What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

by   Una Lynch
Sheena McGrellis
Mira Dutschke
Margaret Anderson
Pam Arnsberger
Geraldine Macdonald

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List of abbreviations

AusAID	Australia Agency for International Development
CSA	Child savings account
CSO	Civil society organisation
DALYs	Disability adjusted life years
DIFID	Department for International Development (UK)
EPPI-Centre	Evidence for Policy and Practice Information and Co-ordinating Centre
FFS	Farmer Field School
GoBifo	'Move forward' in Krio, Sierra Leone
HIC	High-income country
IMAGE	Intervention for Microfinance for AIDS & Gender Equity
IPV	Intimate partner violence
LMIC	Low- and middle-income country
MDG	Millennium Development Goal
MF	Microfinance
NUSAF	Northern Uganda Social Action Fund
PETS	Public Expenditure Tracking System
RADAR	Rural AIDS and Development Research
RCT	Randomised controlled trial
RR	Risk ratio
SEED	Secondary education and economic empowerment intervention (Uganda)
SEF	Small Enterprise Foundation
SFL	Sister for Life
SIDA	Swedish International Development Cooperation Agency
SR	Systematic review
UCT	University of Cape Town
WoE	Weight of evidence
YOP	Youth Opportunities Programme, Uganda

Summary

What do we want to know?

1. What is the evidence that interventions aimed at improving community accountability mechanisms and processes influence inclusive service delivery?
2. What factors impact on these accountability mechanisms?

What was our focus?

The goal of this systematic review was to identify those interventions which have been shown to have impact (positive or negative) in promoting community accountability and influencing inclusive service delivery. Community accountability is notoriously difficult to define. This review was guided by an understanding that is grounded in a rights-based approach and recognises the importance of community participation and giving 'voice' to people who are normally excluded from social engagement. Consequently, the review was interested in interventions designed to increase citizen participation, support good governance and increase the transparency of evaluations assessing the effectiveness of interventions. The remit for the review was very broad and therefore included interventions across a wide range of settings, including education, employment and health. The review was initially focused on all low- and middle-income countries (LMICs). As it progressed, and in the light of the huge body of literature identified and the limited resources available, the main part of the review focused on six priority populations identified by AusAID (women, children, people living in rural areas, people with a disability, older people and tribal groups). The logic model underpinning the review identified three types of interventions – social accountability, enhanced process and fiscal mechanisms – as relevant to the question. The primary outcomes of interest were an increase in access to public services and reduction in corruption. Measures included greater freedom of information, greater transparency in service delivery mechanisms, an increase in budget control by citizens and increases in the consumer's assessment of service accessibility and quality.

Who wants to know about this and why?

The Australian Agency for International Development (AusAID) commissioned this systematic review. Its purpose is to strengthen the effectiveness of AusAID's work in general. The findings will be used to inform the organisation's work programme in Africa in particular.

What did we find out?

The included studies all contained at least two types of accountability mechanisms, and all seven studies included interventions directed at enhancing processes. Three of the seven studies included all three interventions – community

accountability, enhanced processes and fiscal mechanisms. Four themes emerged as being central to community accountability and inclusive service delivery. They were capacity development, empowerment, corruption and health.

Capacity development was a defining feature of interventions directed at community accountability and inclusive service delivery, and was characterised as education and training, enhanced access to information, financial security and the creation of supportive environments. It emerged as being central to strengthening community accountability and promoting inclusive service delivery.

Empowerment was also common to all interventions and was depicted as being integral to capacity development. Three types of empowerment are identified: individual, community and economic. The importance of economic security in supporting community participation is emphasised.

Education, training and access to information are identified as being crucial in improving transparency and reducing corruption. These interventions work by increasing people's knowledge, confidence and changing expectations.

The definition of health used in the review takes account of the determinants of health, and therefore includes improvements in a health-supporting environment and health-promoting behaviour as well as a reduction in incidence and prevalence of conditions.

Interventions were effective in strengthening community accountability and supporting inclusive service delivery because they adopted integrated approaches that recognised the multitude of factors, including culture, that impact on citizenship.

The review highlights the importance of trying innovative and using new approaches. It also reveals that effective interventions do not always need to be complicated and expensive.

What are the implications of this review?

1. Interventions aimed at promoting community accountability must invest in capacity development and the empowerment of vulnerable communities. Interventions are most effective when they are grounded in grassroots communities and adopt cross-cutting approaches, for example, combining cash transfer interventions with education and training opportunities or combining community infrastructure programmes with quotas for participation of women in governance roles.
2. There is an urgent need for studies to evaluate the impact of interventions on older people and people with disabilities. The global demographic transition is resulting in a rapid growth in the numbers and percentage of older people in Africa; there is, however, a major gap in the evidence for interventions aimed at strengthening community accountability and inclusive service delivery for this group.
3. AusAID and other funders must give careful consideration to the risks of using microfinance as a tool to enhance community accountability. This

study and a related systematic review (Stewart et al., 2010) point to the risks, including debt dependency, associated with microfinance.

4. The quality literature evaluating the impact of interventions is dominated by non-African researchers. There is therefore a need for investment in capacity development amongst practitioners and researchers in Africa to maximise dissemination of learning from interventions, and to ensure that the African 'voice' is strengthened, in practice, policy and research.

5. By necessity this review focused on six population groups in Africa. The review found 131 papers focused on community accountability mechanisms targeted at the general population. This literature could be relatively easily analysed and incorporated into an augmented review that would include evidence on interventions not reported on in this review, including inter-alia, the impact of community score cards.

6. Similarly, as part of the review process 1,437 papers focused on LMICs other than Africa were identified. This material could be examined in complementary reviews on Asia and Latin America. The findings of which could potentially be pooled to identify causative pathways between interventions and outcomes.

How did we get these results?

This was a two-stage systematic review. The first stage focused on the identification of potential studies. We cast our net wide at the start and included all LMIC. The search resulted in 14,500 citations[1]. This huge number of potential papers went through a number of screening steps, and papers were excluded if they did not meet predetermined criteria.

A paper was included in the review if it met the following criteria: was published after 1994, was located in an LMIC, had an intervention that included any accountability mechanism that aimed to increase citizenship, support good governance, increased transparency or mutuality, and measured outcomes relevant to the review questions. Papers were excluded from the review if they were focused only on methodology, or were editorials, commentaries, book reviews, policy documents or position papers.

Due to the resources available, the review was then narrowed down and the second stage concentrated on Africa. Mapping of interventions, populations and outcomes for 784 papers was carried out. The review then focused on an in-depth analysis of the literature on community accountability and inclusive service delivery in relation to the six African minority population groups (313 papers). Seven studies (13 papers) were included in the final synthesis and provide the findings set out in the review.

The included studies are as follows: The Youth Opportunities Program (YOP) in Northern Uganda, examined the impact of unconditional cash transfers on young

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[1] This figure includes citations identified in the grey literature and websites.

underemployed people (Blattman et al., 2011, 2013). GoBifo, a large-scale local governance project located in Sierra Leone used a novel intervention aimed at promoting democratic and inclusive decision making (Casey et al., 2011). The Farmer Field Schools in East Africa used innovative educational methods as an effective tool for empowerment in three countries – Kenya, Tanzania and Uganda (Friis-Hansen et al., 2012). SEED was an economic empowerment intervention that used a child saving scheme and capacity development with AIDS-orphaned adolescents in Nigeria (Ismayilova et al., 2012). The Women's Health and Action Research Centre in Nigeria developed and implemented a sexual health programme for young people (Okonofua et al., 2003). A newspaper information campaign in Uganda had a major impact on reducing capture of payments to schools and is a powerful example of how a simple intervention can yield great dividends (Reinikka and Svensson, 2005, 2011). The last group of papers examined in the synthesis focused on various aspects of the Intervention for Microfinance for AIDS and Gender Equity (IMAGE) project in South Africa (Hargreaves et al., 2010; Hatcher et al., 2011; Jan et al., 2011; Kim et al., 2009; Pronyk et al., 2006).

1. Overview

1.1 Introduction

The goal of this systematic review was to identify those interventions which have been shown to have impact (positive or negative) in promoting community accountability and influencing inclusive service delivery. The remit for the review was very broad, and therefore included interventions across a wide range of settings, including education, employment and health. The findings of the review are focused on six priority populations identified by AusAID (women, children, people living in rural areas, people with a disability, older people and tribal groups).

1.2 Review questions

The questions guiding this review are:

1. What is the evidence that interventions aimed at improving community accountability mechanisms and processes influence inclusive service delivery to communities in LMICs?
2. What factors impact on these accountability mechanisms?

1.3 Scope

The scope of the review was extremely broad and perhaps a little too ambitious, given the resources available. Community accountability is an elusive term, challenging to define; its mechanisms are diverse and are implemented across diverse settings. This review is based on a rights-based approach and understanding of community accountability, which recognises the importance of community participation in enhancing the position of traditionally 'excluded' populations. We focus on three types of mechanisms: social accountability, enhanced process and budgetary. The logic model (Figure 1.1) depicts the conceptual framework underpinning the review. It sets out the types of interventions, populations and outcomes that were deemed to be relevant.

The review was focused on interventions that aim to:

1. increase citizen participation,
2. support good governance (primarily through reducing corruption),
3. increase the transparency of evaluations designed to assess the effectiveness of interventions.

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Figure 1.1: Logic model

Interventions	Types of populations	Outcomes	
Social accountability mechanisms such as citizen scorecards or report cards, social audits, citizen engagement measures (e.g. citizen charters or juries), capacity building efforts, right to information (especially in communication and the media), grassroots advocacy efforts, program monitoring initiatives and social audits **Mechanisms that focus on enhancing processes**, for example advocacy, engagement or empowerment. (e.g. participatory budgeting, health councils or community feedback sessions; advocacy chains **Budget or fiscal mechanisms**, including budget advocacy and monitoring and expenditure tracking mechanisms such as PETS	Low- and middle-income countries Africa Women Children Older people People in rural areas People with disability Minority ethnic/tribal groups	**Primary outcomes** Measureable increase in access to public services Reduction in government corruption Measures such as greater freedom of information, greater transparency in service delivery mechanisms, an increase in budget control by the citizenry, and increases in the consumer's assessment of service accessibility	**Secondary outcomes** 1. Equity (for the poor and most marginalised including women, children, minority/ethnic tribal groups, people with disabilities and older people) 2. Inclusive participation in decision making (e.g. local participation and ownership by communities of the social accountability intervention) 3. Measures of happiness or well-being 4. Service satisfaction 5. Availability of services 6. Service sustainability 7. Service timeliness (delivered at the appropriate time of day/year, and responsive to need) 8. Access to health care delivery 9. Capacity building 10. Service awareness and appropriate utilisation 11. Social capital 12. Skills/knowledge to access services 13. Service 'fit' 14. Self-assessed level of unmet need 15. Targeting of services
Key assumptions behind the logic model are: 1) That interventions focus on initiatives aimed at increasing citizen participation or good governance, or assist in meeting 'demand and supply side needs', e.g. two-pronged interventions that work to raise awareness and meet community demand, broker access to government/other non-government decision maker and/or build the capacity of district/provincial/national officials to constituent issues; 2) The capacity of local level, state/provincial and national government officials can be an important enabler of service delivery quality and access for the most marginalised.			

1.4 Definitions of terms

Aid effectiveness refers to the level of agreement between donor organisations and their recipients that aid funds (or aid-funded programmes) are used for the specific purpose for which they are intended and reach their target population, and that the highest possible percentage of the funds spent go to directly address the problem or need. The Rome Declaration on Harmonisation and Alignment also stressed that effective aid to poor or low-income countries should be characterised according to three levels of definition: ownership (by developing countries of their own policies); alignment (donors align to partner countries' priorities and systems); and harmonisation (donors harmonise with one another through common arrangements, rationalising procedures and sharing information and analysis) (deBarra, 2005).

Inclusive service delivery refers to a proactive elimination of the barriers that exist in relation to the participation in the design, delivery, implementation and evaluation of goods and services. Inclusive services identify, address and overcome the physical, functional, social or any other barriers that exist in the equal enjoyment of and access to services. This includes an ongoing policy adaptation process which continuously reassesses all the stages of service delivery. In other words, participatory evaluation in relation to the design, delivery and implementation of services is a continuous process as opposed to a one-off, single-point event. 'Inclusive service delivery' also includes various forms of social accountability; this, depending on contextual considerations, broadens the traditional, horizontal and vertical channels of communication for individual as well as collective feedback mechanisms (Joshi, 2008). It includes a rights-based approach in which the formal or informal legal system is, or is advocated to be, a potential tool for enforcement (DFID, 2010). It also acknowledges that substantive equality and equity are key considerations in the assessment.

Governance can be understood in terms of established norms, rules, structures and processes providing stability and settled formats for decision making and associated issues of accountability, review and transparency. Governance is a feature of both political and non-political organisations and institutions. In political terms, governance is often viewed in the context of the reconfiguration of the nation-state, representing a shift in the state's role, where it 'steers rather than rows', in terms of outsourcing or sharing decision-making or service delivery with non-state actors, including NGOs. In non-political terms, governance is often closely associated with concepts such as codes of 'good governance' and 'corporate governance' and 'best practice', with an emphasis on issues of accountability, transparency and adherence to legal or professional codes of practice. In the light of the focus within this definition, the non-political aspects of governance, such as 'corporate governance' and adherence to particular legal or professional codes of practice, are not as relevant to the scope of the research. Instead we draw on a more nuanced understanding encompassing established norms, rules, structures and processes that provide stability and settled formats for decision-making. Governance will be considered in conjunction with associated issues of accountability, review and transparency, as well as the importance of equity-

focused governance, such as equitable distribution of resources, that works to prevent or ameliorate differences and upholds core principles of citizenship and deliberative justice. The 'formal and 'informal' nature of these norms, processes and structures are also included within our definition.

Equity is underpinned by the concepts of social justice and fairness. Whitehead and Dahlgren have characterised health inequities as being 'systematic, socially produced (and therefore modifiable) and unfair' ((2006:2). The definition of equity used in this study is guided by the capabilities theory (Nussbaum, 2012; Sen, 2009), which recognises that people's ability to benefit from available resources and services is mediated by a variety of factors, including age, gender, disability and geographical location. Equity-focused governance, as defined in this review, is the basis for preventing or ameliorating differences that are unnecessary and avoidable, i.e., those elements that are deemed to be unfair and unjust. It is dependent on a human rights-based approach and associated core principles, such as citizenship and deliberative justice. Significantly, the 2011 World Development Report (World Bank, 2011) emphasises the importance of good governance in breaking the cycle of poverty and violence experienced by the world's poorest citizens. Echoing these arguments, AusAID has stressed the importance of grassroots responses and strengthening the capacity of civil society to participate in decision-making processes. 'Locally devised solutions and institutions are more legitimate and durable than those imported from outside. It is therefore important to support and facilitate local processes alongside traditional technical approaches' (AusAID, 2011:5).

Social accountability refers to the control which citizens have over the use of power by their governments and is therefore dependent on civic engagement. Joshi and Houtzager (2011) conceptualise social accountability as being 'part of a long-term ongoing political engagement of social actors with the state. Such a conceptualization can advance understandings of when the poor engage in social accountability and the impact it might have' (p2). This more politicised definition challenges researchers (and others) to move beyond an examination of traditional indicators of accountability (such as community audits and score cards) to examine the trajectory of political engagement and the actual actions that people take.

Ackerman (2005a) argues that a rights-based approach (RBA) to development and social accountability are 'natural partners'. He distils the essential elements of RBA into the following five areas:

1. The poor should be placed at the centre of the design, control, oversight and evaluation of the development projects that affect them.
2. The institutions responsible for implementing development programs should be fully accountable for their actions.
3. Non-discrimination, equality and inclusiveness should underlie the practice of development.
4. Citizen participation and voices should be 'scaled up' and linked with national and international policy processes and international rights frameworks.

5. RBA encourages the active linkage between development and law.[2]

The combination of RBA with social accountability moves discourse from 'service users' to citizens. Ackerman (2005a) suggested that whilst 'citizen report cards' were highly useful in promoting accountability of government, they do not go far enough in promoting a RBA.

Leadership is a critical feature in the establishment or use of community accountability mechanisms and processes. In his opening address to the World Economic summit on 29 January 2009, UN Secretary General Ban Ki-Moon declared that 'Our times demand a new definition of leadership. They demand a new constellation of international co-operation – governments, civil society and the private sector, working together for a collective global good.'[3] Reflective of the inclusive understanding of leadership advocated by the UN, this systematic review (SR) is guided by a definition of leadership recommended by AusAID: Leadership involves the capacity to mobilise people (including, but not only, followers) and resources and to forge coalitions with other leaders and organisations, within and across the public and private sectors, to promote appropriate local institutional arrangements that enhance sustainable economic growth, political stability and social inclusion.

Civil society is widely accepted as a collective noun encompassing a wide array of non-governmental and not-for-profit organisations that have a presence in public life. The UN Economic and Social Council (UNESC) (2006) states that it is the power of civil society to resist and change undemocratic systems that makes it 'a vital component of governance and decentralization, the one component that is supposed to vigilantly hold those in power accountable and to promote democracy'. (p.9) In her analysis of democratic transitions, Doorenspleet (2005) characterised civil society organisations as those which are perceived to be capable of performing various functions, among them, generating a democratic transition by altering the balance of power between society and state, organising opposition against the state, articulating the interests of groups in society, recruiting leaders who are prepared to overthrow the non-democratic regime and providing

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[2] Ackerman suggests that this means at least two different but related things. On the one hand, the citizen participation, accountability and inclusiveness which ground the RBA approach should be institutionalized in law, not left to the good will of public servants or the presence of specific civil society leaders. On the other hand, development projects should use the language of rights explicitly and encourage citizens to pursue the legal defence of their rights at the national and international levels. This emphasis on legal recourse is not inconsistent with the principle of "progressive realization" of human rights. The fact that we should have laws on the books that ensure the social and economic rights of citizens and that people should be encouraged to use these laws to defend themselves does not mean that governments can miraculously escape from the problem of resource constraints. Even the most well meaning and honest governments cannot fulfill all rights at once. They need to make hard choices which are directed towards fulfilling rights in the medium to long run.' (p.9)

[3] http://www.un.org/en/civilsociety/index.shtml

information which may inspire citizens to protest against the regime. The UNESC cites Chabal's definition of civil society within the African context: 'a vast ensemble of constantly changing groups and individuals [who have] acquired some consciousness of their externality and opposition to the state'. It should be noted, however, that while civil society is an agent of change, it does not necessarily have to be in opposition to the state, especially if the latter practices good governance.

Capacity development is central to the realisation of the Millennium Development Goals (MDGs) and amelioration of global poverty and 'has the potential to be a lens through which to view development assistance overall' (OECD, 2009: 22). As illustrated in the AusAID impact report (2008), capacity development and cross-cutting approaches are at the heart of effective governance. While the term is used at many levels, individual and organisational, as well as community and countrywide, capacity building has a specific meaning in the context of international aid. Here it clarifies that the role of the provider of aid is not to control the projects it has funded, but to heighten the ability of those receiving the funding to recognize, analyse and solve their problems by effectively controlling the external resources made available to them. Capacity building thus has as its ultimate aim to empower people to become and remain self-sustaining in their efforts to implement their own service delivery goals (see Crisp et al., 2000).

As noted earlier, one possible indicator of effective governance is the use of accountability mechanisms in the delivery of international aid. Preferably implemented at the community level (although perhaps most effective when these efforts are supported at the government level) and involving shareholders, deliverers and 'beneficiaries' of aid, the development of accountability mechanisms may be motivated by factors such as a desire for increased aid effectiveness, improved governance and community-level empowerment. It has been hypothesised that social accountability contributes to increased development effectiveness through better representation of the views of aid recipients to inform policy design and improved service delivery. Social accountability initiatives often also have the goal of the inclusion of under-represented sectors of the population such as women, those in rural areas or the poor (Malena, 2004; Tinker et al., 2000).

1.5 Aid effectiveness and the use of accountability mechanisms

In the delivery of aid, especially to African nations, there is a dearth of inclusive dialogue, unengaged constituencies (particularly women, children and the rural poor) and a lack of emphasis on within-country capacity development. Aid is often considered to be delivered over too brief a period and to be too expensive (Barakat and Rzeszut, 2010). There are also few well-tested mechanisms for monitoring and evaluation, and there is an acknowledged need for systems to strengthen compliance (AU, 2010). At the bottom of this conviction is the contention that the aid system is not accountable to those it seeks to benefit, and for that reason, is ineffective in achieving its desired outcomes (Roche, 2009). The implementation of social and financial accountability mechanisms is designed to deal with this seeming gap. Strengthening these is one strategy for increasing the effective

service delivery and responds to the MDGs (World Bank, 2004). There is also an underpinning theme in the literature suggesting that the development of these mechanisms has been made necessary by the failure of other previously utilised feedback mechanisms (often termed 'mutual accountability mechanisms') that were implemented at the country or international level (Droop et al., 2008).

In the past 10 years the literature on social accountability, including papers both describing and evaluating interventions based on this concept, has grown steadily (Ackerman 2005b, Malena et al., 2004; O'Neil et al, 2007, Peruzzotti and Smulovitz, 2006). However, randomised controlled trials of such interventions or even qualitative studies using in-depth ethnographic methods are relatively scarce. Stocktaking reviews of accountability initiatives reveal that they take many forms and vary by region (Arroyo, 2004; Claasen and Alpin-Lardies, 2010; McNeil and Mumvuma, 2006; Sirker and Cosik, 2007). One such review uncovered many forms of accountability initiatives that had been adapted to fit local or area-wide conditions, such as: those on participatory budgeting by the municipality of Porto Alegre, Brazil; on budget analysis by the Institute for Democracy in South Africa; and the report card on pro-poor services in the Philippines by the Department of Budget and Management of the Philippines. One issue raised by these reviews is whether or not those accountability mechanisms that grew 'organically' from a group of concerned citizenry are more or less effective than those introduced by a government, a group of evaluators or an NGO itself. One common pattern is that those initiatives that used advocacy and communication strategies were more successful than those that did not include them (Arroyo and Sirker, 2005).

It is only recently that attempts have been made to measure the actual impact of community accountability interventions, and even this effort has been limited due to the lack of agreement on expected outcomes. Lack of consistency on use of agreed-upon indicators (poverty level, infant mortality rates etc.) to gauge the success of these efforts, makes comparison a challenge. Additionally, just as the interventions themselves are varied, the evidence itself is of questionable reliability and validity, from self-reports of success by the NGO which implemented the intervention to anecdotal claims of impact and consumer surveys conducted by the agency itself. There are few randomised controlled trials, or even quasi-experimental studies (such as pre- and post-test designs or studies with treatment and comparison rather than control groups) and these are often necessarily of specific, narrowly defined interventions (McGee and Gaventa 2010, Joshi 2010).Thus comparable outcome measures across studies are virtually impossible to find and there is extreme variability in how they are measured.

Interventions to improve constituency involvement and ultimately aid effectiveness should show evidence of knowledge of: within-country delivery systems; a commitment to capacity development at the local regional and national levels; the presence of monitoring, accountability and evaluation systems which are inclusive and bi-directional; clear and transparent assignment of roles and responsibilities for all partners involved in aid delivery; and full and timely disclosure of intervention outcomes. While some of the accountability mechanisms fall into the public expenditure management category, such as budget expenditure tracking,

and performance monitoring, this review includes literature focused on the characteristics and impact of other types of social accountability tools, such as lifestyle checks, right to information (especially in communication and the media), so-called citizen report cards, grassroots advocacy efforts, programme monitoring initiatives and social audits. Over the past decade, there has been an accumulated body of experience on different accountability schemes in widely varying contexts. Joshi and Houtzager (2011) note that it is now possible to identify over 50 cases across Asia, Latin America, Eastern Europe and Africa. Other estimates are even higher. Many of these studies have been undertaken through the auspices of the World Bank, but aid agencies themselves, as well as private donors, have also undertaken such initiatives (Kapur and Whittle, 2010). Accountability interventions vary by type and region. Certain regions such as India and the Philippines (Shah and Vergara, in press; Tolentino et al., 2005) have been successful in developing fiscal and budget tracking mechanisms, while other areas and regions have been more successful in the development of social accountability mechanisms (Jayaratne, 2004). In addition to the potential outcomes and impact of such accountability initiatives, this SR is also concerned with delineating those factors that affect the evaluation of successes by aid recipients themselves.

Demanding greater accountability mechanisms and processes may have risks involved for communities, and we are therefore interested in both the identified barriers to success that occur when trying to implement such procedures, and those indicators that appear to increase the chances of success when implementing social accountability initiatives. For example, the World Bank, a major player in the inspiration for and evaluation of such initiatives, notes that one common pattern is that those initiatives that used advocacy and communication strategies were more successful than those that did not include them (Arroyo and Sirker, 2005). Thus, interventions which focus on capacity development and social mobilisation, and are aimed at inclusion, especially in relation to the poor, are a particular focus of this review.

1.6 Authors, funders, and other users of the review

This systematic review was carried out by an international, multidisciplinary team based in the North of Ireland, South Africa and the USA (Appendix 1). Colleagues in Cuba contributed to the development of the study protocol and assisted with stakeholder consultation in Havana in December 2012.

The study was funded by Australia Aid (AusAID).

The title and protocol were registered with the EPPI-Centre. We used the EPPI-Centre's EPPI-Reviewer (version 4.0) for management of the literature identified in our searches and for all subsequent stages in the review.

We were supported throughout by an international advisory group (Appendix 2).

