IMPROVING SOCIAL ACCOUNTABILITY AND HEALTH CARE SERVICE DELIVERY IN PUBLIC HEALTH FACILITIES IN UGANDA: A CASE OF MUKONO GENERAL HOSPITAL

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DECLARATION

I hereby declare that this is my original research project and has never been presented to any University or academic institution for any award, except where due acknowledgement has been made.

Signed ..... Date.....19th june, 2024.....

Reg. No: RM22P08/002

APPROVAL

This is to certify that this research project has been done under my supervision and is now ready for submission to the School of Research and Postgraduate Studies of Uganda Christian University for examination.

Signature: ..... Date: 20th/6/2024

Ms. Nagadya Edith

Supervisor

DEDICATION

This work is dedicated to my children, mother LT. General Nalweyiso Proscovia and friends especially, group Three for their encouragement. May the Almighty God bless them all.

ACKNOWLEDGEMENT

I would like to acknowledge my supervisor for inspiring criticism and relentless guidance which turned this work into reality. I do thank my lecturers at Uganda Christian University who tirelessly gave time, knowledge and made a difference in my academic journey.

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LIST OF ABBREVIATIONS

FY:	Financial Year
ISER:	Initiative for Social and Economic Rights
NIMES:	National Integrated Monitoring and Evaluation Strategy
NPM:	New Public Management Theory
PETS:	Public Expenditure Tracking Surveys
SDGs:	Sustainable Development Goals
UBOS:	Uganda Bureau of Statistics
WHO:	World Health Organization
CSO	Civil Society Organization
UBOS	Uganda Bureau of Statistics

ABSTRACT

This study examined the social accountability mechanisms for improving health care service delivery in public health facilities in Uganda, using a case study of Mukono General Hospital**.** Specifically, the study assessed the various social accountability mechanisms for improving health service delivery at Mukono General Hospital; identified the factors affecting social accountability at Mukono General hospital; and assessed the role of social accountability practices in improving health service delivery at Mukono General hospital. A descriptive research design was adopted with a qualitative research approach. Data was collected from a sample of 15 Heads of department and Section at Mukono General Hospital using interviews. The study found that Public Tracking Systems participatory planning and monitoring through elected leaders and Village Health teams; community surveys, scorecards and social audits implemented by Civil Society Organizations (CSOs), Health Facility Management Committees and use of media are some of the social accountability mechanisms for improving health service delivery at Mukono General Hospital. Rigorous reporting standards, illiteracy among local populations, lack of adequate information tools, citizen's limited knowledge about their rights and responsibilities, political interference and lack of funding were found to be barriers to effective social accountability and health service delivery. Findings also indicated that social accountability plays a significant role in improving health service delivery at Mukono general hospital. The study concluded that social accountability interventions are effective in improving health service quality delivery at Mukono General Hospital. The study recommended that: community – based monitoring should be strengthened and complemented with measures to sanction health officials and public service providers who do not perform according to expected standards; training of citizens to build their capacity in monitoring of health service provision in their areas; management of Mukono General hospital should consider relationship-building between community and health practitioners at the facility; and the Ministry of Health should build a strong institutional support in the form of resources, data, education, and citizen empowerment to facilitate social accountability in public health facilities.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

Over the past few decades, health care has attained worldwide recognition as a crucial component of human development and poverty eradication. However, there is a realization that one third of the world's population lack access to essential medicines, and this critically contributes to further poverty, mortality and morbidity (World Health organization - WHO, 2020). Studies have shown that the adoption of social accountability mechanisms in the health sector, in the recent times have proven to foster prudent use of resources and best practices in addition to providing early checks and balances and help to ensure that programs are being implemented efficiently and effectively, reaching the intended target groups (Toscano, 2019; Guzman et al., 2020; Lahey, 2019). Nevertheless, there is scanty literature regarding the relationship between social accountability and health service delivery in developing countries particularly Uganda where quality of health services has remained poor. Therefore, this study sought to examine the social accountability mechanisms in relation to public health service delivery in Uganda, using a case of Mukono General Hospital. This chapter presents the background to the study, statement of the problem, objectives of the study, the research questions, scope of the study, justification and significance of the study.

1.1 Background to the study

The background is presented in four perspectives namely: historical, theoretical, conceptual and contextual.

1.1.1 Historical Background

The historical development of public health service delivery began in ancient times and it is when emphasis on various public health concepts evolved. New ideas about causes of disease and about social responsibility inspired the development of public health agencies and institutions (WHO, 2014). Prior to this, in the earlier centuries when little was known about the causes of diseases, society tended to regard illness with a degree of resignation, and few public actions were taken (Ferlie & Steane, 2012). However, as understanding of causes of diseases and means of controlling diseases became more refined, more effective health interventions against health threats were developed especially with the emergence of the New Public Management,

where Public organizations and agencies were formed to employ newly discovered interventions against health threats (Manning, 2011).

Many countries in Europe faced common population health challenges, including a growing burden of non-communicable diseases with inadequate implementation of consistent and effective public health interventions. Population growths brought increased awareness of infant deaths and creation of hospitals (Masters et al., 2017). Africa had been plagued with tropical diseases such as sleeping sickness and mosquito-borne infection malaria in the pre-colonial days with no clinical medicine. At that time, herbal medicine was used to prevent illness (illnesses) and protect health particularly, during conception, pregnancy, childbirth and breastfeeding. In addition, the pragmatic African healing cultures then often involved both spiritual interventions (Lowes et al., 2021). However, scientific discoveries to improve health care began to take shape in the 1850s to 1880s with the coming of the Christian missionaries who for instance started using quinine to prevent as well as cure malaria. The coming of missionaries further saw the establishment of hospitals and dispensaries that were church based (Doyle, 2013).

African health care system has kept on developing through construction of hospitals and with a number of health care interventions. For example, with the state of Mulago National Hospital, Uganda's health care system started improving as early as in the 1960s (Roser et al., 2013). However, with the political turmoil between 1970 -1985, the health system collapsed, resulting in substantial deterioration of the health outcome indicators (UBOS, 2009). It was until when the National Resistance Movement took power in 1986, that a number of reforms were pursued to mitigate some of the problems in the health sector, partially through the government's broader decentralization policy (Boissoneau, 2016). To ensure social accountability, the government of Uganda in 1990s created the Public Expenditure Tracking Surveys (PETS) as a social accountability vehicle to track the proportion of funding flowing from the central government to the local government (Lopez et al., 2010). Social accountability in a decentralized health system, has since proven to foster prudent use of resources and extending service delivery to the local population because the leaders at the grassroots are able to identify better ways of serving their people (Toscano, 2019).

