SUPPLEMENTARY MATERIAL

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Evidence from an Ancillary Field Experiment in Uganda

By JEREMY SPRINGMAN

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Replication data are available at:

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The Political Economy of NGO Service Provision: Evidence from an Ancillary Field Experiment in Uganda

Online Appendix

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Contents

Appendix A: Spillovers & Manipulation Check

Björkman Nyqvist et al. document minimal spillovers, with 5.4% of households in control villages reporting having been visited by an LG CHP in the 30 days preceding the endline survey (compared to 23% in treatment clusters). Furthermore, according to in-depth interviews with ten LG CHPs operating in two districts in my sample, LG CHPs have strict instructions not to provide medicine or health-related services to any households that live outside of their assigned village (although they are allowed to sell certain products, such as solar lamps and cooking stoves). In these interviews, only one of these LG CHPs reported a single instance in which she provided care to an individual in a neighboring village that came to request her services.

Table A.1 shows the frequency and share of respondents in my sample reporting an active LG CHP in their village and the median and mean number of times that each respondent reports that their household has had contact with an LG CHP over the past 12 months. Only 13% of respondents in control villages report having access to an LG CHP compared to 49% in treatment villages. Extensive effort and resources went into confirming the true treatment status of each village, so we can be sure that these 13% of respondents in control villages are incorrect. It may be the case that some respondents misunderstood the question, or mistakenly believe that an LG CHP in a neighboring village is assigned to their village. These beliefs may also be driven by the ability of LG CHPs to sell certain products to residents of control villages. Reassuringly, the median household in control villages reports zero instances of contact while the median treatment household reports 1 instance of contact.

Table A.1: Respondents reporting active CHP in village, number of times receiving care from an LG CHP

	Active CHP in village				Care from CHP	
	Don't Know	No	Yes	Sum	Median	Mean
Treatment	31	373	381	785	1	2,747
	(4%)	(48%)	(49%)			
Control	32	572	88	692	0	1,177
	(5%)	(83%)	(13%)			

The original study demonstrates that the intervention had a positive impact on health outcomes and reached a substantial share of households. However, there are two reasons that this intervention could fail to manipulate individual beliefs about their access to NGO services. First, it is possible that effort by LG CHPs has declined over time. Table A.1 suggests that this is not the case. Figure A.1 reinforces this point, showing that respondents in treatment villages have very high levels of satisfaction with the LG CHP program. Second, because LG CHPs sell health products for a small profit, it is possible that the program is perceived as for-profit rather than as an NGO. Interviews with LG CHPs suggest that respondents in treated communities are familiar with the LG brand and overwhelmingly see the LG CHP program as non-profit. LG CHPs emphasized repeatedly that the dramatically lower cost of medicines relative to private pharmacies serves as a clear indicator of the non-profit nature of the intervention. However, LG CHPs did report that some community members were aware that LG CHPs themselves earn income from the program and needed to be "sensitized" to the fact that the intervention does not generate profits. 49% of respondents in treatment villages report that the intervention is implemented by a non-profit organization compared to 26% that believe the program operates for-profit. Consistent with the information provided by LG CHPs, reporting contact with an LG CHP is positively correlated with knowledge that the LG CHP program is not-for-profit.

Finally, I conduct a series of formal manipulation checks. In the survey, I ask respondents to list the name and sector of all NGOs that have been providing services in their village within the past 12 months. I also ask whether any members of the respondent's household have received services from these organizations *Never, Once or twice, More than twice, More than five times, or More than ten times.*

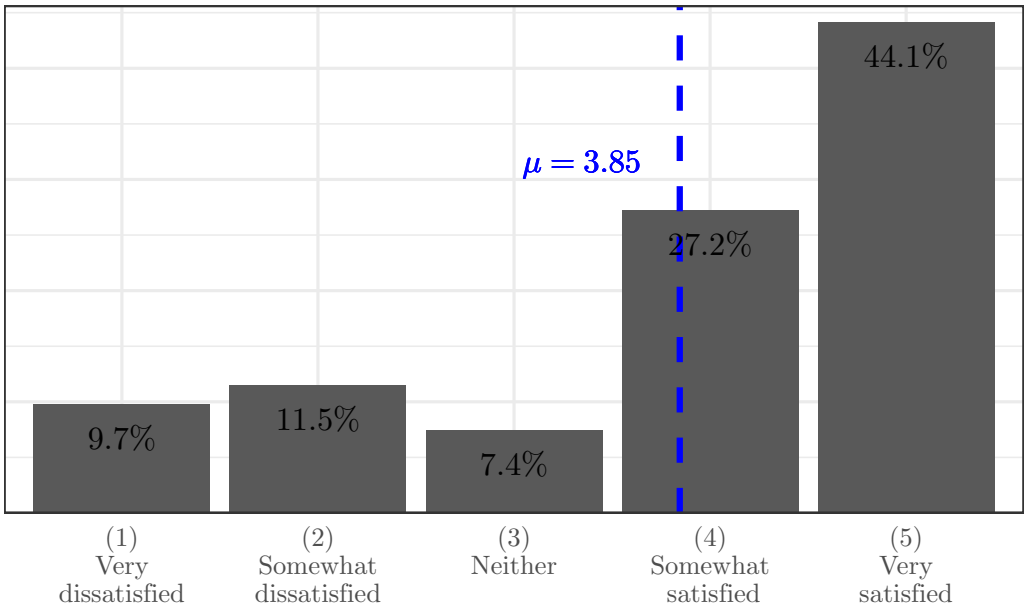

Figure A.1: Respondent satisfaction with LG CHP services in treatment villages

Table A.2: Effect of CHP Intervention on Perceptions of NGO Activity

	Health NGOs				Non-Health NGOs			
	NGO Count		NGO Contact		NGO Count		NGO Contact	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.186***	0.181***	0.251***	0.245***	−0.044	−0.053	−0.069	−0.077
	(0.044)	(0.044)	(0.056)	(0.056)	(0.047)	(0.047)	(0.074)	(0.074)
Covariates	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table A.3: Effect of CHP Intervention on Perceptions of Benefits from NGOs

	Respondent's Household		Respondent's Community	
	(1)	(2)	(3)	(4)
Treatment	0.113**	0.105**	0.066	0.057
	(0.049)	(0.050)	(0.060)	(0.060)
Covariates	No	Yes	No	Yes
Observations	1,470	1,470	1,413	1,413

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table A.2 reports the results for the OLS model described in the main text taking these indicators as the dependent variable. Respondents in treatment villages report an average of about 0.2 more active health NGOs than those in control villages, but they do not report having more non-health NGOs. Respondents in treatment villages also report having substantially more contact with health NGOs, but no more contact with non-health NGOs relative to respondents in control villages.

In Table A.3, I ask respondents to report whether the benefits of NGOs to their household and to their community has been *Not big at all, Not too big, Somewhat big or Very big.* In treatment villages, respondents report significantly greater benefits from NGOs for their household (though not for their community). This section provides strong evidence that respondents in treatment villages are aware of their access to NGO health services and report much higher levels of access than respondents in control villages.

Appendix B: Demand Bias

I provide evidence that researcher demand did not bias responses to survey questions about NGOs in treatment villages. If respondents in treatment villages are more likely to believe that the research team was sent by an NGO, demand bias may cause respondents to report more favorable opinions of NGOs. Figure B.1 shows the share of responses to a survey question asking respondents who they believe sent the research team. This figure shows that NGOs are the least commonly mentioned category, although nearly a quarter of the sample does believe that the research team was sent by an NGO. However, table B.1 reports the results of regressing a binary indicator for each outcome category on the treatment. These results demonstrate that there are no significant differences between respondents in treatment and control villages regarding who they believe sent the research team.

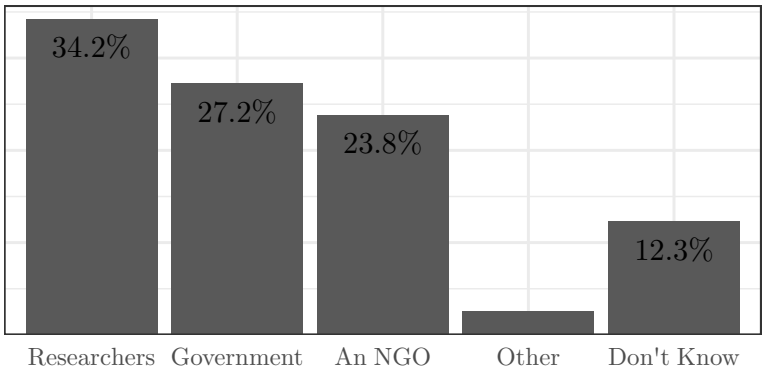

Figure B.1: Frequency of responses about who sent the survey team

Table B.1: Effect of CHP Intervention on Beliefs About Researchers

	An NGO		Government		Researchers		Don't Know	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.005	−0.013	−0.029	−0.021	0.035	0.026	−0.010	−0.001
	(0.025)	(0.024)	(0.027)	(0.026)	(0.043)	(0.043)	(0.021)	(0.021)
Covariates	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Appendix C: Distribution of Sample Villages

Table C.1 shows the distribution of villages by treatment status and district. One district (Mukono) only contains treatment villages, so I include the Mukono villages in the Jinja block in the main analyses. I choose Jinja because these two districts share a border and common language. All results are robust to excluding Mukono villages from the sample.

