



## Does promoting community participation increase the use of health services in Zimbabwe?

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The **Strengthening Community Participation in Health Programme (SCPH)**<sup>1</sup> aimed to improve the quality and use of health services for mothers and infants in rural areas of Zimbabwe. The idea behind SCPH was that greater **community participation in health would increase the accountability of health services, leading to higher service quality, patient satisfaction and, ultimately, use of services**. The programme provided training to health centre committees to gather community feedback and to existing health volunteers to raise awareness about the Patients' Charter and the benefits of attending primary health facilities.

### What was the impact of SCPH?

Oxford Policy Management (OPM) conducted a rigorous, mixed-methods evaluation of SCPH to understand its impact.<sup>2</sup>

We found that **SCPH did not achieve its final objectives of improving health service utilisation, quality or patient satisfaction**. While community feedback mechanisms were established under the programme and health centre committees were better trained, there were barriers that prevented more community members from providing feedback. These included a lack of awareness of how to give feedback and some concerns around speaking out. Acute resource constraints also made it difficult for decision-makers to improve service quality in response to the feedback received.

<sup>1</sup>The programme operated between 2013 and 2016, in 21 districts and 166 facilities in Zimbabwe. It was funded by the UK Department for International Development and the European Commission, and implemented by Save the Children and the Community Working Group on Health.

<sup>2</sup>OPM carried out a quantitative survey of 150 health facilities, using a quasi-experimental 'matching' method to ensure comparability between intervention and non-intervention health facilities. The survey was first carried out in July-August 2014, and the same facilities were revisited in July-August 2016. This was complemented by a qualitative study, carried out in 6 health facilities and their surrounding communities in 2014 and 2016.

## Has SCPH improved health service utilisation, quality and patient satisfaction?



## What are the lessons for future programming?

The evaluation generated some useful lessons. To achieve greater utilisation and quality of health services, it would be more effective for interventions to directly target the main problems. In Zimbabwe's current context, achieving improvements to health service quality and utilisation require different types of investment:

- To improve **service quality** much greater investment in the primary health sector is required, particularly to alleviate chronic shortages of staff, medicines and supplies.
- To increase **service utilisation** the main barriers to uptake need to be addressed. The evaluation found that these are the costs of accessing services, distances to facilities and religious objections among some communities. The level of patient satisfaction was not found to be a key reason why people do not attend facilities, as the majority of patients are already very satisfied.
- A programme like SCPH can be effective to improve **community participation in health**, which is a valuable goal in itself. However, more cost-effective ways of doing so should be sought as the programme was quite expensive to implement<sup>3</sup>.

OPM's full evaluation reports can be found [here](#).

This evaluation project was managed by the OPM-led consortium. The OPM project is managed by Lucie Moore. For further information on this report, please email [molly.scott@opml.co.uk](mailto:molly.scott@opml.co.uk) or see the full report [here](#).

<sup>3</sup>The estimated cost of SCPH per health facility is \$10,000 per year of implementation (inclusive of start-up costs). This represents the overall funding amount, assuming 80% was spent on facility level activities, and divided by the number of facilities and two years of implementation.