1.1.2 Theoretical Background

The study will be guided by the New Public Management theory (NPM) developed by Christopher Hood in 1990 (Hood, 1991). The theory approaches social accountability as a technical issue focusing on local government performance in providing aid efficiency and directly measurable development outcomes in terms of public service delivery, that is, the substantive dimension of performance (Bratton, 2012). This theory is applicable to this study because it clearly depicts the link between the study variables. The NPM theory emphasizes that the technical approach to social accountability focuses on a particular set of mechanisms and activities and asks whether the involvement of citizens lead to reduced leakages of public expenditures and more effective service delivery (McNeil & Malena, 2010).

1.1.3 Conceptual Background

Social accountability refers to a citizen-led collective processes for holding duty-bearers (including politicians, government officials, and/or service providers) to account for their actions (Squires et al., 2020). Social accountability (also called citizen-driven accountability or bottom-up accountability) refers to the strategies, processes or interventions whereby citizens voice their views on the quality of services or the performance of service providers or policymakers who, in turn, are asked to respond to citizens and account for their actions and decisions (Malena, 2014). In the context of health care, social accountability is a form of participatory citizen engagement in which citizens are recognized as service users who are ultimately impacted by health care decisions and thereby can affect change in health policies, health services and/or health provider behaviour through their collective influence and action (Fox, 2015). Social accountability is a measure of whether a country and especially the health facility, are held accountable to existing and emerging social concerns and priorities based on need (Bruen et al., 2014). Social accountability mechanisms focus on the demand-side of good governance in aiming to strengthen the voice of citizens to demand greater accountability and responsiveness directly from public officials and service providers (Joshi & Houtzager, 2012). This study adopted the conceptualization of social accountability mechanisms by providers Joshi and Houtzager (2012), and operationalized it as public expenditure tracking surveys (PETS), participatory budgeting, community-based monitoring and participatory planning.

World Bank (2017) defines health service delivery as the operational end point of the health care system, encompassing the provision of a range of services to promote health in individuals that ultimately lead to positive health outcomes in populations. Huston et al. (2021) define health service delivery in terms of quality of health services, availability, reliability and accessibility of health services to communities. Whereas, Malakoane (2020) defines health service delivery as a variety of managerial and operational changes to health systems that bring together inputs, delivery, management, and organizations of particular service functions in order to provide clients with a continuum of preventative and curative services, according to their needs over time and across different levels of the health system. This study operationalized health service delivery in terms of health care service availability, health care service quality and timely delivery of health services.

1.1.4 Contextual Background

The health sector in Uganda operates under the policy and institutional framework set by the MoH under the relevant laws and the associated health sector strategic plans (Ssewanyana et al., 2010). With regard to social accountability in the health sector in Uganda, the government has the National Integrated Monitoring and Evaluation Strategy (NIMES) established in 2004, which monitors and supports an efficient and accountable national system that provides affordable quality health care to the Ugandan population. People are involved for example, in monitoring health service delivery from within the communities in which they are born, raised, live, or work (WHO, 2018). This is premised on the assumption that people who are actively engaged in their own health care system are at the heart of delivering quality health services.

In addition, the government of Uganda in partnership with World bank created the Public Expenditure Tracking Surveys (PETS) in the 1990s as a social accountability vehicle to track the proportion of funding flowing from the central government to the local government (Lopez et al., 2010). This has proved to be the best way through which health services are delivered to the local population because the leaders at the grassroots participate in planning, monitoring and setting priorities thus, are able to identify better ways of serving their people. In addition, social accountability in a decentralized health system, has proven to foster prudent use of resources and best practices in addition to providing early checks and balances and helps to ensure that programs are being implemented efficiently and effectively, reaching the intended target groups

(Toscano, 2019). However, the quality of care in government facilities has kept on deteriorated, with frequent shortages of essential medicines and poor availability of human resources lowering effective coverage (Ministry of Health Report, 2018).

1.2 Statement of Problem

Social accountability in the health sector in Uganda has allowed leaders at the grassroots to get involved in planning, setting priorities and monitoring of the health service delivery as a better way of serving their people (Toscano, 2019). However, public health facilities in Uganda continue to experience poor service delivery being manifested in inadequate drug supply, lack of incinerators at most of the Health facilities and lack of enough ambulances for effective referral (Ministry of Health Report, 2018). The government through National Medical Stores procures and sends medicine and other medical supplies to health centres, however, there is persistent stock out of key essential drugs such as antibiotics and antimalarial like Amoxicillin, Zink, Sulphur, Aspirin among others, in Government health facilities (Sector Performance Report, 2021). Whether the state of poor health service delivery in public hospitals is as a result of ineffective social accountability mechanisms was a question that needed to be answered. This necessitated the need for this study that sought to establish accountability mechanisms for improving health care service delivery in public health facilities in Uganda, using a case study of Mukono General Hospital

1.3 Purpose of the study

To establish the social accountability mechanisms for improving health care service delivery in public health facilities in Uganda, using a case study of Mukono General Hospital**.**

1.4 Specific Objectives

1) To assess the various social accountability mechanisms for improving health service delivery at Mukono General Hospital
2) To identify the factors affecting social accountability at Mukono General hospital.
3) To assess the role of social accountability practices in improving health service delivery at Mukono General hospital.

1.5 Research Questions

1) What social accountability mechanisms are in place for improving health service delivery at Mukono General Hospital?
2) What are the factors affecting social accountability at Mukono General hospital?
3) What is the role of social accountability in improving health service delivery at Mukono General hospital?

1.6 Study Scope

1.6.1 Content Scope

The study focused on examining the social accountability mechanisms in relation to health service delivery at Mukono General hospital. Social accountability mechanisms were measured in terms of operationalization as public expenditure tracking surveys (PETS), participatory budgeting, community-based monitoring, and participatory planning. Health service delivery was measured in terms of health care service availability, health care service quality and timely delivery of health services.

