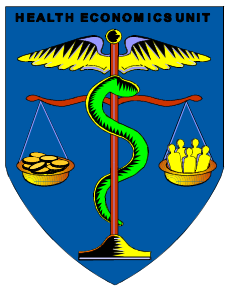
Equity Briefing



Improve health service delivery through building trust

New research shows that a lack of trust lies at the heart of current weaknesses in local service delivery. Mechanisms that develop relationships based on trust are needed to improve accountability between citizens, service providers and policy-makers. This study identifies factors that help to strengthen such relationships.

The need for improved performance

Better access to services such as water, electricity, health and education is vital for poverty alleviation and other improvements in people's well being. Performance failures in the delivery of social services in low and middle-income countries are of international concern. In particular, heath care delivery systems fail to protect poor people from sickness and the financial and other costs of illness. Abusive health worker behaviour and the struggle to obtain respectful care add to the burdens of poverty.

The need for accountability

Accountability refers to the obligation to provide information about, and justify, one's actions. It is supported by penalties if the obligation is not fulfilled (ranging from legal action to negative publicity).

Better accountability improves health system performance. Strengthening relationships and channels of communication between citizens, service providers and policy-makers involves mechanisms through which citizens' can voice their concerns, such as oversight committees, patients' rights charters and complaints systems. However, the existence of such mechanisms has not necessarily led to improved accountability and service delivery. This study set out to investigate why.

Service delivery is the outcome of a complex series of relationships, involving the actions of many different people. Systems for monitoring and rewarding front-line service providers are often based on financial incentives. This reflects a common understanding that human behaviour is driven by self-interest. However, the importance of **trust** in service delivery is often underestimated or taken for granted. Trust builds co-operative relationships and enables collective action – which is what is needed for effective health service delivery.

> Trust is often the foundation for co-operation in pursuit of positive social outcomes. Its key characteristics may be summarised as integrity, benevolence and competence.

This study investigated the role of trust in the performance of accountability mechanisms and their impact on social service delivery.

Gilson, L. and Erasmus, E. (2006) Trust and accountability in health service delivery in South Africa. Technical Report, Centre for Health Policy, Johannesburg

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Approach taken by the study

The study was carried on in the province of Gauteng, South Africa. Within the same municipality (local government), five case study sites were chosen from different geographical areas and socio-economic contexts. Each site was a local council ward (a subdivision of the municipality). Each ward has a democratically elected councillor, who represents the ward in the municipal council. Each ward has a ward committee chaired by the councillor and consisting of up to ten volunteers from the community.

Ward committees basically act as channels of communication between the community and municipality. Health care is one of the issues they deal with, others are crime, housing (e.g. solving disputes between landlords and tenants), water and sanitation services. Within a ward there may also be sub-committees that focus on particular issues. In the study, two wards had established clinic committees, which focused on issues such as staff shortages, waiting times, clinic opening times and unacceptable health worker behaviour and attitudes. Both the ward committees and clinic committees are examples of accountability mechanisms required by government policy.

The research data was drawn from 90 in-depth interviews and focus group discussions with committee members, other members of the community and municipal managers. It also included a review of relevant documents and other data.

How well did the committees work?

In general, the study found that:

- Ward committees met **irregularly, without standard procedures or record-keeping**. This lack of institutionalisation meant that they were vulnerable to external influences, which often led to their work being undermined by personal or political conflict.
- In some wards, the impact of their work **depended to a large extent on the action of specific individuals** rather than being an outcome of collective, coherent work of the committee as a whole.
- There was a **general lack of knowledge amongst the wider community** about the role of the committee, its work or potential impact.
- Committee members were selected from a relatively small pool of prominent citizens, **without much participation from the broader community**. When initial members became inactive, others were co-opted onto the committee.
- The clinic committees were established in a **top-down manner**, under instructions from health managers, rather than through the development of a local need or an understanding within the local community of how such a committee could benefit them.
- The selection of people to serve on the clinic committees did not involve the broader community.

"It was not a general meeting for everybody in the community to come and meet and we sit down and we talk about it. It was something that happened for only the selected few."
Community member

- The clinic committees were not chaired by the councillor and so tended to be less influenced by local party politics than the ward committees.
- There was an uneven knowledge amongst ward committee members of the integrated planning process. According to government policy, ward committees are meant to be a structure for involving the community in a process to identify its own development needs and priorities, so as to inform the development of integrated development plans (IDPs).
- The committees had a low-impact on the well-being of the communities in general and, in particular, on the delivery of health care services. Health was not considered a prominent issue in any of the wards. Even the clinic committee that appeared the most consistent did not met as regularly as expected.

"It became very clear that IDPs were not really our decisions. The municipality knew what it really wanted and it just wanted the community just to stamp it…"
Ward committee member

Factors that influenced the functioning of the ward committees included:

- the **competency** of the councillor and the way in which the councillor used their position of relative **power** and prominence;
- the availability of **resources** – including support from the municipality, and the time, access to transport and other resources which individual committee members could contribute;
- the nature of the relationships between members within a committee; between the community and the committee; and between the municipality and the committee. There was evidence to indicate that a **lack of trust** in these relationships often undermined the functioning of the committees.

"Sometimes we promise the community what we have been promised by the council, but if you can't trust the council then obviously the community can't trust us because we are not going to be able to provide them with what we promised them."
Ward committee member

Signs of distrust

- broken promises, without information or explanations
- prominent citizens suspected of acting in their own interests at the expense of the general community
- behaviour of prominent citizens that give the impression that the activities of the ward committee are more about party politics than community development

What can be done to improve the effectiveness of the committees?

These points apply as much to the municipality as to the ward and clinic committees.

- Be seen to be unbiased by following procedures, especially transparent procedures for selecting committee members (increase institutionalisation).
- Show competency in administration, for example by holding regular meetings, keeping adequate records, responding to enquiries from the public (increase institutionalisation).
- Share information with the community, about the achievements made *and* the reasons for any delays or non-delivery.

The effect of such measures would be to **build trust** between people – trust between different committee members, trust between the general community and the committees and trust between the ward and municipality. For example, increased transparency would help to counter impressions that people took up positions in committees for selfish reasons, such as furthering their own political ambitions and getting access to salaried positions. Increased institutionalisation would increase trust in the committee as a whole, rather than community members relying on their personal trust in individual committee members.

A process for developing stronger accountability mechanisms:

- recognise the importance of trust in the performance of accountability structures
- identify factors that undermine trust between different parties
- design interventions to address such factors.

Towards a shared vision for all committee members?

"I really understand that what we are looking at is the lives of our people. … the reward would be the way our community is treated and the way our community feels about the services at the clinic".
Clinic committee member

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