

**Systematic Review Protocol –
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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?

Una Lynch, Geraldine Macdonald, Pam S Arnsberger, Meripa T Godinet, Fenfang S Li, Hector D Bayarre, Silvia Martinez-Calvo, Mira Dutschke, Margaret Anderson and Sheena McGrellis.

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Dr Una Lynch, Professor Silvia Martinez-Calvo and Dr Hector D Bayarre

Main title: 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?

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Review group (Biographical info in Appendix I)

Name	Email address	Role
Anderson, Margaret	m.anderson@qub.ac.uk	Reviewer & author of final report
Arnsberger, Pamela	arnsburg@hawaii.edu	Study lead meta-analysis & author of final report
BayarreVea, Héctor	hbayarre@infomed.sld.cu	Reviewer & author of final report
Dutschke, Mira	mira.dutschke@gmail.com	Reviewer & author of final report
Godinet, Meripa	meripa@hawaii.edu	Reviewer & author of final report
Li, Fenfang	fenfang@hawaii.edu	Reviewer & author of final report
Lynch, Una	Una@sonrisa-solutions.com	PI & author of final report
Macdonald, Geraldine	Geraldine.macdonald@qub.ac.uk	Supervising Systematic Review & author of final report
McGrellis, Sheena	sheena.mcgrellis@live.co.uk	Reviewer & author of final report
Martínez Calvo, Silvia	consultante2001@yahoo.com	Reviewer & author of final report

Authors

Una B Lynch, Geraldine Macdonald, Pam S Arnsberger, Meripa T Godinet, Fenfang S Li, Hector D Bayarre, Silvia Martinez-Calvo¹, Mira Dutschke, Margaret Anderson and Sheena McGrellis.

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Contact details

Professor Geraldine Macdonald geraldine.macdonald@qub.ac.uk and

Dr Una Lynch una@sonrisa-solutions.com

Institutional base

Queens University Belfast, Northern Ireland UK

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Summary

Title: 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?

This Systematic Review (SR) commissioned by Australia Agency for International Development (AusAID) is guided by the following questions:

- What is the evidence that interventions aimed at community accountability mechanisms and processes influence inclusive service delivery to communities (in LMIC)?
- What factors impact on these accountability mechanisms?’

The review is interested in interventions (that have emerged organically at community level and those supported by donors or multilateral bodies such as the World Bank) that aim to:

- i) Increase citizen participation,
- ii) Support good governance for inclusive, more accessible service delivery
- iii) Increase the transparency of evaluations designed to assess the effectiveness of interventions.

The review is focused on low and lower middle income countries (LMIC) generally and six sub groups in particular (women, children, people with disability, older people, people living in rural areas and minority tribal/ethnic groups). AusAID has requested that particular attention be given to studies that have focused on interventions in Africa.

The review adopts a two stage approach. Stage one will focus on a descriptive mapping of the studies, the populations, accountability mechanism and their study design. Stage two of the review will focus on a synthesis of all or some of the studies that have been identified. The members of the project advisory group will be involved in a review of the map and will guide the focus and selection of studies to be included in synthesis. The EPPI Centre’s Weights of Evidence (WoE) tool will be used in stage two to guide the critical appraisal of the studies. Given the centrality of inclusive service delivery within this SR the PROGRESS-Plus tool will be used to carry out an equity analysis focused on the subgroups cited above. As different synthesis methods require different types of data the methods used in this review will be determined by the type of studies that are included.

Members of the Eppi-Centre are part of the advisory group and will therefore be involved in decision making and guidance throughout the review. The draft final report will be submitted for peer review on 14 January 2013 and the final report will submitted to AusAid on 29 March 2013.