2. Theoretical framework

2.1 Purpose and rationale for review

The overall purpose of this systematic review is to promote the use of effective and accountable aid delivery systems for those they seek to benefit (AusAID, 2011). It contributes to filling the research gaps which exist in relation to: effective stakeholder engagement and community participation; monitoring and evaluation; and the effectiveness of aid to projects targeted at improved service delivery. This review focuses on interventions targeted at those most affected by poverty, such as children, older people, women, people with disability, minority tribal/ethnic groups and people living in rural areas. International law establishes the rights to participation, equality and non-discrimination alongside the duty to use the maximum resources available to realise progressively social, economic and cultural rights (Muthien, 2000; UN, 1966). Understanding how these principles translate into practice can improve inclusive service delivery to the poor. Beyond that, this review should also inform the application of these principles at an international and regional level, by governments and donors alike. Specifically, this review was commissioned as part of AusAID's strategy to maximise the impact of its investments in Africa. The findings will enable funders like AusAID, governments or civil society organisations to apply their resources in a targeted and responsive manner, in order to leverage greater outcomes in service delivery. The full protocol underpinning this review (Lynch et al., 2012) is accessible from the EPPI-Centre website.

2.2 Policy and practice background

Research, continuous evaluation and assessment, can improve the efficiency and effectiveness of aid (AusAID, 2002, 2006). Participatory techniques are recognised as being an integral part of 'quality' evaluations (AusAID, 2006). The Paris Declaration and Accra Agenda for Action acknowledge the direct link between aid effectiveness and improved development outcomes (Killen, 2011). However, measuring development outcomes (and therefore the effectiveness of interventions) can be complex, as long-term investments may only yield tangible results much later than funders' reporting cycles, meaning they may not get the appraisal they deserve (Save the Children, 2009). Thus, it is desirable that the funders themselves should remain in the picture as part of the accountability process. The Accra Agenda for Action (OECD, 2005/2008) reinforces the importance of 'mutual' accountability between donors and governments (Wild and Domingo, 2010). Programmes that provide the best value for money are those which are efficient and effective, and acceptable to participants (AusAID, 2011). However, service delivery relies on resource availability. Anti-corruption initiatives that ensure resources flow to those for whom they were intended, are therefore critical to improve service delivery (Sundet, 2008). Public Expenditure Tracking Systems (PETS), conditional cash transfer programmes and other sector-specific interventions can tackle corruption (Alcazar, 2010). These are, however, unlikely to be effective when applied in isolation, without regard to the political landscape

of the country, or the participation of the people intended to benefit from them (Sundet, 2008). Crucially, additional accountability and transparency are linked to access to free and unbiased information through media and other forms of communications (Hussmann, 2011). Information flow between the public and service delivery systems is part and parcel of good governance. Finally, structures and mechanisms designed to facilitate participation appear to benefit from some level of authority over the resource allocation and distribution (Loewenson, 2000). Community groups with authority to manage financial resources were found to be very particular about monitoring expenses, although it must be noted that notions of 'the most deserving' may vary between government poverty elimination programmes and civil society. In practice, some community-based projects were so successful in raising revenue that government felt itself relieved of the responsibility to provide resources, which in turn, could reduce incentives for governments to be involved in projects (Hoddinott et al., 2001).

AusAID's definition of governance guided our review:

> Good governance means capable management of a country's resources and affairs in a manner that is accountable and responsive to citizens' needs and interests. The rule of law, effectiveness of public sector management and an active civil society are all essential components of good governance. (2011:4)

This review is interested in the impact of interventions with accountability mechanisms that were aimed at increasing citizenship, supporting good governance and increasing transparency. The concepts of community participation, community accountability and voice are central to these outcomes.

2.3 Community participation

Participation in the process of service delivery is particularly important for the poor, who often have no access to alternative service providers and little power to challenge unsatisfactory services. Giving people a 'voice' is thus directly linked to human development (Walker, 2009). It is also necessary to consider that 'the community' is not homogeneous (Hoddinott et al., 2001; Thomas and Amadei, 2010). This is especially important when working with children generally, and children who are carers, as their lived experiences and the barriers they face to accessing services need to be understood, in order to address them successfully (Save the Children, 2009). Some marginalised groups, including older people, people with disabilities and minority ethnic/tribal groups, have not received the same amount of attention as others. Research on how vulnerable groups benefit from social security, cash transfer programmes and non-contributory pension schemes are necessary to understand the extent to which they help alleviate poverty and provide social protection (Help the Aged, 2003, 2010).

There are various, contrasting approaches to community participation, which may be inhibited or promoted by the country-specific differences in political, social, economic and cultural contexts. Studies suggest that, in the public health sector, community participation provides opportunities for active partnerships between community members and health care workers to tackle health and other service

delivery issues. Realisation of these opportunities, is linked to the levels of democratisation of the country (Padarah and Friedman, 2008; Walker, 2009; Loewenson, 2000). Structures facilitating community participation have to be adequately funded to operate effectively, especially when the economic environment is in decline, as is the case at the time of writing. Political commitment, adequate resources, training for governance structure members and the attitudes of health care workers are all factors that influence the functioning of governance structures (Padarah, 2008). The experience of commissioning public services in apartheid South Africa indicates that excessive government control in public service administration may not increase effectiveness (Muthien, 2000). Alternatively, participation can be made possible in a less structured environment, through the development and support of community networks (Loewenson, 2000).

2.4 Community accountability

When a large percentage of the budget takes the form of external aid and is negotiated between government and donors, as is the case in some African countries, the space for citizens and civil society organisations (CSOs) to participate has to be actively created (Trócaire, 2008). Tensions between different levels of government can potentially feed secrecy and establish a clandestine environment. Consequently, donors need to be mindful of the level of government that is implementing the service and conscious of potential tensions therein (Wild and Domingo, 2010). High levels of aid dependency make it hard for recipient countries to steer the terms of reference – despite the intention behind the Paris Declaration to strengthen the negotiation space for recipient countries (Trócaire, 2008). As a result, in resource-poor contexts where aid dependency is common, there can be a tension between governments accountable to their citizens and to their funders (Wild and Domingo, 2010). Local, political ownership of initiatives is promoted when the funding priorities of donors, governments and communities are aligned (Save the Children, 2009).

In the past 10 years, the literature on social accountability has grown steadily, with the emergence of a wide range of tools for measuring a number of outcomes. This makes comparison between different interventions difficult, as there is a lack of agreement on how to measure impact. Impact itself is defined differently from study to study, with some focusing on the establishment of accountability procedures as an outcome measure, while others focus on the effect of implementing such measures. Furthermore, despite the growing literature on the topic, randomised controlled trials (RCT) of interventions designed to assess accountability are scarce, as are qualitative studies using in-depth ethnographic methods. As far as we are aware, this is the first systematic review to focus on community accountability and inclusive service delivery. A related review, *The impact of Social Accountability initiatives on Improving Delivery of Public Services'*,[4] is being carried out on behalf of the Department for International

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[4] http://r4d.dfid.gov.uk/Project/60856/Default.aspx

Development (DFID). We liaised with the lead author, Anu Joshi, and her colleagues, at various stages throughout the course of this review, and will share our findings with her group.

The importance of research in strengthening community accountability is evident in work such as Olken (2007). This study questioned whether top-down monitoring was a more effective control against corruption than bottom-up monitoring. The focus of Olken's research was a large-scale infrastructure project in Indonesia, and the findings were that expenditures remained unaccounted for, despite the fact that officials implementing the projects knew with 100 percent certainty that they would be audited. The threat of audits was perhaps not effective in curbing misappropriation of funds because, when detected, corruption went unpunished. Also, most of the violations were procedural and thus much harder to prosecute. Community monitoring was found to have an impact only when this by-passed government officials completely. Grassroots monitoring, therefore, might be effective in circumstances where individuals have a personal stake in ensuring the delivery of goods and services. In the delivery of public goods for which civil society's incentives to monitor are weaker (such as infrastructure projects), professional auditors may be more effective. Increased citizen awareness of the results of audits could potentially serve to reduce missing expenditure (Olken, 2007).

In the development sector, accountability plays an important role in determining the effectiveness of improvements designed to enhance people's quality of life. Accountability is closely linked to autonomy: the recognition that local people, irrespective of their poverty, usually have appropriate information about what interventions are suited to their particular condition. Abrahams calls this a 'values inquiry' which helps to avoid the 'fundamental attribution error': a development practice which attributes behaviour and thus failure or success of aid interventions to personal qualities without considering situational factors (Abrahams, 2008). Failure to embrace bottom-up accountability practices dooms many development projects to failure. Human behaviour is, in many aspects, very similar in low- and middle-income countries (LMICs) and high-income countries (HICs). Access to resources, including information, education and training, are necessary to enable people to play a part in holding service providers and commissioners to account. They need to feel valued and may require compensation for volunteering or agreeing to participate in the roll-out of interventions. Case studies illustrate that, even though all stakeholders recognised the potential benefits of a system or intervention, direct compensation or benefit was needed to ensure immediate motivation for continued use. Sustainability of interventions hinges on strong leadership in a defined community, and development models should recognise and utilise the biases and constraints of every interested party (Thomas and Amadei, 2010). This was also found to be an important factor in a systematic review investigating the role of local cultural context on conservation outcomes (Waylen, 2010). Like Thomas and Amadei (2010), Waylen et al. concluded that a supportive cultural context was a key factor shaping the outcomes of community-based conservation interventions. Participation was found to be the most likely key to ensuring an appropriate 'fit' between a successful intervention and a

country's/community's cultures and institutions. Community control of decision making during implementation influenced both attitudinal and economic outcomes, but participation alone was not all that was needed for success. Nor did practical or economic benefits alone determine success. However, interventions that allowed communities to use environmentally protected areas did better than those that did not, supporting the notion that people are concerned about conservation when they have use of and control over the natural resources. Understanding the societies and tailoring activities accordingly, was found to be more important than economic benefits.

2.5 Voice

Having one's voice heard is at the heart of citizenship and central to community accountability. 'Voice' is the result of active participation and engagement at all levels of government and essential to ensuring transparency and inclusive service delivery. Paulo Freire revealed the importance of listening to the voice of excluded people by their actions and not just by the words. He argued that excluded people were prevented from being active participants in society not by innate lack of ability but because they were 'forbidden to know [how]' (1996, p105). Inclusive service delivery and community accountability require actions that build trust and confidence to overcome the apathy and suspicion that have been built up as the result of years (generations) of discriminatory and oppressive practices (Freire, 1970). Acemoglu and Robinson illustrate why inclusive and transparent systems of governance are the crux of economic and social development:

> Inclusive economic institutions … are forged on foundations laid by inclusive political institutions which make power broadly distributed in society and constrain its arbitrary exercise. Such political institutions also make it harder for others to usurp power and undermine the foundations of inclusive institutions. Those controlling political power cannot easily use it to set up extractive economic institutions for their own benefit. Inclusive economic institutions, in turn, create a more equitable distribution of resources, facilitating the persistence of inclusive political institutions. (2012: p82)

2.6 Logic model

Community accountability is difficult to define; its mechanisms are diverse and implemented across diverse settings. This review focused on three types of mechanism: social accountability, enhanced process and budgetary/fiscal mechanisms. The logic model (Figure 1.1) depicts the conceptual framework underpinning the review. It sets out the types of interventions, populations and outcomes that were deemed to be relevant.

Social accountability mechanisms are one indicator of equity-focused governance and are deemed to be a crucial predictor of the effective delivery of aid. For this review, they must be part of an intervention (or interventions) whose aim is to increase citizen participation, support good governance (primarily through reducing corruption), or increase the transparency or 'mutuality' (both donor and recipient) of the evaluation of the effectiveness of such interventions. There are several

definitions of accountability mechanisms, but at the community level, they are all characterised by efforts to increase transparency in the use of aid funds (including donors, allocation mechanisms and source amounts). Some accountability mechanisms reflect the use of actual tool (e.g. report cards, social audits) while others are more about advocacy, engagement or empowerment processes (such as participatory budgeting, health councils or community feedback sessions). One major category includes budget or fiscal mechanisms, including budget advocacy and monitoring and expenditure tracking mechanisms such as a Public Expenditure Tracking Survey (PETS). Another category covers what are often termed social accountability mechanisms such as citizen scorecards or report cards, social audits, citizen engagement measures, capacity building efforts, advocacy chains and citizen charters or juries.

The review was interested in interventions targeted at low- and middle-income countries. AusAID was particularly interested in interventions that had been implemented in Africa and six population groups. The outcomes of interest were primarily interventions that had resulted in (1) measurable increase in access to public services and (2) reduction in government corruption. These outcomes were characterised as greater freedom of information, greater transparency in service delivery mechanisms, an increase in budgetary control by citizenry and increase in the consumer's assessment of service accessibility and quality. The logic model also sets out 14 secondary outcomes, including equity for excluded populations, inclusive decision making, capacity building and access to services.

3. Methods

3.1 Type of review

We used a two-stage approach in this systematic review. Stage one was focused on the identification and descriptive mapping of the interventions, populations, accountability mechanism and their study design in over 14,500 potential papers[5]. Stage two of the review synthesised the research relating to the seven included studies.

3.2 User involvement

User involvement has been a defining feature of this review. In the first instance, the review was commissioned by AusAID, a major international governmental aid agency and end-user of the findings. It has also been guided by the project advisory group and informed by feedback from participants at meetings in Cape Town and Havana.

3.2.1 Advisory Group

An international multi-sectoral Advisory Group was established to guide the review from the offset. The members of the Advisory Group come from a rich mix of backgrounds and sectors: Help the Aged International, Marie Stopes International, the Trócaire field office in Latin America, the AusAID field office in Africa and the EPPI-Centre. It had been our intention to hold teleconference meetings with the advisory group; however, different time zones and heavy travel schedules made this impossible. As a result, communication with the review group has been by group email and individual telephone and/or Skype conversations between individual members and Dr Una Lynch. All key documents, including short project updates, were emailed to the advisory group for comment. Support from the advisory group has been invaluable in refining and focusing the review. The decision to concentrate on studies focusing on interventions in Africa, was made with the guidance of the advisory group towards the end of stage one. This decision was taken to ensure that AusAID's needs were best met within the resources available. More details about the Advisory Group can be found in Appendix 2.

3.2.2 Other user involvement

Other examples of engagement with potential users of this review include:

- Peer review of the protocol by Anu Joshi (subject specialist and lead author of a related review)
- Publishing the protocol on the EPPI-Centre website
- Lynch presented preliminary results of the review to an international audience at conference in Havana, Cuba. Participants acknowledged the
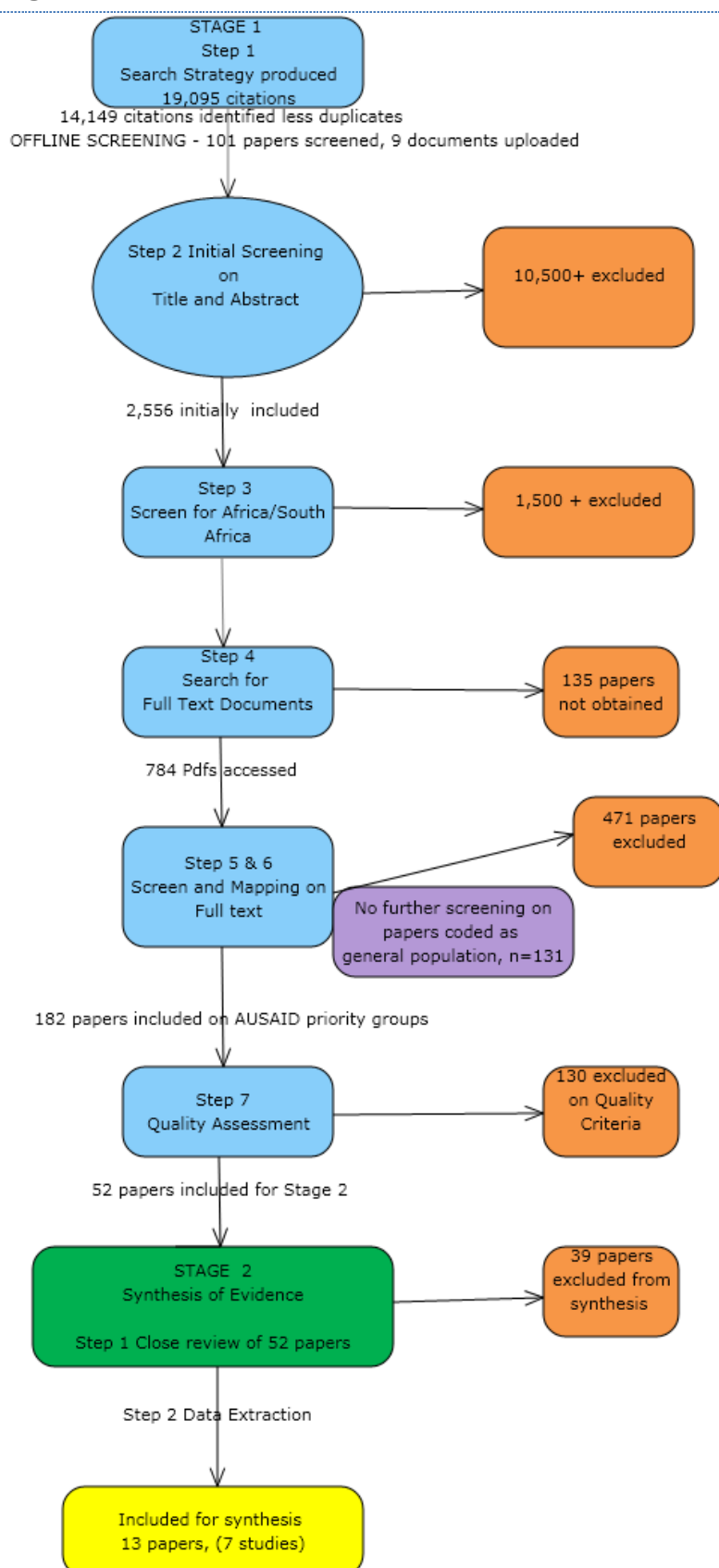
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[5] This included a search and mapping of grey literature.

need for better support for publication and dissemination of research and that much good practice (effective interventions) was failing to achieve its full potential because of poor dissemination, and suggested that under-representation of papers from Latin America may be reflective of the pressure to publish in English.

- Dutschke facilitated a consultation meeting with stakeholders in the University of Cape Town (UCT) in December 2012. In attendance were: Nicole Fick, UCT Active Learning Network; Wendy Lubbee, Allan Moolman and Eva Jackson from Oxfam; Karen Daniels from the Medical Research Council and Jawaya Shea, UCT School for Child and Adolescent Health. The meeting resulted in the identification of websites to be included in the manual search, and advice regarding interventions, populations and the wider policy context.

- In March 2013, Dutschke presented the results of the mapping stage at the Health and Human Rights Learning Network. This includes six South Africa based civil society groups (The Women's Circle, Ikamva Labantu, Epilepsy South Africa, The Women on Farms Project and the Cape Metro Health Forums) and three higher education institutions (Universities of Cape Town, Western Cape and Warwick), collaborating to explore how collective action and reflection can identify best practice with regard to using human rights to advance health. The results of the mapping review were received with enthusiasm, and great interest was expressed in the final findings. This network will be invaluable in the dissemination and utilisation of the review findings.

- The protocol has been shared with a number of authors identified as part of the review process. These include Christopher Blattman, who consequently shared the draft version of his 2013 paper, Catherine Goodman (Goodman et al., 2006) and Alison Grant (2010), who both clarified that community mobilisation had not been part of their interventions.

Figure 3.1: Summary of the review process

STAGE 1
Step 1
Search Strategy produced
19,095 citations

14,149 citations identified less duplicates
OFFLINE SCREENING - 101 papers screened, 9 documents uploaded

Step 2 Initial Screening
on
Title and Abstract

10,500+ excluded

2,556 initially included

Step 3
Screen for Africa/South
Africa

1,500 + excluded

Step 4
Search for
Full Text Documents

135 papers
not obtained

784 Pdfs accessed

Step 5 & 6
Screen and Mapping on
Full text

471 papers
excluded

No further screening on
papers coded as
general population, n=131

182 papers included on AUSAID priority groups

Step 7
Quality Assessment

130 excluded
on Quality
Criteria

52 papers included for Stage 2

STAGE 2
Synthesis of Evidence

Step 1 Close review of 52 papers

39 papers
excluded from
synthesis

Step 2 Data Extraction

Included for synthesis
13 papers, (7 studies)

3.3 Review process

The review involved a multiple-step approach, in two stages. Summarised in Figure 3.1, the review began with the screening of citations by title and abstracts, and moved on to a more focused mapping of papers (Africa and South Africa), critical appraisal of quality and synthesis of included studies.

3.4 Stage one

The steps involved in stage one were:

1. identification of potential studies
2. screening on title and abstract
3. screening for Africa and South Africa
4. sourcing full-text papers
5. screening on full text
6. mapping of studies
7. quality assessment
8. a final close read of potential studies.

3.4.1 The inclusion and exclusion criteria

We were interested in identifying interventions that were shown to have an impact, whether positive or negative. We included interventions that emerged organically at community level, interventions initiated by governments and those supported by donors or multilateral bodies such as the World Bank. AusAID's primary interest in this systematic review was to use the results to inform its work in Africa. Over the course of the review process the scope became more focused, moving for example from a focus on all LMICs to mapping the literature on community accountability interventions in African LMICs and finally synthesising the findings of those studies focused on community accountability interventions with minority African populations. The search strategy was developed to ensure that it would be sensitive enough to capture any intervention aimed at strengthening the voice and participation of citizens, in other words, those interventions aimed at deepening democracy (Joshi and Houtzager, 2011). As a result, the search uncovered studies that were at times not explicitly focused on community accountability; but the nature of the intervention was such that it resulted in enhanced knowledge, power and/or control for the beneficiaries. Hidden behind the statistics of our journey from 14,000+ citations to the final seven studies, there lies a story of many hours, days and months of reading, conversations, Google searches and email discussions with each other and with authors of potential studies. We worked to ensure that no study was excluded, until it was absolutely clear that it did not meet our inclusion criteria.

A paper was included in the review if it met the following criteria: was published after 1994, was located in one or more low- and/or middle-income countries, had an intervention that included any accountability mechanism that aimed to increase citizenship, support good governance or increased transparency or mutuality, and measured outcomes relevant to the review questions. Papers were excluded from

the review if they were: focused only on methodology, or were editorials, commentaries, book reviews, policy documents or position papers. The original inclusion and exclusion criteria were modified as the review progressed. In consultation with AusAID and EPPI-Centre, it was decided to include only studies based in Africa and only those relevant to AusAID priority population groups, namely women, children, rural, disability, and tribal and ethnic communities. The inclusion and exclusion criteria can be found in Appendix 3.

3.4.2 Finding the studies

The information retrieval officer on our team (Anderson) conducted the searches, working closely with McGrellis and Lynch, and taking into consideration suggestions from the EPPI-Centre's information specialist. A systematic search of 23 electronic databases (Appendix 4) was carried out using a complex search string (see example in Appendix 5) that was adapted for each individual database.[6] This search identified 19,095 papers, all of which were uploaded by Anderson to the EPPI-Centre's EPPI-Reviewer 4. After removing 4,946 duplicate citations, the titles and abstracts of the remaining 14,149 citations were screened by Dutschke, Lynch and McGrellis.

This resulted in the exclusion of 10,981, most of which (n= 9,035) did not discuss an intervention. A total of 986 citations were excluded as they were not based in an LMIC, and 960 were excluded as the study type was not relevant. In addition to the database searches, Dutschke and Anderson carried out manual searches of websites to locate unpublished, so-called 'grey' literature and to identify any studies (including joint academic and NGO studies) not captured by the bibliographic databases. This search included a focus on Africa-specific sites. As part of this process, the team liaised with a wide range of governmental, inter-governmental and donor agencies, including AusAID, members of the advisory group and participants at stakeholder meetings in Cape Town and Cuba, to identify unpublished reports, evaluations and white papers. Anderson also did a manual search of reference lists of systematic reviews that had been completed on related subject areas, and the reference lists of the included studies were checked by the reviewers for potential papers of relevance. The full-text papers identified during the manual searches (N= 101) were reviewed by Lynch and McGrellis. The nine papers that met the inclusion criteria were uploaded to EPPI-Reviewer for further review.

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[6] The strategy was informed by the LMIC search filters developed by the Norwegian Satellite of the Cochrane Effective Practice and Organisation of Care Group, http://epocoslo.cochrane.org/lmic-filters.

3.4.3 Full-text screening

Before embarking on full-text screening, in consultation with the Advisory Group, it was decided to focus only on those papers which examined interventions used in Africa. Full-text papers (step 4) were located for 784 citations. Due to time constraints, theses (n=24) and book chapters (n=63) were not accessed.

The search for full-text documents was rigorous and systematic. Three members of the team, Dutschke, McGrellis and Lynch, led on this. Each person was allocated a 'batch' of references, and if they could not find full text, the reference was coded for searching by another member of the team. A penultimate search for 'not found' documents was carried out by Anderson and the EPPI-Centre helped by carrying out a final search. In the end, full-text papers were not found for 135 of the citations. These were screened on title, journal and abstract. This exercise confirmed that out of the 135 citations, only four papers (Leymat, 2012; Lorenzo et al., 2007; Macleod et al., 1998; Van Niekerk et al., 2006) related to population groups otherwise missing from the review, namely people with disability, older people and tribal groups. The majority of the remaining papers were focused on the 'general population' and would not have been included in stage two. Given the time constraints it was decided not to pursue these four papers.

It is worth noting that this review was supported by access to on-line libraries in the University of Cape Town, the National University of Ireland, London Southbank University, Queen's University Belfast and the University of London. Without this resource, the cost to NGOs or Africa based academics (without external partners) of carrying out a review is likely to be prohibitive.

3.5 Descriptive mapping of literature identified in stage one

McGrellis and Lynch screened the 784 full-text documents and identified 471 that were not eligible for inclusion. The reasons for exclusion included: no intervention (N=194), intervention not applicable (N=77), insufficient details about the intervention or study design (N=92) and no demonstrated outcomes (N=64). The country of the interest was not always obvious from the title and abstract; the full-text screen revealed a further 29 studies that were not focused on Africa.