1.6.2 Geographical Scope

This study was only conducted within the confines of Mukono General Hospital and not in any other health facility within or outside Mukono Municipality. This was because Mukono General Hospital is the biggest government facility in the area and most patients tend to seek medical assistance from government owned facilities due to their affordable nature as opposed to the private owned facilities.

1.6.3 Time Scope

The study covered a period of five (5) years that is from 2019 – 2023 as the period of data consideration. This time was considered because it is when challenges of health service delivery like poor timely delivery and shortage of health services were reported (Sector Performance Report, 2021).

1.7 Justification of the study

The government of Uganda is committed to improving health service delivery through implementation of Sustainable Development Goals (SDG). To achieve this, Local governments are tasked with implementing quality health system by ensuing availability and accessibility of

health services by the population ((SDGs Progress Report, 2021). In absolute terms, Government budget allocation to the health sector has been increasing for example, from Ugx.660 billion in FY2010/11 to Ugx. 1,271 billion in 2015/16, 2,589 Billion in FY 2019/20 and Ugx. 4,739.1 billion for FY 2022/23 (Initiative for Social and Economic Rights, 2023). Social accountability of the health service delivery is done through a National Integrated Monitoring and Evaluation Strategy (NIMES), which monitors and supports an efficient and accountable national system that seeks to provide affordable quality health care to the Ugandan population. However, poor health service delivery such as inadequate drug supply has been reported at government Hospitals ((Ministry of Health Report, 2018). Yet, little or no scholarly studies have so far been conducted at Mukono General Hospital, linking social accountability mechanisms with health care service delivery in the area. This acted as a motivation for this study that sought to examine the social accountability mechanisms in relation to public health service delivery in Uganda, using a case of Mukono General Hospital.

1.8 Significance of the study

The study is anticipated to be of significant to various people or groups in informing policy, researchers and other stakeholders.

1.8.1 Policy Makers

This study is helpful to the policy makers especially within Mukono Municipality, health workers at Mukono General Hospital, amongst other stakeholders as it provides them with information to enable them design possible solutions that are aimed at achieving a robust service delivery within Mukono General Hospital, Mukono Municipality.

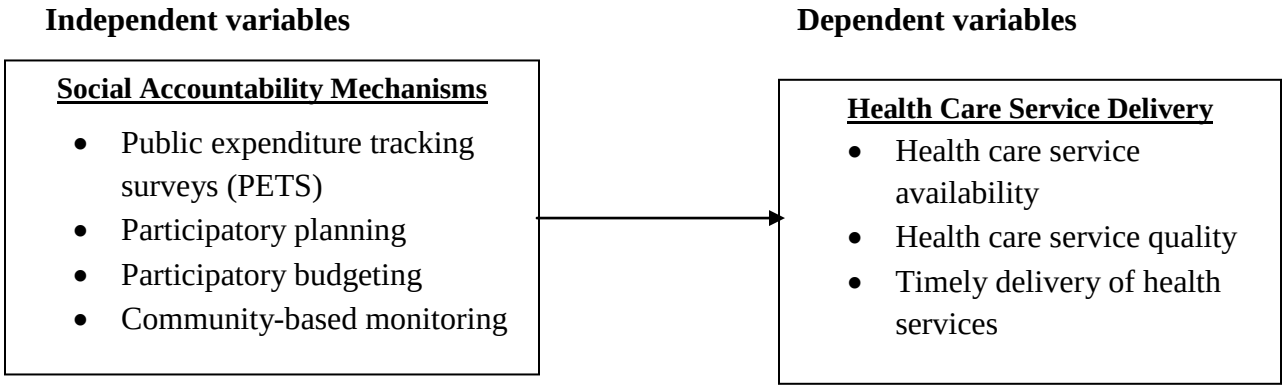
1.8.2 Management of Mukono General Hospital

The findings of this study also informs and guides on the way forward towards improving social accountability mechanisms at Mukono General Hospital and towards ensuring the effective implementation of policies and access to the health services at Mukono General Hospital.

1.8.3 Researchers and Academicians

Finally, the findings of this study contributes to the knowledge base that is of great help for other researchers, scholars and professionals who would want to further research in this field of study.

1.9 Conceptual Framework



Source: ***Adapted from Toscano (2019) and modified by the researcher (2023).***

The conceptual framework shows the relationship between social accountability mechanisms and health service delivery. Social accountability mechanisms are operationalized in terms of public expenditure tracking surveys (PETS), participatory budgeting, community-based monitoring, and participatory planning. Health service delivery are measured in terms of health care service availability, health care service quality and timely delivery of health services. The assumption is that proper social accountability mechanisms lead to improved health service delivery.

1.10 Conclusion

This chapter has presented background to the study, statement of the problem, study objectives and research questions, scope of the study, justification of the study significance of the study and the conceptual framework. The next chapter presents a detailed review of the literature related to the study and presented the theoretical review.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This section reviews literature based on previous authors' views concerning social accountability and health service delivery. The review is done based on the specific research objectives of the study. Also included in this chapter is the theoretical review.

2.1 Theoretical Review

The New Public Management (NPM) that was adopted for this study was started by academicians in the UK and Australia based on approaches that were developed in the 1980s and later documented and streamlined by Christopher Hood in 1990 (Hood, 1991). The theory was crafted with the aim of enhancing efficiency in public service provision by public entities through adoption of private sector business-like management practices based on numerous principles; financial control, value for money, increasing efficiency, identifying and setting targets, continuous monitoring of performance (Pruchi, 2021).

NPM is applied to this study since it helps in explaining how access to health care can increase by recognizing the potential Community Based Organizations bring to the health care sector. Each of which initiates their own innovations to ensure result-based outputs, through enhancing capacity of health care providers, financial support and technical incentives.

2.2 Review of Related Literature

The literature is reviewed in correspondence with the study objectives in chapter one

2.2.1 Social Accountability Mechanisms for Improving Health Service

Social accountability mechanisms are supposed to complement state-driven horizontal accountability mechanisms that often fail to improve quality and access to service delivery. Social accountability focuses on the demand-side of good governance in aiming to strengthen the voice of citizens to demand greater accountability and responsiveness directly from public officials and service providers (Joshi & Houtzager, 2012). Theorists generally specify three ways that social accountability programs affect desired outcomes; they may: (1) increase the

effectiveness of service delivery, (2) improve the quality of governance and democracy, or (3) empower individuals and communities (Brinkerhoff & Wetterberg, 2016). Social accountability programs are premised on the assumption that information on rights, entitlements, and service quality among service users will lead them to make collective demands for improvement. In tandem, they assume that information on community priorities and health sector performance will spur action and responsiveness among service providers and policymakers.