1. BACKGROUND

The 1990s witnessed an increased acceptance of the need for greater accountability in how Aid was used. Almost 20 years later ‘Aid effectiveness’ is now recognised as a necessary goal for international development but accountability remains a somewhat nebulous concept. The Paris Declaration called for improvements in governance, enhanced democracy and accountability on the part of both donor and recipient governments and the Accra Agenda for Action (OECD 2005/2008) emphasized that “Country ownership is key” (p.16 para 8). Wild and Domingo (2010) highlight the potential of ‘Aid’ to exacerbate prevailing weakness in domestic accountability in countries with poor governance. Drawing on Sen’s work on democracy, Mani and Mukand use the example of absence of famine but wide spread malnutrition in India to illustrate that the “political salience of a public good outcome has as much to do with the relative visibility of its outcome, and little to do with its contribution to voter welfare.” (2007:507). In 2009 the Australian Agency for International Development (AusAID) highlighted the need for identification of effective accountability mechanisms as a major priority for the Australian programme of International Development. In a recent review of Transparency and Accountability Initiatives (TAIs) for DFID, Joshi (2012) observes “In fact, most studies conclude that there is an urgent need to examine why certain TAIs succeed and what factors seem to matter.” (p.18)

This Systematic Review (SR) has been commissioned by AusAID to examine aid effectiveness and to strengthen the Agency’s capacity for development work in Africa. This SR is focused on assessing the evidence for the effectiveness of transparency and accountability interventions designed to improve inclusive service delivery to communities, and the factors that influence the success of these accountability mechanisms.

1.1 Aims and rationale for current review

This SR seeks to enhance good governance in low and middle income countries by identifying those actions which are most likely to yield tangible and lasting results to promote inclusive’ service delivery. The extent to which Aid achieves its goal and the degree to which the associated outcomes are sustainable has been the subject of much criticism (Chapman and Moore, 2010). Moreover in the delivery of aid, especially to low and middle income countries, it is widely acknowledged there is a lack of inclusive dialogue and engagement with key stakeholders in the community, (particularly women, children, older adults and the rural poor) and a lack of emphasis within country capacity development plans to conduct such dialogues (Mani and Mukand, 2005) . Aid is often considered to be delivered over too brief a period and to be too expensive (Barakat and Rzeszut, 2010). There is also a dearth of mechanisms for monitoring and evaluation, and a need for systems to strengthen compliance (AU, 2010). At the heart of these observations is the contention that the aid system is not accountable to those it seeks to benefit, and for that reason is ineffective in achieving the desired outcomes (Roche, 2009).

When examining the evidence base related to governments' duty to use the maximum available resources to ensure the progressive achievement of economic, social and cultural rights, Hofbauer et al. (2004) deemed equitable and efficient use of resources to be essential. This finding is congruent with recognition by the Committee on Economic, Social and Cultural Rights (ComESCR) (2000) with regards to the enjoyment of the highest attainable standard of health that adequate resources must be allocated to health systems to ensure inclusive service delivery and enable poor people to secure full access to health facilities and services. According to the ComESCR a national health strategy should identify the resources available to attain defined objectives as well as the most *cost-effective* way of using the resources. (Para 53) The ComESCR emphasizes the right of those affected by key decisions to participate in the decision making process. It argues that policies or programmes formulated without the active and informed participation of those affected are less likely to be effective (Para 12). The national health strategy and plan of action should therefore be based on the principles of accountability, transparency and independence of the judiciary – good governance being essential to effective implementation of all human rights. (Para 56) Kapoor's (2004) work on the impact of aid on participatory governance, illustrates how inclusive service delivery and the quality of participation is mediated by gender; ethnicity; religion and linguistic grouping, a reality which is often ignored by aid agencies. Culture also impacts on equity. For example, McLeod (2007) stresses that Pacific Islanders are still in 'chief' driven societies and that we must consider culture in the way we approach the idea of aid effectiveness. Participatory democracy is key to enhancing democracy and ensuring that resources are directed to the most disadvantaged groups. Dietrich (2009), in her analysis of the effectiveness of Aid in strengthening democracy, highlights how "corrupt governments... seek to please donors with progress in the health sector" while at the same time continuing with lucrative and exploitive governance practice in other areas. More recently, Gaventa and Barrett (2010) in their meta case study analysis observe that "in order to gain responsive and accountable governance, our findings point to the importance of multiple strategies of engagement" (page50).