A total of 313 papers met the criteria for inclusion at this stage of the review. Of these, 58 were focused on South Africa and 255 on other African countries. The graphs included here are illustrative of the spread of population groups and types of interventions in the papers reviewed in stage one. Some papers were relevant to more than one population group and included multiple interventions and as a result of 'double coding', the numbers do not add up to 313. Figure 3.2 illustrates that the most frequently coded population category was the general population, interventions specifically targeting rural populations accounted for 81 papers, children were a specific focus in 49 and women in 41 papers. Very few interventions were specifically aimed at older people (N=1), ethnic and tribal groups (N=2) and people with disabilities (N=8).

Figure 3.2: Population groups
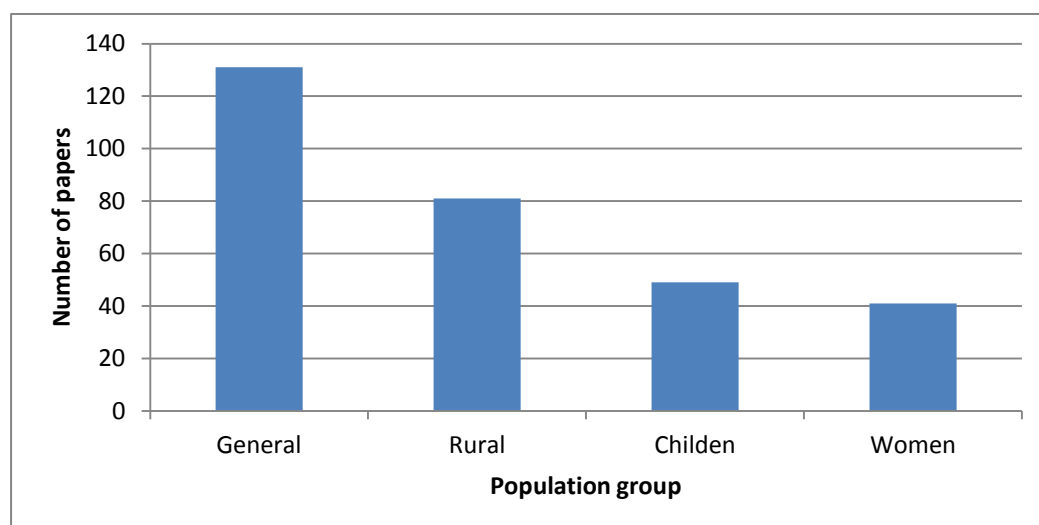
The majority of papers were coded as having interventions related to 'health (n=113); capacity development (n= 91); stakeholder engagement (n=78) and governance (n-46). Figure 3.3 illustrates the frequency of interventions and figure 3.4 the distribution of interventions according to population group.

Figure 3.3: Frequency of interventions
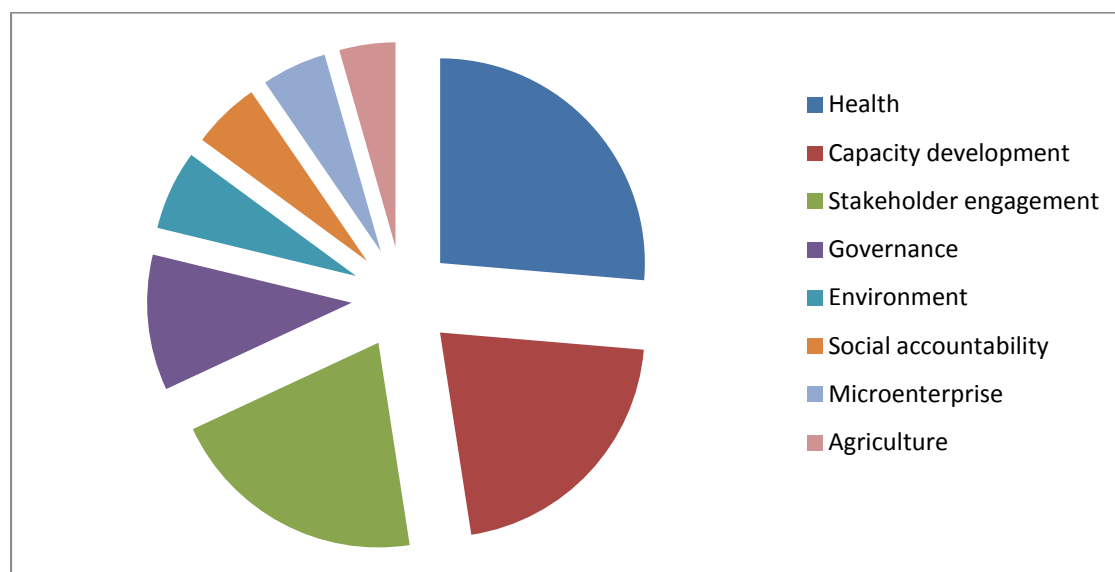
What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

Figure 3.4: Intervention by population group
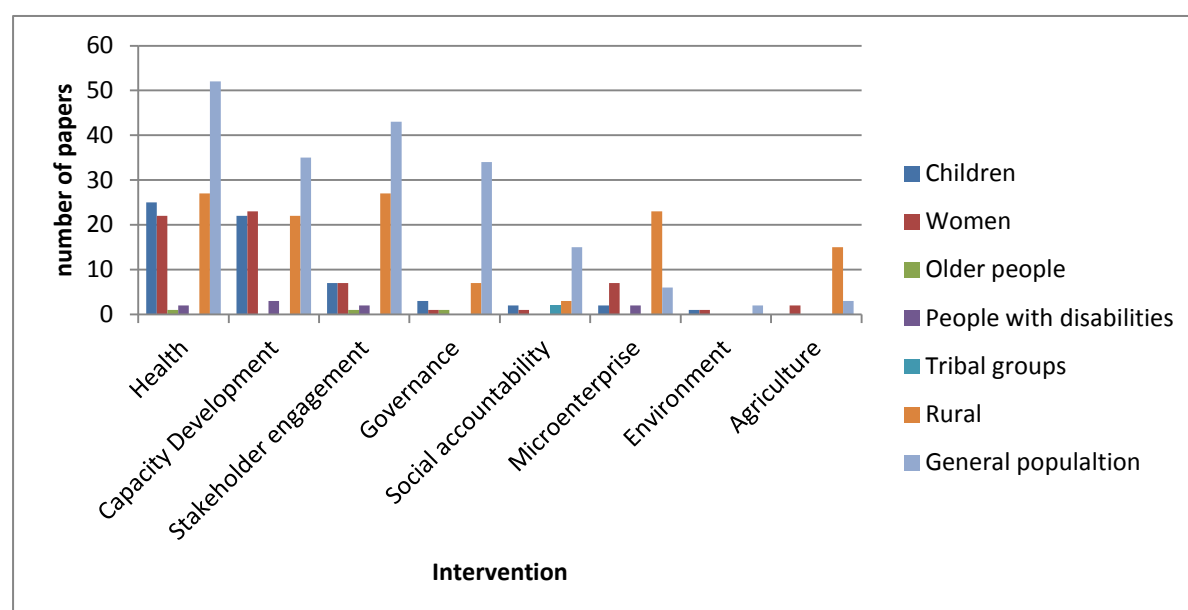
3.6 Assessment of quality

In Step 7, the quality criteria set out in the protocol (Appendix 6) were used to assess 182 papers. Following this assessment, 52 papers progressed to stage two of the review, of which 13 (seven studies) were included in the final synthesis. None were focused on older people or people with disabilities.

Two review authors (Lynch and McGrellis) independently assessed the risk of bias for each study. The critical appraisal of the studies was guided by the Cochrane Risk of Bias Tool (Higgins 2008), in conjunction with the EPPI-Centre's weights of evidence (WoE) scale. The WoE focuses on assessment of methodological quality, methodological relevance and relevance of the topic/research to answering the review question.

(A) **Methodological quality:** The trustworthiness of the results judged by the quality of the study within the accepted norms for undertaking the particular type of research design used in the study.

(B) **Methodological relevance:** The appropriateness of the use of that study design for addressing the systematic review's research question.

(C) **Topic relevance:** The appropriateness of the focus of the research for answering the review question.

(D) **Judgment of the overall weight of evidence**: (WoE) based on the assessments made for each of the criteria A-C.

3.6.1 Assuring study quality

A quality appraisal of the 182 full-text papers was carried out using a pre-determined checklist which covered 11 specific criteria (Appendix 6). The criteria

included assessment of whether or not the data collected was transparent and clear; whether descriptive data for study participants was available; whether the method of analysis was informed by existing theory or theories, and an assessment of the reliability and validity of the data. Finally the protocol guiding this review stated: 'Any study that does not include the voice of the consumers or relies on service providers (including the NGOs), funders, government officials, stakeholders or other possibly biased sources of information to assess the success of the intervention cannot be included as part of this SR' (Lynch et al, 2012:14). The reviewers did a double blind review of 10 papers to ensure that they were applying the criteria consistently, and resolved any subsequent queries by discussion.

Studies were included if they met at least seven out of the eleven criteria. This was a key point in the review process, as weaknesses in the study design or methodological account were identified. The value of papers reporting on the impact of an intervention is greatly reduced if replication of the study/intervention is compromised due to lack of detail or weak study design. The quality appraisal resulted in the exclusion of 130 papers, and 52 continued into the final screening stage.

The primary reasons for exclusion was concerns about internal reliability and external validity (n=51) and inadequate provision of descriptive data on study group(s) (n=50). Other reasons included a lack of transparency and documentation on how the data were collected (n=49), the absence of a theoretical framework (n=45) and the failure of the authors to include the voice of the participants (n=39).

3.7 Stage two

Three steps were involved in stage two. Step 1 involved a close review of all 52 papers. Each paper was carefully reviewed a second time. Two reviewers (McGrellis and Lynch) read hard copies of all the 52 papers and discussed each in depth before making a decision. At the end of this process, 39 were excluded and the remaining 13 papers (which actually reflected seven different studies) were included in the final synthesis. The second step in stage two involved a data extraction from the seven studies identified for synthesis. The reviewers extracted information on the intervention, the time frame, the beneficiaries, the aims of the study, the study design, data collection and analysis, and the outcomes of each study.

3.7.1 Hard copy review

No paper was excluded from this review unless two reviewers were satisfied that it did not meet the minimum threshold for inclusion. The final step in the screening process was a critical appraisal of hard copies of the 52 papers. Up to this point, all reviewing had been carried out using electronic versions of the papers. All 52 papers were reviewed in depth, by both reviewers independently. During this process, each paper was again carefully reviewed on quality and with close reference to the research questions. Differences or queries between reviewers on

specific papers were reconciled in telephone conversations and an agreed decision reached on each 52 paper. This process resulted in the exclusion of 39 papers.

Amongst this last group of 39 excluded papers were two (Cohen et al., 2012 and Help the Aged International, 2010) that focused on population groups of interest to the review that were patently absent in the literature as a whole (older people and people with disabilities). It became apparent that, conscious of the conspicuous absence of studies focused on older people and people with disabilities, the reviewers had subconsciously applied a lower quality threshold to these papers. Unfortunately they did not in fact meet the inclusion criteria and as a result they were excluded.

The Cohen et al. (2012) study on mental health self-help groups in northern Ghana was excluded due to concerns about research design, the extrapolation of findings and lack of 'voice'. Given the population group (older people) and the intervention (cash transfers), the Help the Age International (2010) report on the Swaziland old age grant impact assessment was of great relevance, but the findings were based on participant recall and the study did not include baseline data. Only studies that met all three elements of the EPPI-Centre's WoE scale (methodological quality, methodological relevance and topic relevance) were included. All of the thirteen papers included in the synthesis met at least nine of the 11 pre-determined quality criteria (Appendix 6); only two studies were considered weak on theoretical framework (Ismayilova et al., 2012; Okonofua et al., 2003) and two weak on voice (Okonofua et al., 2003 and Reinikka and Svensson, 2005, 2011).

The findings and conclusions of this review are therefore based on sound evidence, and on a systematic and thorough process which started with a screening of titles and abstracts (14,000+), through screening of full-text pdfs (784) and final hard-copy intensive appraisal of 52 papers by two reviewers. The importance of this rigorous assessment is worthy of note. Many papers that looked very highly relevant on the basis of title were excluded following full-text review, when it became apparent that they were in fact policy or position papers and lacked empirical data.

3.7.2 Thematic narrative synthesis

Unfortunately, despite the very high quality of the quantitative studies, we were unable to carry out meta-analyses, as originally planned, as these six quantitative studies focused on different types of interventions and used different study designs and, most crucially, different outcome measurements. Following consultation with the EPPI-Centre, it was agreed that we would carry out a thematic narrative synthesis of all seven studies using a prepared framework [Appendix 7]. The coding framework used to extract data for the narrative synthesis allowed us to characterise each of the studies according to the focus, design and outcomes of the intervention.

Information was captured on the organisation responsible, the beneficiaries and setting in which the intervention took place, the tools used to measure the outcomes, the person or organisation responsible for data collection and the

methods used for data analysis; an assessment was also made on the reliability and validity of the findings. Any relevant information given by the author on context or modifiers was registered. Details about funders and cost of intervention were scant but, where available, this was also recorded. The institutional affiliation and country of the authors of the papers was captured (Appendix 8). Finally, a synopsis of each included paper was written and a note made of key recommendations generated by the authors.

4. What research was found?

Given the centrality of promoting transparency and combating corruption in community accountability, we had expected that the review would be dominated by studies evaluating the impact of interventions such as community score cards, community audits and PETS. This has not been the case. In fact Reinikka and Svensson (2005, 2011) is the only study included in the synthesis that focused on one of these interventions (PETS). There are of course other studies identified in the course of this review which examine the impact of such interventions. For example a study by Bjorkman and Svensson (2010) focused on the impact of citizen report cards in Uganda, and Wild and Harris (2011) examined a community score card initiative in Malawi. These studies are not included in stage two as they were not explicitly focused on one of the priority populations identified by AusAID. This material is available and could be easily examined to augment the findings of this review.

The seven studies (13 papers) that made it through to the synthesis stage described a range of interventions. The Blattman et al. study (2012, 2013) examined the impact of the Youth Opportunities Programme (YOP) cash transfers on young underemployed people in Uganda. Casey et al. (2011), in GoBifo, a large-scale local governance project located in Sierra Leone, used a novel intervention aimed at promoting democratic and inclusive decision making. The YOP and GoBifo interventions were carried out under the auspices of the World Bank's Community Driven Development (CDD) programme. Friis-Hansen et al. (2012) examined the impact of Farmer Field Schools on empowerment in three countries – Kenya, Tanzania and Uganda. The impact of an economic empowerment intervention on AIDS-orphaned adolescents in Nigeria was examined by Ismayilova et al. (2012). In a separate study in Nigeria, Okonofua and colleagues (2003) examined an innovative approach to sexual health promotion. The impact of steps taken by the Ugandan government to publish monthly payments to schools in local newspapers was assessed by Reinikka and Svensson (2005, 2011). The last group of papers examined in the synthesis focused on various aspects of the Intervention for Microfinance for AIDS and Gender Equity (IMAGE) project in South Africa (Hargreaves et al., 2010; Hatcher et al., 2011; Jan et al., 2011; Kim et al., 2009; Pronyk et al., 2006).[7]

Each of the included studies evaluated different interventions. In addition, a variety of study designs was employed and each study focused on different outcomes. A thematic narrative synthesis was used to distil the learning from the seven studies. Empowerment and capacity development emerged as the critical

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[7] The IMAGE programme is a joint effort between Small Enterprise Foundation (SEF), the School of Public Health, University of the Witwatersrand, the London School of Hygiene and Tropical Medicine and Anglo-Platinum Mines. The intervention combines group-based microfinance with a 12-month gender and HIV training curriculum delivered to women at fortnightly loan repayment meetings.

factors in improving community accountability and inclusive service delivery. The synthesis shows the impact of interventions on three types of empowerment, namely individual, community and economic. Capacity development is at the base of the empowerment and includes education, training, mentoring, skills development and economic enhancement.

4.1 Overview of the studies included in the synthesis

Seven studies were included in the synthesis. These studies evaluated different interventions in six African countries: Kenya, Nigeria, Sierra Leone, South Africa, Tanzania and Uganda. The studies focused largely on women, young people and people living in rural areas. One study (Casey et al., 2011) concentrated on tribal communities in Sierra Leone.

4.1.1 The Youth Opportunities Programme in Northern Uganda

Blattman et al. (2012, 2013) used a randomised trial to examine the impact of a post-conflict aid programme, funded by the World Bank under the auspices of its Community Driven Development initiative. The intervention consisted of cash transfers targeted at groups (not individuals) of poor and underemployed youth (16-35 years) in Northern Uganda. The objectives of the programme were to promote social cohesion and stability by improving employment and economic outcomes. The study population comprised 535 groups (approximately 12,000 young people), average age 25 years, and a third of the study participants were women. The intervention was targeted at 265 groups (panel of 2,675). Blattman et al. concluded that there was a strong economic case for cash transfers to young, poor and unemployed people. The intervention was especially effective in improving life opportunities for women. Although economic returns were impressive, the intervention made no impact on social stability.

4.1.2 GoBifo, Sierra Leone

The GoBifo ('Move Forward' in Krio Sierra Leone's lingua franca) is a large-scale local governance project located in Sierra Leone, evaluated by Casey et al. (2011). Located within the government's Decentralisation Secretariat and funded by the World Bank, GoBifo is a novel and carefully designed intervention aimed at promoting democratic and inclusive decision making and governance. A RCT design was used to allocate randomly 118 control and 118 intervention villages. The study covered two districts in Sierra Leone, namely the Bombalie region in the North (Temne and Limba ethnic groups) and Bonthe district in the South (Mende and Sherbro ethnic groups). The intervention had three strands:

1. Block grants of around $5,000 were allocated per village to sponsor local public goods provision and small enterprise development.
2. Intensive organising established new structures to facilitate collective action (e.g. village development committees). Villages were incentivised to include women and young people. Assessing the numbers of women and young people attending and how many times they spoke was the method used to review this desired outcome.

3. Collective action: three scenarios were used to test the impact of the intervention on collective action. The project ran well, there was minimal leakage of funds and positive economic development outcomes were achieved. The intervention did not have any sustained impact on collective action, decision making processes or involvement of young people and women.

Apart from the intervention, this study is of interest to funders and others because of the methodology used. The researchers took the unusual step of registering a pre-analysis plan with an independent agency. They argued that this action helped to avoid data mining and strengthened the independence of the research.

4.1.3 Farmer Field Schools in East Africa

The study by Friis-Hansen and Duveskog (2012) was an evaluation of the impact of the Farmer Field School (FFS) intervention on empowerment and enhanced well-being. The study focused on three countries, Kenya, Tanzania and Uganda, and examined three relationships: (1) the relationship between FFS participation and increased well-being; (2) FFS participation and empowerment; and (3) empowerment and enhanced well-being. The study used two types of data: farmer's perceptions and actual expressions of empowerment. The study confirmed the hypothesis that group-based learning in FFS could lead to empowerment and act as a pathway toward increased well-being. The fact that the data from the three countries all pointed toward the same trend, despite contextual differences in the countries studied, strengthened this finding, and justified making generalised conclusions about a possible empowerment route to well-being.

4.1.4 Save for Education, Entrepreneurship and Down Payment (SEED) Uganda

The potential of the SEED project in Uganda as a vehicle for economic empowerment and enhanced educational opportunities for AIDS orphans in Uganda was examined in a qualitative paper (Ismayilova et al., 2012). The SEED study was an RCT.[8] The intervention group received an economic empowerment intervention, namely a child savings account (CSA), as well as six two-hour classes on career planning, career goals, microfinance and financial well-being. Each family in the intervention group was encouraged to save in a CSA and their savings were matched by the SEED intervention by a ratio of 2:1 for every dollar saved. The matched savings were held in the child's name and managed jointly by the caregiver and the child. Money saved was restricted to paying for either post-primary education or for starting a small business. The average participant accumulated $26.55 per month or $318.60 per year, an amount sufficient to cover two years of secondary education. The paper provided a rich insight into the benefits of the programme for children and their wider family. It also provided a

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[8] Four related papers, Ssewamala et al., 2008, 2009, 2010a and 2010b, were also reviewed these papers describe the RCT on which the Ismayilova et al. paper was based. We emailed the lead author requesting copies, and received an out of office message stating that he was on fieldwork.

stark/bleak insight into the reality for those five children who did not receive the intervention - all had left school.

4.1.5 Sexual health and Nigerian youth

The Okonofua et al. (2003) RCT examined the impact of a sexual health programme aimed at reducing HIV infection amongst adolescents in Nigeria. The intervention, designed by Women's Health Action Centre, Benin, was a response to a needs assessment that had identified adolescents as a particularly high-risk group for infection. Barriers to accessing treatment had been identified as fear of parents and stigma. The needs assessment found that young people were most likely to use private practitioners (rather than the public hospital) and that none of the private practitioners was using protocols. The intervention had three elements, namely health clubs, peer educators and training of practitioners. The impact on intervention groups could be seen in their expanded knowledge, the use of condoms, informing their partner of their infection (these last two impacts were more common amongst girls than boys) and seeking treatment.

4.1.6 The power of information in public services: evidence from Uganda

In 1997, in an attempt to combat corruption and capture of public funds intended for schools, the Ugandan government began to publish information on monthly transfers of capitation grants. The capitation funding was additional to that which paid teachers' salaries. The information was published in local newspapers sold close to schools and disseminated in local languages. The Reinikka and Svensson study (2005, 2011) used information from PETS in 1995 and 2002, combined with administrative data, to assess the impact of this initiative. The study demonstrated a huge impact on the decrease in capture of funds (median percentage of grant captured shot up from 0 percent in 1991 to 82.3 percent in 2001), an increase in school enrolments and increased knowledge amongst teachers of the resources available.

4.1.7 The IMAGE study in South Africa

The Microfinance for AIDS and Gender Equity (IMAGE) in South Africa combined a microfinance programme with participatory training on sexual health and domestic violence. The intervention was assessed using an RCT study design with a built-in qualitative dimension. We have drawn on evidence presented in five papers related to the IMAGE study: Hargreaves et al., 2010; Hatcher et al., 2011; Jan et al., 2011; Kim et al., 2009; Pronyk et al., 2006. Outcomes related to IMAGE included empowerment and reduction in domestic violence. Experience of intimate partner violence (IPV) was reduced by 55 percent in the intervention group. The authors acknowledged that reported levels of IPV may have been higher in the treatment group, as the training they received was designed to sensitise them to such issues (Pronyk et al., 2006). Kim et al. (2009) suggested that reductions in violence resulted from a range of responses to the intervention and that women were able to 'mobilize new and exciting community groups'. A cross-reference to Hatcher et al. (2011) left a question on the extent to which women actually engaged in community mobilisation; with Hatcher et al. highlighting the fact that participating

in such activity was not always possible given the pressure on the women to work in order to repay their loans. Furthermore Hatcher and her colleagues, highlighted the limitations of the 'natural leader training' in equipping women for a community mobilisation role.

4.2 Accountability mechanism

This review was guided by a rights-based understanding of community accountability. The logic model in Figure 1.1 sets out the three types of mechanism of interest to the review; these are social accountability, enhanced process and fiscal mechanisms. Table 4.1 describes the accountability mechanisms used in each of the seven studies. All of the interventions employed at least two of the three accountability mechanisms, and the YOP, GoBifo and SEED interventions used all three.

The YOP intervention in Northern Uganda used cash transfers in conjunction with a training scheme to strengthen the capacity of young people to become active participants in society. YOP was located within the context of a post-conflict society and its primary goal was to foster political stability. The intervention used social accountability mechanisms by supporting and encouraging young people to take on leadership positions; the application process required young people to collaborate and form self-governing structures, thereby enhancing processes; the intervention circumvented capture of funds by making grants directly to beneficiaries.

Social accountability and enhanced processes are very closely linked. The former focuses on education and empowerment, while enhanced knowledge sensitises people's understanding of their needs and rights. The latter focuses on enhanced opportunities for citizen participation. By way of illustration, the Farmer Field Schools in East Africa used education and training as a tool to support capacity development and as a result the farmers had enhanced access to information, networks and services.

The newspaper campaign in Uganda (Reinikka and Svensson (2011)) was the only intervention not to use a social accountability mechanism. The PETS revealed that the simple step of making information about expenditure transparent and easily available was highly effective in reducing corruption.

Table 4.1: Accountability mechanism

Study	Accountability mechanism	How implemented
Youth Opportunity Programme	Social accountability/enhancing processes/fiscal Cash transfer Part of the World Bank's Community Driven Development programme, targeted at poor underemployed young people	The intervention was cash grants to groups of 10-40 young people. They were required to work together to submit a proposal to local government, and to be eligible, they needed to form a management committee. The grant provided for skills training, tools and materials in chosen vocations. Group members (the young people) were responsible for 'disbursement and accountable only to one another'. (Blatman et al. (2013) p7)
GoBifo	Social accountability/enhancing processes/fiscal Governance intervention World Bank's CDD interventions Included real-life measures of institutions and was targeted at tribal groups promoting participation of women and young men	Block grants were made to randomly selected communities enabling them to purchase local public goods, e.g., intensive training; there were requirements on minority inclusion designed to stimulate collective action and empower marginalised groups in local decision making. Village development committees with explicit requirements for participation of women and young men (including leadership roles) were used as a means to enhance participation and inclusion.
Farmer Field Schools	Social accountability/enhancing processes An agricultural development programme based on an empowerment model addressing agency at the individual, collective and structural levels	Regular (field school) meetings focused on shared, practical and experiential learning with field observation. Increased competence, enhanced well-being and 'networking capacity' were central to the programme and measured by outcome indicators as developed at initial stakeholder meetings.
Newspaper campaign	Enhancing processes/fiscal Public Expenditure Tracking Survey (PETS)	A government-sponsored newspaper information campaign giving 'systematic information' on an educational grant programme. The programme was designed to reduce capture of public funds and impact

		was measured using school enrolment figures and pupil learning outcomes.
Save for Education, Entrepreneurship and Down payment) SEED	Social accountability/enhancing processes/fiscal Family economic intervention Economic empowerment targeted at AIDS-orphaned adolescents	Randomisation of intervention to 50 adolescents and 46 controls. Both groups received the traditional package of care for orphaned children. The intervention group received child savings accounts (CSA) and six two-hour classes on career planning, career goals, microfinance and financial well-being.
Sexual Health programme	Social accountability/enhancing processes Sexual health service was designed for adolescents in response to identified needs	Community participation, peer education and health clubs, public lectures and training of STD providers. Improved access to and quality of services
IMAGE	Social accountability/enhancing processes A structural intervention combining education and microfinance addressing health and economic outcomes using participatory learning (Sister for Life Programme) and community mobilisation	A 12-15 month participatory gender and HIV education programme delivered alongside a microfinance initiative. A select number of women participated in leadership training with a view to engaging in community awareness and mobilisation projects and responding to local priority issues. In relation to the microfinance part of the programme, women acted as guarantors of each other's loans.

