rate in high-income countries (7 deaths per 1000 births).<sup>1</sup> In Sub-Saharan Africa, more than half of these deaths were caused by diseases that could have been prevented or treated if the children had had access to a small number of proven, inexpensive services.<sup>2</sup> Improving local access to these services is therefore a priority for the region.

One approach that was shown to be effective at improving the quality and utilization of health services and ultimately health outcomes for citizens was a [community-based monitoring approach](#), which helped citizens create and monitor action plans with local health workers. In addition to improving the quality and utilization of care, the approach also led to increased infant weights and a 33 percent reduction in under-five mortality. Will these positive results translate to a new time and context, a larger scale, and a different implementation model and partner? This study contributes to a growing body of research that investigates what kind of information and interactions between citizens and health workers help communities hold health center staff accountable, and whether this accountability can improve health service delivery and community health outcomes.

## Evaluation Context

The project is taking place in 16 districts across four regions of Uganda. In Uganda, child, infant, and neonatal mortality rates have declined in recent years, but there is still much progress to be made in infant and child health outcomes. Since 2001, public health services in Uganda have been free of charge. However, Ugandan health staff are underpaid and facilities are poorly funded. Resource management tends to be weak, resulting in missing medicines and high absenteeism rates among



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### COUNTRY

Uganda

### PARTNER

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### PROGRAM AREAS

Governance, Health

### TOPICS

Access to Healthcare, Civil Service Motivation & Productivity, Community Participation, Healthcare Quality, Maternal & Child Health, Transparency & Accountability

### TIMELINE

2014-2017

health workers.

## Details of the Intervention

Researchers are conducting a randomized evaluation to investigate the impact of providing information about health service delivery and fora for interaction between healthcare workers and community members on accountability, health service delivery, and health outcomes. The current research unpacks the [previous program](#) into its two main components—information and interfacing—in order to better understand how they each impacted health, separately and together.

Prior to the start of the program, researchers collected data about health delivery in facilities in each of the communities and used this information to write Community Report Cards (CRCs). Then, researchers randomly assigned the 377 health centers and the communities they serve to one of four different groups:

1. **Information only:** A local NGO provides information on health service delivery in their local area to community members and health clinic workers in separate meetings using the CRCs. Community members agree on an action plan for holding the clinic accountable for health service delivery in future. Health center staff also write an action plan for addressing the issues raised in the CRC during their staff meeting, but an interface meeting is not held.
2. **Interface meeting only:** A local NGO organizes an interface meeting between health center staff to discuss suggestions for how to improve health service delivery. The outcome is a shared action plan or contract.
3. **Information and interface meeting:** All three meetings are held (a community meeting, a staff meeting, and an interface meeting), combining the experiences of the first two groups.
4. **Comparison:** No information or interaction.

In each of the first three groups, the NGOs hold half-day follow-up meetings every six months for community members and health workers to help participants track the implementation of the action plan, determine new areas of concern, and come up with a new set of recommendations for improvement of local health services.

Researchers are interested in whether information, interface meetings, and/or a combination of the two can effectively improve accountability, health service delivery, and health outcomes for the communities in this study. One and two years after the initial meetings, researchers will measure accountability by looking at various outcomes, including the number of facilities with suggestion boxes, numbered waiting lists, and posters describing free services and patient rights. To measure health service delivery, researchers will also track the condition of the clinics (clean floor, medicines fully stocked, etc.), staff absenteeism, vaccination rates of children under five, and the number of patients receiving various services (for example, information on family planning). Finally, researchers will monitor health outcomes, including measures of stunting, wasting, and under-five mortality.

## Results and Policy Lessons

Results forthcoming.

## Sources

<sup>1</sup>"Under-five mortality," World Health Organization.

2015. [http://www.who.int/gho/child\\_health/mortality/mortality\\_under\\_five\\_text/en/](http://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/)

<sup>2</sup> Svensson, Jakob, and Martina Björkman. "[Power to the People: Evidence from a Randomized Field Experiment of a Community-Based Monitoring Project in Uganda.](#)" *Quarterly Journal of Economics* 124, no. 2 (2009): 735-769.

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