The ComESCR also emphasized inclusive service delivery and the importance of gender and equitable distribution of services as a means of lowering 'levels of poverty and securing higher levels of economic growth' (AusAID, 2008:7). Significantly, the Secretary General of UN has declared that: "Redressing gender inequality remains one of the most difficult goals almost everywhere with implications that cut across many other issues. The root causes of gender disadvantage and oppression lie in societal attitudes and norms and power structures."(Moon, 2010: p.6 Para 18).

The search strategy employed in this SR will seek to draw on studies that have focused on inclusive service delivery and capacity development amongst traditionally excluded groups: the poor, children, older people, women, people with disability, children, minority tribal/ethnic groups and people living in rural areas. AusAID has also requested that particular attention is

given to studies that are focused on effectiveness in Africa. Interventions will be assessed that build more accountable systems of aid delivery (involving both donors and recipients or funders and their partners) and that show evidence of continuous dialogue and involvement of all constituencies in the decision making process. The research suggests that aid and development assistance are more likely to achieve desired outcomes when there is active participation of the citizenry as well as donor accountability (Wright and Winters, 2010). The AusAID impact report (2008) highlights that capacity development and the cross-cutting approaches are at the heart of effective governance. This SR seeks to strengthen the potential of 'Aid' to promote inclusive service delivery (transparency and social accountability interventions in particular). Consequently its objective is to identify effective practice/interventions in which the views of the people and groups for whom the aid is meant to benefit have been shown to be pivotal to the final mode of delivery and evaluation.

1.2 Definitions of terms

Aid effectiveness refers to the level of agreement between donor organisations through aid funded programs and aid recipients are used for the specific purpose for which they are intended, reach the poorest and most vulnerable in their target populations and the highest possible percentage of funds spent go to directly address the problem or need. The Tome Declaration on Harmonisation and Alignment also stressed that effective aid to poor or low income countries should be characterized 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. (www.ncaonline.org). This includes an ongoing policy adaptation process, which continuously reassesses all the stages of service delivery. In other words, participatory evaluation in relation to design, delivery and implementation of services is a continuous process as opposed to a once off, single point event. "Inclusive service delivery" also includes various forms of social accountability which, 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.

This SR will be guided by the AusAID (2011) definition: “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.” (p.4)

In 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 will draw on a more nuanced understanding of governance 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. In addition, to the importance of equity focused governance such as equitable distribution of resources that work to prevent or ameliorate differences and upholds core principles of citizenship and deliberative justice. The “formal and “informal” nature of these norms/processes/structures will be also be included within our definition.

Equity is underpinned by the concepts of social justice and fairness. Whitehead and 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 (Sen, 2009 and Nussbaum, 2012) which recognises that people’s ability to benefit from available resources/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) emphasizes 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 grass root 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)

SRs have traditionally been weak in their ability to assess the equity impact of interventions. Responding to this weakness and given the importance of promoting equity in overseas development work, colleagues at the EPPI-Centre have collaborated with others to develop PROGRESS-Plus (Oliver, 2008 and Petticrew, et al, 2012) a tool which enables subgroup analysis within SRs. This tool will be used in stage two of the review to assess the effectiveness of interventions to promote equity across a number of sub groups.

Social accountability refers to the control which citizens have over the use of government power and resources and is dependent on civic engagement. Joshi and Houtzager (2011) conceptualize 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 politicized 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 distills the essential elements of RBA into the following five areas. (1) The poor should be placed at the center 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. And (5) RBA encourages the active linkage between development and law¹. 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

¹ Ackerman expands ... “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 defense 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.

government; they did not go far enough in promoting a RBA. and advocated social accountability mechanisms along the lines of the ‘Justice for the Poor Program’ in Indonesia and Peru’s Social Accountability System which included initiatives such as the *Mesas de Concertación para la Lucha Contra la Pobreza*².

It is anticipated that the equity checklist (PROGRESS-Plus) will strengthen the capacity of this review to embrace a definition of community accountability that moves beyond ‘engagement activity’ and is reflective of a RBA.

