Community-Based Monitoring of Health Services

Description of intervention

These interventions look at making efficiency improvements to health systems by strengthening incentives for performance. The first is community monitoring of health services - for example, providing community members with performance scorecards and involving them in holding service delivery providers to account. The second involves regional comparisons of performance on delivering health outcomes, and rewarding good performers, for example, in award ceremonies.

Key questions and considerations

How do the interventions work?

These interventions try to strengthen the incentives for service providers to provide a good quality health service. There are many problems in health care delivery in developing countries. These include clinics not being open when they should; workers being absent or not using their time effectively; equipment, drugs, and vaccines not being used or being misused; funds being misappropriated; and so on. Rules and regulations are often weakly enforced, and workers often face perverse incentives.

The first intervention works by making communities - who have the strongest incentive to ensure good health outcomes, as the beneficiaries - responsible for monitoring health outcomes. The second intervention aims to incentivize better performance through competition and recognition of performance.

How effective are they likely to be?

These two interventions were tested in randomized controlled trials by the government of Sierra Leone, the World Bank, and three other NGOs. Both interventions led to more patients using clinics and higher patient satisfaction. The community monitoring intervention also resulted in large improvements in child health - including a decrease in the under-5 mortality rate from 39 in 1000 to 24 in 1000 [1] [2].

A study in Uganda also found a reduction in child mortality by 17 in 1000, at $68 per life saved [3]. These statistics are three times better than the estimated impact of insecticide-treated bednets [4]. However, in a second experiment in Uganda with a much larger sample, the impact on child mortality was estimated (quite precisely) to be zero [5]. This was later in time, when mortality more generally had fallen quite a bit since the 2009 study. They did find positive but small effects on health service use and patient satisfaction.

Is it neglected?

The other question about this intervention is whether there is space for an organization to work on this. I will need to look more into this, but from a quick look it seems that, while there's a large program in India and a couple of other countries, it is not rolled out globally [6].

Provisional conclusion

I think that the community-based monitoring intervention could be worth looking into further because of the large treatment effect sizes in some of the studies. However, I'm less confident because of some of the null findings. The impact is probably quite context-dependent and we'll need to do research into understanding that, though I don't think this is well-understood in the literature. The other thing to figure out is how neglected this intervention is. Given the initial impact estimates, as well as the fact that community-based measures were a focus in the 2004 World Development Report back in 2004, I'd expect it to be more widely implemented [7].

Informed consideration score: **6.5/10**

References

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