Table C.1: Distribution of Villages by Treatment Status and District

	Control Phased-in	Control Remaining	Treatment	Intensity
Mukono	4	0	4	100%
Mbarara	4	1	5	80%
Jinja	12	4	32	75%
Mbale	6	5	11	55%
Mpigi	16	14	30	53%
Bushenyi	2	1	3	50%
Arua	6	11	17	35%
Ibanda	1	3	4	25%
Pallisa	1	3	4	25%
Shema	0	5	5	0%
Total	52	47	115	52%

Appendix D: Main Outcomes without Covariates

D.1 Preferences

Table D.1: Effect of LG CHP on Preferences for NGO Service Provision (No covariates)

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.164*	0.163	0.278	0.140	0.129**	0.243**	0.085	0.107
	(0.086)	(0.128)	(0.211)	(0.314)	(0.063)	(0.095)	(0.054)	(0.101)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.2: Effect of LG CHP on Prioritization of Health for Government to Address (No covariates)

	Govt Index		District		National	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.027	−0.026	0.042	0.121	−0.097**	−0.174*
	(0.046)	(0.080)	(0.058)	(0.088)	(0.049)	(0.092)
Restricted	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.2 Political Engagement

Table D.3: Effect of LG CHP on Political Engagement by Policy Area (No covariates)

	Govt Health		Govt General		NGO Health		NGO General	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.055*	0.112**	0.037	0.053	0.0004	0.093	−0.058	−0.037
	(0.032)	(0.055)	(0.032)	(0.054)	(0.048)	(0.060)	(0.042)	(0.056)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.4: Effect of LG CHP on Electoral Participation (No covariates)

	Index		Vote		Attend Rally		Work for Party	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.003	0.045	−0.021	0.167	−0.030	0.063	0.060	−0.094
	(0.041)	(0.074)	(0.059)	(0.115)	(0.067)	(0.072)	(0.049)	(0.151)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	4,431	1,641	4,431	1,641	4,431	1,641	4,431	1,641

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.3 Political Engagement: Secondary Measures

Table D.5: Effect of LG CHP on Health-related Contact by Political Actor (No covariates)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.045	0.109*	−0.005	−0.012	0.108	0.027	0.009
	(0.036)	(0.064)	(0.052)	(0.046)	(0.073)	(0.045)	(0.061)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.6: Effect of LG CHP on Health-related Contact by Political Actor (Restricted; No covariates)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.111*	0.213*	0.087	−0.021	0.221*	0.054	0.070
	(0.057)	(0.118)	(0.085)	(0.074)	(0.127)	(0.063)	(0.085)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.7: Effect of LG CHP on Secondary Measures of Political Engagement (No covariates)

	Contentious		Information		Knowledge		Membership	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.005	0.009	0.093*	0.090	0.118	0.290	0.024	0.048
	(0.011)	(0.016)	(0.052)	(0.084)	(0.109)	(0.203)	(0.034)	(0.063)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.4 Trust

Table D.8: Effect of CHP Intervention on Perceptions of Spending (No covariates)

	Spent	Wasted	Stolen	Spent	Wasted	Stolen	Spent	Wasted	Stolen
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	−0.146	−0.051	0.197**	−0.144	−0.023	0.168*	−0.047	−0.048	0.094
	(0.102)	(0.071)	(0.092)	(0.101)	(0.080)	(0.094)	(0.107)	(0.074)	(0.078)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.9: Effect of CHP Intervention on Perceptions of Spending (Restircted; No covariates)

	Spent	Wasted	Stolen	Spent	Wasted	Stolen	Spent	Wasted	Stolen
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	−0.211	0.015	0.195	−0.158	0.076	0.082	−0.276	0.089	0.187
	(0.172)	(0.125)	(0.158)	(0.144)	(0.131)	(0.137)	(0.181)	(0.122)	(0.139)
Observations	547	547	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.10: Effect of LG CHP on Perceptions of Trust (No covariates)

	Govt Index	Local Councilors	MP	President	Government Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.016	−0.061	−0.046	0.032	0.011	−0.031
	(0.046)	(0.071)	(0.064)	(0.055)	(0.055)	(0.064)
Observations	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.11: Effect of LG CHP on Perceptions of Trust (Restricted; No covariates)

	Govt Index	Local Councilors	MP	President	Government Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.002	−0.049	−0.094	0.123	0.013	0.033
	(0.072)	(0.102)	(0.106)	(0.089)	(0.091)	(0.113)
Observations	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.5 Credit Attribution

Table D.12: Effect of LG CHP on Credit for Political Actors (No covariates)

	Local Councilors	District Chair	MP	President	District Agency	National Agency
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.031	−0.016	0.017	0.063	0.003	0.009
	(0.046)	(0.038)	(0.041)	(0.041)	(0.045)	(0.039)
Observations	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.13: Effect of LG CHP on Credit for Political Actors (Restricted; No covariates)

	Local Councilors	District Chair	MP	President	District Agency	National Agency
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.031	0.079	−0.007	0.198***	0.039	0.040
	(0.067)	(0.061)	(0.062)	(0.066)	(0.073)	(0.066)
Observations	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.14: Effect of LG CHP on Credit to the President (No Covariates)

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.063	0.198***	0.116**	0.228***	0.034	0.172*	0.040	0.194*
	(0.041)	(0.066)	(0.053)	(0.073)	(0.055)	(0.095)	(0.056)	(0.099)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.6 Capacity Spillovers

Table D.15: Effect of LG CHP on Perceptions and Use of VHTs (No covariates)

	VHT Satisfaction			VHT Use
	(1)	(2)	(3)	(4)
Treatment	0.153**	0.309***	0.190***	0.112
	(0.064)	(0.083)	(0.073)	(0.102)
Restricted	No	Yes	No	Yes
Observations	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.7 Perceptions of Responsiveness

Table D.16: Effect of LG CHP on Perceptions of Government and NGO Responsiveness (No covariates)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	−0.014	−0.004	−0.014	−0.023	0.005	−0.034	0.065
	(0.052)	(0.070)	(0.063)	(0.063)	(0.056)	(0.064)	(0.055)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.17: Effect of LG CHP on Perceptions of Government and NGO Responsiveness (Restricted; No covariates)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.059	0.034	0.101	0.031	0.078	0.050	0.163
	(0.094)	(0.102)	(0.109)	(0.114)	(0.103)	(0.110)	(0.102)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.18: Effect of LG CHP on Perceptions of Efficacy of Political Engagement (No covariates)

	Govt Index	Contact Govt	Raise Issue	Contact NGO	Contentious Index	Contact Media	Protest
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	−0.039	−0.051	−0.027	0.064	0.041	0.066	0.016
	(0.045)	(0.061)	(0.053)	(0.054)	(0.045)	(0.063)	(0.061)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.19: Effect of LG CHP on Perceptions of Efficacy of Political Engagement (Restricted; No covariates)

	Govt Index	Contact Govt	Raise Issue	Contact NGO	Contentious Index	Contact Media	Protest
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.160**	0.191*	0.130	0.261***	0.088	0.094	0.083
	(0.080)	(0.113)	(0.091)	(0.099)	(0.074)	(0.107)	(0.090)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

D.8 Perceptions of Capacity

Table D.20: Effect of LG CHP on Perceptions of Government and NGO Capacity (No covariates)

	Govt Index		Local Govt		Natl Govt		NGOs	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.076	−0.048	−0.043	−0.070	−0.108*	−0.026	−0.050	−0.035
	(0.058)	(0.080)	(0.064)	(0.093)	(0.063)	(0.085)	(0.056)	(0.105)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.21: Effect of LG CHP on Perceptions of Spending on Service Delivery (No covariates)

	Government			NGOs		
	Index	In-Facility	Out-Facility	Index	In-Facility	Out-Facility
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.092*	−0.141**	−0.043	0.046	0.092	0.0003
	(0.053)	(0.061)	(0.059)	(0.049)	(0.060)	(0.059)
Observations	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table D.22: Effect of LG CHP on Perceptions of Spending on Service Delivery (Restricted; No covariates)

	Government			NGOs		
	Index	In-Facility	Out-Facility	Index	In-Facility	Out-Facility
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.108	−0.145	−0.071	0.006	0.030	−0.018
	(0.100)	(0.115)	(0.111)	(0.097)	(0.104)	(0.115)
Observations	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Appendix E: Departures from Pre-Analysis Plan

- Expectations Index: Question 4 was not included in the index. There were two reasons for this decision. First, the response categories were poorly structured. Specifically, the response options have no obvious underlying order and therefore cannot be analyzed as an ordinal or continuous variable. Second, the question departs from the other questions employed to test primary outcomes in that it asks about service delivery generally rather than specifically about health. These were both errors made during the design phase.

- Model Specification: Rather than use the potentially biased block fixed effects models that were pre-registered, I use the "interaction-weighted estimator" (IWE) suggested by Gibbons, Serrato, and Urbancic and Lin and Green. Gibbons, Serrato, and Urbancic show that OLS with fixed effects is not a consistent estimator of the average treatment effect when there are heterogeneous effects across blocks. The IWE produces an unbiased estimate of the ATE by averaging across group-specific estimates.

- There are several questions that are asked for respondent perceptions generally and related to health issues specifically. In the PAP, some questions are divided into general and health-specific indices but some questions combine both measures. To maintain consistency and to ensure that hypotheses are tested using outcome measures related to the intervention, I separate health and general questions for all outcomes.

- In the PAP, the hypothesis testing credit attribution using perceptions of performance registers perceptions of the performance of past government actors as the primary outcome and perceptions of current government actors as a secondary outcome. This decision was made because direct credit for the intervention would be most likely to accrue to government actors that occupied their positions when the intervention was first rolled-out into treatment villages. Upon further reflection, it is clear that certain mechanisms would predict that credit accrues to both current and former political actors, for example, if citizens increase support for incumbents as the result of general improvements in welfare rather than a belief that incumbents were responsible for the services that lead to these welfare improvements. For this reason, I combine both measures into a single index. However, results are similar when these outcomes are considered independently or together.

- In total, the PAP registered 12 hypotheses. This paper focuses on hypotheses 1, 3, 4, and 11. The results for hypotheses 2, 5–9, and 12 are discussed in the main text or the appendix. Most of these are alternative hypotheses or potential mechanisms for the main effects. Hypothesis 10 is unrelated to the primary research question investigated in this paper and is the subject of a separate analysis.

Appendix F: Balance

There is considerable debate over whether and when it is appropriate to check for balance on observable characteristics between treatment and control units in randomized experiments.[1] However, the non-random phase-in of the intervention into control villages makes this is an unambiguous case where balance tests are appropriate. For all balance tests, I report both the results of a block-adjusted omnibus balance test which combines information across many tests into one test statistic, as well as the one-by-one comparisons for each variable.[2] This method is preferable for cluster randomized trials because means are adjusted based on weights to account for blocked random assignment.[3]

I begin by showing pre-treatment balance using household and village-level data from Björkman Nyqvist et al. measuring village size, accessibility, and health characteristics (household density, the number of households with children under five, distance to a main road, distance to a transmission line, distance to health center, number of nearby health centers, and distance to a hospital). I then use endline survey data from 7,000 households collected by Björkman Nyqvist et al. to show balance on respondent (age, education, years in village) and household characteristics (size, child mortality, access to electricity, frequency of meals with meat, and ownership of TV, phone, radio, and clothing). I then use variables from my original household survey, including gender, education, age, self-reported living conditions, years lived in the village, and the number of Don't know/Refused responses. These variables are measured post-treatment, but provide a helpful test of balance on important characteristics, the majority of which are unlikely to have been impacted by treatment. Finally, I use data from my village-level survey measuring the number of NGOs providing services in the village (only for control villages that did and did not receive the phased-in intervention), the number of health facilities that village residents have access to, the number of schools that residents have access to, road quality, water source, the LC1's satisfaction with the village's VHT services, and the number of years that residents of the village have had access to piped water, electricity from the national grid, and piped sewage. Finally, I exploit the temporal dimension of these variables to show that the extension of infrastructure to non-phased-in and phased-in control villages was similar before and after the intervention period.