Accountability mechanisms are one indicator of equity focused governance and deemed to be a crucial predictor for the effective delivery of aid. For this review they must be part of an aid funded intervention (or interventions) that aim to increase citizen participation and constructive engagement and dialogue with government and service providers, promote inclusive service delivery, 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 characterized 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 focus on approaches/processes such as advocacy, engagement or empowerment processes (such as participatory budgeting processes, health /education councils, trade unions, parent teacher committees, community feedback sessions, citizen engagement measures, capacity building efforts, advocacy chains, citizen charters or juries). One major category includes budget or fiscal mechanism including budget advocacy and monitoring and expenditure tracking mechanisms such as Public Expenditure Tacking Survey (PETS). Joshi and Houtzager (2011) highlight the lack of evidence surrounding the comparative effectiveness of accountability mechanism driven by mistrust and those aimed at deepening democracy.

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 29 January 2009 UN Secretary General Ban Ki-Moon declared “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.”

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

Reflective of the inclusive understanding of leadership advocated by the UN this SR review will be 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 organizations, within and across the public and private sectors,

² Round Tables for Attacking Poverty

to promote appropriate local institutional arrangements that enhance sustainable economic growth, political stability and social inclusion.”

The understanding of **Elites** within this context is informed by the definition used by Developmental Leadership Program’s (DLP): “We do not define elites as the small group of rich and powerful who may dominate a society. Rather, the term denotes the usually very small group of leaders occupying formal or informal positions of authority or power in public and private organizations or sectors, at national or sub-national levels. They generally take or influence major economic, political, social and administrative decisions in those spheres and often also use their power to influence decisions beyond such spheres.”

<http://www.dlprog.org/contents/about-us/our-core-focus/key-concepts.php#elites>)

Civil society is widely accepted as a collective noun encompassing a wide array of non-governmental and not-for-profit organizations that have a presence in public life. The UN Economic and Social Council (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) characterized civil society organizations 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, organizing opposition against the State, articulating interests of groups in society, recruiting leaders who are prepared to overthrow the non-democratic regime and providing information, which may inspire citizens to protest against the regime. The UNESC cite 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.

1.3 Policy and practice background.

Capacity development is central to the realization of the 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. 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 is hypothesized 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, Finn, and Epp, 2000).

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 disclosure of intervention outcomes in a timely manner. While some of the accountability mechanisms fall into the public expenditure management category, such as budget expenditure tracking, and performance monitoring, we will also review evidence of 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, ground roots advocacy efforts, program monitoring initiatives and social audits.

Over the past decade there is 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 fifty 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 (Toletino, 2005; Shah, and Victor, *In press*) have been successful in developing fiscal and budget tracking mechanisms, while other areas and regions such 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, as well as 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). The type of efforts aimed at inclusion, especially in relation to the poor, will be examined, including capacity development and social mobilization. Evaluations that include measures of access to technology and online information have also become important in recent years using indicators such as access to the internet.

1.4 Overview of research on 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, 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 Millennium Development Goals (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 utilized feedback mechanisms (often termed ‘mutual accountability mechanisms’) that were implemented at the country or international level (Droop, Isenman and Mlalazi, 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, Forster and Singh 2004; O’Neil, Foresti, and Hudson 2007, Peruzzotti and Smulovitz, 2006). However, randomized controlled trials of such interventions or even qualitative studies using in depth ethnographic methods are relatively scarce. There are however ‘stocktaking’ reviews of accountability initiatives. These 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 undertaken in the Asia Pacific region 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. One issue raised by these reviews is whether or not those accountability mechanism 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).

A brief, preliminary search of the literature produced over 270 possible outcome tools (most often scales) that assess participatory decision making, mutual accountability processes and satisfaction with service delivery. Among those most likely to be applicable for this SR are the Participatory Impacts Pathway Analysis (PIPA) which necessitates project staff and stakeholders working together to map knowledge; Participatory Rural Appraisal tool (PRA) which relies on local indigenous knowledge and the Stakeholder Participation in Governance

Tool (SPGT) which assesses the extent to which relevant stakeholders are included in the evaluation process. In addition, the presence of key indicators such as evidence of community participation in the establishment of type, timing and delivery modes of services will be used as outcome measures. Such indicators may include documentation of services being delivered, records of service providers visits and client outcomes thereof, regular service reviews insuring that government or agency standards are being met, regular reporting back by the service to the funding source or aid agency and evidence of regular meetings with stakeholders for review and evaluation of service quality in their own languages at their preferred locations. We will search for evidence of the use of mechanisms (and their results) such as participatory methods in real-time evaluations, complaint and response mechanisms; listening exercises; perceptions studies; social audits; social performance management systems; community score cards; citizen report cards; constituency feedback, story-telling, and others.