4.3 Study design and methods

Table 4.2: Study design and methods

Study	Methodology	Capturing the voice
Blattman et al. (2011, 2013)	RCT	Interviews, but data not reported[9] Representation of findings give good account of positive impact of intervention on young lives
Casey et al. (2011)	RCT	Baseline and post-programme survey, observation and group interviews
Friis-Hansen and Duveskog (2012)	Comparative survey (not randomised)	Random household surveys, group interviews; key informant interviews Powerful evidence of support for FFS
Reinikka and Svensson (2005, 2011)	PETS and administrative data	School survey Primary school leaving exam records
Ismayilova et al. (2012)	RCT Report from qualitative data	Semi-structured interviews Strong representation in analysis and presentation
Okonofua et al. (2003)	RCT	Pre- and post-test questionnaire Methodology facilitated the voice of young people in both design and analysis

[9] The data will be reported in Blattman C, Fiala N, Emeriau M (in preparation) *The impact of the cash transfers on community participation*.

Pronyk et al. (2006)	The IMAGE study was an RCT. The papers included in the synthesis used a variety of qualitative and quantitative methods to explore specific aspects	Interviews, financial and attendance monitoring, questionnaire
Kim et al. (2009)		Survey data
Hargreaves et al. (2010)		Current participant and drop-out interviews, researcher field notes, questionnaires
Hatcher et al. (2011)		Interviews with managers, trainers, participants
Jan et al. (2011)		Cost-benefit analysis drew on secondary analysis of IMAGE survey data plus interviews with staff

Five out of the seven studies employed a randomised control design. In the Blattman et al. study, 535 YOP groups eligible for the government's cash transfer scheme were randomly assigned to either the treatment (n= 265) or control (n=270) group. Baseline survey data were collected from 522 of the 535 groups and five members of each group were randomly selected for follow up at two further time points (two years post-intervention and after four years). Attrition was under 16 percent.

In the study reported by Casey et al., out of a large pool of eligible villages, 118 were assigned to the GoBifo treatment group and 118 to the control group. Twelve households in each community were randomly selected from the census household list. In addition to these household surveys the study drew on data from village-based focus groups and data from structured community activities.

Ismayilova et al. randomised four schools to the experimental group (n=50 adolescents) and three schools to the control group (n=46 adolescents). Survey data were collected from all young people at baseline and at six- and nine-month follow-up intervals. Twenty-nine in-depth qualitative interviews were held with the intervention group, their caregivers and some community leaders.

Twelve schools were randomly assigned to treatment (n=4) or control (n=8) condition in the sexual health programme reported by Okonofua et al. (2003). Young people aged 14-20 years (n=1,858) in these groups completed a pre and post intervention survey.

The IMAGE study also used a RCT design, with eight pair-matched villages randomly assigned to receive the IMAGE programme at the outset of the study (intervention group n=4) or three years later (control group n=4). Questionnaire and interview

data were gathered from three different cohorts within each village: from the women participating in the programme, 14-35 years olds resident in their households and 14-35 year olds in the communities. The Kim paper described findings from comparisons with an additional matched cluster control group.

The Friis-Hansen and Duveskog study used face-to-face survey questionnaires with 1,203 households in Kenya, Tanzania and Uganda (2004-7). Data were collected before and after the intervention. The researchers compared survey data across the three participating countries from those who completed the FFS intervention programme with data from a control group. Participation in the intervention was on voluntary basis. The potential bias of more affluent farmers in the intervention group was controlled for.

The seventh study, Reinikka and Svensson, used survey data from two public expenditure tracking surveys and school administrative data on enrolment and test score data to assess the impact of the intervention newspaper campaign.

4.4 Authors' affiliation and funders

The majority of the researchers involved in the seven included studies were affiliated to universities in North America and Europe (see Appendix 8 for details). Only one of the lead authors (Okonofua) out of the 13 papers was based in an institution in the country where the intervention was carried out. Friday Okonofua was based in the Women's Health and Action Research Centre, Benin City, Nigeria, and the second author of the same paper, Coplan, was based in the University of Benin. Out of the seventeen authors acknowledged in the five IMAGE papers, six cited affiliations to a university in South Africa, in addition to their USA or European institutions.

It is notable that the World Bank funded, either in part or fully, three of the studies (YOP, GoBifo and the PETS in Uganda). The DFID contributed to the IMAGE study, as did the Swedish International Development Cooperation Agency (SIDA), which also contributed to the Ugandan newspaper campaign. In addition to the DFID funding, the IMAGE study received funding from a number of charitable foundations and Anglo-Platinum Mines.

This information highlights the paucity of locally based institutions or personnel involved in these studies and suggests missed opportunities to build capacity in what is an essential area of development work, namely robust evaluations of interventions. Such evaluations are essential to inform further development work. It is notable that all the studies in this synthesis received funding from international aid agencies. Funding needs to be made available for well-designed evaluations.

5. What were the outcomes of the studies?

Four key outcomes have emerged in the thematic synthesis. They are capacity development, empowerment, reduction of corruption, and health. Empowerment has been subdivided into individual, community and economic empowerment. These outcomes are described in depth in this section. Key outcomes have been distilled into summary tables.

5.1 Capacity development

Capacity development was an outcome in all of the seven included studies. Capacity development and empowerment are umbilically connected and, at times, the boundaries between the two outcomes are blurred. Capacity development includes improvement in skills, knowledge, environment and access to resources. Enhanced access to education and training programmes was a feature of six of the seven studies. The newspaper campaign in Uganda did not include a training programme; it achieved capacity development by making information accessible to the people most affected by it.

Table 5.1: Capacity development

Study	Intervention	Beneficiaries	Outcome
Blattman et al. (2012, 2013)	Youth Opportunity Programme	Youth	Positive: training and skills Positive: access to services
Casey et al. (2011)	GoBifo	Tribal groups Women Youth	Positive: community structures Positive: project management
Friis-Hansen and Duveskog (2012)	Farmer Field Schools	Farmers Women	Positive: knowledge Positive: skills
Reinikka and Svensson (2005, 2011)	Newspaper campaign	Children Parents Teachers	Positive: enrolment Positive: enhanced knowledge

Ismayilova et al. (2012)	SEED	Aids orphans and carers	Positive: school enrolment
Okonofua et al. (2003)	Sexual health	Youth Practitioners	Positive: knowledge and skills
Pronyk et al. (2006) Kim et al. (2009) Hargreaves et al. (2010) Hatcher et al. (2011) Jan et al. (2011)	IMAGE	Women	Positive: knowledge and skills

The YOP cash transfer intervention in Northern Uganda included payment of fees at a local institute. As a result, the young people in the intervention arm of the trial received on average 389 hours more training than their peers in the control group ($p<0.01$). The sort of training that was accessed by the young people included tailoring, metalwork, hairdressing and business/management. Although similar training was accessed by the control group, the young people in this group tended to stay in training for shorter periods, and those who did access training were often dependent on a different source of cash transfers, such as NGOs or church-based groups. Blattman and colleagues argued that this highlighted how poverty was a major barrier to participating in training: 'Even though controls were motivated enough to apply for the intervention, just 6 percent can afford the vocational training without a transfer' (Blattman et al., 2013:18).

Of particular significance to this review are the impacts of the intervention on women. The YOP groups with a greater proportion of female members were more likely to invest in training hours ($p<0.01$). However, these groups were also generally less profitable and generated lower levels of economic wealth than other groups. Although the real difference in business stock was significantly better for the YOP cohort ($p<0.01$), this impact continued through when data were analysed for male participants ($p<0.01$), but not for female participants. An important point to note was that earning for female controls was significantly less than that of all their peers ($p<0.01$). Income for individuals in the female control group was more-or-less stagnant over the course of the project.

With regard to access to basic services, there was a statistically significant ($p<0.01$) difference for the YOP cohort as a whole. This impact was *not* reflected when data in the cohort was analysed for females only.

On a positive note, the collective model at the heart of YOP appeared to have strengthened opportunities for capacity development for the less able/weaker

participants in the group. Blattman et al. (2013) referred to this group as 'low ability types' and characterised these young people as those with low patience and those most likely to remain labourers. Reflecting the aim of the programme to build social capital and participatory decision making, the researchers concluded that the YOP appeared to strengthen the capacity of low ability types to maximise their potential. They suggested that 'the group' might act as a form of commitment and peer pressure might regulate behaviour and actions, resulting in, for example, 'period 1 investment' and, in the short term, higher earnings for 'low patience types'. The diversity within the group was also judged to benefit the weaker. This conclusion was based on qualitative observation.

The mean positive effect of GoBifo on development infrastructure with tribal communities in Sierra Leone was highly significant ($p<0.01$) across the three underpinning hypotheses. This positive impact was replicated in each of the three individual hypotheses: Hypothesis 1: GoBifo creates functional development committees ($p<0.01$); Hypothesis 2: GoBifo increases the quality and quantity of local public services infrastructure ($p<0.01$); Hypothesis 3: GoBifo improves general economic welfare ($p<0.01$).

There was a significant improvement in the quantity and quality of public goods in GoBifo villages. The mean effect index for this group was based on: functioning primary school, drying floor, traditional midwife, latrine, community centre, water wells, peripheral health unit, market, grain store, sports field and sports uniform. Availability of a traditional midwife, a functioning latrine and a community centre within GoBifo villages was significantly greater than in the controls at the $p<0.01$ level.

Casey and her colleagues highlighted the subset of outcomes 'collective action and building materials vouchers' to illustrate the lack of impact of GoBifo with regard to institutional and social change. As part of the GoBifo project, subsidised building vouchers were offered to communities on the basis that they raised matched funding. There was no difference in the uptake of this opportunity between the GoBifo and control villages. In fact, the proportion of communities that held a meeting to discuss the vouchers was statistically significantly ($p<0.05$) in a negative direction.

> The ability to mobilize around a new opportunity and raise funds for it is close to the essence of local collective action. This finding implies that the program did not have durable effects on collective action. (Casey et al. 2011: 26)

Casey et al. (2011) examined nine outcomes related to institutional change. The intervention was found to have had a statistically significant impact ($p< 0.01$) in a positive direction in only one of these outcomes: GoBifo increased participation in local governance.

Although the GoBifo project in Uganda did not result in significant institutional reform, it did result in the establishment of village-level organisations and tools to manage projects. These outcomes were product of the investment in training and

mentoring to support the development of village development committees. 'The process of establishing new village institutions, training community members, and promoting social mobilisation of marginalised groups was intense and accounted for a large part of GoBifo human and financial resources' (Casey at al., 2011:9). The number of GoBifo participants who participated in training was significantly greater for those in the intervention group as compared to the controls at the $p<0.01$ level.

In Kenya, Tanzania and Uganda, as a result of the skills and knowledge they developed through the Farmer Field School initiative, farmers were able to introduce innovations, including new types of crop, vaccination of livestock and improvements in soil fertility.

The enhanced income and economic empowerment of AIDS orphans and their families in Uganda, as a result of SEED, enabled the adolescents to remain in school and provided them with skills to make future-orientated career and life decisions.

The IMAGE programme in South Africa adopted an integrated approach to capacity development which incorporated economic elements through the microenterprise, and education in the form of the Sister for Life. By changing attitudes to domestic violence and making it much less acceptable behaviour, the programme resulted in enhanced capacity of the community to protect women. At the individual level, the skills and knowledge gained by individual women made them more confident and capable of protecting themselves against the threat of domestic violence.

Clearly, there was a strong capacity development dimension to the IMAGE study with regard to life skills and knowledge. The evidence for impact in terms of economic capacity was less convincing. There was a suggestion in the Hargreaves paper that the drop-out rate from the IMAGE cohort, although low at the beginning, was high: 'during the first 18 months of the trial, SEF records showed that the drop-out from the microfinance was 11.1 percent, lower than SEF's overall average (16.2 percent), although later the rate approached this average. Cumulatively, 134/428 clients (31.3 percent) surveyed at 2-year follow-up were no longer SEF members' (Hargreaves et al., 2010:33). Question marks remain over the impact of the microfinance element of the programme and whether this built capacity or the debts incurred impeded community mobilisation. Pronyk et al. (2006) revealed that 78 percent of the women followed up (301/387) 'had taken out three or more loans'. The authors cited this statistic as a positive indicator for the programme; however, other qualitative data (Hargreaves et al., Hatcher et al.), highlighting the challenges that women faced in repaying the debts, suggested that they might be trapped in a cycle of debt and dependency on credit.

5.2 Empowerment

'Voice' was central to the inclusion criteria used in this review. It is, therefore, not surprising that empowerment was an outcome in all seven studies. Although integral to all of the interventions, it was defined in many different ways and evident at different levels. In the analysis below, empowerment has been divided into three categories: individual, community and economic.

What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

5.2.1 Individual empowerment

Table 5.2: Individual empowerment

Study	Intervention	Beneficiaries	Outcome
Blattman (2012, 2013)	Unconditional cash transfer	Youth	Positive: increased knowledge
Casey et al. (2011)	Block grant and village development	Rural Tribal groups Women and youth	Positive: increased knowledge
Friis-Hansen and Duveskog (2012)	Farmer Field Schools	Farmers 70% women	Positive: increased knowledge and skills
Reinikka and Svensson (2004 and 2011)	Newspaper campaign	Pupils, parents and teachers	Positive: increased knowledge
Okonofua et al. (2003)	Sexual health education	Young people	Positive: increased knowledge and skills
Ismayilova et al. (2012)	Chid Savings account	AIDS orphaned adolescents	Positive: improved academic results
Pronyk et al. (2006)	IMAGE	Women	Positive: increased knowledge
Kim et al. (2009)	IMAGE	Women, IMAGE, control and MF-only	Positive: increased knowledge

Study	Intervention	Beneficiaries	Outcome
Hargreaves et al. (2010)	IMAGE	Women, managers, field staff and clients	Positive: improved skills and knowledge
Hatcher et al. (2011)	IMAGE	Women Staff, clients, managers	Positive: Increase in critical consciousness
Jan et al. (2012)	IMAGE	Women	Positive: reduction in IPV

Empowerment was at the heart of the YOP in Uganda and results showed that all the participants in the intervention group gained in terms of new knowledge and skills. The majority of the cash transfer money was spent on training and education, equipping young people to set up small enterprises. Being afforded the opportunity to remain in, or re-engage with education or training is potentially life changing for young people from the most disadvantaged social groups.

Interview data from young people, their carers and community leaders suggested the SEED intervention (Ismayilova et al., 2012) increased education performance and motivation. The savings account scheme encouraged young people to study harder, in the knowledge that secondary education was now a possibility for them. Teachers suggested that the increased care and supervision invested in the young people as a result of the intervention might also be a motivating and empowering factor. The programme was deemed sustainable by participants (orphaned children, caregivers and community members), as it was part funded by them, and the caregivers expressed a commitment to continued saving even if the SEED contribution stopped.

A sense of ownership and involvement is evidently important in the success of these interventions. Peer education constituted a central role in the Nigerian sexual health programme for adolescents. In their evaluation, Okonofua et al. (2003) reported a range of changes in behaviour indicative of personal empowerment. Condom use increased generally across the intervention group (OR: 1.5). There was a slightly greater change in behaviour among males from pre-intervention figure of 30.8 percent 40.5 percent (OR: 1.5). In females, the change was from 30.2 percent to 36.5 percent (OR: 1.3) use of condoms post-intervention. Significant increases in use were also found in the two control groups among males (OR: 1.3) but not among females (OR: 0.9). The relative increase in condom use in the intervention group compared to two control groups was OR=1.41 (at 95% CI=

1.12-1.77), and the statistically significant effect was due to reported increase among females. The proportion of sexually active youth who informed their partners that they had an STD increased from 6.6 percent to 13.3 percent in the intervention group; females accounted primarily for this change (4.8 percent to 17.7 percent, OR=4.3, 95% CI=1.5-12.6). There was little change in the proportion of males who informed their partner if they had an STD (8.6 percent to 9.9 percent). The effect of the intervention in the number of STD symptoms they were able to name was significant at the 0.001 level across genders, with the effect being far more significant for females ($p<0.001$) than males ($p<0.021$).

While the odds ratios and accompanying confidence intervals (CIs) can be viewed as one method of reporting the effect size of the intervention, without accompanying p values for each reported odds ratio, it is difficult to tell if the reported treatment effect could have occurred by chance. This reporting method was used frequently in both this article and the Kim et al. article. However given the large sample size of both of these studies and the fact that Kim reported when confidence intervals did not include one, it is probably safe to assume that the treatment effect was in fact 'real' in this study. However, in the Okonofua et al. (2003) study, CIs frequently did include one and reporting of p values in these cases would have been most helpful. Thus caution in interpreting these results as an actual treatment effect is well justified.

The newspaper campaign in Uganda made information about capitation funds readily accessible to parents and teachers. Parents in Uganda traditionally play a significant role in the management of their local primary schools, but are not necessarily aware of all funds the school might be entitled to. Empowering them, and schools, with this information was shown to have a positive effect on a number of outcomes. The reduction of capture of school funds, as a result of a government information campaign on a large school grant programme, was associated with a statistically significant increase in school enrolment figures (Reinikka and Svensson, 2011). Schools that managed to obtain a higher proportion of their entitlement also reported better outcomes for pupils on test scores, although these effects were weaker than increases in the enrolment figures.

Reinikka and Svensson used a test with head teachers to measure their knowledge of the 2001 grant programme. The results showed that those teachers based closest to the newspaper outlets scored better (than their peers who were further from an outlet) on 'knowledge about' the grant formula ($p<0.001$) and its timing ($p<0.05$) and they also had more information about the grant programme ($p< 0.001$).

As a community-driven development project, GoBifo in Sierra Leone focused explicitly on empowerment of youth and women. 'Giving greater representation to minority groups aims to foster learning-by-doing and demonstration effects that empower its members over the longer term' (Casey et al. 2011:1). The project sought to achieve empowerment by using a combination of block grants for local public goods, intensive training and requirements on minority representation. Although the project did not result in organisational change, individual participants did gain new knowledge and skills, which may have started to create a change in

mindsets: 'the GoBifo program's emphasis on the empowerment of women and youth, and the transparency of local institutions, may have engendered a more equitable or "progressive" outlook towards politics and society generally' (Casey et al., 2011: 29)

Indicators of engagement in politics and society were measured as reflections of personal empowerment in the Farmer Field School project (Friis-Hansen and Duveskog, 2012). The level of collective action and community participation (collective marketing of produce, tenure of leadership positions and participation in voting) was significantly higher among FFS graduates in Kenya (sale of produce $p<0.001$; stored products to achieve higher price $p<0.01$). No significant differences were observed in Tanzania and Uganda. Compared to the control group, the FFS graduates showed significantly higher scores on household decision making in Kenya and Tanzania ($p<0.001$), and in gender equity, trust and critical thinking ($p<0.001$ for all three countries). Access to four types of services – agricultural advice or assistance in the last two years, advice from other famers, membership in a saving/credit organisation and having a bank account – was significantly greater ($p<0.001$) among FFS graduates compared to the control group.

'I felt so proud that I managed to say something which made a change in someone's life' (IMAGE participant, reported in Hatcher et al., 2010: 549). The inclusion of the participatory educational element, providing gender transformative and community mobilisation training, is credited with observed changes in empowerment indicators for IMAGE participants. Women reported holding attitudes that challenged established gender roles and that were more progressive in relation to intimate partner violence. Those in an intimate partnership reported less controlling behaviours from their partners in the previous year. Smaller effects were reported on improved self-confidence and communication with partners about sexual matters (Pronyk et al. 2006).

The inclusion of a microfinance-only control group in the IMAGE study was used by the researchers to isolate the impact of the participatory learning programme (Sister for Life). Comparison between MF-only and IMAGE was associated with a greater effect on a range of empowerment variables, including IPV and HIV risk behaviour. IMAGE consistently showed greater effect on all variables relating to empowerment (other than economic empowerment measures, where scores for both groups were comparable). The differences between the IMAGE intervention and the MF-only cohorts are presented in Table 5.3, indicating that those in the IMAGE intervention were at a reduced risk of these behaviours relative to the control group. Again, p values were not available for the relative risk (RR) or adjusted relative risk (aRR) ratios, limiting the inference (or external generalisability) that can be made from these results. In particular, it is noteworthy that the confidence intervals around the RR for 'experience of IPV' and the 'controlling behaviour' variables include the value of one, decreasing the likelihood that these variables would be significant.

Table 5.3: Comparing the IMAGE and MF-only cohorts

	RR	95% CI	aRR	95% CI
Condoning IPV	0.66	0.48-0.90	0.67	0.50-0.90
Controlling behaviour	0.68	0.35-1.33	0.69	0.35-1.36
Experience of IPV in the past year	0.63	0.11-3.61	0.59	0.09-3.36

Source: Kim et al. (2009:828)

The IMAGE project did not result in significant change in the HIV incidence or condom use among young people. The programme was intended to reach these groups through community mobilisation and a process of information diffusion. Interviews with the women and staff, as reported in the Hargreaves et al. paper, suggested that this was perhaps 'overly ambitious'. The training of 'natural leaders' did lead to some social mobilisation and collective action, such as that reported by Hatcher et al. (couples counselling, rape prevention committee). However, despite the 'sense of confidence and power' experienced by 'many' natural leader trainees, there was less reported evidence of its success. Hatcher et al. reported that power/leadership within loan meetings remained with the facilitators, rather than the 'natural leaders'. Some women found it difficult in the first instance to complete the natural leader training due to family and work commitments, and for the same reasons, others were unable to take on the responsibility of community mobilisation activity.

5.2.2 Community empowerment

Table 5.4: Community empowerment

Study	Intervention	Beneficiaries	Outcome
Blattman (2011, 2013)	Unconditional cash transfer	Youth	Positive: increase in community participation
Casey et al. (2011)	Block grant and village development	Rural Tribal groups Women and youth	Negative: no change in community decision making
Friis-Hansen and Duveskog (2012)	Education	Rural farming community	Positive: increase in service access
Reinikka and Svensson (2005, 2011)	Information	Children and parents	Positive: less capture of public funds. Increased participation
Ismayilova et al. (2012)	Child savings accounts	AIDS orphans and Family	Positive effect on behaviour, responsibility
Pronyk et al. (2006)	Micro finance and Education	Women	Positive: increase in community
Kim et al. (2009)	Micro finance and Education	Women	Positive: increase in mobilisation
Hargreaves et al. (2010)	Micro finance and Education	Women	Positive: increase in service access
Hatcher et al. (2011)	Micro finance and Education	Women	Positive: increase in collective action

The YOP in Northern Uganda was founded on a collective model of empowerment. The cash transfers were made to groups for two reasons. First, it was simpler and cheaper to administer transfers to thousands of groups than to tens of thousands of individuals. Secondly, the YOP group organisation was modelled on other World

Bank community-driven development initiatives, and consequently the collective approach was viewed as intrinsically and ideologically important. The diversity of skills and abilities in the group served as a strength in supporting the empowerment of the young people as a group, with stronger and more able members providing modelling and support for the weaker members. The intervention was shown to be effective in building social capital for youth.

There was no evidence, however, that the GoBifo participants were more likely to speak out at a community meeting. The study shows that over the four years, women not involved in the GoBifo project were consistently the people least likely to attend community meetings (p<0.001), speak at meetings (p<0.001), or be a community leader (p<0.05).

The AIDS orphans in the Ismayilova et al. (2012) study were enabled by the CSAs to continue with education or training, and as such were given the opportunity to access the benefits of remaining within a supportive and caring community environment. Reports from teachers and community leaders suggested that this in itself had a positive effect on their sense of self and their involvement in school and community life, and contributed to a reduction in risk-taking behaviours. Through the intervention, the young people were given the opportunity to have role models in their lives and to imagine a future and a role within their community:

> [I want] to be a doctor and go to university. I need to read books and be serious about my studies to achieve my goal and to get knowledge. The project [SEED] has helped me a lot with my studies. I think that I will continue with my education, that money will help me pay my school fees. The match encourages [me] to save more. My mother makes pancakes and chapattis and that's where she gets the money to save. (Quote from an Aids Orphan in receipt of SEED intervention, Ismayilova et al., 2012: 2047)

The collective nature and group learning philosophy embodied within the FFS intervention (Friis-Hansen and Duveskog, 2012) was found to have had positive effect on collective decision making and buy-in to new and innovative farm practices and technologies (but only at a statistically significant level on a few items). Collective marketing was more common amongst FFS graduates in Tanzania (p <0.001) and Uganda (p <0.01) than it was in their respective control groups. No significant differences were found between the intervention and control groups on indicators of power and influence at the community level. Trust in community institutions and local authority was, however, significantly greater among individual FFS graduates in Uganda[10] than the control group (p <0.05). In Kenya, a

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[10] Uganda was the only country in which trust in community institutions and local authority was tested.

significantly greater proportion of FFS graduates had voted in the last election (p<.005), held leadership positions (p<0.001) and been involved in collective marketing (p<0.005). In Tanzania and Uganda, some differences were observed but were not significant.