In table F.1, I repeat the original balance test conducted by Björkman Nyqvist et al. using their original pre-treatment data, but now excluding control villages that received the phased-in intervention. This test provides reassurance that the non-random phase-in has not introduced bias on the health-related indicators that would be most likely to drive the prioritization of control villages for treatment after the conclusion of the study period. These include convenience factors (household density, the number of households with children under five years old, distance to a main road, distance to a transmission line) and health factors (distance to health center, number of nearby health centers, and distance to a hospital). In table F.2, I repeat the test above but now comparing balance between control villages that received the phased-in treatment in the four years after the intervention period and before my survey with control villages that remained untreated throughout the entire eight year period. These results provide further reassurances that the roll-out was not systematically targeted toward needier villages.

In table F.3, I also conduct an omnibus test on a list of covariates included in my household survey (treatment villages and control villages that did not receive the phase-in). These variables are measured post-treatment, but provide a helpful test of balance on important characteristics, the majority of which are highly unlikely to have been impacted by the intervention. This test suggests that respondents are balanced on age, gender, living conditions, and have lived in their village for similar amounts of time, reducing concerns about migration into treatment villages. There are also a similar number of Don't know/Refused responses for respondents in both conditions, giving plausible evidence that effort by enumerators was similar in these villages. While the omnibus test statistic fails to reject the null

[1] Mutz, Pemantle, and Pham 2018.

[2] Björkman Nyqvist et al. test balance between treatment and control villages across a list of village-level covariates by regressing each pre-treatment covariates on the treatment indicator. However, the omnibus test has several advantages. For details, see Hansen and Bowers.

[3] Hansen and Bowers 2008.

hypothesis of balance between treatment and control villages, the levels of education variable is positive and significant in the one-by-one comparison. Substantively, the difference between treatment and control villages is small, but I control for this variable in all regression models with covariates.

Table F.1: Village-Level Block-Adjusted Omnibus Balance Test (Original Study; Full)

	Chi-Sq	Df	P-value
Overall Test Statistic	5.48	7	0.6

	Control Mean	Treatment Mean	Difference	Z-score	P-value
Households per cluster	215.05	237.25	22.20	1.58	0.12
Households w/under-5	73.39	80.24	6.84	1.12	0.26
Distance main road	6.87	6.46	-0.41	-1.46	0.15
Distance transmission line	1.92	1.76	-0.16	-0.69	0.49
Distance health center	1.64	1.56	-0.08	-0.49	0.62
Health centers w/in 5km	6.91	7.60	0.69	1.65	0.10
Distance to hospital	10.69	10.32	-0.37	-1.06	0.29

Table F.2: Village-Level Block-Adjusted Omnibus Balance Test (Original Study; Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	5.75	7	0.57

	Control Mean	Control Mean Phased-in	Difference	Z-score	P-value
Households per cluster	222.78	237.10	14.32	0.79	0.43
Households w/under-5	76.84	85.84	9.00	1.13	0.26
Distance main road	5.12	4.85	-0.27	-0.57	0.57
Distance transmission line	1.86	1.47	-0.40	-1.27	0.20
Distance health center	1.45	1.70	0.25	0.97	0.33
Health centers w/in 5km	7.60	8.62	1.02	1.46	0.15
Distance to hospital	12.22	11.75	-0.47	-1.02	0.31

Table F.3: Household-Level Block-Adjusted Omnibus Balance Test

	Chi-Sq	Df	P-value
Overall Test Statistic	10.22	6	0.12

	Control Mean	Treatment Mean	Difference	Z-score	P-value
Gender	0.73	0.69	-0.03	-1.37	0.17
Education (1-6)	2.87	3.07	0.20	2.71	0.01
Age	41.22	40.12	-0.98	-1.34	0.18
Living Conditions	2.94	2.99	0.05	0.92	0.36
Time in Village	19.36	18.85	-0.52	-0.60	0.55
DK/R	6.14	6.03	-0.11	-0.33	0.74

Finally, I use data from my village-level survey to demonstrate balance on several additional village characteristics. This information was collected from village councilors (LC1) and VHTs in the months preceding the household survey. Variables include the number of NGOs providing services in the village, the number of health facilities that village residents have access to, the number of schools that residents have access to, the LC1's reported satisfaction with the quality of VHT services in the village, the material used in the construction of the nearest road (with higher levels representing better materials), and the main source of water (with higher levels representing more improved sources). I also include the number of years that residents of the village have had access to piped water, electricity from the national grid, piped sewage (with villages that do not have access taking a value of 0). In the final section, I exploit the temporal dimension of these variables to show that the extension of infrastructure was similar before and after villages received the intervention. Table F.4 shows balance among remaining control and phased-in

control villages and table F.5 shows balance for the full sample. Repeating these analyses using binary measures of each variable yields very similar results (see tables F.6 and F.7).

Table F.4: Village-Level Block-Adjusted Omnibus Balance Test (Current Study; Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	3.24	9	0.95

	Control Mean	Control Mean Phased-in	Difference	Z-score	P-value
NGO Count	0.46	0.55	0.09	0.44	0.66
Health Facility Count	2.73	2.46	-0.27	-1.16	0.25
School Count	3.35	3.26	-0.09	-0.34	0.73
LC1 Satisfaction w/VHT	3.64	3.70	0.06	0.19	0.85
Years of Grid Access	9.78	10.50	0.73	0.20	0.84
Years of Piped Water	6.03	9.51	3.48	1.25	0.21
Main Water Source	2.22	2.30	0.08	0.25	0.80
Years of Sewage Access	0.56	0.53	-0.03	-0.06	0.95
Road Material	3.36	3.47	0.11	0.32	0.75

Table F.5: Village-Level Block-Adjusted Omnibus Balance Test (Current Study; Full)

	Chi-Sq	Df	P-value
Overall Test Statistic	9.89	9	0.36

	Control Mean	Treatment Mean	Difference	Z-score	P-value
NGO Count	0.46	0.56	0.10	0.67	0.50
Health Facility Count	2.92	2.61	-0.30	-1.70	0.09
School Count	3.42	3.45	0.04	0.22	0.83
LC1 Satisfaction w/VHT	3.71	3.94	0.23	1.05	0.29
Years of Grid Access	15.26	9.45	-5.81	-2.07	0.04
Years of Piped Water	11.59	9.16	-2.43	-1.10	0.27
Main Water Source	2.57	2.51	-0.06	-0.26	0.80
Years of Sewage Access	0.39	0.32	-0.07	-0.24	0.81
Road Material	3.23	2.99	-0.24	-0.84	0.40

Table F.6: Village-Level Block-Adjusted Omnibus Balance Test (Current Study; Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	5.84	8	0.67

	Control Mean	Control Mean Phased-in	Difference	Z-score	P-value
NGO Count	0.75	0.64	-0.12	-0.60	0.55
Health Facility Count	2.73	2.33	-0.40	-1.76	0.08
School Count	3.32	3.22	-0.11	-0.44	0.66
LC1 Satisfaction w/VHT	3.62	3.61	-0.01	-0.05	0.96
Grid Access	0.67	0.77	0.11	1.07	0.29
Main Water Source	2.67	2.73	0.05	0.21	0.83
Sewage Access	0.14	0.13	-0.02	-0.20	0.84
Road Material	3.79	3.60	-0.19	-0.68	0.50

Table F.8 and table F.9 present additional balance tests utilizing endline survey data from 7,000 households collected by Björkman Nyqvist et al. Of the variables included below, only child mortality and household size were measured pre-treatment. For this reason, these results must be interpreted with extreme skepticism. While these data come from households that are not in the sample used for my study, they are randomly sampled from the same villages and therefore provide additional suggestive evidence of balance between treatment and remaining control villages as well as remaining control villages and phased-in control villages. Following Hansen and Bowers, before conducting the test, I aggregate these

Table F.7: Village-Level Block-Adjusted Omnibus Balance Test (Current Study; Full)

	Chi-Sq	Df	P-value
Overall Test Statistic	7.61	8	0.47

	Control Mean	Treatment Mean	Difference	Z-score	P-value
NGO Count	0.57	0.53	-0.04	-0.31	0.75
Health Facility Count	2.87	2.55	-0.32	-2.02	0.04
School Count	3.35	3.38	0.03	0.23	0.82
LC1 Satisfaction w/VHT	3.69	3.85	0.16	0.91	0.36
Grid Access	0.71	0.74	0.03	0.44	0.66
Main Water Source	2.78	2.86	0.09	0.49	0.62
Sewage Access	0.10	0.08	-0.02	-0.33	0.74
Road Material	3.26	3.08	-0.18	-0.73	0.47

data to the cluster-level. Although the omnibus test for table F.9 suggests some imbalance between remaining control villages and phased-in control villages, this is driven by a substantively small difference in the average size of households, average phone ownership, and the average number of meals per week that included meat or fish. While all three indicators reflect household wealth, they cut in different directions with HH size and phone ownership being higher in control villages that received the phased-in intervention and meals with meat being lower. It therefore seems unlikely that the non-random phase-in of the intervention introduced bias that could account for the outcomes of interest in this study.

Table F.8: Household-Level Block-Adjusted Omnibus Balance Test (Original Study)

	Chi-Sq	Df	P-value
Overall Test Statistic	14.02	11	0.23

	Control Mean	Treatment Mean	Difference	Z-score	P-value
Household Size	5.27	5.36	0.09	0.88	0.38
Head of Household Age	36.57	36.79	0.22	0.42	0.67
Head of Household Education	8.00	8.01	0.01	1.51	0.13
Mortality Under 1	0.04	0.04	0.00	-0.29	0.77
Years in Village	0.22	0.25	0.03	1.09	0.28
TV Ownership	0.81	0.82	0.02	1.26	0.21
Radio Ownership	0.73	0.78	0.05	3.08	0.00
Phone Ownership	0.96	0.97	0.01	1.40	0.16
Clothing Ownership	13.32	12.84	-0.48	-0.82	0.41
Meals with Meat	2.25	2.24	-0.01	-0.07	0.94
Electricity	0.24	0.27	0.03	1.02	0.31

Table F.9: Household-Level Block-Adjusted Omnibus Balance Test (Original Study Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	18.56	11	0.07

	Control Mean	Treatment Mean	Difference	Z-score	P-value
Household Size	5.21	5.50	0.28	1.82	0.07
Head of Household Age	36.58	37.23	0.65	0.83	0.41
Head of Household Education	8.00	8.00	0.01	1.53	0.13
Mortality Under 1	0.05	0.04	0.00	-0.14	0.89
Years in Village	0.25	0.24	-0.01	-0.19	0.85
TV Ownership	0.82	0.84	0.01	0.85	0.39
Radio Ownership	0.75	0.78	0.03	1.28	0.20
Phone Ownership	0.97	0.98	0.02	2.48	0.01
Clothing Ownership	13.13	13.90	0.76	0.90	0.37
Meals with Meat	2.29	2.01	-0.28	-2.27	0.02
Electricity	0.27	0.25	-0.01	-0.27	0.79