There are many different types of social accountability mechanisms seeking to improve health care access and quality. They range from program models developed by international nongovernmental organizations (NGOs) implemented in many different countries to distinct approaches developed (Samuel, Flores & Frisancho, 2020); and iterated in a particular context, such as Uganda. The majority of programs implemented to address health include; a process of providing information to communities about their rights and entitlements, community and health provider assessments of current service provision against these rights and entitlements, and an "interface" meeting or dialogue, wherein community members and health providers identify priorities and create an action plan. However, there is great variation in the way these activities are completed. For example, there is a continuum of approaches to include marginalized groups in social accountability processes. Some implementers create standalone community meetings for such groups, such as youth-only community meetings. Others reach out to representatives of such groups and ask them to attend general community meetings. Still others make community meetings open to all (Squires et al., 2020).

Some social accountability programs use current health policy standards and data (e.g., local health facility data, such as the number of antenatal visits per pregnant woman or the number of vaccination days per year) as a yardstick for assessing service quality, while others include indicators reported by the community (e.g., reception at the local health facility at last visit). Many programs interact extensively with existing structures intended to increase community engagement or oversight, such as village health committees or Safe Motherhood Action groups, often "activating" these groups and/or building their capacity to fulfill their mandate (Robinson & Adams, 2022; Marston et al., 2020).

Various scholars have identified five social accountability mechanisms which include: Public expenditure tracking surveys (PETS) (Bjorkman & Svensson, 2019); Participatory planning and

budgeting (Gueye, 2010); Community-based monitoring (report cards, score cards and social audits); priority-setting in health service delivery (based on a Tanzanian case study); and demand-driven provision of services.

Public Expenditure Tracking Surveys (PETS)

Public Expenditure Tracking Surveys (PETS) have been developed to improve governance and reduce corruption in public service delivery. They constitute a quantitative survey the supply side of public services that tracks the flow of public funds and material resources from the central government level, through the administrative hierarchy, and out to the frontline service providers. PETS have been widely recognized as one of the few mechanisms that can have a positive impact on reducing corruption in public service delivery in poor countries with weak systems of governance (Sundet, 2014). High rates of leakage of public expenditure have severe consequences for public service delivery performance. Therefore, PETS have been developed to improve governance by assessing performance and measuring corruption in public service delivery through the production of micro-level data in weak institutional contexts where accounting, monitoring and reporting procedures are often absent (Gauthier, 2016). At the decentralized level, NGOs in particular are engaged in social accountability by doing PETS in local government authorities (LGA). By providing exact information about how many of the resources allocated to public service provision actually reach the users, PETS provide important input for informing citizens about their rights and entitlements to public services.

PETS 'follow the money' and compare budgetary allocations with actual spending in order to identify leakages (Kozila & Tolmie, 2020). If well conducted, PETS will show how much of the funds intended for service providers actually reach the intended beneficiaries, and at which level the leakages occur. They are also effective tools in disclosing the unequal distribution or disbursement of allocated funds.

Community-Based Monitoring

Community-based monitoring of public service delivery seeks to create a dialogue between citizens, local government officials and service providers. The logic behind the mechanisms is that a lack of relevant information on the status of service delivery and community entitlements, coupled with a failure to agree on what can reasonably be expected of service providers, constrains people in holding service providers accountable (Bjorkman & Svensson, 2019). The

community-based monitoring of public service delivery mechanisms is intended to stimulate effective performance, which is at the core of the 'new public management', which argues that governments need to turn to results-based rather than rule-based evaluations. Furthermore, the idea is that civil society and local communities can play an important role in evaluating the performance and quality of public services in terms of community supervision of health-care clinics, school councils, among other services (Ackerman, 2015).

An overview of social accountability initiatives in Africa made by the World Bank Institute found that participatory monitoring activities have been instrumental in influencing plans and budgets and in making the planning process more inclusive, responsive, results-oriented and people-centred (McNeil and Mumvuma, 2006). Furthermore, Gaventa (2008) cites a number of cases where citizen action has brought about concrete improvements in the design and implementation of national policies. Community-based monitoring consists of a set of tools (report cards, scorecards and social audits).

Citizen Report Cards

The report card method is a survey that directly aims to obtain feedback from users of public services by asking citizens to rate the providers (or provision) of public services, such as health care authorities, primary schools or municipal councils. It then compiles the data from service users' perceptions, collected during a random sample survey, into publicly released concise reports called report cards. The report card tool was developed to give service providers systematic feedback from users of public services and consequently put pressure on public officials to deal with complaints. Citizen report cards can be effective in situations where respondents are asked to rate a wide range of providers and permit relative rankings to be made, which have proved to be an effective way of providing incentives for improvement (Sundet, 2014).

In general, report cards can generate citizen feedback on the degree of satisfaction by various public service agencies; catalyze citizens to adopt proactive stances by demanding more accountability, accessibility and responsiveness from service providers; serve as a diagnostic tool for service providers, external consultants and analysts or researchers to facilitate effective prognosis and therapy; and encourage public agencies to adopt and promote citizen-friendly

practices, design performance standards and facilitate transparency in operations (Bjorkman & Svensson, 2019).

Community score cards

Community score cards are a community-level tool for exacting local-level accountability that links service providers to the community and facilitates assessments of services in order to negotiate improvements. Scorecards use facilitated discussions in focus groups to encourage qualitative assessments of projects, processes or service provision. They often begin with collective discussions of service delivery problems and move to the participatory development of action plans, followed up by the assessment of results by using score cards. They can provide localized feedback that can aid immediate action to rectify identified problems, but they do not provide data that can be aggregated on a wider scale of the kind that the citizens' report cards do. Community score-card methodology is mostly useful as a feedback mechanism within a project setting, not least because it depends on skilled facilitators. On the other hand, it is less useful as part of a wider campaign due to the fact that it does not produce aggregated, comparable statistics, making it much less useable for wider publicity campaigns or to mobilize demands for accountability (Ackerman, 2015).

