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Bottom-up Accountability of Health Care Providers in Uganda



In Uganda, researchers conducted a large-scale randomized evaluation of a program called Accountability Can Transform (ACT) Health. The program provided community members and health care workers information about the quality of their local health services and brought them together to create action plans for how to improve local health service accountability, delivery, and quality. The study built on previous research of a similar program called Power to the People, which was found to greatly improve child health.

Key Findings

Twenty months after the program began:

- The program marginally improved the quality of treatment patients received and increased patient satisfaction.
- However, the program did not affect how often people sought health care (utilization rates) or improve health outcomes; child mortality rates were unchanged.
- Results were similar one and two years into the program and were consistent across different groups; no health effect was found in any subgroup.
- Contrary to the theory of change motivating the intervention, there was no evidence that the program caused citizens to more closely monitor or apply pressure on service providers.
- Overall, the findings suggest a combination of information provision and increased oversight can marginally change the behavior of frontline service providers, but can do so in the presence of information to foster community monitoring or to generate improvements in health outcomes, including child mortality, at least in the short term.

*On average the time between the launch of the program and the final survey was 20 months.

RESEARCHERS Doug Parkerson (Innovations for Poverty Action) Daniel N. Posner (University of California, Los Angeles) Pia Raffler (Harvard University)	COUNTRY Uganda
PARTNER GOAL Uganda	TIMELINE 2014-2017
	SAMPLE 37 health centers (14,639 households) in 10 districts

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- Overall, the findings suggest a combination of information provision and increased oversight can marginally change the behavior of frontline service providers, but cast doubt on the power of information to foster community monitoring or to generate improvements in health outcomes, including child mortality, at least in the short term.

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