Appendix G: Survey Questions and Indices

G.1 Engagement Indices:

1. Engagement with Government (Health):
   - Behavioral measure: Contact with Government
   - During the past twelve months, have you or a family member contacted [. . .] about an issue with health service delivery in your community? [A Constituency MP; A local Councilor (including District, Subcounty, or Village Councilors); A government agency in Kampala (Ministry of Health); A district health official (DHO, Health Inspectors)]? [Never; Once or twice; More than twice; More than five times; More than ten times]
2. Engagement with Government (General):
   - During the past twelve months, have you or a family member contacted [. . .] about some pressing problem to give them your views [A Constituency MP; A local Councilor (including District, Subcounty, or Village Councilors); A government agency in Kampala (Ministry of Health); A district health official (DHO, Health Inspectors)]? [Never; Once or twice; More than twice; More than five times; More than ten times]
   - Here is a list of actions that people sometimes take as citizens. For each of these, please tell me whether you or a family member have taken any of these actions during the past twelve months. [Attended a community meeting; Raised an issue at a community meeting] [Never; Once or twice; More than twice; More than five times; More than ten times]?
   - Here is a list of actions that people sometimes take when they are dissatisfied with conditions in their community. For each of these, please tell me whether you or a family member have taken any of these actions during the past twelve months [Contacted a government official to ask for help or make a complaint]? [Never; Once or twice; More than twice; More than five times; More than ten times]
3. Engagement with NGOs (Health):
   - Behavioral measure: Contact with an NGO
   - During the past twelve months, have you or a family member contacted [. . .] about an issue with health service delivery in your community? [An NGO]? [Never; Once or twice; More than twice; More than five times; More than ten times]
4. Engagement with NGOs (General):
   - During the past twelve months, have you or a family member contacted [. . .] about some pressing problem to give them your views [An NGO]? [Never; Once or twice; More than twice; More than five times; More than ten times]
   - Here is a list of actions that people sometimes take as citizens. For each of these, please tell me whether you or a family member have taken any of these actions during the past twelve months. [Never; Once or twice; More than twice; More than five times; More than ten times]? [Attended an event organized by an NGO]

- Here is a list of actions that people sometimes take when they are dissatisfied with conditions in their community. For each of these, please tell me whether you or a family member have taken any of these actions during the past twelve months [Never; Once or twice; More than twice; More than five times; More than ten times]? [Contact an NGO to ask for help or make a complaint]

G.2 Secondary Engagement Indices:

1. Electoral participation index[4]
   - Did you cast a vote in the [2016 Election; 2011 Election; 2006 Election]?
   - In the [2016 Election; 2011 Election; 2006 Election], did you work for a candidate or party?
   - In the [2016 Election; 2011 Election; 2006 Election], did you attend a campaign rally? [Never; Once; Multiple times]
2. Contentious participation index
   - Here is a list of actions that people sometimes take when they are dissatisfied with conditions in their community. For each of these, please tell me whether you or a family member have taken any of these actions during the past twelve months [Never; Once or twice; More than twice; More than five times; More than ten times]? [Contacted the media, like calling a radio program or writing a letter to a newspaper; Participated in a demonstration or protest march; Refused to pay a tax or fee to government]

G.3 Political Credit Index:

- How much do you think your [. . .] helped to bring NGOs to your community? [Constituency MP has; District Chairperson has; Local Councilors (including District, Subcounty, or Village Councilors) have; Civil servants in Kampala have; Civil servants in your district have]? [None; A little; Some; A lot]
- How much do you think your [. . .] helped to plan or oversee NGO projects in your community [Constituency MP has; District Chairperson has; Local Councilors (including District, Subcounty, or Village Councilors) have; Civil servants in Kampala have; Civil servants in your district have]? [None; A little; Some; A lot]
- How much power do you think [. . .] over where NGOs decide to put their projects and services [The president has; Your Constituency MP has; Your District Chairperson has; Your Local Councilors (including District, Subcounty, or Village Councilors) have; Civil servants in Kampala have; Civil servants in your district have; NGOs themselves have]? [None; A little; Some; A lot]
- Are you satisfied or dissatisfied with the way [. . .] currently doing their job in providing health services? [The president is; Your constituency MP is; Your local councilors (including District, Subcounty, or Village Councilors) are; Government health agencies are; NGOs working in Uganda are]? [Very dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very satisfied]
- Are you satisfied or dissatisfied with the way [. . .] currently doing their job in general? [The president is; Your constituency MP is; Your local councilors (including District, Subcounty, or Village Councilors) are; Government health agencies are; NGOs working in Uganda are]? [Very dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very satisfied]
- Thinking back to before the 2016 election, how satisfied or dissatisfied were you with the way [. . .] did their job in providing health services [Your Constituency MP; Your District Chairperson; Your Subcounty Chairperson]? [Very dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very satisfied]
- Thinking back to before the 2016 election, how satisfied or dissatisfied were you with the way [. . .] did their job in general [Your Constituency MP; Your District Chairperson; Your Subcounty Chairperson]? [Very dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very satisfied]

G.4 Preferences Index:

- At the end of the survey, respondents were read a description of each program that detailed their similar objectives and emphasized that the LG program operates throughout the country and in their district (the universal government VHT program is already very widely known). Then field officers read the following script:
  The research team working on this project will donate 500,000 USh to a community health worker program as a token

[4]Because these questions capture behavior before and after the intervention, the estimation will change slightly from the analyses for other questions by using a difference-in-differences model.

of our appreciation for your time. We would like your help in deciding how we distribute this money. You may recommend for us to donate this money to either a Village Health Team fund or to the Community Health Promoter Program to facilitate their activities, or you may recommend that we give some portion of these funds to each of them. . . . Please allocate these tokens based on which program you think would be more beneficial.
Village Health Teams are a government program with a mandate to strengthen access to and provision of quality health services to individuals, households and communities through active engagement and participation of individuals and communities. The Living Goods/BRAC Community Health Promoter program is a large NGO program offering free health services and affordable health products to citizens throughout Uganda and in your district. The goal of Living Goods/BRAC CHP program is to build a sustainable distribution platform for health products and services that are designed to fight poverty and disease in Uganda.

- Several different types of groups work to provide essential health care services to citizens in Uganda. These include governments and non-profit organizations such as NGOs and Christian and Islamic organizations (Catholic Medical Bureau, Muslim Medical Bureau, etc.). Which of the following statements is closest to your view? [It is better if government provides most of the health care in the country and non-profits play a minimal role.; It is better if non-profits provide most of the health care in the country and government plays a minimal role.]? [Strongly agree with A; Agree with A; Agree with neither; Agree with B; Strongly agree with B]
- Which of the following statements is closest to your view [The government should both pay for and provide health services.; The government should pay for, but non-profits should provide health services.; Non-profits should both pay for and provide health services.]? [Strongly agree with A; Agree with A; Agree with B; Strongly agree with B; Agree with C; Strongly agree with C]

G.5 Policy Priorities Index:

- In your opinion, what are the most important problems facing this country that the national government should address? [Most important, Second most important, Third most important]
- In your opinion, what are the most important problems facing this country that the district government should address? [Most important, Second most important, Third most important]

G.6 Perceptions of Responsiveness Indices:

1. Government Responsiveness
    - After each statement, tell me if you agree or disagree: "People like me can do things that can have an influence on the actions of [My constituency MP; My District Chairperson, My local Councilors (including District, Subcounty, or Village Councilors); A government agency in Kampala; A government agency in my district]". [Strongly Disagree; Disagree; Neither Agree nor Disagree; Agree; Strongly Agree]
2. NGO Responsiveness
    - After each statement, tell me if you agree or disagree: "People like me can do things that can have an influence on the actions of [An NGO]". [Strongly Disagree; Disagree; Neither Agree nor Disagree; Agree; Strongly Agree]
3. Efficacy of Participation with Government
    - Imagine that you felt strongly about an issue related to service delivery in your community. For each of these, please tell me how effective you would expect this action to be in addressing the issue [Raising the issue at a community meeting; Contacting a government official to ask for help or make a complaint]. [Not at all; Not very; Somewhat; Very]
4. Efficacy of Contentious Participation
    - Imagine that you felt strongly about an issue related to service delivery in your community. For each of these, please tell me how effective you would expect this action to be in addressing the issue [Contacting the media, like calling a radio program or writing a letter to a newspaper; Participating in a demonstration or protest march]. [Not at all; Not very; Somewhat; Very]
5. Efficacy of Participation with NGOs
    - Imagine that you felt strongly about an issue related to service delivery in your community. For each of these, please tell me how effective you would expect this action to be in addressing the issue [Contacting an NGO to ask for help or make a complaint]. [Not at all; Not very; Somewhat; Very]

G.7 Perceptions of Capacity Indices:

1. Government Capacity Index
   - Thinking hypothetically, if your district wants to provide health services to everyone in your district, it will do this efficiently? [Strongly Disagree; Disagree; Neither Agree nor Disagree; Agree; Strongly Agree]
   - Thinking hypothetically, if the national government wants to provide health services to everyone in the country, it will do this efficiently? [Strongly Disagree; Disagree; Neither Agree nor Disagree; Agree; Strongly Agree]
2. NGO Capacity
   - Thinking hypothetically, if NGOs want to provide health services to everyone in the country, they will do this efficiently? [Strongly Disagree; Disagree; Neither Agree nor Disagree; Agree; Strongly Agree]
3. Government Health Spending Index
   - Here are ten tokens. Think of these ten tokens as representing all the money spent providing health services at health clinics and hospitals that benefited ordinary citizens in Uganda in the last twelve months. How many of the tokens do you think were spent by [. . .]? [The government]
   - Here are ten tokens. Think of these ten tokens as representing all the money spent providing free health services outside of health clinics and hospitals (such as mobile health clinics or the distribution of mosquito nets) that benefited ordinary citizens in Uganda in the last twelve months. How many of the tokens do you think were spent by [. . .]? [The government]
4. NGO Health Spending Index
   - Here are ten tokens. Think of these ten tokens as representing all the money spent providing health services at health clinics and hospitals that benefited ordinary citizens in Uganda in the last twelve months. How many of the tokens do you think were spent by [. . .]? [NGOs working in Uganda]
   - Here are ten tokens. Think of these ten tokens as representing all the money spent providing free health services outside of health clinics and hospitals (such as mobile health clinics or the distribution of mosquito nets) that benefited ordinary citizens in Uganda in the last twelve months. How many of the tokens do you think were spent by [. . .]? [NGOs working in Uganda]

G.8 Perceptions of Trust Index:

1. Self-reported Trust in Government Index
   - How much do you trust [. . .] to do the right thing for ordinary people like you? [Your constituency MP; Your local Councilors (including District, Subcounty, and Village Councilors); Government agencies; The president]
2. Self-reported Trust in NGOs
   - How much do you trust [. . .] to do the right thing for ordinary people like you? [NGOs working in Uganda]
3. Government Spending Index
   - Here are ten tokens. Think of these 10 tokens as representing all the money that [. . .] has in its budget. How many of these tokens do you think actually get spent on programs and services that benefit ordinary citizens in Uganda? How many tokens do you think are wasted? How many tokens do you think are or stolen? [The national government; Your district government]
4. NGO Spending
   - Here are ten tokens. Think of these 10 tokens as representing all the money that [. . .] has in its budget. How many of these tokens do you think actually get spent on programs and services that benefit ordinary citizens in Uganda? How many tokens do you think are wasted? How many tokens do you think are or stolen? [NGOs working in Uganda]

G.9 Reliance & Substitution Index:

1. About how many times, total, has your household received health related care or advice from a Village Health Team member within the last twelve months?
2. Overall, are you satisfied or unsatisfied with the health services offered by your community's Village Health Team? [Very dissatisfied; Somewhat dissatisfied; Neither satisfied nor dissatisfied; Somewhat satisfied; Very satisfied]

Appendix H: Service Delivery Preferences

This section provides visualizations that are referenced on page 23 of the main text.

