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**Community based monitoring and public service delivery**

**Impact, and the role of information, deliberation, and jurisdictional tier**

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# Community based monitoring and public service delivery Impact, and the role of information, deliberation, and jurisdictional tier

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## 1. Introduction

### Barazas:

- community based monitoring accountability fora
- to improve governance & public service delivery in **Uganda**
- information: government officials inform citizens related to budgeting, spending, planning
- deliberation: citizens can engage with government officials



### Contributions:

1. evaluation of impact on public service delivery
  - general
  - impact of information/ deliberation
  - impact of jurisdictional tier
2. multi-sector approach, enabling cross sectoral information sharing, planning, cooperation, re-allocation of resources
3. impact evaluation of a government initiative/ policy intervention
  - initiative of the president of Uganda
  - implementation by the Office of the Prime Minister (OPM)

## 2. Research questions

1. What is the impact of sub-county level barazas on public service delivery?
2. What is the relative importance of the information/ deliberation component?
3. What is the impact of district level barazas, compared to the impact of sub-county level barazas?

## 3. Methods

- nested/ two-step randomization design
- 2 by 2 factorial design
- ANCOVA model, controlling for region, baseline outcome, including all interaction terms of the factorial design

## 4. Data

**baseline** (2015): 12 545 households, 400 officials

OPM faced various **implementation challenges**

- end-line data collection after partial roll-out
- strategies to reduce potential selection bias
- 1. balance between planned-to-treat-but-not-treated sub-counties & control sub-counties
- 2. selection of control sub-counties for end-line
- 3. updated power calculations

**end-line** (2020): 6 700 households, 260 officials

## 5. Confirmatory analysis results

following our pre-analysis plan, using an overall index & sector indices (compositions of outcomes)

- no significant impact of barazas on public service delivery
- exception: sub-county level barazas → better service delivery in the agricultural sector

However, the results of the confirmatory analysis hide significant impacts on individual outcomes & mask significant heterogeneity.

## 6. Exploratory analysis results

zooming in on individual outcomes

### agriculture:

- sub-county level barazas → better access to extension
- more farmer cooperatives/ groups
- deliberation component → more governmental seed distribution

### infrastructure:

- sub-county level barazas → better access to drinking water (+25%)
- deliberation component → more community participation

### health:

- sub-county level barazas → more public Village Health Team meetings

### education:

- sub-county level barazas → better school infrastructure

### citizen interaction with civil servants:

- information component → more interaction

### contributions to public goods:

- information component → more cash contributions
- less in-kind contributions
- district level barazas → more cash contributions

## 7. Heterogeneity in treatment effects

1. impact of barazas implemented >1,5 years before end-line:
  - sub-county level barazas → worse infrastructure
  - worse service delivery in health sector
  - district level barazas → worse service delivery in health sector
2. impact of barazas in sub-counties with high elite capture:
  - information component → better service delivery in health sector
  - better overall service delivery
3. impact of barazas in sub-counties with high ethnic fractionalization:
  - sub-county & district level barazas & information & deliberation component → better infrastructure
  - sub-county & district level barazas → better service delivery in health sector
  - better overall service delivery
4. impact of barazas on remote households:
  - district level barazas → better service delivery in agricultural sector

## 8. Conclusion

barazas address various issues in heterogeneous settings

- treatments are unlikely to be standardized
- impact of barazas may be highly localized & context specific
- estimation of average treatment effects is complicated