Social audits

This is a methodology, in which citizens engage in collecting evidence-based information that is used to expose or deter the corruption or mismanagement of public funds. Related to the PETS, often social audits emerge when local activists suspect that development funds are being diverted or misused. Essentially, a social audit consists of an open and participatory review of official reports of works and expenditure. Ideally, such audits come about as a collaborative effort between the government and local communities, whereby the government takes advantage of local knowledge to verify that the contents of official reports fit the realities on the ground (Bjorkman & Svensson, 2019). Social audits aid in the generation of data, whether on finances or user satisfaction, which is an essential component in ensuring accountability in the delivery of services. For such data to be useful, it needs to be in the public domain and presented in a way that is understandable to the users of services.

Participatory budgeting

Participatory budgeting is an entry point and mechanisms through which citizens have attempted to influence local government decision-making processes. Participatory budgeting is a process through which citizens participate directly in the different phases of budgetary formulation and decision-making and the monitoring of budgetary execution (McGee & Gaventa, 2020). There is evidence from various pilot studies at the local level that the social accountability mechanism of participatory budgeting in particular has contributed to making budgets and plans more responsive to citizen preferences and better adapted to their needs (Malena, 2019). Furthermore, participatory budgeting has improved citizens' knowledge of and interest in key public decision-making, thus creating increased opportunities for involvement and influence over the allocation and use of local government resources and follow-up (Malena, 2019). With regard to national budgets, social accountability approaches have served both to influence budgetary allocations (bringing them more in line with public priorities) and to enhance the transparency and accountability of budget processes. In their study of the bottom-up planning and allocation of rural services in Uganda, Porter and Onyach-Olaa (2019) concluded that participation is a necessary but not a sufficient condition for improving the quality of service delivery.

Community Participation in Planning and Priority-Setting

In a decentralized health system, local government officials are supposed to be primarily accountable to the local council and the local communities for delivering local health services. This presumes that adequate social accountability mechanisms are in place for local councilors, community-based organizations and local residents to monitor local health finances. It is often argued that local political institutions in Sub-Saharan Africa are inadequate to provide such accountability (Olowu, 2013).

2.2.2 Factors Affecting Social Accountability in providing health services

A comprehensive World Bank review identified three key contextual factors, including the strength of civil society, the nature of state-society relations, and intra-society relations (for example, social cohesion) that influence whether or not and how social accountability efforts are effective. Similar factors are described in other analyses of social accountability programs (Nove et al., 2019). The role of contextual factors may be distinct for particular reproductive and maternal health concerns and especially among adolescents (Boydell et al., 2019). For example,

even in settings where unmarried individuals have a legal right to access contraception, access may be a socially contentious issue, complicating social accountability efforts to promote respectful contraceptive care for unmarried individuals (Schaaf et al., 2020).

In some contexts, individuals who ask for better quality medical service face a real risk of retaliation, such as being denied care for themselves or their children at their local health facility (Bailey & Mujune, 2021). Moreover, in the context of hierarchy within the health system coupled with social hierarchies related to gender, ethnic group, caste, religion, and other factors, health providers and decision-makers may not perceive themselves as accountable to marginalized groups (Schaaf et al., 2019). Lack of responsiveness can undermine trust and investment in a social accountability program, as participants see that their engagement did not result in the improvements desired.128 Some program implementers try to enhance government responsiveness by aggregating local-level challenges from multiple sites and sharing these with higher-level authorities (Schaaf et al., 2019).

2.2.3 Role of Social Accountability in Improving Health Service Delivery

Improving service delivery is often the primary objective of social accountability initiatives. In this regard, Joshi (2017), in his review of transparency and accountability interventions, found many cases where different types of social accountability interventions, including information dissemination, score cards, and community monitoring, have led to positive outcomes in education, health and other sectors. This view is re-enforced by Gaventa and Barrett (2020) who assessed the impact of citizen engagement initiatives in 20 countries spanning diverse sectors, including health, education, water, livelihoods, housing and infrastructure and found that citizen participation contributed to the strengthening of responsive and accountable states. Citizen participation led to greater access to state services and resources, greater realization of rights and enhanced state responsiveness and accountability. However, the authors also find examples of negative outcomes of citizen participation such as denial of state services and resources, social, economic and political reprisals; and violent or coercive state responses.

Devarajan, Khemani and Walton (2019) examine the potential role of civil society action in increasing state accountability for development, focusing on lessons learned from Sub- Saharan Africa. They carry out a systematic review of quantitative as well as qualitative studies that assess the impact of various social accountability approaches, including open budget initiatives,

voter education, report cards, mass media and community management/monitoring committees. The evidence broadly suggests that when higher-level political leadership provides sufficient or appropriate powers for citizen participation in holding service providers accountable there is generally positive impact on outcomes. Along the same line, Joshi (2017) found that mechanisms helping to expose corruption have had the clearest impact when bringing to light discrepancies between official accounts and the reality in practice; and that initiatives have also been quite successful in increasing awareness of entitlements and empowering people to demand accountability, claim rights and increase the practice of active citizenship. However, the review concludes that evidence of impact on actual service delivery quality and accessibility has been mixed.

Social accountability can fundamentally change how communities and health system actors approach and address the challenges they face. When structured appropriately, these mechanisms can mitigate distrust and fear amongst stakeholders and evolve to address new and emerging needs, challenges, and issues and increase citizen engagement and community ownership of health services (Bjorkman et al., 2022). In Ghana for example, the use of scorecards to engage multiple stakeholders to improve maternal health services resulted in improved care, in addition to an improved culture of accountability, increased community participation and transparency, and clarified lines of accountability among decision makers (Blake et al., 2016). Evaluation of a maternal health citizen monitoring process in Peru's Puno region, found it contributed to greater respect and cultural sensitivity in service delivery, staff becoming more responsive to users' needs, and increased use of services, among other outcomes (CARE, 2015). In Uganda, a social accountability initiative resulted in increased awareness of health issues, knowledge about entitlements and expected standards of care, confidence in the health system, and empowerment to raise voices (Boydell et al., 2020).