Community mobilisation was perhaps one of the least successful components of the IMAGE intervention. Collective activity, such as community workshops, public marches and partnerships with local organisations, was reported by Hatcher et al., but the barriers and challenges to its full implementation were also acknowledged. It is important to note that there were significant differences at baseline between the IMAGE intervention and the control group. The women in the intervention were statistically more likely to have been members of social and saving groups (p=0.01 and p=0.02 respectively). As a result, a greater degree of community mobilisation within this group could have been a result of biased selection. Nevertheless, qualitative data in the Hargreaves et al. (2010) paper suggested that women in the IMAGE intervention group were more likely to share information from the training at an individual level (family members), but less likely to engage in collective or community activity. Barriers to community activity included family and other community responsibilities, lack of finance, business responsibilities, social pressure for privacy, and low status associated with extreme poverty. 'Some' leaders were, however, proactive in engaging with local institutions:

> [Community mobilisation] takes us lot of time and energy to do it. Health education is very good but it cost us a lot if we are expected to go out and teach other people. We can teach our children and friends but I find difficult that I have leave my business and run around. (Quote from IMAGE client cited in Hargreaves et al., 2009:36)

Hatcher et al. (2012) suggested weakness in 'collegiality' between facilitators and IMAGE participants. This, combined with the traditional didactic approach to education, resulted in a tendency to 'give' information, rather than develop critical consciousness: 'While some facilitators emphasised the importance of "learning from" rather than "teaching to" participants, others found it difficult to go beyond information giving and help participants generate their own knowledge' (p550).

The majority of IMAGE participants appear to have been older women (over 40 years). Information about those people who dropped out of the study is not clear. IMAGE was not successful in reaching the wider community or young people. Only 4.4 percent of young people in intervention communities identified SEF, SFL or RADAR as an important source of information about HIV/AIDS. Although the IMAGE intervention was examined using an RCT study design, it is important to note that, at baseline, women in the IMAGE group were more likely than those in the control group to believe that the community would work together towards common goals, were more likely to report controlling behaviours by their partners and were more often members of social groups and savings associations.

Engaging with local institutions and government was an underlying feature of the Reinikka and Svensson study. School communities (parents and teachers) were

empowered by information to monitor the administration of a large schools' grant programme and, in so doing, had a positive impact on school enrolment and learning outcomes. Unlike other anti-corruption programmes, this initiative employed a bottom-up approach. Local capture of funds was significantly reduced in schools that were more exposed to the newspaper campaign (p<0.05) and were subsequently better informed regarding the school grant programme (p<0.01).

The challenge of creating more open and inclusive systems of governance is evident in the disappointing results from the GoBifo initiative in Sierra Leone. A four-year intensive programme, GoBifo used innovative and novel tools, but: 'despite the new experiences many women in the treatment villages gained by participating in GoBifo activities, they were no more likely to voice an opinion during observed community meetings after the project ended or to play a leading decision making role' (Casey et al., 2011:6). No evidence was found of any increase in the role of women or youth, in the capacity to raise funds or to 'act collectively outside the project', or any change in how decisions were made.

5.2.3 Economic empowerment

Table 5.5: Economic empowerment

Study	Intervention	Beneficiaries	Outcome
Blattman (2011, 2013)	Unconditional cash transfer	Youth	Positive: increased income
Casey et al. (2011)	Block grant and village development committee	Rural Tribal groups Women and youth	Positive: economic welfare
Friis-Hansen and Duveskog (2012)	Farmer Field Schools	Rural Women	Positive: increased production
Ismayilova et al. (2012)	Child savings account	AIDS orphans and family	Positive: increased savings
Reinikka and Svensson (2005, 2011)	Newspaper campaign	Children and parents	Positive: reduced cost on family
Pronyk et al. (2006)	IMAGE	Women	Positive: Increased assets
Kim et al. (2009)	Microfinance and health education	Women	Positive: increased food security and assets
Hargreaves et al. (2010)	Microfinance	Women	Negative: increased debt

At the end of the second year of the YOP in Uganda (Blattman et al., 2011, 2013), there was a gap of 157 percent between the intervention group and the control group in terms of income. This gap was sustained at the four-year stage, although

it had decreased significantly to 41 percent. It is worth noting, however, that although men in the control group appeared to close part of the gap between them and their counterparts in the intervention group, the same cannot be said for women. At the four-year point, there was a 108 percent difference between the women in the intervention group and women in the control group: 'Perhaps the most striking result, however, is the difference in trend between male and female controls: while control male keep pace with treated ones, real earning in the female control group are nearly stagnant over four years' (Blattman et al., 2013:21).

Not surprisingly, given their actual increase in income, the intervention group reported a 14 percent increase in perceived economic well-being compared to peers. 'These perceived economic gains, moreover are significant only for men. For women the treatment effect is lower by about a half and not significant at conventional levels' (Blattman et al., 2011:35)

GoBifo resulted in a significant increase in economic welfare. Three economic welfare indicators – total petty traders in the village, total goods on sale and household asset score – were significant at the $p<0.05$ level. The fourth indicator, number of GoBifo members who had attended trade skills training, was statistically significant at the $p<0.01$ level. In their evaluation of the contribution of resources from the community to three infrastructure construction projects (primary school, grain drying floor and latrine), Casey et al. (2011:23) conclude: 'GoBifo funds served as a substitute rather than a complement for the community's own resources'. This assessment reflects the negative result for two projects: building the primary school and community latrine. The latter indicator was statistically significant at $p<0.05$.

The child savings account (CSA) is at the centre of the SEED project and is described by the authors (Ismayilova et al., 2012) as 'an economic empowerment intervention'. Drop-out from education is especially high among orphaned children, with financial insecurity being one of the main reasons. While universal primary education is free, the cost of uniforms and books make it unaffordable for many carers. The intervention encouraged families and carers to save for the young person's education or business start-up costs, and they in turn received match funding up to the equivalent of $20 a month. The initiative made a significant contribution to the participants' sense of hope with regard to the future and their determination to reap the economic benefits of remaining in education. Findings from the SEED project suggest that a simple economic empowerment scheme eased the immediate financial burden on families and carers, kept young people in school and could potentially lift them out of poverty.

Similarly, a reduction in grant capture, and therefore increased funding for schools, the result of a simple government information campaign, had positive consequences for the financial welfare of local families (Reinikka and Svensson, 2004). The consequent reduction in the cost of education to the child was linked to higher enrolment numbers ($p<0.05$) and extended stay within education. Increased draw-down of funding enabled schools to access more resources, including staff,

thereby enhancing the potential for improvement in educational outcomes and longer-term economic gain for individuals and communities.

Inclusion and transparency were central to the GoBifo programme. It provided block grants of $4,667 (approximately $100 per household) 'for constructing local public goods and sponsoring trade skills training and small business start-up capital' (Casey et al., 2011:3). The project resulted in economic empowerment by improving the stock of public goods and economic welfare generally within the study villages in Sierra Leone. The emphasis on inclusion and transparency in GoBifo meant that these economic improvements delivered gains to marginalised groups. It is worth noting, though, that the authors accept that these gains were likely to be due more to the financial incentives than changes in de facto power.

The Farmer Field School approach, as reported in Friis-Hansen and Duveskog (2012), is based on an empowerment model of well-being. Participation in these 'schools' had a significant impact on economic empowerment as measured by indicators of well-being, including household food security, hire of labour, standard of family clothing, quality of diet, family health (significant differences were recorded across all three countries). Significant improvements were reported on asset-based poverty indicators, including ownership of stock, children's education level and housing standards amongst FFS graduates (no p value reported). Farmer participation in the intervention was attributed to a decrease in poverty ratings, with fewer FFS participants rated as 'poor' or 'very poor,' compared with pre-FFS members. It is important to note, however, that comparison between poor and non-poor FFS participants in all three countries revealed significant differences. The non-poor participants were more likely to have benefited from access to a range of empowerment variables, including access to services and holding leadership positions ($p<0.001$ in three countries), and to have improved soil fertility ($p<0.001$ in Kenya and Tanzania and $p<0.005$ in Uganda), innovation uptake ($p<0.001$ in Kenya and Uganda; $p<0.001$ in Tanzania). 'Critical reflection is promoted through engagement in comparative experiments, the regular agro-ecological system analysis (AESA) exercise and discovery based activities which further stimulate participants to question perceived beliefs and norms about farming' (Friis-Hansen and Duveskog, 2012: 416).

The IMAGE intervention administered around 1,750 loans as part of the loan programme. These loans were predominantly used to support retail businesses, and repayments were made in 99.7 percent of cases. Women in the intervention group were better off economically than the control group at follow-up, as suggested by positive changes in household assets, membership of *stokvels*[11] and expenditure on food and clothing. No such reported differences were found with food security or school attendance by children in the household (Pronyk et al., 2006). With the addition of a matched MF group, these higher levels of economic well-being were attributed by Kim et al. to the microfinance part of the programme, as both the

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[11] A *stokvel* is a credit union or savings scheme where members regularly contribute fixed sums.

IMAGE and the matched MF-only group reported no such positive economic changes.

5.3 Corruption

Table 5.6: Corruption

Study	Intervention	Beneficiaries	Outcome
Blattman (2011, 2013)	Unconditional cash transfers	Youth	Positive: suggests positive impact of collective model of governance
Casey et al.(2011)	Block grant through village development committee	Rural	Positive: increase in direct use of public funds for community works projects
Reinikka and Svensson (2005, 2011)	Newspaper information campaign	Local school community	Positive: increase in transfer of funds

Only two of the studies (Reinikka and Svensson, 2005, 2011 and Casey et al., 2011) focused explicitly on the prevention of corruption. Reinikka and Svensson employed a traditional tool, the PETS, to examine the impact of a newspaper campaign on capture of funds destined for schools. In 1997, the Ugandan government started to publish monthly reports about the transfer of capitation funds to schools in local newspapers. The newspapers were made available close to schools and in local languages. This campaign was a very simple and yet very effective intervention. Carefully controlling for other possible explanations, Reinikka and Svensson used information from PETS surveys in 1996 and 2002 to demonstrate the immediate and rapid decline in capture of funds. 'Schools that are more exposed to the newspaper campaign i.e. closer to a newspaper outlet, experience a significantly larger reduction in district government diversion after the campaign starts' (2011:962).

Table 5.7 illustrates the massive decrease in capture of school funds after the initiation of the newspaper campaign in 1997. In 1995, on average approximately 24 percent of the total annual grant reached schools. By 2001, the percentage reaching the average school had increased to almost 82 percent. An even more striking figure is the increase in the proportion reaching the median school. In 1985 the figure was 0 percent, and this had increased to almost 83 percent in 2001.

Table 5.7: Summary information on capture: Grants received as share of entitled grants

	Mean %	Median %	Standard deviation	Observation
All schools				
1995	23.9	0	35.1	229
2001	81.9	82.3	24.6	217

Source: Reinikka and Svensson (2005:262)

The Casey et al. (2011) study in Sierra Leone also used an innovative approach (GoBifo) to encourage minority participation. The GoBifo projects were spread across a range of areas[12], including the construction of local public goods (43 percent), community/sports centres (14 percent), education, including school repairs (12 percent), water and sanitation (10 percent), health (5 percent) and agriculture (26 percent). Casey and colleagues used novel scenarios to assess the transparency of decision making in the intervention villages. Although the intervention had no impact in terms of promoting participation by women and young men in decision making, there was a notable increase in access to public goods. 'Leakage of GoBifo funds also appears minimal: when we asked villagers to verify the detailed financial reports that were given to the research team by project management, community members were able to confirm receipt for 86.5 percent of the 273 transactions that were cross-checked' (Casey et al., 2011:9).

Funding in the Ugandan Youth Opportunities Programme (YOP) was very generous. The average transfer per group was $7,108 and per member was $374, a figure which represented more than 20 times the average monthly income of the young people targeted by the intervention. Despite the relatively high amounts of funding being managed, reporting and accountability to the donor were kept to a minimum. Blattman et al. commented on the challenge they encountered in providing a detailed description of the distribution of funds in the absence of a detailed paper trail:

> Unfortunately we do not know the exact distribution of the transfer within groups, or specific amounts spent on training, raw materials or start-up costs. Groups divided and disbursed funds among members in diverse and difficult to observe ways, sometime paying for training on behalf of the group, sometimes managing bulk tool purchases, and sometime dispensing cash to members. Groups seldom kept records, and members could not reliably estimate the value of any in kind transfers (Blattman et al., 2011:21).

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[12] Not mutually exclusive

Despite the lack of detail, capture of funds did not appear to be an issue in the YOP. 'Less than 2 percent of groups assigned to the treatment reported that a group leader appropriated most or all of the funds' (Blattman et al., 2011:28). This reveals that that most of the young people were happy with their group and 90 percent were still actively involved with their respective groups. The YOP was built around collective action from its inception (group application) and Blattman and colleagues postulated that group organisation may have acted as a disciplinary device. They proposed 'further research on the use of group or organisation as a commitment device' (Blattman et al., 2011:40).

5.4 Health

A multidimensional understanding of health is used. This includes indicators of well-being and health-related behaviours, as well as traditional health indicators, such as incidence and prevalence of disease.

Table 5.8: Health

Study	Intervention	Beneficiaries	Outcome
Blattman et al. (2011, 2013)	Cash transfers	Youth	Positive: well-being
Friis-Hansen and Duveskog (2012)	Farmer Field Schools	Rural Women	Positive: increase in health indicators enhanced well-being,
Ismayilova et al. (2012)	Child savings account	AIDS orphans and family	Positive: reduced risk taking
Okonofua et al. (2003)	Peer education and community participation	Youth aged 14-20 years	Positive: increase in sexual health promoting behaviours and decrease in STDs
Pronyk et al. (2006)	IMAGE	Women	Positive: decrease in number of sexual partners Positive: reduced IPV
Kim et al. (2009)	IMAGE	Women	Positive: increase in HIV/AIDS knowledge and behaviour Positive: changed attitude to IPV

Study	Intervention	Beneficiaries	Outcome
Hargreaves et al. (2010)	IMAGE	Women	Positive: increase in sexual-health-related discussion
Hatcher et al. (2011)	IMAGE	Women	Positive: increased reflection on health-related issues
Jan et al. (2011)	IMAGE	Women	Positive: measure on DALYs

Two of the studies, Ismayilova et al. and Okonofua et al., focused explicitly on AIDS and HIV, the former on adolescent AIDS orphans in Uganda and the latter on adolescents in Nigeria. Reflective of the high prevalence of HIV infection in South Africa, the IMAGE study also had impacts in that area. Improved knowledge and safe sexual behaviours were outcomes in the three studies. The SEED project in Uganda achieved this by enabling young people to complete their schooling, by providing financial security for the family. In Nigeria, a multi-sectoral intervention combined health education, community mobilisation and enhanced service provision to support young people to care for their health. The gender training and sexual health education provided by the Sister for Life within IMAGE resulted in a general increase in 'safety' for women. This increased safety was achieved through enhanced autonomy and decision making.

The IMAGE project demonstrated a number of health-related outcomes, including an increase in knowledge of safe sex and changes in risky behaviour, such as a reduction in the number of sexual partners. In a cost-benefit analysis of the IMAGE project, Stephen Jan and his colleagues used the figure from Norman et al. (2007) for the absolute number of disability-adjusted Life Years (DALYs) due to intimate partner violence (IPV) in South Africa (N= 319,135). The DALYs took into account the impact of IPV on depression, anxiety, alcohol consumption, drug abuse, self-harm, smoking, cervical cancer, HIV/AIDS, sexually transmitted diseases, femicide and injury. Using the Norman et al. figure to extrapolate costs, Jan and his colleagues, working on the basis of a potential 55 percent decrease in levels of IPV, concluded that IMAGE was potentially a cost-effective intervention.

There was a significant correlation between the Farmer Field Schools in East Africa and the level of well-being ($p<0.05$). Although correlation and causation are not the same, the correlation is statistically significant and cannot easily be dismissed. In explaining this trend, Friis-Hansen and Duveskog (2012:420) rightly pointed to the significant improvement in the economic situation of study participants across the three countries: 'Even more impressive is the significant change in asset based poverty indicators, including housing standards, children's education level, and

ownership of livestock'. As the wider economic and social determinants of health gain acceptance, it is interesting to note that the Blattman study uses the term 'well-being' as an indicator of income and wealth gains resulting from the YOP in Uganda.

Okonofua et al. (2003) reported a statistically significant improvement in knowledge of STDs, condom use, partner awareness that youth had STD, and STD treatment-seeking behaviour amongst the intervention group compared to the controls. Knowledge of STDs was measured by the number of STDs that participants could name. "The relative increase in mean number of STDs named increased during the intervention period by 0.35 (95% CI=0.11-0.60) and 0.63 (95% CI=0.39-0.86) in the intervention group, compared to the Benin and Ekpoma control groups respectively" (p65). The authors suggested that female participants 'were more responsive to the impact of the intervention on gain in knowledge of STDs than males' (Okonofua et al., 2003:65). The mean increase in STDs listed by males in the intervention increased by 0.34 (95% CI= 0.05 -0.63, p 0.021) and in females by 0.57 (95% CI = 0.28 – 0.87, p<0.001).

The intervention had an impact on the participants informing their partner if they had an STD. Again the rate of increase was greater amongst the female participants. The reported prevalence of STDs in the previous six months was significantly reduced in the intervention schools compared to the control schools (OR=0.68, 95% CI=0.48-0.95). The proportion of young people in the intervention group who reported STD symptoms decreased from 33.1 percent to 22.0 percent. Treatment by private doctors increased (OR=2.1, 95% CI=1.1-1.40) and treatment by patent medicine dealers or pharmacists decreased (OR=0.44, 95% CI=0.22-0.88).

5.5 Authors' recommendations

Key recommendations from the authors who evaluated the seven interventions are set out below.

5.5.1 YOP

Christopher Blattman and co-authors recommend that future research should look at the cost-benefit of technical and vocational training opportunities, and the impact of capital for business start-up in LICs. They advocate more research on cash grant programmes to determine whether the high investment levels and returns were a product of the particular design of the Northern Uganda Social Action Fund (NUSAF) programme, and more research on cash transfers to 'high risk' populations (2013:34).

5.5.2 GoBifo

Casey et al. (2011) emphasise the need for 'far more research' into the 'precise reforms and external interventions that can successfully reshape institutions, to enhance collective action capacity, while promoting accountability and inclusion'. The authors also emphasise the 'importance of registering a pre-analysis plan and using objectives measures of institutions to enhance the scientific credibility' (2011:35).

5.5.3 Farmer Field Schools

Esbern Friis-Hansen and Deborah Duveskog (2012) call for a stronger focus on investment in human resources and informal education that builds human and collective capacities, in particular. They recommend greater investment in high-quality facilitation, as a means of ensuring the comprehensive approach necessary for stimulating empowerment. And they argue for greater recognition for non-formal education processes, such as FFS, on the grounds that such an approach: has an advantage over formal education because of its propensity for immediate action; provides learning opportunities that have direct application; and is often close in proximity and accessibility for those that need it: 'Support to farmer empowerment in the sense of the production of knowledge for a framework of action, as is the case in Farmer Field Schools, is seldom given adequate attention by donor agencies or national governments' (p.426).

5.5.4 SEED

Leyla Ismayilova and her colleagues highlight the multidimensional factors at work in maximising financial assets for families. They stress the importance of building economic assets into programmes of care and support for orphans. They emphasise the need for programmes to be sensitive to the wider social and economic dynamics in which they are located. 'To be effective and sustainable, economic empowerment interventions should develop flexible implementation mechanism adjusted to the unstable and constantly changing economies of the developing countries' (2012:2050).

5.5.5 Sexual health programme Nigeria

The message from Friday Okonofua and his colleagues is simple: targeting reproductive health programmes at in-school adolescents is an effective way of reaching a large number of people at high risk of HIV and other STDs.

5.5.6 Uganda newspaper campaign

Ritva Reinikka and Jakob Svensson speak directly to the policy and research communities when they advocate greater experimentation and evaluation of the processes and institutions that improve voice and accountability.

5.5.7 IMAGE

The community mobilisation within the IMAGE programme was reported as being less successful. One of the barriers to mobilisation was women's need to work to pay off the loans. Abigail Hatcher and her colleagues (2010, p. 551) suggest 'incorporating a "seed grant" process as a means of giving resources to participants for implementing mobilisation plans'.

Operational research and ongoing innovation to identify optimal models for delivering combined microfinance and health promotion are identified as crucial by James Hargreaves et al. (2010).

Stephen Jan and his colleagues (2011) suggest that complex structural interventions such as IMAGE 'have the potential to influence multiple health and social outcomes. In such cases cost-effectiveness might be more appropriately assessed through cost-consequences analysis' (p370) in which all benefits of the programme are accounted for.

Julia Kim et al. (2009) advocate intersectoral partnerships that can broaden the health and social effects of microfinance and other poverty reduction programmes. Recognising that innovative and sustainable partnership models are already evolving, they stress the importance of further evaluation and scale-up.

Paul Pronyk and his team (2006) argue that structural interventions potentially have an important role in confronting the complex risk environment underlying high rates of intimate partner violence and HIV infection in South Africa.

6. Excluded studies

Reflective of the policy drivers for aid effectiveness and community accountability there is a large body of literature available in this area. A wealth of material was sourced as part of this review, and while only 13 papers (seven studies) were included in the final narrative synthesis, many more remain accessible as papers of high value and quality. These include:

- the 367 policy review and position papers coded as 'background', and of potential interest to policy makers and practitioners
- an extensive body of 'grey literature' uncovered as a result of the manual searches
- all of the papers located in LMICs other than in Africa with a potentially relevant intervention (n=1,437).
- 131 papers based in Africa but with a focus on the 'general population'. These papers have been coded and mapped within this review up to Step 6, and as such have already been identified as having an intervention relevant to community accountability and inclusive service delivery.

This literature could be incorporated into an augmented review that would include evidence on the impact of community score cards. Similarly, the other 1,437 papers could be examined in complementary reviews on Asia and Latin America, the findings of which could potentially be pooled to identify causative pathways between interventions and outcomes.

Applying rigorous criteria to assessing the quality of papers inevitably results in the exclusion of a number of studies that could add value and interesting information and lessons to a review such as this. Within the 39 papers excluded at the last stage of the review are 13[13] that we believe fall into this category. In summary, these studies include:

- a community based forage and dairy goat development programme in Ethiopia (Ayele, 2003)
- a primary health care project designed to empower rural women in Natal province, South Africa (Bhengu, 2010)
- a TB preventive community mobilisation and education programme in the gold mines in South Africa (Grant et al., 2010)
- an evaluation of the success of a home-stay project for women in South Africa (Kwaramba et al., 2012)
- a community-based peer education programme led by sex workers at a South African mine (Campbell and Mzaidume, 2001)

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[13] The full references for these papers and those coded as general population can be found in the References section.

- a farmer participation project in local and regional food aid procurement in Uganda (Ferguson and Kepe, 2011)
- a study of development priorities as expressed by people in Kenya and Ethiopia (McPeak et al., 2009)
- a community-based conservation project in Zimbabwe (Balint and Mashinya, 2006)
- a paper on the African millennium villages (Sanchez et al., 2007)
- shopkeeper training for malaria home management in rural Kenya (Goodman et al., 2006)
- a mental health self-help group in Ghana (Cohen et al., 2012)
- the impact of outside funding on women's community associations in Kenya (Gugerty and Kremer, 2008)
- the impact of an old age grant on vulnerability and well-being of beneficiaries in Swaziland (Help the Aged International, 2010).

All of the material described in this chapter is included in EPPI-Reviewer 4 and provides an excellent resource for AusAID and others involved in policy and practice development.

7. Implications, or 'what does this mean?'

7.1 Strengths and limitations of this systematic review

Limitations

This review focuses exclusively on Africa and specific population groups (women, children and young people, tribal groups, people living in rural areas, older people and people with disabilities). Clearly this approach has strengths in terms of making the findings more robust within an African context; it does, however, limit the generalisability of those findings. The decisions to focus on Africa and subsequently to concentrate on the six populations were pragmatic, taken to ensure that this systematic review best met the needs of AusAID, within the resources available. It is worthy of note, that enormous groundwork was part of this review process and there is much to be gained by digging deeper into these foundations. For example, the 131 studies focused on the general population are still available and could be relatively quickly incorporated into an augmented review. Similarly, there are 1,437 potential studies relating to Asia and Latin America, including the Olken (2007) RCT with 608 Indonesian villages examining effective controls against corruption. The papers focused on Asia and Latin America could be examined in complementary reviews, the findings of which could potentially be pooled to identify causative pathways between interventions and outcomes.

Strengths

AusAID commissioned this review, and key people within AusAID have been actively involved throughout the process. It is anticipated that this close involvement will enhance the potential of the findings to have impact on policy and practice. Our team is an eclectic group of people from a range of disciplines, cultures and research backgrounds. This diversity resulted in a strong skill base: Macdonald is an established Cochrane editor and Anderson has skills in information retrieval, which provided us with a rich database to work with. Dutschke's location in Cape Town helped to strengthen the review in a number of ways: it provided access to Africa-focused journals not available to other partners and it enabled us to consult and disseminate findings directly with key stakeholders on the ground in Africa. Finally her networks, knowledge and understanding of the African context were invaluable throughout the review process.

7.2 Implications for policy, practice and research

7.2.1 Policy

The policy imperative for interventions aimed at enhancing community accountability is evident in the proliferation of policy and position papers. There is however, a dearth of empirical studies evaluating the impact of these interventions in general, and of interventions aimed at enhancing community accountability for older people and people with a disability in particular. In the light of the demographic transition and rapid growth in numbers of older people that is

occurring across Africa and throughout other LMICs, there is an urgent need for investment in rigorously tested interventions with these populations.