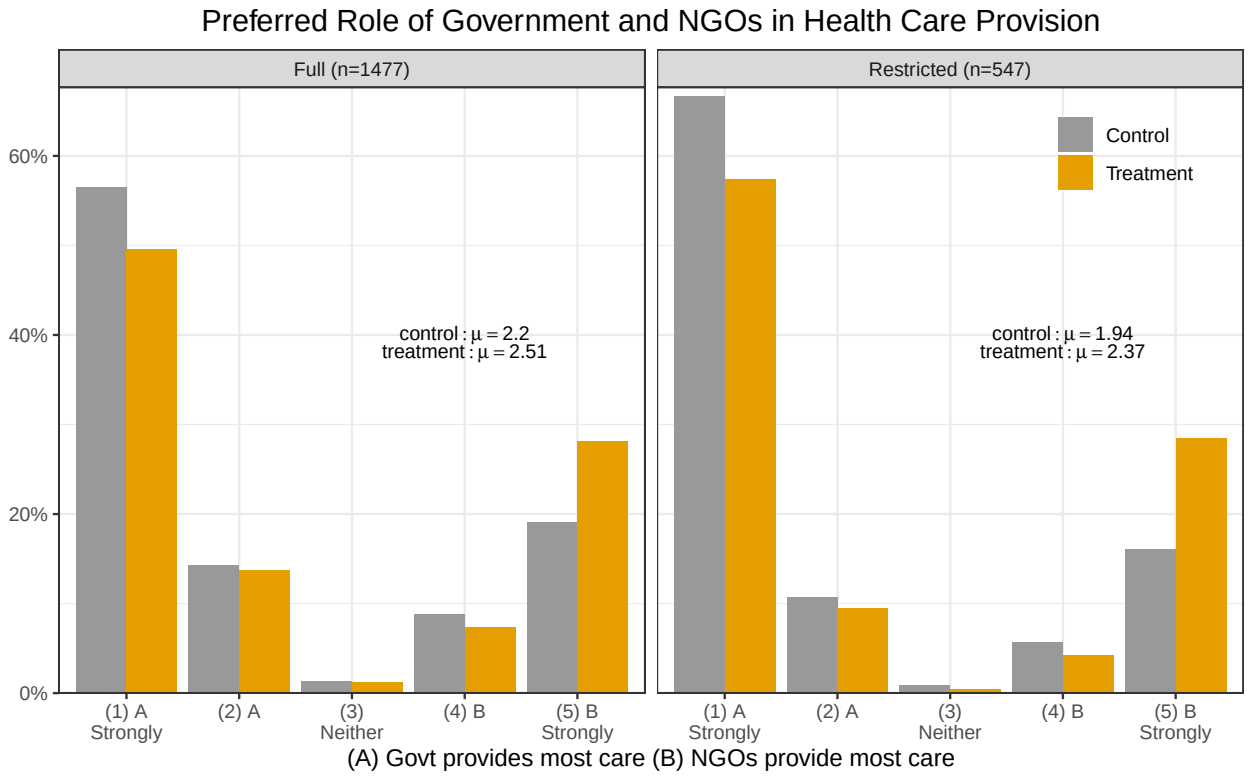

Figure H.1: This question asks which statement respondents agree with, and whether they agree or agree strongly; (A) It is better if government provides most of the health care in the country and non-profits play a minimal role. (B) It is better if non-profits provide most of the health care in the country and government plays a minimal role.

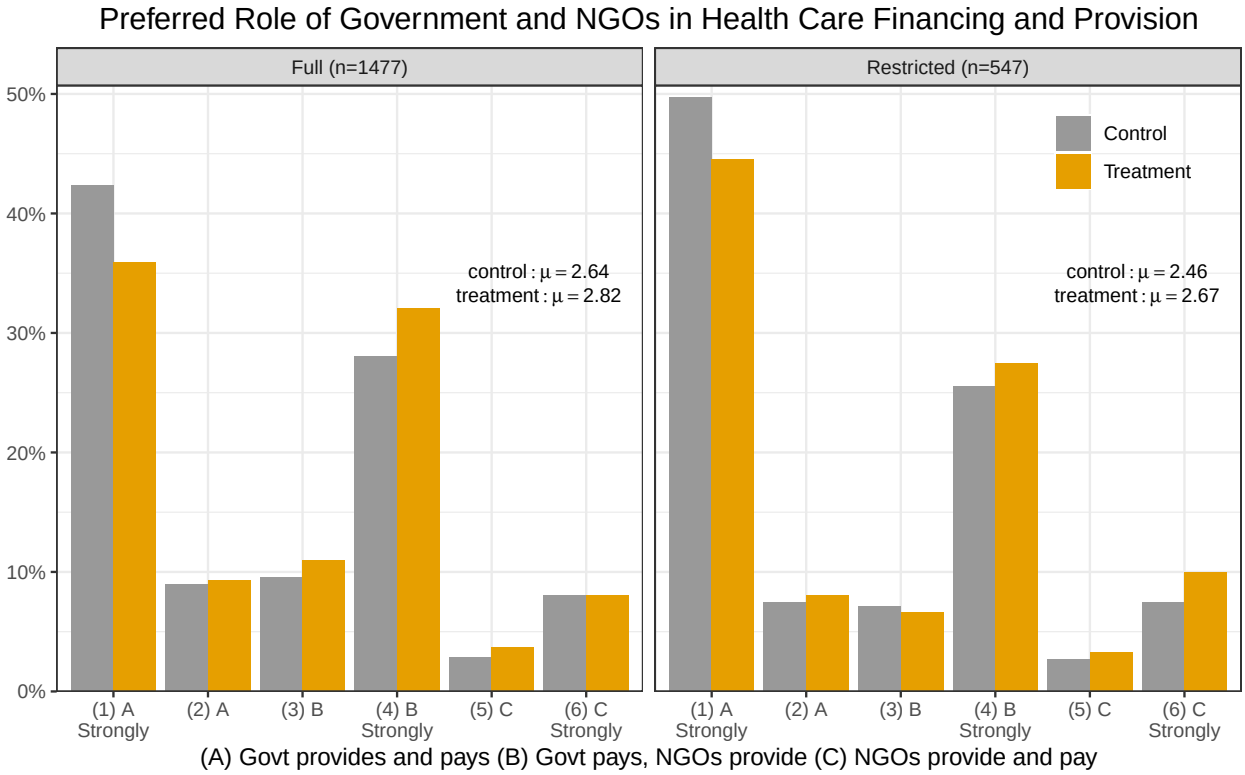

Figure H.2: This question asks which statement respondents agree with, and whether they agree or agree strongly; (A) The government should both pay for and provide health services. (B) The government should pay for, but non-profits should provide health services. (C) Non-profits should both pay for and provide health services.

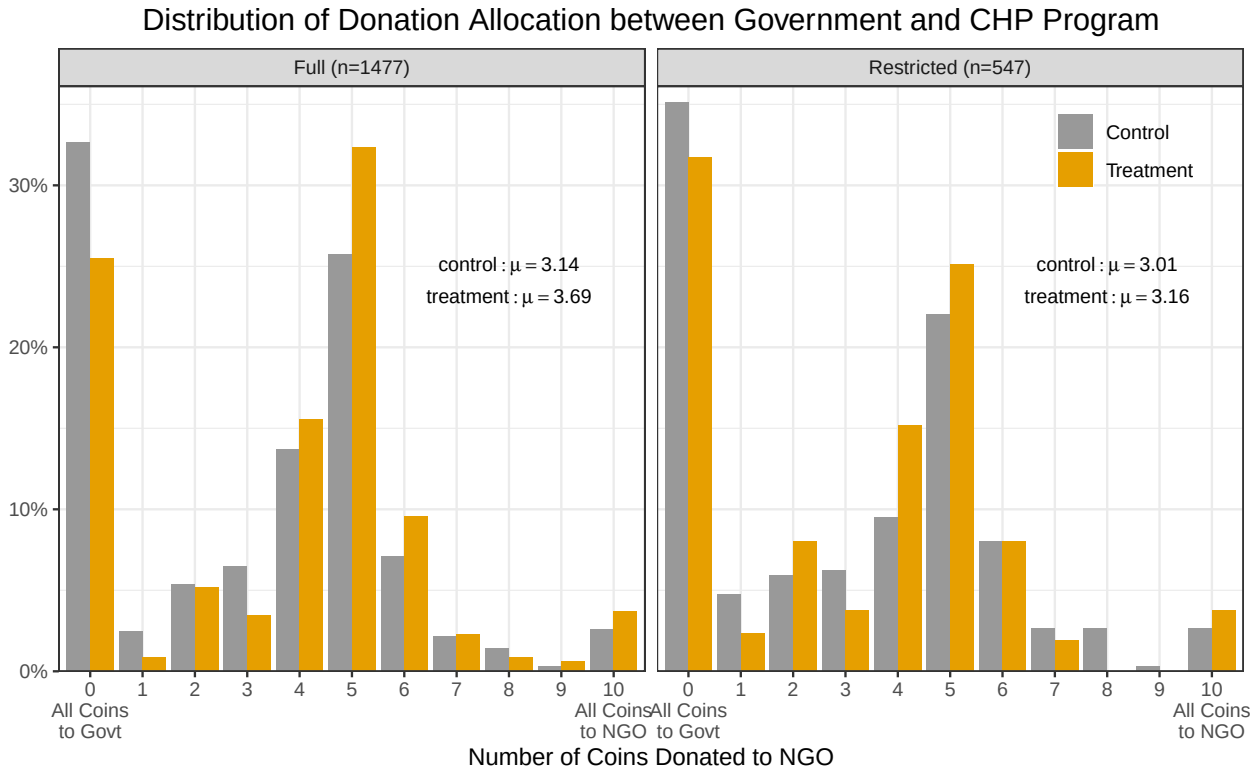

Figure H.3: This question asks respondents to divide a donation (represented by 10 coints) between the government and NGO CHW programs.