It is only recently that attempts have been made to measure the actual impact of these interventions and even this effort has been limited due to the lack of agreement on expected outcomes. As noted above, there were only a few studies which used agreed-upon indicators (poverty level, infant mortality rates, etc) to gauge the success of these efforts. 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 itself to anecdotal claims of impact and consumer surveys conducted by the agency itself. There are few randomized 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. In one of the few RCTS, the health outcome measure is clearly defined. the quality - increased weight-for-age z-scores and number of deaths among children. However they also include what might be termed proximal or process measure of interventions successes – increase in the quantity of care provided and increases in service utilization. (Björkman and Svensson , 2010). In many studies only the proximal measures are available. As such ‘process’ measures, are frequently used to gauge the success of these interventions. They include 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, all of which are frequently used to gauge the success of these interventions (deBarra, 2005).

In our initial scoping of study abstracts designed to measure the success of service delivery interventions that could include service inclusiveness, the number of possible outcomes was almost as great as the number of studies themselves. The studies including concepts such as improved gender equity; increased involvement in decision making by others than the ‘ traditional political elites’; measures of increased happiness or well being; service satisfaction; increase in available services; service sustainability; service timeliness; better access to health

care; social justice and capacity building; service awareness and appropriate utilization; increase in network building and social capital include social networks for mutual support, collective action/coalitions for social change and the capacity of network actors/members; increase in skills/knowledge to access services; good service 'fit'; reduction in food insecurity; understanding of and reduction in risky health behaviors; reduction in self assessed level of unmet need; and better targeting of services. We estimate that we will locate around 100 studies which fit inclusion criteria for the SR for meta-analysis and narrative synthesis. These studies will be screened and selected from a larger set of search results, the methodology of which is explained in the 'Methodology' section.

1.5 Why it is important to do this review

There exists a clear need to make a systematic assessment of current findings in this area and make a critical evaluation of the elements that predict success in current accountability interventions so that future interventions can include these components wherever possible. In recent years the Australia government has made a very significant increase in the amount of development Aid provided for work in the African region. This SR has been commissioned as part of AusAID's strategy to maximize the impact of this investment: "In the context of donor activity within Africa, AusAID is a minor player with limited resources. However, AusAID can apply its resources in a targeted and responsive manner in order to leverage greater outcomes, and to showcase the Australian contribution to the continent." (AusAID, 2010:5)

2. Review Question

This systematic review addresses the following questions:

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

3. REVIEW METHODOLOGY AND PROCEDURES

3.1This SR adopts a **two stage approach**. Stage one will focus on a descriptive mapping of the studies, the populations, accountability mechanism and their study design. A systematic map depicting a broad representation of the literature will be produced during this stage. Stage two will build on the mapping exercise to develop a synthesis of all or some of the studies that have been identified. The members of the project advisory group will be involved in a review of the map and will guide the focus and selection of studies to be included in the final synthesis. As different synthesis methods require different types of data the methods used for synthesis in this review will be determined by the type of studies that are included in stage two. Members of the Eppi-Centre are part of the advisory group and will therefore be involved in decision making throughout the review.

A two stage approach has been selected to strengthen the capacity of the review to provide as comprehensive a picture as possible of the literature in the area. The goal in stage one is to capture themes and trends in the areas of community accountability and inclusive service delivery. To this end the mapping exercise in stage one will enable identification of the methods and interventions that have been used as well as the geographical areas that dominate this literature base. The net will be cast wide during this stage and it is likely that some of the papers identified will be theoretical or the methodology used will not meet the quality threshold for inclusion in the final synthesis. Nevertheless it is envisaged that the mapping exercise will result in a more ‘complete’ picture of what is happening in practice. It is also anticipated that the mapping exercise will provide a better understanding of the ‘gaps and weaknesses’ in the evidence base for community accountability and inclusive service delivery generally. The synthesis methods used will be dependent on the type of studies included in stage two and will be agreed in partnership with the Eppi-Centre.