Social accountability interventions have often implicitly assumed that increased awareness leads to increased voice, and thereafter, responsiveness. However, Joshi (2017) points out that the evidence does not support such a causal chain being automatic. Information does not automatically lead to voice; and furthermore, even when citizens do voice their concerns, service providers and officials may ignore citizens voice, or even meet it with reprisals, or, despite goodwill, find their ability to respond constrained by a lack of capacity or resources. Citizen

voice alone is unlikely to be sufficient and is likely to be more effective when accompanied by strong incentives for response by public providers, or sanctions for non-response (Joshi, 2017).

McGee and Kroesschell (2018) argue that social accountability can pose risks. First, there is a risk that social accountability can create expectations on the part of citizens that the state is unable or unwilling to respond to. Thus, frustrations and grievances can mount in such a situation. This may in turn lead to distrust of the state and apathy. Second, the risks of elite capture, misrepresentation of special interests and manipulation remain. Social accountability initiatives can exacerbate existing power asymmetries and perpetuate perceptions of injustice among groups. This may close the space for citizen engagement instead of opening it. Elites may also mediate the relationship between the state and citizens, preventing citizens from engaging directly with state structures. Third, social accountability can replace existing, perhaps more legitimate or sustainable structures and mechanisms for accountability. Fourth, the state may respond to citizen voices through reprisals against citizens, worsening, rather than improving, their situation. When this happens, it leads to feelings of disempowerment, denial of access to state services, increased community conflict and violent reprisals against citizens (Gaventa & Barrett, 2020).

2.3 Literature Gap

There are several research gaps related to social accountability and health care provision. There is however a lack of sufficient research assessing which types of social accountability interventions are most effective and under which context and conditions. This is in part because, given that social accountability (both the process and desired outcomes) is context-specific, it is not possible to generalize findings from different geographical settings. Yet, most of the studies reviewed were done outside Uganda, which makes application of the findings difficult in Ugandan context. A similar study done in Uganda may present different findings. The knowledge gaps in the literature formed the basis for this study that sought to examine the social accountability mechanisms in relation to public health service delivery in Uganda.

2.4 Conclusion

This chapter has presented a detailed review of the literature related to the study and presented the theoretical review. In the next chapter, the researcher presents the methodology that will be used for the study.

CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter focuses on the methodology that was used for the study. It includes research design, data types and sources, data collection methods and instruments, analysis and ethical considerations.

3.1 Research Design

Research design, according to (Leedy, 2010) is a program that guides the researcher in the process of collecting, analyzing and the interpretation of the data. The study employed a descriptive research design which is a set of methods and procedures that describe variables and discover the relationship between variables (Warfa, 2016). This design involved gathering data that describe events and then organizes, and describes the data. The study approach was qualitative which helped the researcher to get depth and detailed data since it allowed analysis of thoughts, feelings, and behaviors of the study participants (Creswell, 2014).

3.2 Data Types and Sources

The study used secondary and primary data collected from secondary and primary sources respectively.

3.2.1 Primary Data

A primary data source is a source from which data is obtained for the first time (Persaud, 2010). To collect the primary data, interviews were used with the study participants. Key informant interviews were conducted with the Heads of Departments and Section at Mukono General Hospital.

3.2.2 Secondary Data

A secondary source is a source that provides non – original or secondhand data or information (Galvan, 2013). It provides data that is already available in that it has been previously collected. Secondary data was obtained through the review of available literature associated with the subject under study. A comprehensive search of both published and unpublished literature

associated with social accountability in reference to health service delivery, was done following the steps suggested by Siddaway et al., (2019) as; picking research questions for the project as highlighted in the objectives; Identify the keywords that can be used to perform the literature search; gather the journals from databases and prioritise them according to their relevance; Perform the comparison and analysis of the pieces of literature that are shortlisted. Secondary data source was used because it is very flexible and the best to use where a network of data archives in which survey data files are collected and distributed is readily available.

3.3 Sampling techniques

Purposive sampling technique was used to select respondents to take part in the study. The key informants were Heads of Department and Section heads at Mukono General Hospital. This technique was used because it allows the researcher to use respondents who possess the required information hence, inexpensive and quick (Sekaran, 2003).

3.4 Data collection Methods and Instruments

The researcher used interview method to collect data from key informants who comprised of the Heads of Department and Section heads at Mukono General Hospital. The questions include open-ended categories so that a lot of information could be collected. An interview guide was designed in such a way that it contained questions that covered the various components of social accountability, which were compared against components of health service delivery.

3.5 Data Analysis

Qualitative method of data analysis was employed in this study. The analysis was carried out by narrating and quoting the data collected, which is applicable for in depth interviews and open ended responses. This was done by documenting and grouping similar responses together. A thematic analysis was used to analyze responses from interviews. This involved a critical assessment of each response and examining them in accordance with the objectives of the study.

3.6 Ethical Considerations

The researcher explained the purpose of the study to the respondents and emphasized that participation is voluntary and that respondents are free to withdraw from the study at any time they wish to do so. Each respondent was assured of confidentiality of the information collected and their identity were kept anonymous. All data collected was kept under safe custody of the

researcher. In undertaking this study, the general ethical guidelines of informed consent, right to privacy and protection from harm (physical, emotional or any other kind) was followed.

CHAPTER FOUR
DATA PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This study examined the social accountability mechanisms for improving healthcare service delivery in public health facilities in Uganda, using a case study of Mukono General Hospital**.** Specifically, the study assessed the various social accountability mechanisms for improving health service delivery at Mukono General Hospital; identified the factors affecting social accountability at Mukono General hospital; and assessed the role of social accountability practices in improving health service delivery at Mukono General hospital. This chapter presents and discusses the study findings.

4.1 Demographic Characteristic of the Respondents

The study collected data from a sample of 15 Heads of Department and Section at Mukono General hospital using key informant interviews. Out of the 15 key 1nformants 11 (73%) were males, while 4 (27%) were females. 9 (60%) of the respondents had a bachelor's degree and 3 (20%) had master's degree, and 3 (20%) were diploma holders. This indicated that all the respondents had the required knowledge to answer the questions that were asked to them. Regarding working experience, 8 (53%) had worked at the health facility for the period between 6 – 10 years, followed by 3 (2.0%) who had been working at the health facility for the period between 11 – 15 years and 4 (27%) had been working Mukono general Hospital for the period between 1 – 5 years. This was an indication that respondents had the required experience to answer the questions that were being asked since they had been at the facility for the period above 5 years.