7.2.2 Practice

Community accountability is difficult to define. This review used a rights-based approach and an understanding which recognises the importance of community participation in enhancing the position of traditionally 'excluded' populations. The interventions were targeted at empowerment of grassroots communities, and cross-cutting approaches were central to inclusive service delivery. All of the interventions included actions aimed at capacity development and sought to promote the inclusion of marginalised populations (women, youth, rural and tribal groups). In particular, the studies have highlighted the need for practice that is directed towards 'gender effectiveness'. This requires practitioners, policy makers and funders to find ways to increase the inclusion of women and to ensure the long-term impact of interventions for African women in a male dominated society. The GoBifo intervention in Sierra Leone incentivised communities to include women and young men in community governance structures. This approach produced small changes and appeared to have a positive impact in changing societal attitudes. Setting minimum quotas for participation of groups (e.g. women) is a relatively straightforward intervention and easy to measure. The potential for interventions to produce long-term and sustainable impact is dependent on collective action and commitment amongst all stakeholders. Investment in capacity development at the practice level is, therefore, crucial. The IMAGE study highlighted a lack of understanding and competency in participatory learning methods as a major limitation in the promotion of community mobilisation. Investment in training and implementation of participatory approaches at practice level should be prioritised.

Evidence-based practice is central to the effective and efficient use of resources. For this to become a reality, practitioners must have an understanding and appreciation of the importance of research. All too often people in practice perceive research as something 'mysterious and complicated' and fail to recognise the central role which they have in translating research into action. In our consultation with stakeholders, it was apparent that practitioners rarely recognised what they were doing as 'interventions', or that their work might have lessons worthy of describing or disseminating. Practitioners should be supported to recognise and understand the importance of evaluation and the dissemination of learning. Clearly the research community has to take some responsibility for making research accessible to the people for whom it has relevance. Implementation of research findings also requires the sensitisation and capacity development of practitioners; this can happen at different levels, including skills in change management and leadership.

AusAID has already recognised leadership as being central to economic growth, political stability and social inclusion. The findings of this review point to the need to invest in capacity development at practice level to strengthen the voice of excluded populations and groups and enhance community accountability.

If practice is to be advanced, in addition to skills development, practitioners must be supported and enabled to access good information. This review has demonstrated the challenge of accessing quality research papers. Our research team had access to the electronic libraries in five major universities yet, despite these resources, were unable to access some papers. The average cost to access a journal article ($30) is prohibitive to the average practitioner or NGO. Partnering NGOs with local universities and/or universities attached to the funding body would help with accessing literature. Investment in training and support to prepare evaluation templates would help with capacity development amongst this important group of people. The GoBifo study provides a powerful insight into how great the challenge is and that results require long-term investment.

7.2.3 Research

This review was a direct response to the call for greater effectiveness in aid. To take account of the impact of the Paris Declaration, the search underpinning this review included papers published in or after 1995. In the course of this review, many thousands of citations and papers were read. Unfortunately, only a tiny fraction met the inclusion criteria. Many research studies and evaluations had to be excluded because they appeared to be poorly designed, or failed to report sufficient detail. Given the large amounts of money which governments, NGOs and others invest in interventions, it would make sense to factor in a percentage to cover a robust evaluation or embedded study design. It is highly significant that three of the seven studies in this review, were funded in part (n=1) or entirely (n=2) by the World Bank. The lessons learnt from these interventions enable more effective planning and use of scarce resources in the future.

The Accra Agenda for Action emphasised that 'country ownership is key' (OECD, 2005/2008:16, para. 8). Our review has highlighted the fact that the research base for interventions in Africa is dominated by academics based in Europe and North America. Of the 13 papers included in the synthesis, Okonofua et al. (2003) is the only one in which the lead author is based in Africa (Nigeria). This trend of domination of Africa-related research has the potential to skew investment and development to reflect the goals and priorities of high-income countries. The trend also raises ethical questions about the lucrative careers that are being built by 'foreign and transient' academics, without any apparent investment in indigenous capacity.

The review highlights the paucity of locally based institutions and personnel involved in these studies, and suggests that there are missed opportunities to build capacity in what is an essential area of development work, namely robust evaluations of interventions. Such evaluations are essential to inform further development work. It is notable that all the studies in this synthesis received funding from international aid agencies. Funding needs to be made available for well-designed evaluations.

In an ideal world, the people implementing an intervention and those assessing its impact would be different. In the real world, this is not always possible. It is, therefore, essential to have well-designed studies that control for bias, chance and

confounding influences. The IMAGE study appears to be well designed, but there are questions about transparency and potential for researcher bias which may impede the potential of the study to have an impact. The Pronyk et al. (2006) paper, for example, has been criticised with regards to study design (Ben-Haim, 2010), bias selection of the control villages (Leatherman et al., 2012), and skewed towards older women (Gibbs et al., 2012). It is, however, worth noting that there are examples of good research practice within the IMAGE study. Kim et al. (2009), for instance, clearly defined outcome indicators before analysis and the study controlled for potential confounding factors.

Katherine Casey and her colleagues, in their evaluation of GoBifo, have raised the bar in terms of good practice. Their action in development of a pre-analysis plan provides a useful template for the future, minimising the risk of 'data mining' in project evaluations.

The studies included in this review each provide rich evidence of the impacts of interventions. The power of these findings could have been enhanced if the outcomes had been measured in the same way. Looking to the future, it would be useful to have greater consensus and agreement on a consistent way to measure commonly used outcomes, such as economic improvement, community empowerment and well-being. For instance, simply including the single-item self-assessed health status indicator or other brief instruments, would allow for a true meta-analysis for assessing the relative impact of an intervention across cultures, countries, age groups and genders.

8. Conclusion

The purpose of this review is to answer the question: What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities? It is focused on Africa and on six key population cohorts: women, children, tribal groups, people in rural areas, people with disabilities and older people.

Community accountability is notoriously difficult to define and this review is guided by a rights-based understanding that recognises substantive equality and equity as key considerations in assessment and service delivery. Inclusive service delivery is directed towards the proactive elimination of the barriers that exist in relation to participation in the design, delivery, implementation and evaluation of goods and services. It includes various forms of accountability which, depending on contextual considerations, broaden the traditional horizontal and vertical channels of communication for individuals and collective feedback mechanisms (Joshi, 2008). The combination of a rights-based approach with social accountability moves the discourse from 'service users' to citizens. Commenting on this, Ackerman (2005) suggested that whilst 'citizen report cards' are highly useful in promoting accountability of government, they do not go far enough in promoting a rights-based approach. This opinion is shared by Joshi and Houtzager (2011), who advocate moving beyond an examination of traditional indicators of accountability (such as community audits and score cards) to examine the trajectory of political engagement and the actual actions that people take. Interventions do not occur in a vacuum, and a supportive, local cultural context is recognised as being all-important for intervention outcomes (Waylen et al., 2010). This review was explicitly focused on populations traditionally excluded from participation and therefore those least likely to benefit from interventions. The findings demonstrate the central role of empowerment and capacity development in enhancing community accountability, promoting inclusive service delivery and giving voice to all people.

This AusAID review adopted a two-stage approach. In stage one, more than 14,000 citations and papers were screened. Stage two concentrated on synthesis of the seven included studies. The 'voice' of beneficiaries was treated as the paramount criterion throughout the review. Our interpretation of 'voice' is reflective of the teachings of Freire (1970): that excluded people may not always speak with words and it may be by their actions that they express themselves. For example, the YOP intervention in Uganda (Blattman et al., 2011, 2013) has been examined using interviews; however, the content (qualitative data) has not been published yet. Nevertheless, it is evident from the included papers that the intervention is acceptable to and effectively meets the needs of the young people. Four years later, 'more than 90% of the young people are still working with the group and more than 80% feel that the group cooperates well' (Blattman et al., 2013:29).

The review question was broad and included all sectors, and as a consequence, the interventions examined in the review draw on evidence from a broad range of settings and include a child savings account, health education programmes and a newspaper information campaign. Although varied, each of the interventions shares the common purpose of strengthening the capacity of traditionally excluded groups of people to gain control over their lives and the decisions that they make. The included studies are spread across Africa: Kenya, Nigeria, Tanzania, Sierra Leone, South Africa and Uganda. They are focused largely on women, young people and people living in rural areas. One study (Casey et al., 2011) concentrates on tribal communities in Sierra Leone. Older people and people with a disability are conspicuous by their absence in the findings of the review.

Despite the policy context and the investment by funders in interventions aimed at promoting community accountability and inclusive service delivery, the findings of this review highlight the absence of empirical studies examining the impact of these interventions. Of the seven studies included in the synthesis, GoBifo (Casey et al., 2011) is the only one which focused explicitly on creating organisational change. Drawing on a range of innovative methods, GoBifo produced very positive outcomes in terms of creating a supportive economic environment for citizens. Minimal capture of funds suggested that the project was also effective in fostering transparent decision making. The intervention, however, had no impact on securing the inclusion of women and young men in decision making structures. GoBifo ran for four years, a relatively long timeframe compared to other interventions. However, relative to the time period that tribal structures in Sierra Leone have been in existence, four years is nothing. Casey and her colleagues underplay the impact of GoBifo on a general change in attitudes to women and young people. There would be great value in examining how this 'opening of hearts and minds' could be nurtured to produce tangible outcomes in terms of inclusive decision-making structures.

The Ugandan government's newspaper campaign (Reinikka and Svensson, 2005, 2011) successfully reduced capture of funds by making information transparent and available to the public. The other five studies included in the synthesis all provided powerful evidence of interventions which strengthened capacity for people to participate in society. These interventions did not focus on participation in formal governance mechanisms, but addressed the foundational blocks underpinning participation. These are: improving access to education (Friis-Hansen and Duveskog), financial security (Blattman and Ismayilova), health services (Okonofua), and creating safer environments (IMAGE).

The IMAGE study in South Africa aimed to assess the impact of a joint small enterprise programme and a social empowerment programme for poor rural women. By combining economic empowerment with a gender transformative intervention, it sought to address women's social and economic vulnerability to HIV and gender violence. IMAGE is a community-based intervention with a focus on reshaping gender relations and community norms. Challenging community norms and engaging in collective action and social groups around priority areas was a

specific part of the IMAGE intervention model. This was, however, the least successful part of the programme.

Like the SEED intervention (Ismayilova et al., 2012), IMAGE combined an education and financial programme, based, perhaps, on the assumption that lack of economic capital is a barrier to gender and social equity. However, it is worth noting that the SEED intervention was a transfer of funds (matched savings) and IMAGE was a microfinance initiative with loans that needed to be repaid. The SEED project was clearly effective in liberating participants from the burden of debt and poverty. The IMAGE study, on the other hand, raised questions, albeit quietly, about the risks of microfinance. Hargreaves et al. allude to difficulties experienced by beneficiaries: 'Because of poverty I used the loan meant for business to buy food, pay school fees and uniforms for children … and ended up with no money to buy stock' (2010:33).

The burden of loan-induced debt is echoed in a second IMAGE paper, which highlighted the family and business responsibilities that prevented women from participating in a week-long training: 'I would love to but I would have to find someone who can help to sell my stuff so that when we get back I would be able to repay my loan' (Focus group participant, Hatcher et al., 2010:548). Recognising the women's need to work to pay off loans as a major barrier to community mobilisation within IMAGE, Hatcher et al. recommended a 'seed grant' as one way of helping to overcoming this obstacle.

The important and urgent issue of debt driven by microfinance was addressed by Ruth Stewart and her colleagues in their systematic review of the impact of microfinance on poor people (Stewart et al., 2010). This is an issue worthy of greater attention by funding bodies.

The IMAGE trial has been challenged regarding an apparent bias in the selection of the control villages. At baseline, women in the intervention were more often members of social and saving groups (p=0.01 and p=0.02 respectively) (Pronyk et al., 2006). It is, however, worth noting that baseline differences can be controlled for statistically and there are examples of excellent research practice within the study. For instance, Kim et al. (2009), in their process evaluation of the IMAGE intervention, clearly defined outcome indicators before analysis and controlled for confounding factors. The IMAGE programme has been rolled out to a further 160 villages in the Sekhukhune area of South Africa and is clearly a programme to watch closely in terms of learning related to policy, practice and research.

The newspaper campaign in Ugandan (Reinikka and Svensson, 2005, 2011) differed from all the other interventions in that it used one single strategy: making information about capitation funds accessible to key stakeholders (parents and teachers). The intervention was simple and highly effective. All the other interventions used approaches that cut across a range of services. For example, the YOP in Uganda (Blattman et al., 2011, 2013) fostered group cohesion and social capital by encouraging the young people to work together; it provided them with access to funds and training opportunities and successfully promoted transparent decision making regarding disbursement of the these resources. The intervention

examined by Friday Okonofua and colleagues in Nigeria placed the 'voice' of young people centre stage. The Women's Health Action Centre in Benin had listened to young people and developed a programme that responded to their needs. These innovative and integrated approaches recognised the importance of culture and the multitude of factors – physical, economic, psychological and social – that impact on citizenship.

If one term could be used to summarise the learning from this review, it would be 'capacity development'. All the interventions were grounded in grassroots communities and sought to develop the capacity of people to become active citizens. For some, like the adolescent AIDS orphans in Uganda, the SEED intervention significantly enhanced their future livelihood and reduced their risk of HIV infection and premature death. A quotation from one of the children in the study control group (with no access to the child saving scheme) made visible the importance of interventions that support and enable citizens to hope and plan for a future. The child had been forced to leave school after primary seven and when asked about her future plans she said: 'Plans …? Which plans? I … looking for money … money to take care of myself' (Ismayilova et al., 2012:2046). The fact that the strengthened 'citizenship' did not result in mass mobilisation is not important. What is important is that all the interventions promoted inclusive service delivery. This outcome was achieved through the enhancement of skills, knowledge and access to resources which enabled citizens to take incremental steps along the ladder of power and strengthened the voice of some of the most excluded people in Africa.

References

General references in the text

Abrahams AM (2008) Accountability, autonomy, and authenticity: assessing the development waltz conducted to a 'kwaito' beat in Southern Africa. *Development in Practice* 18 (1): 40-52.

Acemoglu D, Robinson J (2012) *Why nations fail: the origins of power, prosperity and poverty*. London: Profile Books.

Ackerman J (2005a) *Human rights and social accountability*. Social Development Papers, Participation and Civic Engagement, no 86. Washington DC: The World Bank.

Ackerman, J. (2005b) *Social accountability in the public sector: a conceptual discussion*. Washington, DC: The World Bank.

Alcazar L (2010) *The uses and abuses of social programmes: the case of conditional cash transfers*. U4 Brief No 3. http://www.u4.no/publications/the-uses-and-abuses-of-social-programmes-the-case-of-conditional-cash-transfers/, accessed 14 June 2013.

Arroyo D, Sirker K (2005) *Stocktaking of social accountability initiatives in the Asia and Pacific Region*. Washington, DC: The International Bank for Reconstruction and Development and The World Bank.

AU (2010) *Africa Union regional meeting on aid effectiveness, South/South cooperation and capacity development*, 2-5 March 2010. http://www.africa-platform.org/resources/key-outcomes-and-recommendations-africa-regional-meeting-aid-effectiveness-southsouth, accessed 19 June 2013.

AusAID (2002) *Review of long-term research models: best practice options*. http://www.ausaid.gov.au/Publications/Pages/3198_7933_6114_1850_2414.aspx, accessed 14 June 2013.

AusAID (2006) *Australian aid: approaches to managing water resources*. http://www.ausaid.gov.au/Publications/Pages/7661_5601_4014_7111_6920.aspx, accessed 14 June 2013.

AusAID (2008) *Governance annual thematic performance report* 2007–08. http://www.ausaid.gov.au/Publications/Documents/atpr_governance_0708.pdf, accessed 19 June 2013.

AusAID (2011) *How do ANCP activities engage with the poorest and most marginalised people? AusAID NGO Cooperation Program (ANCP) thematic review*. http://www.ausaid.gov.au/Publications/Pages/ancp-2011-thematic-review.aspx, accessed 14 June 2013.

Barakat S, Rzeszut K (2010) *What is the track record of multi donor trust funds in improving aid effectiveness?* Protocol. http://r4d.dfid.gov.uk/Project/60830/Default.aspx, accessed 19 June 2013.

Ben-Haim, A (2010) Bankrupt Idealism: A case study on an Integrated Micro-Finance Program's Cost Effectiveness. *Stanford Journal of International Relations.* Fall 2010: 6-14

Bjorkman M, Svensson J (2010) When is community-based monitoring effective? Evidence from a randomized experiment in primary health in Uganda. *Journal of the European Economic Association* 8 (2-3): 571-581.

Chabal P (ed.) (1986) *Political domination in Africa: reflections on the limits of power*. Cambridge: Cambridge University Press.

Crisp BR, Swerissen F, Duckett SJ (2000) Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International* 15(2): 99-107.

De Barra C (2005) Addressing aid effectiveness: a key challenge in meeting the MDGs. *Trócaire Development Review* 2005: 103-126. http://www.Trócaire.org/sites/Trócaire/files/pdfs/tdr/DR2005_addressingaideffectiveness_challengeinmeetingtheMDGs.pdf, accessed 19 June 2013.

DFID (2010) Improving Public Services, in: *The politics of poverty: elites, citizens and states: findings from ten years of DFID-funded research on governance and fragile states 2001-2010*, Chapter 7. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67679/plcy-pltcs-dfid-rsch-synth-ppr.pdf, accessed 19 June 2013.

Doorenspleet R (2005) *Democratic transitions: exploring the structural sources of the fourth wave*. London: Lynne Rienner.

Droop J, Isenman J, Mlalazi B (2008) *Paris declaration on aid effectiveness: study of existing mechanisms to promote mutual accountability (MA) between donors and partner countries at the international level: final report for the Working Party on Aid Effectiveness*. Oxford: Oxford Policy Management.

Freire P (1970) *The pedagogy of the oppressed*. London: Continuum.

Freire P (1996) *Pedagogy of hope*. New York: Continuum.

Gaventa J, Barrett G (2010) *So what difference does it make? Mapping the outcomes of citizen engagement*. Brighton: Institute of Development Studies University of Sussex.

Gibbs A. Willan G Misselhorn A and Mangoma J (2012) Combined structural interventions for gender equality and livelihood security: a critical review of the evidence from southern and eastern Africa and the implication for young people. *Journal of the International AIDS society* 15 (suppl 1) http://www.jiasociety.org/index.php/jias/article/view/17362 | http://dx.doi.org/10.7448/IAS.15.3.17362

Grant, A. Coetzee, D., Fielding, L., et al. (2010) Team up against TB: promoting involvement in Thibela TB, a trial of community wide tuberculosis preventive therapy. *AIDS* November Vol 24 S37-S34

Help the Aged (2010) Achieving income security in old age for all Tanzanians: a study into the feasibility of a universal social pension. http://www.helpage.org/silo/files/achieving-income-security-in-old-age-for-all-tanzanians-a-study-into-the-feasibility-of-a-universal-social-pension.pdf, accessed 14 June 2013.

Help the Aged (2003) *Non-contributory pensions and poverty prevention.* http://www.helpage.org/silo/files/noncontributory-pensions-and-poverty-prevention-a-comparative-study-of-brazil-and-south-africa-.pdf, accessed 14 June 2013.

Higgins J (2008) Assessing risk of bias in included studies. In: Higgins JPT, Green S (eds) *Cochrane handbook for systematic reviews of interventions.* http://handbook.cochrane.org/, chapter 8, accessed 20 June 2013.

Hoddinott J, Adato M, Besly T, Haddad L (2001) *Participation and poverty reduction: issues, theory, and new evidence from South Africa.* Washington, DC: International Food Policy Research Institute. http://www.ifpri.org/sites/default/files/pubs/divs/fcnd/dp/papers/fcndp98.pdf, accessed 19 June 2013.

Hussmann K (2011) Addressing corruption in the health sector: securing equitable access to health for everyone. *U4 Issue* 1: 1-41. http://www.u4.no/publications/addressing-corruption-in-the-health-sector-securing-equitable-access-to-health-care-for-everyone/, accessed 14 June 2013.

Jayaratne KA (2004) The role of civil society organizations in promoting responsive and accountable local government for improved service delivery in Colombo. Paper written for: *Regional Seminar and Learning Event on Local Governance and Pro-Poor Service Delivery,* Asian Development Bank, Manila, 10–12 February.

Joshi A (2008) Producing social accountability? The impact of service delivery reforms, *IDS Bulletin,* 38 (6): 10-17.

Joshi A (2010) Review of impact and effectiveness of transparency and accountability initiatives. Prepared for: *Transparency and Accountability Initiative Workshop,* 14-15 October, Institute of Development Studies, University of Sussex, Brighton.

Joshi A, Houtzager PP (2011) *Widgets or watchdogs? Conceptual explorations in social accountability.* Brighton: Institute of Development Studies, University of Sussex.

Kapur D, Whittle D (2010) Can the privatization of foreign aid enhance accountability? *Journal of International Law and Politics* 42: 1143-1180.

Killen B (2011) How much does aid effectiveness improve development outcomes: lessons from recent practice. Background paper for: *OECD 4th High Level Forum on Aid Effectiveness*, Busan, 29 November – 1 December. http://www.oecd.org/dac/aideffectiveness/48458806.pdf, accessed 14 June 2013.

Leatherman, S. Metcalfe M Geissler K and Dunford C (2012) Integrating microfinance and health strategies: examining the evidence to inform policy and practice. *Health and Planning (*27) 85-101

Leymat A (2012) Inclusive microfinance: reaching disabled people through partnership development. *Enterprise Development and Microfinance* 23 (1): 25-37.

Loewenson R (2000) *Participation and accountability in health systems: the missing factor in equity?* http://www.equinetafrica.org/bibl/docs/DIS1gov.pdf, accessed 14 June 2013.

Lorenzo T, Van Niekerk L, Mdlokolo P (2007) Economic empowerment and black disabled entrepreneurs: negotiating partnerships in Cape Town, South Africa. *Disability and Rehabilitation* 29 (5): 429-436.

Lynch U, Macdonald G, Arnsberger P, Godinet M, Li F, Bayarre H, Martínez-Calvo S, Dutschke M, Anderson M (2012) *What is the evidence that the establishment or use of community accountability mechanisms and processes improve inclusive service delivery by governments, donors and NGOs to communities*? Protocol. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. https://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=aBVqZivKEyQ=&tabid=3174, accessed 14 June 2013.

Macleod C, Masilela TC, Malomane E (1998) Feedback of research results: reflections from a community-based mental health programme. *South African Journal of Psychology* 28 (4): 215-221.

Malena C, Forster R, Singh J (2004) *Social accountability: an introduction to the concept and emerging practice*. Social Development Papers 76. Washington, DC: World Bank, Participation and Civic Engagement Group.

McGee R, Gaventa J (2010) Review of impact and effectiveness of transparency and accountability initiatives. Prepared for: *Transparency and Accountability Initiative Workshop*, 14-15 October, Institute of Development Studies, University of Sussex, Brighton.

Muthien Y (2000) Democratising the South African state: the challenge of democratic accountability and public sector reform. In: Muthien Y, Khosa MM, Magubane B (eds) *Democracy and governance review: Mandela's legacy 1994-99*. Pretoria: Human Sciences Research Council.

Norman, R. Bradshaw, D., Schneider M. et al. (2007) Estimating the burden of disease attributable to interpersonal violence in South Africa in 2000. *South African Medical Journal* 97: 653-656.

Nussbaum M (2012) *Creating capabilities: the human development approach*. Cambridge: Harvard University Press.

OECD (2005/2008) *The Paris declaration on aid effectiveness and the Accra agenda for action*. Paris: OECD.

OECD (2009) *Working party on aid effectiveness: aid for better health -what are we learning about what works and what we still have to do?* http://www.oecd.org/dataoecd/47/61/44152093.pdf, accessed 19 June 2013.

Olken BA (2007) Monitoring corruption: evidence from a field experiment in Indonesia. *Journal of Political Economy* 115 (20): 200-249.

O'Neill T, Foresti M, Hudson A (2007) *Evaluation of citizens' voice and accountability: review of the literature and donor approaches*. London: DFID

Padarah A, Friedman I (2008) *The status of clinic committees in primary level public health sector facilities in South Africa*. Durban: Health Systems Trust.

Peruzzotti E, Smulovitz C (2006) *Enforcing the rule of law: social accountability in the new Latin American democracies*. Pittsburgh, PA: University of Pittsburgh Press.

Roche C (2009) *Promoting voice and choice exploring innovations in Australian NGO accountability for development effectiveness*. Deakin: Australian Council for International Development.

Save the Children (2009) Modernizing foreign assistance: insights from the field: Malawi. http://www.savethechildren.org.uk/sites/default/files/docs/stc_malawi_final_report_1.pdf, accessed 14 June 2013.

Sen A (2009) *The idea of justice*. London: Allen Lane.

Shah A, Vergara V (Forthcoming). *Civic participation in subnational policies and budgeting*. Washington, DC: World Bank Institute.

Stewart R, Royen C, Majoro M, de Wet T (2010) *What is the impact of microfinance on poor people?* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Sundet G (2008) Following the money: do public expenditure tracking surveys matter? *U4 Issue* 8: 1-28. http://www.u4.no/publications/following-the-money-do-public-expenditure-tracking-surveys-matter/, accessed 14 June 2013.

Ssewamala F. Alicea S. Bannon W and Ismayilova L (2008) A Novel Economic Intervention to Reduce HIV Risks Among School-Going AIDS Orphans in Rural Uganda. *J Adolesc Health* January 42(1) 102-104

Ssewamala, F. and Ismayilova L. (2009) Integrating Children's savings accounts in the care and support of orphaned adolescents in rural Uganda. *Journal of Adolescent Health,* 42 (1) 102 - 104

Ssewamala F. Han C. Neilands T. Ismayilova L. and Sperber E. (2010a) Effect of Economic Assets on Sexual Risk-Taking Intentions Among Orphaned Adolescents in Uganda. *American Journal of Public Health* March Vol 100 (3) 483- 488

Ssewamala F. Ismayilova L. McKay M. Han C. Sperber E. Bannon W and Alicea S. (2010b) Gender and the effects of economic empowerment program on attitudes toward sexual risk-taking among AIDS-orphaned adolescent youth in Uganda. *Journal of Adolescent Health* 46 (4) 372-378

Thomas E, Amadei B (2010) Accounting for human behaviour, local conditions and organisational constraints in humanitarian development models. *Environmental Developmental and Sustainability* 12: 313-327.

