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POWER TO THE PEOPLE: EVIDENCE FROM A
RANDOMIZED FIELD EXPERIMENT ON
COMMUNITY-BASED MONITORING IN UGANDA*

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This paper presents a randomized field experiment on community-based monitoring of public primary health care providers in Uganda. Through two rounds of village meetings, localized nongovernmental organizations encouraged communities to be more involved with the state of health service provision and strengthened their capacity to hold their local health providers to account for performance. A year after the intervention, treatment communities are more involved in monitoring the provider, and the health workers appear to exert higher effort to serve the community. We document large increases in utilization and improved health outcomes—reduced child mortality and increased child weight—that compare favorably to some of the more successful community-based intervention trials reported in the medical literature.

I. INTRODUCTION

Approximately eleven million children under five years die each year and almost half of these deaths occur in sub-Saharan Africa. More than half of these children will die of diseases (e.g., diarrhea, pneumonia, malaria, measles, and neonatal disorders) that could easily have been prevented or treated if the children had access to a small set of proven, inexpensive services (Black, Morris, and Bryce 2003; Jones et al. 2003).

Why are these services not provided? Anecdotal, and recently more systematic, evidence points to one possible reason—ineffective systems of monitoring and weak accountability

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