Appendix I: Policy Priorities

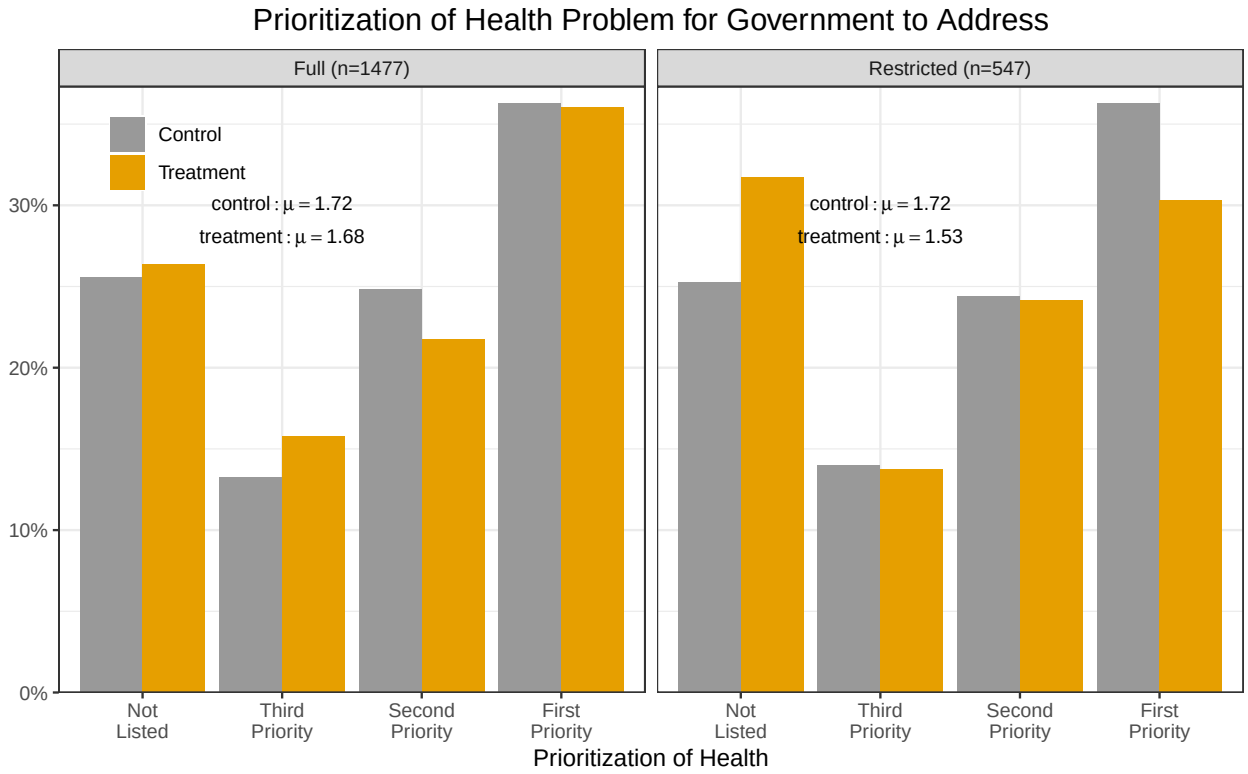

Figure I.1: In your opinion, what are the most pressing problems facing this country that the national government should address?

If the CHP LG program increased citizen preferences for a greater role of NGOs in health service provision, we may also expect a reduction in the prioritization of health as a priority for government to address. To test this possibility, I measure how frequently health is cited as a top policy priority. The variable takes a value of zero if a target is not listed and values of one, two, or three if the issue is listed as the third, second, or most important. Table I.1 suggest that citizens in treatment villages see health service delivery as a significantly lower priority for the national government to address; results for district government are positive and moderately sized but not significant. This suggests an increased preference for NGO service delivery is reflected in beliefs about which policy areas the national government should focus on.

Table I.1: Effect of LG CHP on Prioritization of Health for Government to Address

	Govt Index		District		National	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.027	−0.062	0.045	0.094	−0.098**	−0.219**
	(0.047)	(0.086)	(0.062)	(0.084)	(0.048)	(0.108)
Restricted	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Appendix J: Mechanisms

I redefine the treatment variable in two ways, taking a value of 1 only when respondents in treated villages (1) were aware of the CHP intervention and (2) reported that the CHP program was non-profit. I don't

use the treatment as an instrument for these indicators because the exclusion restriction is likely violated in this context.

J.1 Aware of CHP Program

Table J.1: Effect of CHP Intervention on Citizen Preferences

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.554***	0.349*	1.299***	1.118**	0.177***	0.039	0.184***	−0.111
	(0.083)	(0.178)	(0.215)	(0.502)	(0.068)	(0.131)	(0.066)	(0.110)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.2: Effect of CHP Intervention on Citizen Preferences (No covariates)

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.532***	0.522***	1.244***	1.214***	0.182***	0.235**	0.169***	0.117
	(0.082)	(0.158)	(0.210)	(0.416)	(0.068)	(0.117)	(0.063)	(0.108)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.3: Effect of CHP Intervention on Credit to the President

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.151***	0.105	0.196***	0.123	0.115	0.124	0.143**	0.067
	(0.049)	(0.084)	(0.050)	(0.108)	(0.073)	(0.146)	(0.073)	(0.136)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.4: Effect of CHP Intervention on Credit to the President (No covariates)

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.146***	0.259***	0.193***	0.248***	0.115	0.271**	0.130*	0.257**
	(0.051)	(0.085)	(0.051)	(0.091)	(0.076)	(0.120)	(0.075)	(0.127)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

J.2 Aware CHP Program is Non-Profit

Table J.5: Effect of CHP Intervention on Citizen Preferences

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.532***	0.475***	1.256***	1.131***	0.213***	0.155	0.126**	0.139
	(0.076)	(0.137)	(0.173)	(0.322)	(0.069)	(0.110)	(0.064)	(0.154)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.6: Effect of CHP Intervention on Citizen Preferences (No covariates)

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.505***	0.536***	1.193***	1.134***	0.208***	0.244**	0.115*	0.229*
	(0.076)	(0.140)	(0.175)	(0.322)	(0.069)	(0.118)	(0.063)	(0.121)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.7: Effect of CHP Intervention on Credit to the President

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.123***	0.232***	0.112**	0.219***	0.119*	0.176	0.140**	0.300***
	(0.045)	(0.078)	(0.056)	(0.062)	(0.064)	(0.119)	(0.060)	(0.110)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.8: Effect of CHP Intervention on Credit to the President (No covariates)

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.114**	0.273***	0.109*	0.257***	0.119*	0.260**	0.113*	0.301***
	(0.046)	(0.077)	(0.058)	(0.070)	(0.066)	(0.123)	(0.060)	(0.105)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

J.3 Received Care from CHP

Table J.9: Effect of CHP Intervention on Citizen Preferences

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.593***	−0.172	1.444***	−0.287	0.154*	0.034	0.181***	−0.264
	(0.086)	(0.254)	(0.240)	(0.674)	(0.080)	(0.260)	(0.064)	(0.251)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.10: Effect of CHP Intervention on Citizen Preferences (No covariates)

	Index		Donation		Provision		Payment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.609***	0.620***	1.457***	1.422***	0.174**	0.207	0.195***	0.232**
	(0.087)	(0.166)	(0.241)	(0.440)	(0.085)	(0.164)	(0.061)	(0.108)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.11: Effect of CHP Intervention on Credit to the President

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.143**	−0.079	0.216***	0.226**	0.102	−0.254	0.112	−0.209
	(0.058)	(0.229)	(0.050)	(0.092)	(0.089)	(0.318)	(0.087)	(0.319)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table J.12: Effect of CHP Intervention on Credit to the President (No covariates)

	Index		Power		Health Performance		General Performance	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.145**	0.249***	0.233***	0.203***	0.107	0.315**	0.093	0.228
	(0.060)	(0.089)	(0.045)	(0.070)	(0.092)	(0.127)	(0.091)	(0.145)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

J.4 Perceptions of Presidential Power

This section provides visualizations for descriptive data presented on page 26 in the main text. For a definition of how each variable is operationalized, please see the caption for each figure.