4.2 Presentation of Data on Study Objectives

4.2.1 Social accountability mechanisms for improving health service delivery

Various questions were put before the respondents to get their opinions on the social accountability mechanisms for improving health service delivery at Mukono General hospital. Majority of the respondents indicated that;

"*Public Expenditure Tracking Surveys (PETS) is the most used social accountability mechanism at Mukono General Hospital because it was introduced by the government to track the flow of public funds and material from the central government."*

Participatory planning where citizens are involved in planning through their elected leaders; One of the key informants revealed that:

"Civil Society Organizations often conduct community surveys through which they receive feedback regarding their satisfaction with health services and the staff of health facilities are encouraged to perform by simply knowing that their performance is being monitored." It is imperative to note that social accountability is one way of improving health service delivery by keeping track of whether funds are used for the intended purpose. This is in agreement with the study objectives where local health NGOs or community CSOs have fostered the use of scorecards and community surveys to track information regarding health service delivery.

Participants also revealed that Health Facility Management Committees as a form of social accountability mechanisms responsible for monitoring work programs and budgets of health facilities. On the contrary, one of the key informants held a different view and stressed that:

"district and village health committees are dysfunctional in part due to a lack of understanding and recognition of their roles."

Another key informant supported this view and opined that:

"Health committees are not participating in health activities, such as community mobilization of health programs and identifying health needs in the community, because of religious differences, political issues, and opposition to committee leadership."

The use of media was also revealed by majority of the respondents as a form of social accountability available for the hospital. One of the key informants extended this finding and argued that:

"In today's era, where the internet and social media has become a major platform for information giving and access, the hospital uses internet and social media to communicate to the public as a form of accountability." It can be argued that the use of media such as; televisions,

radios and online platforms service as social accountability mechanisms to inform citizens of their value for money. For example, newspaper articles, television and radio talk shows and interviews, inform the public and seek to engage them in the management of health service provision. For instance, when the media expose corruption or report on poor performance by health services, it serves in more of a public/social accountability role. These findings agree with the study objectives on the roles and responsibilities of various officials, and ensuring that citizens are aware of their specific responsibilities.

Respondents were asked whether citizens actively participate in the planning and monitoring of health service delivery processes. Majority of the respondents revealed that citizens are not directly involved in planning and monitoring of health service delivery, but rather through their elected leaders. It was further established from majority of the key informants that community participates in monitoring of health programs for example, through Village Health Teams (VHTs) who ensure effective implementation of government health programs such as immunization. These VHTs at times provide feedback that is used during planning processes. However, one of the key informants slightly deferred from majority of the respondents and opined that:

"it's the government that bears ultimate responsibility for decision-making regarding resource allocation and facility management, thus, the degree of citizen participation is more limited."

Another key informant revealed information sharing as a form of social accountability. The key informant purported that:

"provision of information provides the basis for a more activist stance by citizens, when they are informed about their rights, the services and benefits they are entitled to receive. For instance, we always inform citizens by posting notices at the hospital notice board about what patients should expect such as opening hours and services available and those services that are purely free of charge." This finding agrees with the study.

4.2.2 Factors affecting social accountability at Mukono General hospital.

My study found out that the factors affecting social accountability at Mukono General Hospital as per the responds as below;

The majority of the respondents indicated that;

"rigorous reporting standards is one of the barriers to social accountability, where citizens especially the illiterate or lowly educated find it difficult to follow established standards to report some of the service issues."

Another respondent further highlighted that;

"high illiteracy rates among local populations and the lack of adequate information tools inhibit participation in social accountability processes, and also citizens' limited knowledge about their rights and responsibilities slows down social accountability process. This aligns with the study which indicated information asymmetries as a limitation to implementation of social accountability mechanisms. Citizens may not hold responsible officials accountable if they lack information of the services they are entitled to receive. For instance, communities may not recognize quality services when they have never experienced them. Local people often lack information and may be unable to ascertain cause and effect and can therefore feel threatened by their lack of understanding of an issue, so they do not speak up.

Participants also expressed that; political interference is a barrier to effective social accountability. The participants stressed that even when citizens' concerns reach supervisors and managers, ill-behaving health workers are often found to be protected by powerful politicians, thereby undermining the enforceability aspect of social accountability. This was re – enforced by one of the key informant who was quoted verbatim that:

"local people especially the poor fear reprisals from reporting wrongdoing that could prevent them or their families from receiving health services thereafter."

Findings from majority of the key informants indicate low levels of awareness of health committees in the community as a challenge to effective social accountability. Participants stressed that;

"community members and committee members tend to view health committees as bodies designed to service health centres as opposed to the community." This finding resonates with the study findings where numerous barriers to effective social accountability based on interviews with health administrative officers and service users. The health committees rarely met and were

not responsive to citizens' complaints about service issues, thereby weakening monitoring of service provision.

Participants also indicated lack of funding as a barrier to social accountability mechanism. The participants stressed that;

"there are no funds allocated for example, for building the capacity of the village health teams to engage in mobilization of the local population to embrace health programs" This finding is in line with the study literature review where lack of external financial and technical inputs, weak community leadership, and lack of continued commitment from community members to remain engaged and widen its reach have affected social accountability.

4.2.3 Role of social accountability in improving health service delivery

Respondents were asked to give their opinions on the role played by social accountability in improving health service delivery at Mukono General Hospital. Majority of the key informants were of the view that social accountability mechanisms such as Public Tracking Surveys (PETS) have played a critical role in that, they track the flow of public funds and material from the central government level to the health facilities, which in turn has improved transparency, efficient use of allocated funds and ultimately improved services at Mukono General Hospital.

Findings from the respondents, further reveal that through participatory planning, where citizens are involved in planning through their elected leaders; community surveys and social audits implemented by Civil Society Organizations (CSOs) have called the responsible officers to account for the use of funds. This has in one way encouraged accountability as the responsible persons know that they are under watch and must be accountable to the general public. This view was extended by a key informant who opined that:

"through monitoring of service delivery, some fraud cases have been detected for example by CSOs among government officials and have been tasked to account. This has in one way deterred our staff from engaging in irresponsible behaviours for fear that they will have to account to the public." It is important to note that when the responsible officers know that they have to account for the use of resources to the general public, they would act with due diligence and ensure that resources are put to rightful use. Therefore, efficient utilization of resources at health facilities leads to improved health care provision.

