

# Tackling quiet corruption in rural health services in Africa

## Can social accountability interventions reduce high levels of quiet corruption ?

### 1. Introduction

**Quiet Corruption:** The World Development Report 2010 first used the term 'quiet corruption'. Quiet corruption encompasses a range of problems such as teacher and nurse absenteeism, medical staff pilfering drugs, and bribe seeking by frontline public servants. The report identified 'failures in accountability relationships in public services' as a reason why the 'long route' to accountability, via elected politicians and public officials to providers, has not worked, and advocated strengthening the 'short route': direct accountability between users and providers (World Bank, 2010).

**Social Accountability:** "[S]ocial accountability is understood as an ongoing and collective effort to hold public officials and service providers to account for the provision of public goods which are existing state obligations, such as primary healthcare, education, sanitation and security" (Houtzager & Joshi 2008:3).

### 2. Aims

Establish if social accountability interventions and other monitoring methods can contribute to the improvement of access to decent quality healthcare in Sierra Leone\*.

Find out what experiences community members and healthcare staff report during/after their involvement with a social accountability or other monitoring interventions. Establish which interventions are judged as most successful and most sustainable in improving healthcare in rural communities.

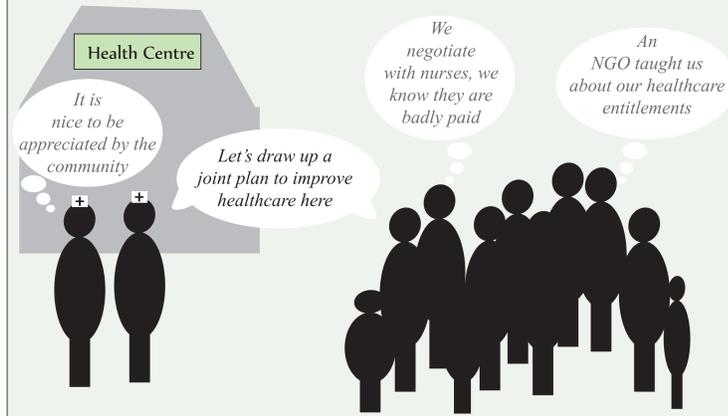
\* Sierra Leone is ranked 134th out of 182 countries in Transparency International's corruption perception index 2011),

### 6. References

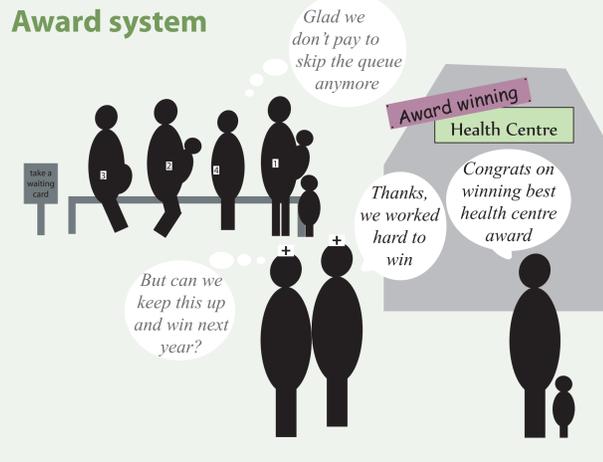
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### 3. Social accountability and other monitoring methods under scrutiny:

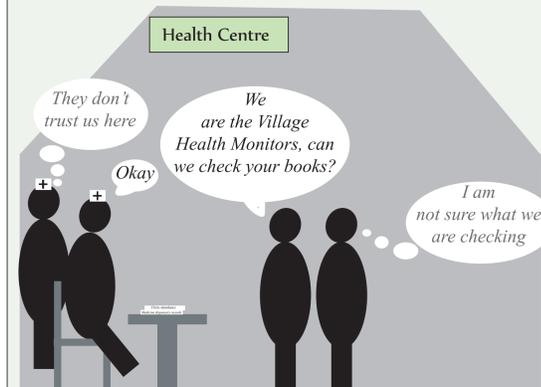
#### Community Monitoring



#### Award system



#### Monitoring by members of the community



Which of these methods can motivate healthcare staff to improve their performance and sustainably reduce quiet corruption?

- Community Monitoring: Improves healthcare staff-community relationship, draws up joint plan to improve situation (but organising community meetings is labour intensive and costly, is it realistic to roll this out in every community?)
- Regular monitoring by members of the community: They are always present and it is in their interest to improve services (but incentives may be needed to ensure regular monitoring-sustainable?)
- Introducing an award system: encourages staff to improve performance to win award, public praise for efforts (but how sustainable is an award system in medium-long term?)

### 4. The literature

Three distinct fields of literature inform this research:  
 1- Political economy of corruption  
 2- Human resources for health  
 3- Social accountability

**Political economy of corruption** literature captures the external environment in which health monitoring takes place. It also provides insights into why and how corruption occurs, which circumstances might reduce corruption and explains linkages between grand, petty and quiet corruption, e.g. Klitgaard, 1998.

**Human resources for health** literature approaches the (quiet) corruption problem from the healthcare staff perspective. It provides information about existing accountability mechanisms within health and offers insights into the hardship faced by healthcare personnel in some developing countries. Problems of staff motivation and human resource management are also dealt with in this literature, and are relevant for this research e.g. McPake et al, 1999, Ferrinho & Van Lerberghe, 2000.

**Social accountability** literature provides an overview of methodological differences between the various approaches (community monitoring, community score cards and citizen report cards are the most common methods). It also tackles broader issues such as participation, volunteerism, social capital, e.g. Bjorkman & Svensson, 2007, Gaventa & Barret, 2010.

### 5. Field research and methodology

**Context:** Sierra Leone introduced a free healthcare initiative for pregnant and lactating mothers and children under five in April 2010. Due to problems with informal charging and missing medicine, the monitoring of health services has become a priority. Field research takes place in Sierra Leone, in collaboration with the international NGO Christian Aid (CA).

**Method:** Comparative case studies of different health monitoring methodologies, with:  
 -Network Movement for Justice and Development, CA partner agency, facilitates Quality Service Circle meetings between community and healthcare staff in Kono District.  
 -SEND Foundation, CA partner agency, carries out Participatory Monitoring & Evaluation in health facilities and hosts annual MDG awards in Kailahun District.  
 -Health for All Coalition, facilitates monitoring of healthcare staff by its own staff and community representatives nationwide.  
 -INGOs Concern, IRC and PLAN are implementing community monitoring and non-monetary awards methods in 4 districts as part of a randomised controlled trial (tbc).



Nurse-midwife Beatrice Moiba single-handedly runs Woama Primary Care Centre, catchment community: 5,000, Kono District, Sierra Leone (c) Pieterella Pieterse/Christian Aid