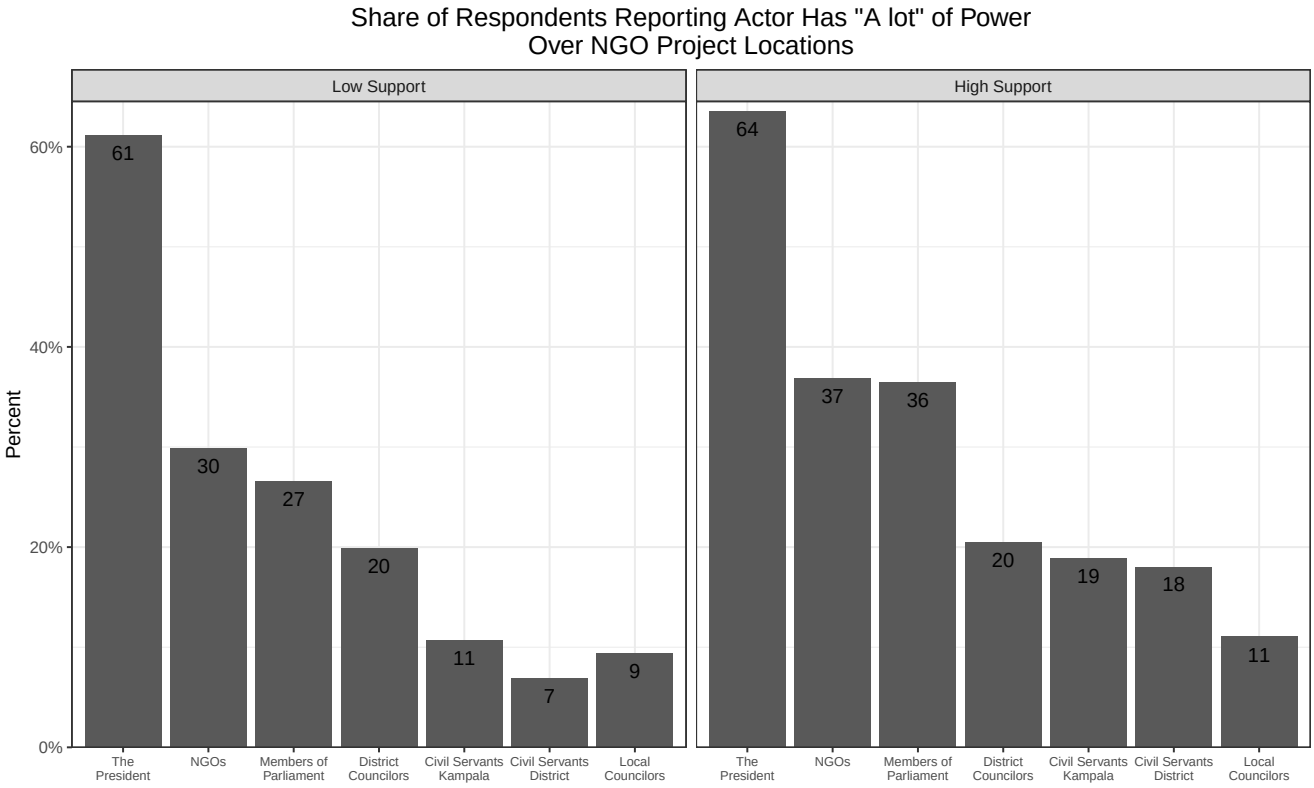

Figure J.1: This question asks respondents how much power each actor has over where NGOs decide to put their projects and services. Responses are separated by whether they reside in parishes where the president received less than 60% of the vote in the 2011 election or a at least 60% of the vote.

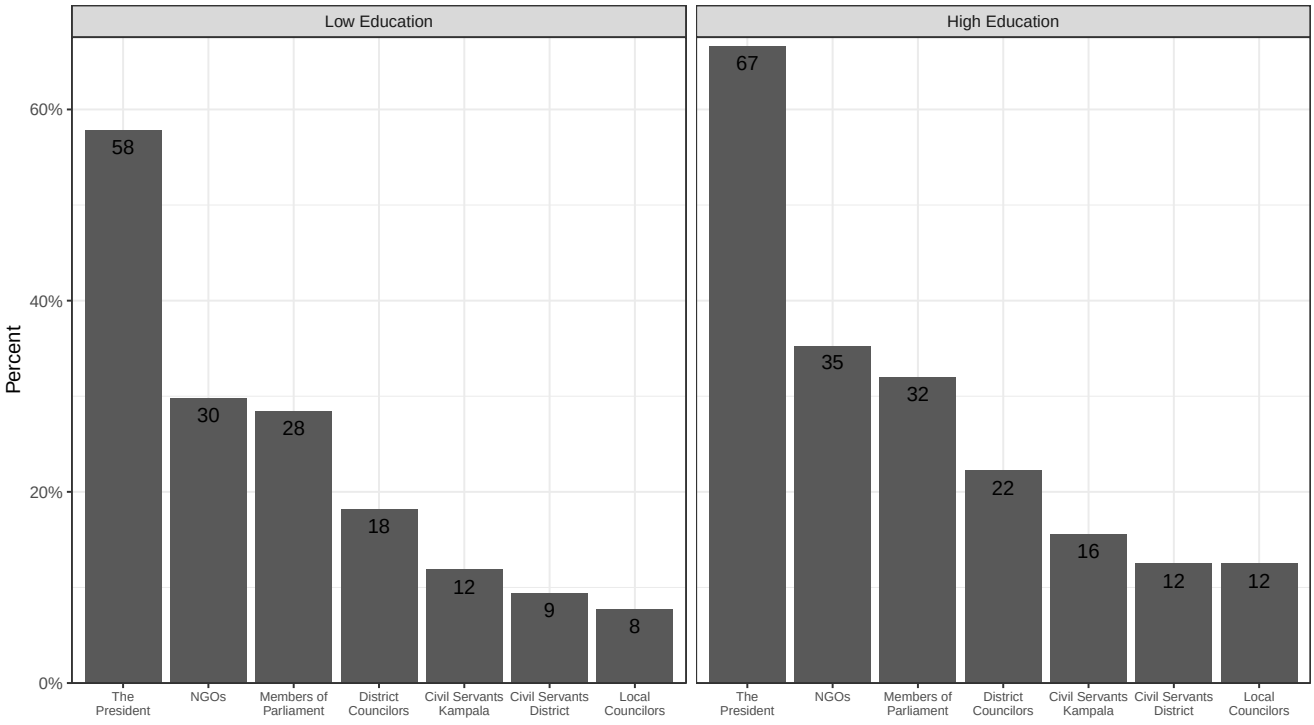

Figure J.3: This question asks respondents how much power each actor has over where NGOs decide to put their projects and services. Responses are separated according to whether they are above or below the median level of education in the sample.

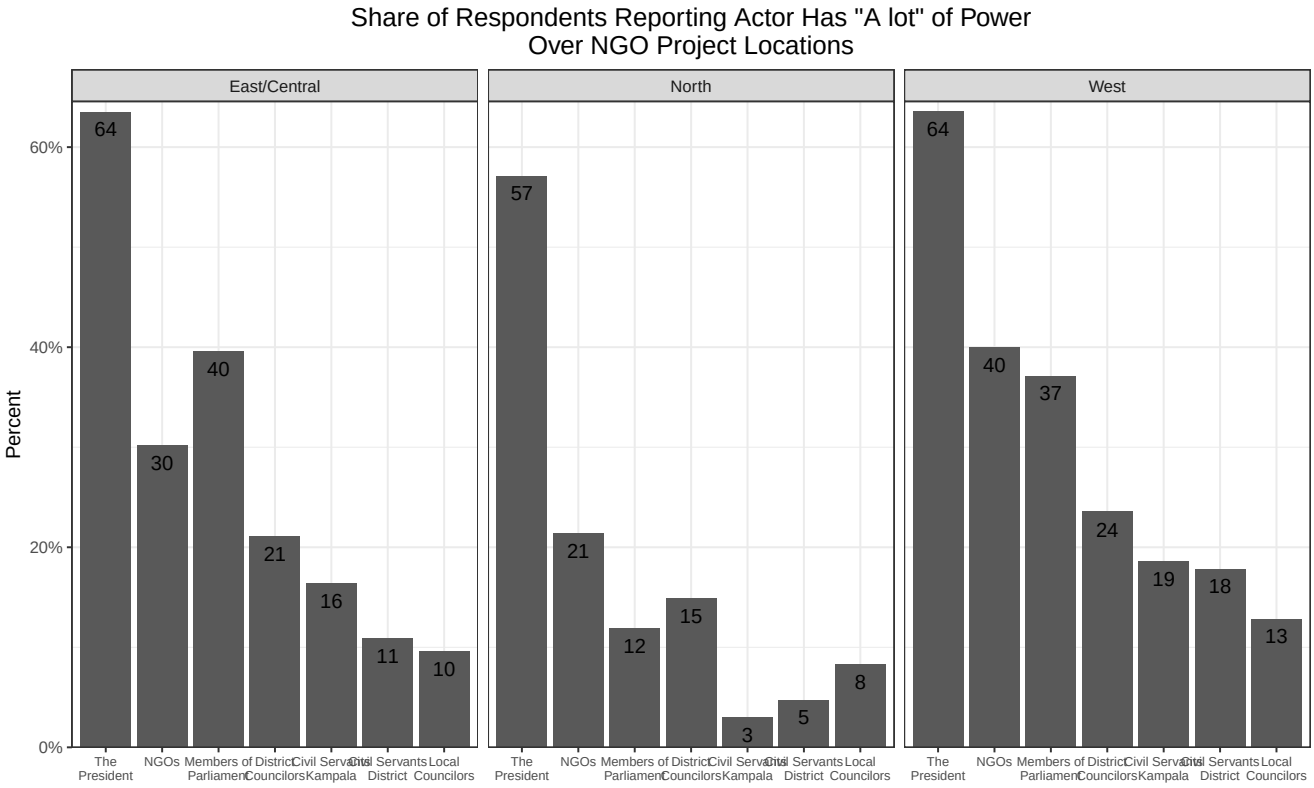

Figure J.2: This question asks respondents how much power each actor has over where NGOs decide to put their projects and services. Responses are separated according to the region in which respondents reside.

Appendix K: Perceptions of Capacity

To measure respondent perceptions of government capacity, I ask respondents whether they agree or disagree with statements asserting the government's ability to carry out health-related tasks. To measure capacity on a relative scale, I ask respondents to estimate the share of services in the country provided by state and non-state actors. I create the index variables in section G.7 of the appendix. The results in table K.1 and K.2 provide weak evidence that citizens in treatment villages see government and NGOs as having less capacity.

Table K.1: Effect of LG CHP on Perceptions of Government and NGO Capacity

	Govt Index		Local Govt		Natl Govt		NGOs	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.042	−0.049	−0.018	−0.103	−0.066	0.005	−0.045	−0.069
	(0.057)	(0.086)	(0.065)	(0.083)	(0.060)	(0.109)	(0.058)	(0.132)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table K.2: Effect of LG CHP on Perceptions of Spending on Service Delivery

	Government			NGOs		
	Index	In-Facility	Out-Facility	Index	In-Facility	Out-Facility
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.065	−0.096	−0.033	0.014	0.051	−0.024
	(0.052)	(0.062)	(0.059)	(0.046)	(0.057)	(0.057)
Observations	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table K.3: Effect of LG CHP on Perceptions of Spending on Service Delivery (Restricted)

	Index	In-Facility	Out-Facility	Index	In-Facility	Out-Facility
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.058	−0.071	−0.045	−0.033	−0.015	−0.050
	(0.095)	(0.103)	(0.109)	(0.089)	(0.092)	(0.108)
Observations	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Appendix L: Political Engagement & Legitimacy

To measure engagement, I include a series of questions asking respondents about their household's contact with six distinct government actors and NGOs and their attendance and participation at community meetings and NGO events. To measure engagement behaviorally, I present respondents with an opportunity to send a message to either government health agencies (described to respondents as "the Ministry of Health and your District Health Office") or to an unspecified NGO in their district (described to respondents as "a large health NGO with offices in Kampala and in your district"). This open-ended survey question captures both the willingness of respondents to engage health service providers and whether respondents prefer to engage with state or non-state institutions. At the end of the survey, field officers read the following script:

> *We have now collected all the information that we need. If you choose, we can end the survey right now and you will receive your compensation for participating in the survey. However, if you are willing to give us five more minutes of your time, we are collecting anonymous messages that will be sent to health service providers in your district. This is meant to provide you with the opportunity to describe what actions you believe should be taken to improve health in your community. You may choose for a message to be sent to health agencies including the Ministry of Health and District Health Office or to a large health NGO operating in your district.*

By making clear that respondents may take their compensation immediately, responding to this measure imposes a direct cost on survey participants in the form of both time and cognitive effort. This open-ended response also avoids excluding those without access to a mobile phone or carrier credits (as do behavioral measures that rely on SMS). Responses were translated into English (to harmonize across languages) and word counts used as a measure of engagement intensity. To measure engagement with government, respondents that did not send a message or sent a message to the NGO are coded as zero while the value for those that chose to send their message to government is the word count of their message.