3.2 User involvement and impact

Our starting point in the process of identifying potential users of the review has been the review specifications drafted by the funder of this study, AusAID. This SR will be conducted in response to the objectives identified by AusAID in funding this study. To develop a better understanding of AusAID’s goals we have consulted with other staff to clarify the research question. The consultations have contributed to clarification of the review question, extended the range of accountability indicators to be considered, and demonstrated the importance of looking for evidence on accountability initiatives, implications for women as well as disenfranchised sectors of the population, especially on the African continent.

We aim to expand the scope for user involvement in and potential impact of this review by following a two-pronged strategy. On the one hand, we will consult with members of the advisory group (appendix II) we set up for the review. The board includes representatives from AusAID, the EPPI Centre, international aid agencies as well as universities throughout the developing world. User involvement will also be enhanced by the international nature of the review team with multiple university affiliations. In addition to Queens University where the review is housed we will draw on websites and research and publicity infrastructure in the other partner institutions to disseminate the review findings through press releases, conference presentations, and eventually, peer reviewed articles. In addition we have also drawn on the expertise of the EPPI-Centre for assistance in establishing search criteria.

We have developed several international partnerships with participating countries, including Samoa, China, the United States, The Republic of South Africa and Cuba. We aim to present the findings of the review and elicit debate through workshops open to the faculty of partner institutions, civil society organisations, and local/national policy-makers in the host country.

Guided by the team at the EPPI-Centre we propose using a two-stage or two-step process for the SR.

3.3 Criteria for considering studies for this review

Types of studies

In stage one, to ensure as comprehensive a description as possible of the literature in the area of community accountability, all types of studies will be included. The criteria below relates to the literature that will be included in stage two.

Outcome studies Empirical studies of any design that includes EITHER some type of control or comparison group (desirable criteria) OR a baseline measure of pre intervention functioning (minimal criteria). Study designs will include:

- Experimental designs with study recipient randomly assigned to treatment and control groups
- Quasi experimental designs with non-random assignment, but with treatment and comparison groups
- Pre and post test designs
- Survey data utilizing random sampling methods where aid recipients, key informants and other individuals reporting on the effect of aid received
- Evaluative studies conducted by foundations, or academic researchers that necessarily employ retrospective design
- Qualitative studies that may employ a descriptive design but include a “thick description ‘ of the intervention and the reaction /assessment of the participants in the process
- Systematic reviews and meta-analyses on similar topics (eg aid effectiveness, service inclusiveness not part of an aid intervention, etc).

Excluded: We will exclude any of the following: theoretical papers, papers that are focused only on methodology; editorials, commentaries or book reviews; policy documents/policy critique; position papers.

Mediating factors We will also include any qualitative study that provides information on factors that influence the success of accountability mechanisms that uses some recognized method of analysis (essential) and that reflects the voices of citizens in the assessment of the success of the intervention (desirable).

Excluded: Any study that does not include the voice of the consumers or relies on service providers (including the NGO's), 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.

Types of participants [perceived beneficiaries of interventions)

The SR will concentrate on communities or groups in low- or middle-income countries (focus on women, children, older people, people in rural areas and people with disability).

The Types of interventions include any accountability mechanism (e.g. those that have evolved organically at community level and those supported by donors or multilateral bodies such as the World Bank) that aims to:

- i) increase citizen participation,
- ii) support good governance (for inclusive, more accessible service delivery primarily through reducing corruption for inclusive service delivery),
- iii) increase the transparency or ‘mutuality’ (of both donor and recipient) in evaluations designed to assess the effectiveness of interventions.