On the contrary, 3 of the 15 key informants held a different view and revealed that social accountability mechanisms have not been so effective. Citing, poor performance by some staff still exists at the facility, being manifested in terms of absenteeism and some complaints have been registered on a section of some staff regarding negligence while on duty and failure to attend to patients in time.

CHAPTER FIVE
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This section presents summary of findings, conclusions and recommendations drawn from the study findings and suggests areas for further research.

5.1 Summary of findings

This study examined the social accountability mechanisms for improving health care service delivery in public health facilities in Uganda, using a case study of Mukono General Hospital**.** Specifically, the study assessed the various social accountability mechanisms for improving health service delivery at Mukono General Hospital; identified the factors affecting social accountability at Mukono General hospital; and assessed the role of social accountability practices in improving health service delivery at Mukono General hospital. Findings indicated Public Expenditure Tracking Surveys (PETS), participatory planning and monitoring, Health Facility Management Committees and use of media as some of the social accountability mechanisms for improving health service delivery at Mukono General Hospital. Rigorous reporting standards, illiteracy among local populations, lack of adequate information tools, citizen's limited knowledge about their rights and responsibilities, political interference and lack of funding were found to be barriers to effective social accountability and health service delivery. Social accountability plays a significant role in improving health service delivery at Mukono general hospital. It holds health service providers accountable for using the budget. Involving the citizens as an integral part of social accountability mechanism is likely to result in improved planning and priorities, better monitoring of activities, and checks on how the budget is spent and ultimately improved services at Mukono General Hospital.

5.2 Conclusions

The study concludes that social accountability interventions are effective in improving quality health service delivery at Mukono General Hospital. Social accountability interventions such as community-based monitoring results improve planning and priorities, better monitoring of activities, and checks on how the budget is spent, which ultimately results in better access and quality of public services for all. Engaging a broad range of stakeholders, including citizens, NGOs and CSOs in social accountability initiatives targeting health facilities can lead to improvements in health services due to a heightened sense of shared ownership and increasing health provider responsiveness to concerns.

5.3 Recommendations

Based on the study findings, the following recommendations were made to improve social accountability and health service delivery:

The study recommends that community – based monitoring should be strengthened as it ensures the rational use of public resources from government or donor sources, provide feedback on problems or shortcomings in service delivery and propose collective solutions for addressing such issues.

The study also recommends that community-based monitoring should be complemented with measures to sanction health officials and public service providers who do not perform according to expected standards, as this would deter other officials from failing to deliver services to the citizens in an efficient manner and in accordance with the needs and priorities of the local community.

The study recommends training of citizens to build their capacity in monitoring of health service provision in their areas. Citizens should also be sensitized about their role in planning and monitoring of health care and the benefits of their participation in the health care value chain.

The study recommends that the management of Mukono General hospital should consider relationship-building between community and health practitioners at the facility, as this fosters information sharing and improves social accountability.

Health Management Teams should make sure that the management of health facilities adhere to the recommended social accountability guidelines through effective supervision and mentorship.

The study further recommends that the Ministry of Health should build a strong institutional support in the form of resources, data, education, and citizen empowerment to facilitate social accountability in public health facilities.

5.4 Suggested Areas for further Study

Despite the significant findings of this study, it was not without limitations. The study was only qualitative and data was collected from a small sample of 15 Heads of departments and Sections which indicates a methodical limitation. This study suggests that a further study should be done using a mixed research approach on a bigger sample to get a comprehensive understanding of the effectiveness of social accountability in improving health service delivery in public health facilities in Uganda.

The study only looked at Mukono General hospital as an area of interest, leaving aside other hospitals. Thus, the study suggests that further study to be done, to include other health facilities to equally find out how social accountability contributed to health services delivery.

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APPENDICES

Appendix i: Interview Guide

Dear respondent

I am ……. a student of Uganda Christian pursuing a Postgraduate Diploma of Public Administration and Management as a partial fulfillment of the requirement for the award of this Postgraduate Diploma. I am conducting a study titled: "Improving Social Accountability and Health Care Service Delivery in Public Health Facilities in Uganda: A Case of Mukono General Hospital**."** You have been selected to participate in this study; your views will be treated with uttermost confidentiality and will only be used for academic purposes.

Thank you in advance for your cooperation.

PART 1: Respondent's Bio Data

1. Gender
    1. Male ☐
    2. Female ☐
2. Education Level
    1. Diploma ☐
    2. Bachelor's Degree ☐
    3. Master's Degree ☐
    4. Other Qualifications ☐
3. 4. Time of work/ Experience
    1. 1- 5Years ☐
    2. 6- 10 years ☐
    3. 11-15years ☐
    4. Above 15 years ☐

PART II: SECTION B: Social Accountability and Health service delivery

This section presents to capture information relating to social accountability and health service delivery at Mukono General Hospital.

Thematic Area one: Social accountability mechanisms for improving health service delivery

1) Which social accountability mechanisms are in place to improve health care service delivery at Mukono General hospital?

2) What is your general view of the effectiveness of the above mentioned social accountability mechanisms in improving health care service delivery at the hospital?
3) Do citizens actively participate in the planning and monitoring of health service delivery processes?
4) If yes to question 3, how are citizens been involved in the planning and monitoring processes?
5) What is your view on the application of each of the following social accountability mechanisms at Mukono General hospital?
   (a) Public Expenditure tracking surveys (PETS)
   (b) Participatory planning
   (c) Participatory budgeting
   (d) Community-based monitoring

Thematic area two: Factors affecting social accountability at Mukono General hospital.

6) In your own view, what do you think are the factors affecting social accountability at Mukono General hospital
7) What do you think should be done to improve social accountability at the hospital?

Thematic area three: Role of social accountability in improving health service delivery

8) What do you think has been the role of social accountability mechanisms in improving health service delivery at Mukono General hospital?
9) How effective have been social accountability mechanisms in improving health service delivery at Mukono hospital?

Thematic area four: Health care service delivery

10) Do you think has been the contribution of social accountability mechanisms in improving health service delivery at Mukono General hospital?
11) In your own view, what do you think has been the effectiveness of social accountability in improving health service delivery in terms of:
   (a) Health care service availability
   (b) Health care service quality
   (c) Timely delivery of health services

12) What is your general comment on the state of health service delivery at Mukono General hospital?

*****Thank You for your participation*****