To test the effect of NGO service delivery on political engagement, I create two index variables. The first index includes all measures of contact with government actors related to health service delivery.

I consider this measure a direct test of the hypothesis. The second index includes all measures of contact with government actors that are not specifically related to health service delivery; I consider this a secondary measure. I also repeat this process including the same questions about NGOs. These indices and their component questions are listed in section G.1 of the appendix. Table L.1 reports the results for all of the index variables. There is no evidence that the CHP intervention reduced political engagement with government or increased political engagement with NGOs. There is modest evidence that respondents in treatment communities report contacting an NGO at slightly lower rates, but this effect is not present when looking at health specific engagement. In tables L.2 and L.3, I report the actor-specific results for the full and restricted samples for respondent engagement regarding health service delivery and find similar results.

Table L.1: Effect of LG CHP on Political Engagement by Policy Area

	Govt Health		Govt General		NGO Health		NGO General	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.036	0.093	0.018	0.042	−0.012	0.077	−0.076*	−0.007
	(0.032)	(0.064)	(0.033)	(0.051)	(0.050)	(0.061)	(0.046)	(0.058)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.2: Effect of LG CHP on Health-related Contact by Political Actor

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.026	0.047	−0.005	−0.001	0.067	0.020	−0.010
	(0.036)	(0.056)	(0.054)	(0.051)	(0.070)	(0.053)	(0.068)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.3: Effect of LG CHP on Health-related Contact by Political Actor (Restricted)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.073	0.112	0.070	−0.052	0.150	0.087	0.021
	(0.058)	(0.096)	(0.086)	(0.075)	(0.122)	(0.053)	(0.067)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Finally, I report results for outcomes that were pre-registered as secondary measures of political engagement, such as self-reported electoral participation and contentious participation. I ask respondents to report on their electoral participation across two pre-treatment (2006, 2011) and one post-treatment general elections, including casting a vote, working for a candidate, or attending a campaign rally. I then use a difference-in-differences estimator to estimate the change between pre-treatment and post-treatment participation for treatment villages. Table L.4 reports the results. I also include a series of questions asking about contentious political participation, including contacting the media with a complaint, attending protests, or refusing to pay a tax or fee. I consider contentious participation to include activities that involve bypassing direct channels of providing input to government actors. Finally, I ask

about information consumption (How often respondents get news from radio, newspapers, TV, or the internet; never, a few times a year, a few times a month, a few times a week, daily, political knowledge (whether they can correctly name their Subcounty Councilor, District Chairperson, Constituency MP, the main opposition candidate in the last election, the speaker of parliament, the chief justice, and know how many terms the president can legally serve), and organizational membership (whether they or a member of their household are an official leader, active member, inactive member, or not a member of a religious group, a Savings and Credit Cooperative Organization (SACCO), a political party, or any other voluntary association or community group). Table L.5 reports the results. I find no evidence for a change in political engagement.

Table L.4: Effect of LG CHP on Electoral Participation

	Index		Vote		Attend Rally		Work for Party	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.005	0.012	−0.009	0.137	−0.042	0.021	0.035	−0.122
	(0.036)	(0.069)	(0.054)	(0.102)	(0.063)	(0.085)	(0.046)	(0.149)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	4,431	1,641	4,431	1,641	4,431	1,641	4,431	1,641

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.5: Effect of LG CHP on Secondary Measures of Political Engagement

	Contentious		Information		Knowledge		Membership	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	−0.010	0.009	−0.004	−0.006	−0.013	0.057	0.013	0.108*
	(0.010)	(0.017)	(0.038)	(0.054)	(0.092)	(0.139)	(0.034)	(0.061)
Restricted	No	Yes	No	Yes	No	Yes	No	Yes
Observations	1,477	547	1,477	547	1,477	547	1,477	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

To measure trust, I ask respondents about their trust in government actors and NGOs and about the share of designated service delivery funds that each actor spends, wastes, or steals using coins and visual aids. To test this mechanism, I use the index variables in section G.8 of the appendix. The results in table L.6 and L.8 provide weak evidence that citizens in treatment villages see both government actors and NGOs as having higher levels of corruption and inefficiency, with the exception of the President who is seen slightly more positively.

Table L.6: Effect of CHP Intervention on Perceptions of Spending

	District Govt			National Govt			NGOs		
	Spent	Wasted	Stolen	Spent	Wasted	Stolen	Spent	Wasted	Stolen
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	−0.063	−0.059	0.122	−0.046	−0.034	0.080	−0.059	−0.035	0.094
	(0.100)	(0.070)	(0.087)	(0.093)	(0.079)	(0.092)	(0.108)	(0.077)	(0.075)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.7: Effect of CHP Intervention on Perceptions of Spending (Restircted)

	District Govt			National Govt			NGOs		
	Spent	Wasted	Stolen	Spent	Wasted	Stolen	Spent	Wasted	Stolen
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	−0.159	0.055	0.104	−0.067	0.086	−0.019	−0.295	0.217*	0.078
	(0.168)	(0.119)	(0.151)	(0.122)	(0.121)	(0.132)	(0.182)	(0.124)	(0.123)
Observations	547	547	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.8: Effect of LG CHP on Perceptions of Trust

	Govt Index	Local Councilors	MP	President	Government Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.016	−0.084	−0.044	0.051	0.014	−0.032
	(0.047)	(0.066)	(0.061)	(0.058)	(0.058)	(0.062)
Observations	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table L.9: Effect of LG CHP on Perceptions of Trust (Restricted)

	Govt Index	Local Councilors	MP	President	Government Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	−0.007	−0.077	−0.149	0.134	0.063	0.054
	(0.080)	(0.113)	(0.102)	(0.095)	(0.098)	(0.129)
Observations	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Appendix M: Reallocation of Government Spending

To measure levels of government spending, I use village-level data on access to critical government-provided infrastructure before (pre) and after (post) the launch of the intervention. I compare remaining control villages to phased-in control villages and remaining control villages with all villages that have received the CHP intervention (treatment villages plus phased-in control villages). Tables M.1 provide no evidence for pre- or post-treatment imbalances between control villages that did and did not receive the phased-in intervention. Table M.2 provides no evidence for pre-treatment imbalances between villages that did and did not receive the intervention and only minimal evidence for that treated villages receive additional government spending.

Table M.1: Village-Level Block-Adjusted Omnibus Test (Remaining vs Phased-in Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	10.51	8	0.23

	Control Mean	Control Mean Phased-in	Difference	Z-score	P-value
Grid Access (Post)	0.19	0.18	0.00	-0.03	0.98
Grid Access (Pre)	0.31	0.43	0.11	1.01	0.31
Piped Water (Post)	0.20	0.28	0.07	0.78	0.44
Piped Water (Pre)	0.40	0.40	-0.01	-0.06	0.95
Sewage Access (Post)	0.00	0.12	0.12	2.11	0.04
Sewage Access (Pre)	0.05	0.00	-0.05	-1.35	0.18
Road Upgrade (Post)	0.93	0.59	-0.34	-2.26	0.02
Road Upgrade (Pre)	0.31	0.29	-0.02	-0.16	0.87

Table M.2: Village-Level Block-Adjusted Omnibus Test (Treated vs Remaining Control)

	Chi-Sq	Df	P-value
Overall Test Statistic	12.9	8	0.12

	Control Mean	Treatment Mean	Difference	Z-score	P-value
Grid Access (Post)	0.13	0.22	0.09	1.62	0.11
Grid Access (Pre)	0.20	0.30	0.10	1.62	0.11
Piped Water (Post)	0.18	0.30	0.12	1.98	0.05
Piped Water (Pre)	0.21	0.28	0.07	1.15	0.25
Sewage Access (Post)	0.01	0.07	0.06	2.12	0.03
Sewage Access (Pre)	0.01	0.00	-0.01	-1.14	0.25
Road Upgrade (Post)	0.66	0.80	0.15	1.29	0.20
Road Upgrade (Pre)	0.07	0.10	0.03	0.70	0.49

Appendix N: Perceptions of Responsiveness

To measure responsiveness, I ask whether respondents believe that they could influence the actions of government actors and NGOs and how effective various lobbying activities would be. To test this mechanism, I create the index variables in section G.6 of the appendix. The results in table N.1 and N.3 provide no evidence that citizens in treatment villages see government actors as less responsive or feel that behaviors aimed at influencing government behavior are less likely to be effective. Although results for the restricted sample return positive and significant coefficients on most efficacy measures, these results are not present in the unrestricted sample, with the possible exception of contacting an NGO.

Table N.1: Effect of LG CHP on Perceptions of Government and NGO Responsiveness

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	−0.050	−0.027	−0.052	−0.052	−0.046	−0.075	0.024
	(0.054)	(0.072)	(0.066)	(0.066)	(0.054)	(0.064)	(0.051)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table N.2: Effect of LG CHP on Perceptions of Government and NGO Responsiveness (Restricted)

	Govt Index	Local Councilors	District Chair	MP	District Agency	National Agency	NGO
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	−0.009	−0.026	0.060	−0.037	−0.022	−0.022	0.096
	(0.101)	(0.111)	(0.129)	(0.122)	(0.104)	(0.091)	(0.097)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table N.3: Effect of LG CHP on Perceptions of Efficacy of Political Engagement

	Govt Index	Contact Govt	Raise Issue	Contact NGO	Contentious Index	Contact Media	Protest
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	−0.049	−0.077	−0.021	0.069	0.012	0.021	0.004
	(0.047)	(0.057)	(0.057)	(0.051)	(0.043)	(0.058)	(0.060)
Observations	1,477	1,477	1,477	1,477	1,477	1,477	1,477

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

Table N.4: Effect of LG CHP on Perceptions of Efficacy of Political Engagement (Restricted)

	Govt Index	Contact Govt	Raise Issue	Contact NGO	Contentious Index	Contact Media	Protest
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.141**	0.168*	0.114*	0.335***	0.116*	0.079	0.153*
	(0.058)	(0.088)	(0.065)	(0.087)	(0.069)	(0.094)	(0.087)
Observations	547	547	547	547	547	547	547

Standard errors are clustered at the village level. *p<0.1; **p<0.05; ***p<0.01

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