Tinker A, Finn K, Epp J (2000) *Improving women's health issues and interventions.* Washington, DC: World Bank.

Tolentino H. Marcelo A. Marcelo P. and Maramba I. (2005) Linking Primary Care Information Systems and Public Health Information Networks: Lesson from the Philippines. Section 13 (pp 955-960) In: Engelbrecht R. Geissbuhler A. Lovis C and Mihalas G. (Eds) *Connecting Medical Informatics and Bio-Informatics* Proceedings of MIE2005 (Studies in Health Technology and informatics)

Trócaire (2008) Mozambique: an independent analysis of ownership and accountability in the development aid system. http://www.Trócaire.org/sites/Trócaire/files/pdfs/policy/FINALAidEffMozEng.pdf, accessed 14 June 2013.

UN (1966) *International convention on economic, social and cultural rights.* http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx, accessed 19 June 2013.

UN Economic and Social Council (2006) *Definition of basic concepts and terminologies in governance and public administration.* http://unpan1.un.org/intradoc/groups/public/documents/un/unpan022332.pdf, accessed 19 June 2013.

Van Niekerk L, Lorenzo T, Mdlokolo P (2006) Understanding partnerships in developing disabled entrepreneurs through participatory action research. *Disability and Rehabilitation* 28 (5): 323-331.

Walker D (2009) Citizen-driven reform of local-level basic services: community-based performance monitoring. *Development in Practice* 199 (8): 1035-1051.

Wang, S., Moss, J and Hiller, J (2005) applicability and transferability of interventions in evidence-based public health. *Health Promotion International* 21(1) 76-83

Waylen KA, Fischer A, McGowan PJK, Thirgood SJ, Milner-Gulland EJ (2010) *The effect of local cultural context on community-based conservation interventions: evaluating ecological, economic, attitudinal and behavioral outcomes*. Systematic Review No. 80. http://www.environmentalevidence.org/Documents/SR80.pdf, accessed 14 June 2013.

Whitehead M, Dahlgren G (2006) *Levelling up (Part 1): a discussion paper on concepts and principles for tackling social inequities in health*. Liverpool: University of Liverpool, WHO Collaborating Centre for Policy Research on Social Determinants of Health.

Wild L, Domingo P (2010) *Aid and accountability in health: country findings*. Project Briefing No. 45. London: Overseas Development Institute. http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/5954.pdf, accessed 19 June 2013.

Wild L, Harris D (2011) *The political economy of community scorecards in Malawi*. London: Overseas Development Institute.

World Bank (2004) *World development report 2004: making services work for poor people*, Washington DC: World Bank.

World Bank (2011) *World development report 2011: conflict, security and development*. Washington, DC: World Bank. http://go.worldbank.org/1BOIJMD8H0, accessed 19 June 2013.

Papers included in the synthesis

Blattman C, Fiala N, Martinez S (2011) *Employment generation in rural Africa: mid-term results from an experimental evaluation of the Youth Opportunities Program in Northern Uganda*. Washington, DC: The World Bank. http://ideas.repec.org/p/wbk/hdnspu/66523.html, accessed 14 June 2013.

Blattman, C. Fiala,N. and Martinez, S. et al. (2013) *Employment generation in rural Africa*. Draft paper shared with the review team by Christopher Blattman.

Casey K, Glennerster R, Miguel E (2011) *Reshaping institutions: evidence on aid impacts using a pre-analysis plan*. Working paper 17012. Cambridge, MA: National Bureau of Economic Research. http://www.nber.org/papers/w17012, accessed 14 June 2013.

Friis-Hansen E, Duveskog D (2012) The empowerment route to well-being: an analysis of farmer field schools in East Africa. *World Development* 40 (2): 414-427.

Hargreaves J, Hatcher A, Strange V, Phetla G, Busza J, Kim J, Watts C, Morison L, Porter J, Pronyk P, Bonell C (2010) Process evaluation of the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in rural South Africa. *Health Education Research* 25 (1): 27-40.

Hatcher Abigail, de Wet J, Bonell CP, Strange V, Phetla G, Pronyk PM, Kim JC, Morison L, Porter JDH, Busza J, Watts C, Hargreaves JR (2011) Promoting critical consciousness and social mobilization in HIV/AIDS programmes: lessons and curricular tools from a South African intervention. *Health Education Research* 26 (3): 542-555.

Ismayilova L, Ssewamala F, Mooers E, Nabunya P, Sheshadri S (2012) Imagining the future: community perceptions of a family-based economic empowerment intervention for AIDS-orphaned adolescents in Uganda. *Children and Youth Services Review* 34 (10): 2042-2051.

Jan S, Ferrari G, Watts CH, Hargreaves JR, Kim JC, Phetla G, Morison LA, Porter JD, Barnett T, Pronyk PM (2011) Economic evaluation of a combined microfinance and gender training intervention for the prevention of intimate partner violence in rural South Africa. *Health Policy and Planning* 26 (5): 366-372.

Kim J, Ferrari G, Abramsky T, Watts C, Hargreaves J, Morison L, Phetla G, Porter J, Pronyk P (2009) Assessing the incremental effects of combining economic and health interventions: the IMAGE study in South Africa. *Bulletin of the World Health Organization* 87 (11): 824-832.

Okonofua FE, Coplan P, Collins S, Oronsaye F, Ogunsakin D, Ogonor JT, Kaufman JA, Heggenhougen K (2003) Impact of an intervention to improve treatment-seeking behavior and prevent sexually transmitted diseases among Nigerian youths. *International Journal of Infectious Diseases* 7 (1): 61-73.

Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, Busza J, Porter JDH (2006) Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet* 368 (9551): 1973-1983.

Reinikka R, Svensson J (2005) Fighting corruption to improve schooling: evidence from a newspaper campaign in Uganda. *Journal of the European Economic Association* 3 (2-3): 259-267.

Reinikka R, Svensson J (2011) The power of information in public services: evidence from education in Uganda. *Journal of Public Economics*. 95(7-8): 956-966.

Stage 2 papers not included in synthesis

Ayele Z (2003) Community-based forage development program: the experiences of FARM Africa goat project in Ethiopia. *Tropical Grasslands* 37 (4): 257-261.

Balint PJ, Mashinya J (2006) The decline of a model community-based conservation project: governance, capacity, and devolution in Mahenye, Zimbabwe. *Geoforum* 37 (5): 805-815.

Bhengu BR (2010) An investigation into the level of empowerment of rural women in the Zululand district of KwaZulu-Natal province of South Africa. *Curationis* 33 (2): 4-12.

Campbell C, Mzaidume Z (2001) Grassroots participation, peer education, and HIV prevention by sex workers in South Africa. *American Journal of Public Health* 91 (12): 1978-1986.

Cohen A, Raja S, Underhill C, Yaro BP, Dokurugu AY, De Silva M, Patel V (2012) Sitting with others: mental health self-help groups in northern Ghana. *International Journal of Mental Health Systems* 6: 1. http://www.ijmhs.com/content/6/1/1, accessed 14 June 2013.

Ferguson H, Kepe T (2011) Smallholder farmer participation in local and regional food aid procurement: assessing the benefits and challenges in southwestern Uganda. *International Development Planning Review* 33 (1): 27-48.

Goodman CA, Mutemi WM, Baya EK, Willetts A, Marsh V (2006) The cost-effectiveness of improving malaria home management: shopkeeper training in rural Kenya. *Health Policy and Planning* 21 (4): 275-288.

Gugerty MK, Kremer M (2008) Outside funding and the dynamics of participation in community associations. *American Journal of Political Science* 52 (3): 585-602.

Help the Aged International (2010) Swaziland old age grant impact assessment 2010. http://www.helpage.org/what-we-do/social-protection/swaziland-old-age-grant-impact-assessment/, accessed 14 June 2013.

Kwaramba HM, Lovett JC, Louw L, Chipumuro J (2012) Emotional confidence levels and success of tourism development for poverty reduction: the South African Kwam eMakana home-stay project. *Tourism Management* 33 (4): 885-894.

Lee ACC, Lawn JE, Cousens S, Kumar V, Osrin D, Bhutta ZA, Wall SN, Nandakumar AK, Syed U, Darmstadt GL (2009) Linking families and facilities for care at birth: what works to avert intrapartum-related deaths? *International Journal of Gynecology and Obstetrics* 107: S65-S88.

McPeak J, Doss C, Barrett C, Kristjanson P (2009) Do community members share development priorities? Results of a ranking exercise in East African rangelands. *Journal of Development Studies* 45 (10): 1663-1683.

Sanchez P, Palm C, Sachs J, Denning G, Flor R, Harawa R, Jama B, Kiflemariam T, Konecky B, Kozar R, Lelerai E, Malik A, Modi V, Mutuo P, Niang A, Okoth H, Place F, Sachs SE, Said A, Siriri D, Teklehaimanot A, Wang K, Wangila J, Zamba C (2007) The African millennium villages. *Proceedings of the National Academy of Sciences of the United States of America* 104 (43): 16775-16780.

Papers coded as general population

Agbanu SK (2010) The impact of stakeholder collaboration on effectiveness of health program implementation in Ghana. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 71 (5-A): 1703.

Agha S, Van Rossem R, Stallworthy G, Kusanthan T (2007) The impact of a hybrid social marketing intervention on inequities in access, ownership and use of insecticide-treated nets. *Malaria Journal* 6: 13. http://www.malariajournal.com/content/6/1/13, accessed 14 June 2013.

Akech JMM (2005) Development partners and governance of public procurement in Kenya: enhancing democracy in the administration of aid. *New York University Journal of International Law and Politics* 37 (4): 829-868.

Allen LK, Hetherington E, Manyama M, Hatfield JM, van Marle G (2010) Using the social entrepreneurship approach to generate innovative and sustainable malaria diagnosis interventions in Tanzania: a case study. *Malaria Journal* 9: 42. http://www.malariajournal.com/content/9/1/42, accessed 14 June 2013.

Alozie NO, Akpan-Obong P, Foster WA (2011) Sizing up information and communication technologies as agents of political development in sub-Saharan Africa. *Telecommunications Policy* 35 (8): 752-763.

Amazigo UV, Obono M, Dadzie KY, Remme J, Jiya J, Ndyomugyenyi R, Roungou JB, Noma M, Seketeli A (2002) Monitoring community-directed treatment programmes for sustainability: lessons from the African Programme for Onchocerciasis Control (APOC). *Annals of Tropical Medicine and Parasitology* 96 (Suppl. 1): S75-92.

Antwi K, Analoui F (2008) Challenges in building the capacity of human resource development in decentralized local governments. *Management Research News* 31 (7): 504-517.

Atkinson J-A, Vallely A, Fitzgerald L, Whittaker M, Tanner M (2011) The architecture and effect of participation: a systematic review of community participation for communicable disease control and elimination: implications for malaria elimination. *Malaria Journal* 10: 225. http://www.malariajournal.com/content/10/1/225, accessed 14 June 2013.

Baptiste DR, Bhana A, Petersen I, McKay M, Voisin D, Bell C, Martinez DD (2006) Community collaborative youth-focused HIV/AIDS prevention in South Africa and Trinidad: preliminary findings. *Journal of Pediatric Psychology* 31 (9): 905-916.

Barbone L, Sharkey K (2006) *Strengthening governance through engaged societies: lessons from the implementation of poverty reduction strategies*. Washington DC: The World Bank. http://ideas.repec.org/p/wbk/wbrwps/3898.html, accessed 14 June 2013.

Barnabas GA, Zwi A (1997) Health policy development in wartime: establishing the Baito health system in Tigray, Ethiopia. *Health Policy and Planning* 12(1): 38-49. http://heapol.oxfordjournals.org/content/12/1/38.full.pdf, accessed 14 June 2013.

Bauermeister JA, Tross S, Ehrhardt AA (2009) A review of HIV/AIDS system-level interventions. *Aids and Behavior* 13 (3): 430-448.

Beanland TJ, Lacey SD, Melkman DD, Palmer S, Stothard JR, Fleming F, Fenwick A (2006) Multimedia materials for education, training, and advocacy in international health: experiences with the Schistosomiasis Control Initiative CD-ROM. *Memorias Do Instituto Oswaldo Cruz* 101: 87-90.

Bellows NM, Bellows BW, Warren C (2011) The use of vouchers for reproductive health services in developing countries: systematic review. *Tropical Medicine and International Health* 16 (1): 84-96.

Berlan D, Shiffman J (2012) Holding health providers in developing countries accountable to consumers: a synthesis of relevant scholarship. *Health Policy and Planning* 27 (4): 271-280.

Biesma RG, Brugha R, Harmer A, Walsh A, Spicer N, Walt G (2009) The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control. *Health Policy and Planning* 24 (4): 239-252.

Bjorkman M, Svensson J (2010) When is community-based monitoring effective? Evidence from a randomized experiment in primary health in Uganda. *Journal of the European Economic Association* 8 (2-3): 571-581.

Boeston J, Mdee A, Cleaver F (2011) Service delivery on the cheap? Community based workers in development interventions. *Development in Practice* 21(1): 41-58.

Booysen FL, Arntz T (2003) The methodology of HIV/AIDS impact studies: a review of current practices. *Social Science and Medicine* 56 (12): 2391-2405.

Bornstein L (2003) Management standards and development practice in the South African aid chain. *Public Administration and Development* 23 (5): 393-404.

Boshoff GBE (1997) 'Barefoot' sports administrators: laying the foundation for sports development in South Africa. *Journal of Sport Management* 11 (1): 69-79.

Bradley E, Byam P, Alpern R, Thompson J, Zerihun A, Abebe Y, Curry L. (2012) A systems approach to improving rural care in Ethiopia.[Erratum appears in PLoS One. 2012 May;7(5): doi/10.1371/annotation/7faaa943-84f2-48e9-9c7e-e19b5b037716 Note: Abeb, Yigeremu [corrected to Abebe, Yigeremu]]. *PLoS ONE [Electronic Resource].* 7(4): e35042.

Buccus I, Hemson D, Hicks J, Piper L (2008) Community development and engagement with local governance in South Africa. *Community Development Journal* 43 (3): 297-311.

Burger R (2005) What we have learnt from post-1994 innovations in pro-poor service delivery in South Africa: a case study-based analysis. *Development Southern Africa* 22 (4): 483-500.

Cain A (2007) Housing microfinance in post-conflict Angola: overcoming socioeconomic exclusion through land tenure and access to credit. *Environment and Urbanization* 19 (2): 361-390.

Cain A (2010) Research and practice as advocacy tools to influence Angola's land policies. *Environment and Urbanization* 22 (2): 505-522.

Cash C, Swatuk L (2011) Integrated development planning in South Africa: lessons from the Dwars River Valley. *Urban Forum* 22 (1): 53-73.

Castro MC, Tsuruta A, Kanamori S, Kannady K, Mkude S (2009) Community-based environmental management for malaria control: evidence from a small-scale intervention in Dar es Salaam, Tanzania. *Malaria Journal* 8: 57.

Charlick RB (2001) Popular participation and local government reform. *Public Administration and Development* 21 (2): 149-157.

Chinsinga B (2005) Targeting safety net interventions in developing countries: some insights from a qualitative simulation study from Malawi. *European Journal of Development Research* 17 (4): 706-734.

Chitekwe-Biti B, Mudimu P, Nyama GM, Jera T (2012) Developing an informal settlement upgrading protocol in Zimbabwe: the Epworth story. *Environment and Urbanization* 24 (1): 131-148.

Crawford G (2010) Decentralisation and struggles for basic rights in Ghana: opportunities and constraints. *International Journal of Human Rights* 14 (1): 92-125.

Cruz N, Crookston B, Gray B, Alder S, Dearden K (2009) Microfinance against malaria: impact of Freedom from Hunger's malaria education when delivered by rural banks in Ghana. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 103(12): 1229-36.

De Souza RM, Heinrich G, Senefeld S, Coon K, Sebanja P, Ogden J, Mauambeta D, Gelman N, Oglethorpe J (2008) Using innovation to address HIV, AIDS, and environment links: intervention case studies from Zimbabwe, Uganda, and Malawi. *Population and Environment* 29 (3-5): 219-246.

Deininger K, Mpuga P (2005) Does greater accountability improve the quality of public service delivery? Evidence from Uganda. *World Development* 33 (1): 171-191.

DFID (2008) *Citizens' voice and accountability evaluation: Mozambique country case study: final report*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67752/ev688.pdf, accessed 15 June 2013.

Ebersohn L, Ferreira R (2011) Coping in an HIV/AIDS-dominated context: teachers promoting resilience in schools. *Health Education Research* 26 (4): 596-613.

El Ansari W, Phillips CJ (2001) Partnerships, community participation and intersectoral collaboration in South Africa. *Journal of Interprofessional Care* 15 (2): 119-132.

Evensen JV, Stokke K (2010) United against HIV/AIDS? Politics of local governance in HIV/AIDS treatment in Lusikisiki, South Africa. *Journal of Southern African Studies* 36 (1): 151-167.

Farouk BR, Owusu M (2012) 'If in doubt, count': the role of community-driven enumerations in blocking eviction in Old Fadama, Accra. *Environment and Urbanization* 24 (1): 47-57.

Franco L M; Diop F P; Burgert C R; Kelley A G; Makinen M, Simpara C H. T; (2008) Effects of mutual health organizations on use of priority health-care services in urban and rural Mali: a case-control study. *Bulletin of the World Health Organization*. 86(11): 830-838.

Fraser-Hurt N, Lyimo E O. K; (1998) Insecticide-treated nets and treatment service: a trial using public and private sector channels in rural United Republic of Tanzania. *Bulletin of the World Health Organization*. 76(6): 607-615.

Fultz E, Francis JM (2011) Employer-sponsored programmes for the prevention and treatment of HIV/AIDS: recent experience from sub-Saharan Africa. *International Social Security Review* 64 (3): 1-19.

Gaye M, Diallo F (1997) Community participation in the management of the urban environment in Rufisque (Senegal). *Environment and Urbanization* 9 (1): 9-30.

Godwin A, Deryl N, Stewart L (2011) Social capital and accountability in grass-roots NGOs: the case of the Ugandan community-led HIV/AIDS initiative. *Accounting, Auditing and Accountability Journal* 24 (1): 63-92.

Golooba-Mutebi F (2012) In search of the right formula: public, private and community-driven provision of safe water in Rwanda and Uganda. *Public Administration and Development* 32 (4-5): 430-443.

Halla F (2002) Preparation and implementation of a general planning scheme in Tanzania: Kahama strategic urban development planning framework. *Habitat International* 26 (2): 281-293.

Haricharan HJ ([2011]) Extending participation: challenges of health committees as meaningful structures for community participation. http://salearningnetwork.weebly.com/uploads/6/5/0/1/6501954/hanne_report_on_health_committees.pdf, accessed 15 June 2013

Harpham T, Burton S, Blue I (2001) Healthy city projects in developing countries: the first evaluation. *Health Promotion International* 16 (2): 111-125.

Hartwig KA, Humphries D, Matebeni Z (2008) Building capacity for AIDS NGOs in southern Africa: evaluation of a pilot initiative. *Health Promotion International* 23 (3): 251-259.

Hendriks B (2010) City-wide governance networks in Nairobi: towards contributions to political rights, influence and service delivery for poor and middle-class citizens? *Habitat international* 34 (1): 59-77.

Holmes K, Winskell K, Hennink M, Chidiac S (2011) Microfinance and HIV mitigation among people living with HIV in the era of anti-retroviral therapy: emerging lessons from Cote d'Ivoire. *Global Public Health* 6 (4): 447-461.

Homeida M, Braide E, Elhassan E, Amazigo UV, Liese B, Benton B, Noma M, Etya'ale D, Dadzie KY, Kale OO, Seketeli A (2002) APOC's strategy of community-directed treatment with ivermectin (CDTI) and its potential for providing additional health services to the poorest populations: African Programme for Onchocerciasis Control. *Annals of Tropical Medicine and Parasitology* 96 (Suppl. 1): S93-104.

Hurrell A, MacAuslan I (2012) The political implications of cash transfers in sub-Saharan Africa: shaking up the social system. *Public Management Review* 14 (2): 255-272.

Jacobson J (2001) The provision of microfinance in the wake of conflict: the Ugandan example. *JPIA: Journal of Public and International Affairs* 12: 1-21.

Jayaraman S, Mabweijano JR, Lipnick MS, Caldwell N, Miyamoto J, Wangoda R, Mijumbi C, Hsia R, Dicker R, Ozgediz D (2009) Current patterns of prehospital trauma care in Kampala, Uganda and the feasibility of a lay-first-responder training program. *World Journal of Surgery* 33 (12): 2512-2521.

Johnson WD, Diaz RM, Flanders WD, Goodman M, Hill AN, Holtgrave D, Malow R, McClellan WM (2008) Behavioral interventions to reduce risk for sexual transmission of HIV among men who have sex with men. *Cochrane Database of Systematic Reviews* 16 (3).

Jones DS, Tshimanga M, Woelk G, Nsubuga P, Sunderland NL, Hader SL, St Louis ME (2009) Increasing leadership capacity for HIV/AIDS programmes by strengthening public health epidemiology and management training in Zimbabwe. *Human Resources for Health* 7: 69.

Kennedy CE, Spaulding AB, Brickley DB, Almers L, Mirjahangir J, Packel L, Kennedy GE, Mbizvo M, Collins L, Osborne K (2010) Linking sexual and reproductive health and HIV interventions: a systematic review. *Journal of the International Aids Society* 13: 26.

Kilroy W (2011) From conflict to ownership: participatory approaches to the re-integration of ex-combatants in Sierra Leone. *Irish Studies in International Affairs* 22: 127-144.

King E, Samii C, Snilstveit B (2010) Interventions to promote social cohesion in sub-Saharan Africa. http://www.3ieimpact.org/en/evidence/systematic-reviews/details/24/, accessed 15 June 2013.

Korth M, Stewart R, van Rooyen C, de Wet T (2012) Microfinance: development intervention or just another bank? *Journal of Agrarian Change* 12 (4): 575-586.

Lake S, Musumali C (1999) Zambia: the role of aid management in sustaining visionary reform. *Health Policy and Planning* 14 (3): 254-263.

Leon E, Kelman I, Kennedy J, Ashmore J (2009) Capacity building lessons from a decade of transitional settlement and shelter. *International Journal of Strategic Property Management* 13 (3): 247-265.

Lewin S, Lavis JN, Oxman AD, Bastias G, Chopra M, Ciapponi A, Flottorp S, Marti SG, Pantoja T, Rada G, Souza N, Treweek S, Wiysonge CS, Haines A (2008) Supporting the delivery of cost-effective interventions in primary health-care systems in low-income and middle-income countries: an overview of systematic reviews. *Lancet* 372 (9642): 928-939.

Liu BM, Abebe Y, McHugh OV, Collick AS, Gebrekidan B, Steenhuis TS (2008) Overcoming limited information through participatory watershed management: case study in Amhara, Ethiopia. *Physics and Chemistry of the Earth* 33 (1-2): 13-21.

Loewenson R, TARSC, Rusike, I (2004) Assessing the impact of health centre committees on health system performance and health resources allocation. http://www.equinetafrica.org/bibl/docs/DIS18%20res.pdf, accessed 15 June 2013.

Lusaka District Health Team, EQUINET (2008) *Consolidating processes for community – health centre partnership and accountability in Zambia*. http://www.equinetafrica.org/bibl/docs/PRAequitygauge2008.pdf, accessed 15 June 2013.

Lyons M, Smuts C, Stephens A (2002) The impact of a changing policy framework on isolated communities: a South African experience. *Habitat International* 26 (2): 191-212.

Mabogunje AL, Kates RW (2007) Tackling the African 'poverty trap': the Ijebu-Ode experiment. *PNAS: Proceedings of the National Academy of Sciences of the United States of America* 104 (43): 16781-16786.

Maluka S, Kamuzora P, San Sebastian M, Byskov J, Ndawi B, Hurtig A-K (2010) Improving district level health planning and priority setting in Tanzania through implementing accountability for reasonableness framework: perceptions of stakeholders. *BMC Health Services Research* 10: 322.

Marshall-Lucette S, Corbett K, Lartey N, Opio D, Bikaitwoha ME (2007) Developing locally based research capacity in Uganda. *International Nursing Review* 54 (3): 227-233.

Martin M, Brookes L, Cham A, Sowe DM, Khan S, Thomas DR, Hill PC (2005) Tuberculosis education in an endemic setting: application of participatory methods to video development in The Gambia. *International Journal of Tuberculosis and Lung Disease* 9 (5): 550-555. [Erratum appears in *Int J Tuberc Lung Dis.* 2005 9(6):706.]

Mazzucato V, Kabki M (2009) Small is beautiful: the micro-politics of transnational relationships between Ghanaian hometown associations and communities back home. *Global Networks* 9 (2): 227-251.

Mbalinda SN, Plover CM, Burnham G, Kaye D, Mwanika A, Oria H, Okullo I, Muhwezi W, Groves S (2011) Assessing community perspectives of the community based education and service model at Makerere University, Uganda: a qualitative evaluation. *BMC International Health and Human Rights* 11 (Suppl. 1): S6. http://www.biomedcentral.com/1472-698X/11/S1/S6, accessed 15 June 2013.

Mbao MLM (2011) Prevention and combating of corruption in Zambia. *Comparative and International Law Journal of Southern Africa* 44 (2): 255-274.

Mbuagbo OT, Egbe O, Rogers T (2012) Urban governance policies in Cameroon and the crisis of political exclusion: a case study of the city of Kumba. *Journal of Asian and African Studies* 47 (2): 176-189.

McIntosh C, Villaran G, Wydick B (2011) Microfinance and home improvement: using retrospective panel data to measure program effects on fundamental events. *World Development* 39 (6): 922-937.

Meyer C, Bellows N, Campbell M, Potts M (2011) *The impact of vouchers on the use and quality of health goods and services in developing countries: a systematic review*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3063, accessed 15 June 2013.

Michener VJ (1998) The participatory approach: contradiction and co-option in Burkina Faso. *World Development* 26 (12): 2105-2118.

Millstein M (2011) Urban governance transformations and the first two years of the N2 gateway project in Cape Town. *Transformation* 76: 22-43.

Minang PA, McCall MK, Bressers HTA (2007) Community capacity for implementing clean development mechanism projects within community forests in Cameroon. *Environmental Management* 39 (5): 615-630.

Mirumachi N, Wyk E van (2010) Cooperation at different scales: challenges for local and international water resource governance in South Africa. *Geographical Journal* 176 (1): 25-38.

Mitchell S, Andersson N (2011) Equity in development and access to health services in the Wild Coast of South Africa: the community view through four linked cross-sectional studies between 1997 and 2007. *BMC Health Services Research* 11 (Suppl. 2): S5. http://www.biomedcentral.com/1472-6963/11/S2/S5, accessed 15 June 2013.

Mitlin D, Satterthwaite D (2007) Strategies for grassroots control of international aid. *Environment and Urbanization* 19 (2): 483-500.

Molyneux C, Hutchison B, Chuma J, Gilson L (2007) The role of community-based organizations in household ability to pay for health care in Kilifi District, Kenya. *Health Policy and Planning* 22 (6): 381-392.

Mosley P, Hulme D (1998) Microenterprise finance: is there a conflict between growth and poverty alleviation? *World Development* 26 (5): 783-790.

Mosoetsa S (2005) Compromised communities and re-emerging civic engagement in Mpumalanga township, Durban, KwaZulu-Natal. *Journal of Southern African Studies* 31(4): 857-874.

Msibi F, Penzhorn C (2010) Participatory communication for local government in South Africa: a study of the Kungwini local municipality. *Information Development* 26 (3): 225-236.

Mubyazi GM, Mushi AK, Shayo E, Mdira K, Ikingura J, Mutagwaba D, Malecela M, Njunwa KK, (2007a) Local primary health care committees and community-based health workers in Mkuranga District, Tanzania: does the public recognise and appreciate them? *Studies on Ethno-Medicine* 1 (1): 27-35.

Mubyazi GM, Mushi A, Kamugisha M, Massaga J, Mdira KY, Segeja M, Njunwa KJ (2007b) Community views on health sector reform and their participation in health priority setting: case of Lushoto and Muheza districts, Tanzania. *Journal of Public Health* 29 (2): 147-56.

Muthuri JN (2007) Corporate citizenship and sustainable community development: fostering multi-sector collaboration in Magadi division in Kenya. *Journal of Corporate Citizenship* 28: 73-84.

Nelson Mandela Metropolitan University, EQUINET (2008) *Promoting partnership between communities and frontline health workers: strengthening community health committees in South Africa: a participatory reflection and action project*. http://www.equinetafrica.org/bibl/docs/CDU%20PRArep%20Final.pdf, accessed 15 June 2013.

Ng BE, Butler LM, Horvath T, Rutherford GW (2011) Population-based biomedical sexually transmitted infection control interventions for reducing HIV infection. *Cochrane Database of Systematic Reviews* 16 (3).

Njau RJA, Mosha FW, De Savigny D (2009) Case studies in public-private-partnership in health with the focus of enhancing the accessibility of health interventions. *Tanzania Journal of Health Research* 11 (4): 235-249.

Ntata PRT (2007) Equity in access to ARV drugs in Malawi. *Sahara Journal: Journal of Social Aspects of HIV/AIDS Research Alliance* 4 (1): 564-574.

Okes NC, Petersen S, McDaid L, Basson J (2012) Enabling people to create change: capacity building for Ecosystem Approach to Fisheries (EAF) implementation in Southern Africa. *Marine Policy* 36 (1): 286-296.

Oliveira Cruz V, McPake B (2010) The 'aid contract' and its compensation scheme: a case study of the performance of the Ugandan health sector. *Social Science and Medicine* 71 (7): 1357-1365.

O'Loughlin R, Fentie G, Flannery B, Emerson PM (2006) Follow-up of a low cost latrine promotion programme in one district of Amhara, Ethiopia: characteristics of early adopters and non-adopters. *Tropical Medicine and International Health* 11 (9): 1406-1415.

Olowu D (2002) Capacity building for policy management through twinning: lessons from a Dutch-Namibian case. *Public Administration and Development* 22 (3): 275-288.

Omaswa F, Burnham G, Baingana G, Mwebesa H, Morrow R (1997) Introducing quality management into primary health care services in Uganda. *Bulletin of the World Health Organization* 75 (2): 155-161.

O'Meara WP, Tsofa B, Molyneux S, Goodman C, McKenzie FE (2011) Community and facility-level engagement in planning and budgeting for the government health sector: a district perspective from Kenya. *Health Policy* 99 (3): 234-243.

Onyach-Olaa M (2003) The challenges of implementing decentralisation: recent experiences in Uganda. *Public Administration and Development* 23 (1): 105-113.

Osiche M (2008) Applying rapid results approach to local service delivery: issues, lessons and challenges from Nairobi City Council. *Public Administration and Development* 28 (4): 311-325.

Pandit JA, Sirotin N, Tittle R, Onjolo E, Bukusi EA, Cohen CR (2010) Shamba Maisha: a pilot study assessing impacts of a micro-irrigation intervention on the health and economic well-being of HIV patients. *BMC Public Health* 10: 245. http://www.biomedcentral.com/1471-2458/10/245, accessed 15 June 2013.

Puoane T, Bradley H, Hughes G (2006) Community intervention for the emerging epidemic of non-communicable diseases. *South African Journal of Clinical Nutrition* 19 (2): 56-62.

Roberts D, Diederichs N (2002) Durban's Local Agenda 21 programme: tackling sustainable development in a post-apartheid city. *Environment and Urbanization* 14 (1): 189-201.

Robinson C, Gfeller E (1997) A basic education programme in Africa: the people's own? *International Journal of Educational Development* 17 (3): 295-302.

Robinson M, Friedman S (2007) Civil society, democratization, and foreign aid: civic engagement and public policy in South Africa and Uganda. *Democratization* 14 (4): 643-668.

Rooyen C van, Stewart R, de Wet T (2012) The impact of microfinance in sub-Saharan Africa: a systematic review of the evidence. *World Development* 40 (11): 2249-2262.

Scott V, Stern R, Sanders D, Reagon G, Mathews V (2008) Research to action to address inequities: the experience of the Cape Town Equity Gauge. *International Journal for Equity in Health* 7: 6.

Sheuya SA (2007) Reconceptualizing housing finance in informal settlements: the case of Dar es Salaam, Tanzania. *Environment and Urbanization* 19 (2): 441-456.

Smith L (2011) The limits to public participation in strengthening public accountability: a reflection on the 'Citizens' Voice' initiative in South Africa. *Journal of Asian and African Studies* 46 (5): 504-517.

Sowunmi FA, Adesola MA, Salako MA (2010) An appraisal of the performance of the Economic and Financial Crimes Commission in Nigeria. *International Journal of Offender Therapy and Comparative Criminology* 54 (6): 1047-1069.

Stewart R, van Rooyen C, de Wet T (2012) Purity or pragmatism? Reflecting on the use of systematic review methodology in development. *Journal of Development Effectiveness* 4 (3): 430-444.

Stone LS, Stone TM (2010) Community-based tourism enterprises: challenges and prospects for community participation, Khama Rhino Sanctuary Trust, Botswana. *Journal of Sustainable Tourism* 19 (1): 97-114.

Swaans K, Broerse J, Meincke M, Mudhara M, Bunders J (2009) Promoting food security and well-being among poor and HIV/AIDS affected households: lessons from an interactive and integrated approach. *Evaluation and Program Planning* 32 (1): 31-42.

Tadele F (1996) Sustaining urban development through participation: an Ethiopian case study. *Gender and Development* 4 (1): 45-52.

Tanga PT, Maliehe L (2011) An analysis of community participation in handicraft projects in Lesotho. *Anthropologist* 13 (3): 201-210.

Taylor H (1999) Training of local councillors in Tanzania: learning 'good governance'. *Public Administration and Development* 19 (1): 77-91.

Tedrow VA, Zelaya CE, Kennedy CE, Morin SF, Khumalo-Sakutukwa G, Sweat MD, Celentano DD (2012) No 'magic bullet': exploring community mobilization strategies used in a multi-site community based randomized controlled trial: Project Accept (HPTN 043). *Aids and Behavior* 16 (5): 1217-1226.

Terry A (2008) Community sustainable-development indicators: a useful participatory technique or another dead end? *Development in Practice* 18 (2): 223-234.

Tettey WJ (2002) ICT, local government capacity building, and civic engagement: an evaluation of the Sample Initiative in Ghana. *Perspectives on Global Development and Technology* 1 (2): 165-192.

Thwala WD (2008) Skills development in South Africa: Group Five's social investment project. *Development in Practice* 18 (3): 446-449.

Traore A, Bickersteth S (2011) Addressing the challenges of agricultural service provision: the case of Oxfam's Strategic Cotton Programme in Mali. *International Journal of Agricultural Sustainability* 9 (1): 82-90.

Travis R, McFarlin N, van Rooyen CAJ, Gray M (1999) Community development in South Africa: its use as an intervention strategy. *International Social Work* 42 (2): 177-187.

Tukahirwa JT, Mol APJ, Oosterveer P (2010) Civil society participation in urban sanitation and solid waste management in Uganda. *Local Environment* 15 (1): 1-14.

Twinomurinzi H, Phahlamohlaka J, Byrne E (2012) The small group subtlety of using ICT for participatory governance: a South African experience. *Government Information Quarterly* 29 (2): 203-211.

Uneke CJ, Ezeoha AE, Ndukwe CD, Oyibo PG, Onwe F (2012) Promotion of evidence-informed health policymaking in Nigeria: bridging the gap between researchers and policymakers. *Global Public Health: An International Journal for Research, Policy and Practice* 7 (7): 750-765.

Wild L, Harris D (2011) *The political economy of community scorecards in Malawi*. London: Overseas Development Institute.

Wootton R, Geissbuhler A, Jethwani K, Kovarik C, Person DA, Vladzymyrskyy A, Zanaboni P, Zolfo M (2012) Long-running telemedicine networks delivering humanitarian services: experience, performance and scientific output. *Bulletin of the World Health Organization* 90 (5): 341-347D.

Appendices

Appendix 1: Authorship of this report

Authors

Dr Una Lynch, Sonrisa Solutions Ltd, Northern Ireland

Ms Sheena McGrellis, Independent researcher, Northern Ireland

Ms Mira Dutschke, University of Capetown, South Africa

Ms Margaret Anderson, Queen's University Belfast, Northern Ireland

Professor Geraldine Macdonald, Queen's University Belfast, Northern Ireland

Professor Pam Arnsberger, University of Hawai'i, USA

Dr Meripa Godinet and Dr Fenfang Li of the University of Hawai'i, USA and Dr Silvia Matinez Calvo and Dr Hector Bayarre Vea, National School of Public Health, Cuba, contributed to the development of the protocol on which this review is based.

Peer Review Group

Ms Eleanor Kennon, Senior Policy Officer, AusAID

Mr Tymon Kennedy, Programme Officer Research Division, AusAID

Professor Sandy Oliver, EPPI-Centre

For further information about this review, please contact:

Dr Una Lynch at una@sonrisa-solutions.com

Conflicts of interest

None

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Appendix 2: International Advisory Group

Lisa Staruszkiewicz, First Secretary, Community Partnerships and Scholarships, AusAID, Africa

Brian Smith (Marie Stopes International, Australia), AusAID nominee, Africa Community Engagement Scheme (AACES)

Sally O'Neill, Regional Manager, Trócaire, Latin America

Mark Gorman, Director of Strategic Development at Help the Aged International

Professor Sandy Oliver, EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

Carol Vigurs, EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

Appendix 3: Inclusion and exclusion criteria

1.Initial screening on title and abstract
Exclude: Year - pre 1995
Exclude: Country - not LMIC
Exclude: Intervention – no intervention
Exclude: Study Type – not an empirical study
2. Screen on country
Exclude: Not Africa
Include: Africa
Include: South Africa
3. Screen on full text
Exclude: Not Africa
Exclude: No intervention
Exclude: Intervention not applicable
Exclude: Not sufficient evidence
Exclude: No demonstrated outcomes
4. Screen on quality – Included if study satisfies 7 out of 11 criteria
i. Transparent data collection
ii. Descriptive data on group(s) provided

What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

iii. Method of analysis informed by theory
iv. Data deemed internally reliable, externally valid
v. If ethnographic, are data documented and reliability discussed?
vi. Causality evidence explained
vii. Are other relevant variables impacting on outcome controlled for?
viii. Findings supported by other studies, or discussed
ix. Robust statistical findings, not chance
x. Transferability of findings
xi. Voice of participants privileged
5. Quality review (hard copy)
Repeat quality assessment of the 52 papers included in Stage two.

Appendix 4: Electronic databases searched

3ie Evidence Databases

African Index Medicus

African Women's Bibliographic Database

BLDS (British Library for Development Studies)

Campbell Collaboration Library of Systematic Reviews

Cochrane Central Register of Controlled Trials (CENTRAL)

Cochrane Library of Systematic Reviews

Conference Proceedings Citation Index – Science (Web of Science)

Conference Proceedings Citation Index – Social Science and Humanities (Web of Science)

DARE: Database of Abstracts of Reviews of Effectiveness via The Cochrane Library

Google: Limited to top 100 hits ordered by relevance

Google Scholar (search limited to title only)

IBSS -International Bibliography of the Social Sciences (Proquest)

IDEAS Economics and Finance Database. Limited to articles and papers PY 1995-2012

JOLIS (Library catalogue of the IMF, World Bank and IFC). Limited to articles and research reports PY 1995-2012

LILACS

MEDLINE (Ovid)

PsycINFO

Science Citation Index (Web of Science)

Social Science Citation Index (Web of Science)

WHOLIS (WHO Library and Information Networks for Knowledge Database)

WorldCat (limited to theses search)

Worldwide Political Science Abstracts (Proquest)

Appendix 5: Sample search

Ovid MEDLINE® 1946 to October Week 4 2012, searched 6 November 2012

1 exp Social Responsibility/ (19420)

2 Decision Making/ (62241)

3 Cooperative Behavior/ (24495)

4 exp Consumer Participation/ (29707)

5 Ownership/ (6754)

6 "power (psychology)"/ (9207)

7 Fraud/ (6172)

8 Capacity Building/ (355)

9 (accountab$ adj3 (bottom-up or bottom up or citizen$ or civic$ or communit$ or grassroot$ or grass root$ or grass-root$ or local$ or mutual$ or public$ or social$)).tw. (704)

10 (accountab$ adj3 (control$ or device$ or intervention$ or measur$ or mechanism$ or monitor$ or strateg$ or structur$ or restructur$ or re-structur$)).tw. (525)

11 (transparen$ adj3 (control$ or device$ or intervention$ or measur$ or mechanism$ or monitor$ or strateg$ or structur$ or restructur$ or re-structur$)).tw. (617)

12 ((bribery or corrupt$ or anticorruption$ or anti-corruption$ or fraud$ or antifraud$ or anti-fraud$) adj3 (control$ or device$ or intervention$ or measur$ or mechanism$ or monitor$ or strateg$ or structur$ or restructure$ or re-structur$)).tw. (166)

13 ((capacity adj1 (build$ or develop$)) or ((voice$ adj1 (amplif$ or strengthen$)) or participatory democracy or story telling)).tw. (2674)

14 ((administer$ or administrat$ or council$ or committee$ or forum$ or governanc$ or jury or juries or meeting$ or organi#ation$ or self govern$) adj3 (citizen$ or civic$ or civil$ or communit$ or grassroot$ or grass-root$ or local$ or stakeholder$ or stake-holder$)).tw. (15942)

15 ((tribe$ or tribal or villag$) adj1 (assembl$ or council$ or governanc$)).tw. (46)

16 ((citizen$ or civic$ or communit$ or cbo or grassroot$ or grass root$ or local$ or service$ user$ or stakeholder$ or stake holder$) adj3 ((decision$ adj1 mak$) or empower$ or engage$ or mobilis$ or mobiliz$ or monitor$ or ownership$ or participat$)).tw. (11781)

17 ((report$ or score$) adj1 (card or cards)).tw. (1222)

18 ((citizen$ or communit$ or constituency) adj1 (card or cards or feedback$ or feed back$ or hotline$ or monitor$ or report$ or score$)).tw. (485)

19 (((citizen$ or civic or consumer$) adj1 (charter$ or pact$)) or integrity pact$).tw. (8)

20 ((patient$ or health) adj1 (charter$ or committee$)).tw. (577)

21 (lifestyle check$ or peopl$ verdict$ or social audit or social performance or "complaint and response" or story telling).tw. (450)

22 (((expenditure or spend$) adj1 track$) or (budget$ adj1 monitor$) or (budget$ adj1 analysis) or ((financ$ or economic$) adj1 inclus$) or microfinanc$ or micro financ$).tw. (185)

23 or/1-22 (176626)

24 Developing Countries.sh,kf. (69694)

25 (Africa or Asia or Caribbean or West Indies or South America or Latin America or Central America).hw,kf,ti,ab,cp. (159454)

26 (Afghanistan or Albania or Algeria or Angola or Antigua or Barbuda or Argentina or Armenia or Armenian or Aruba or Azerbaijan or Bahrain or Bangladesh or Barbados or Benin or Byelarus or Byelorussian or Belarus or Belorussian or Belorussia or Belize or Bhutan or Bolivia or Bosnia or Herzegovina or Hercegovina or Botswana or Brasil or Brazil or Bulgaria or Burkina Faso or Burkina Fasso or Upper Volta or Burundi or Urundi or Cambodia or Khmer Republic or Kampuchea or Cameroon or Cameroons or Cameron or Camerons or Cape Verde or Central African Republic or Chad or Chile or China or Colombia or Comoros or Comoro Islands or Comores or Mayotte or Congo or Zaire or Costa Rica or Cote d'Ivoire or Ivory Coast or Croatia or Cuba or Cyprus or Czechoslovakia or Czech Republic or Slovakia or Slovak Republic or Djibouti or French Somaliland or Dominica or Dominican Republic or East Timor or East Timur or Timor Leste or Ecuador or Egypt or United Arab Republic or El Salvador or Eritrea or Estonia or Ethiopia or Fiji or Gabon or Gabonese Republic or Gambia or Gaza or Georgia Republic or Georgian Republic or Ghana or Gold Coast or Greece or Grenada or Guatemala or Guinea or Guam or Guiana or Guyana or Haiti or Honduras or Hungary or India or Maldives or Indonesia or Iran or Iraq or Isle of Man or Jamaica or Jordan or Kazakhstan or Kazakh or Kenya or Kiribati or Korea or Kosovo or Kyrgyzstan or Kirghizia or Kyrgyz Republic or Kirghiz or Kirgizstan or Lao PDR or Laos or Latvia or Lebanon or Lesotho or Basutoland or Liberia or Libya or Lithuania or Macedonia or Madagascar or Malagasy Republic or Malaysia or Malaya or Malay or Sabah or Sarawak or Malawi or Nyasaland or Mali or Malta or Marshall Islands or Mauritania or Mauritius or Agalega Islands or Mexico or Micronesia or Middle East or Moldova or Moldovia or Moldovian or Mongolia or Montenegro or Morocco or Ifni or Mozambique or Myanmar or Myanma or Burma or Namibia or Nepal or Netherlands Antilles or New Caledonia or Nicaragua or Niger or Nigeria or Northern Mariana Islands or Oman or Muscat or Pakistan or Palau or Palestine or Panama or Paraguay or Peru or Philippines or Philipines or Phillipines or Phillippines or Poland or Portugal or Puerto Rico or

What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

Romania or Rumania or Roumania or Russia or Russian or Rwanda or Ruanda or Saint Kitts or St Kitts or Nevis or Saint Lucia or St Lucia or Saint Vincent or St Vincent or Grenadines or Samoa or Samoan Islands or Navigator Island or Navigator Islands or Sao Tome or Saudi Arabia or Senegal or Serbia or Montenegro or Seychelles or Sierra Leone or Slovenia or Sri Lanka or Ceylon or Solomon Islands or Somalia or South Africa or Sudan or Suriname or Surinam or Swaziland or Syria or Tajikistan or Tadzhikistan or Tadjikistan or Tadzhik or Tanzania or Thailand or Togo or Togolese Republic or Tonga or Trinidad or Tobago or Tunisia or Turkey or Turkmenistan or Turkmen or Uganda or Ukraine or Uruguay or USSR or Soviet Union or Union of Soviet Socialist Republics or Uzbekistan or Uzbek or Vanuatu or New Hebrides or Venezuela or Vietnam or Viet Nam or West Bank or Yemen or Yugoslavia or Zambia or Zimbabwe or Rhodesia).hw,kf,ti,ab,cp. (2533126)

27 ((developing or less$ developed or under developed or underdeveloped or middle income or low$ income or underserved or under served or deprived or poor$) adj (countr$ or nation? or population? or world)).ti,ab. (46214)

28 ((developing or less$ developed or under developed or underdeveloped or middle income or low$ income) adj (economy or economies)).ti,ab. (201)

29 (low$ adj (gdp or gnp or gross domestic or gross national)).ti,ab. (117)

30 (low adj3 middle adj3 countr$).ti,ab. (1833)

31 (lmic or lmics or third world or lami countr$).ti,ab. (2768)

32 transitional countr$.ti,ab. (79)

33 or/24-32 (2623865)

34 International Cooperation/ (36858)

35 ((aid or development) adj3 (disparit$ or effectiv$ or equal$ or equit$ or impact$ or inclusive or inclusion or in-equit$ or inequit$ or un-equal$ or unequal$ or sustain$)).tw. (15128)

36 ((agency or agencies or bilateral$ or bi-lateral$ or capital$ or charit$ or conditional or cross-national$ or development$ or donor$ or economic or emergenc$ or federal$ or fiscal$ or federal$ or financ$ or foreign or fund$ or govern$ or grant$ or humanitarian$ or international$ or invest$ or lend$ or loan$ or "long-term$" or longterm$ or multinational or "multi-national" or "non-govern$ " or ngo$ or relief$ or "short term" or tied or unilateral$ or "uni lateral$" or voluntary) adj3 (aid or assistance or cooperation or co-operation or development$)).tw. (1327075)

37 ((aid or resource$ or service$) adj3 (allocat$ or deliver$ or distribut$ or modalit$ or transparen$)).tw. (21756)

38 (Paris Declaration or Accra Agenda or Accra Accord or millennium goal$ or millenium goal$).tw. (51)

39 or/34-38 (1376671)

40 23 and 33 and 39 (4322)

41 limit 40 to yr="1995 -Current" (3425)

Appendix 6: Quality criteria

The method of assessing the quality of the study designs employed will be guided by positive answers to questions such as:

1. Is the way in which data are collected/obtained transparent and documented clearly?
2. Regardless of study design, are descriptive data on the group(s) studied provided?
3. Is the method of analysis informed by existing theory/theories?
4. Are the data reviewed or study results presented determined to be either internally reliable or externally valid by reviewers?
5. If the study is ethnographic, are raw data documented or available and the reliability of the conclusions discussed?
6. If the study purports to be causal, is the evidence related to causal mechanisms postulated in the accountability intervention/service inclusiveness relationship?
7. Are other possible explanations (other relevant variables) that impact on the outcome controlled for, accounted for in some manner or, in non–empirical studies, at least discussed?
8. Are the findings supported by results of other similar studies or, if this is not the case, is the reason for this discrepancy discussed (e.g. different geographical area, different gender/age/cultural group, weak intervention) etc.
9. If the study is empirical are the statistical findings (effect size, probability levels) sufficiently robust so as not to be the results of chance?
10. Are the findings applicable to 'the area of interest, or transferable to the area of interest, or is the testing ground for the intervention too individual so as to make this type of applicability impossible? Wang et al. (2005) stress the importance of context in assessing the applicability and transferability of findings from SRs. The questions developed by Wang and colleagues (2006) will be used to guide this assessment.
11. What steps did the author/s take to privilege the voice of the participants (e.g. single-sex focus groups, culturally sensitive research environment, participatory research practices).

A study will be included for further analysis (meta-analysis and/or narrative synthesis) if it satisfies 7 out of 11 criteria.

Appendix 7: Framework for narrative synthesis

Code
1.Authorship
Africa, Europe
North America, Australia
Collaboration
2. Time
Year of publication
Time frame for study
3. Beneficiaries[14]
Women
Children/young people
Rural
Tribal groups
4. Intervention
Increased citizenship
Increased transparency
Capacity development

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[14] Older people and people with disabilities are not included as a category as there were no papers focused on those groups in the final synthesis.

What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?

Health
Microfinance
Corruption
Person/group responsible for intervention
5.Study design
Research design description
Sampling strategy
Ethics and consent
6.Data collection and tools
Who collected data
When was it collected in project lifetime
Where was it collected
Who was interviewed
Voice
Tools used
How was data measured
Reliability and validity
7. Data analysis
Qualitative

Quantitative
8.Outcomes
Empowerment
Community participation
Access to services
Health promoting behaviours
Education training
Socio-economic development
Equity
Government corruption
Improved health
9. Synopsis
Synopsis of study
Context/modifiers
Authors' aims and recommendations

Appendix 8: Author affiliations

Author	Geographical location of home institution
Blattman et al.	USA and Germany
Casey et al.	USA
Friis-Hansen and Duveskog	Denmark and Sweden
Ismayilova et al.	USA
Okonofua et al.	Nigeria, USA and China (Ford Foundation)
Reinikka and Svensson	USA & Sweden
Pronyk et al.	South Africa and England
Kim et al.	USA, England and Switzerland
Hargreaves et al.	England and South Africa
Hatcher et al.	USA, South Africa and England
Jan et al.	Australia, England, South Africa and USA

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