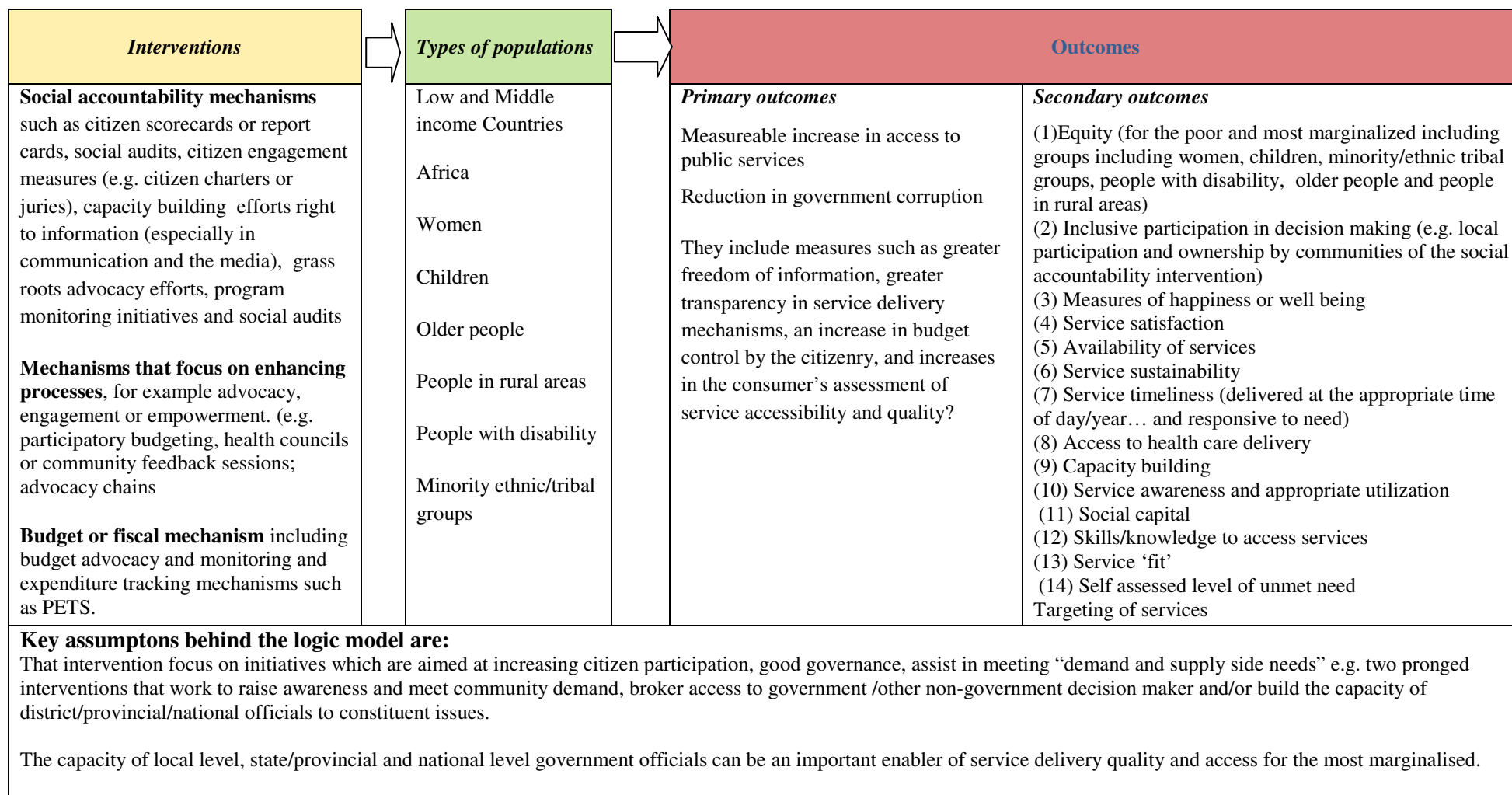
The types of **Outcomes** that have been identified reflect the desired results of the interventions (what it is hoped they will achieve). The outcomes for the SR have been divided into primary and secondary outcomes.

Primary outcomes are at the core of the review that has been commissioned by AusAID. These include a measurable increase in access to public services, reduction in government corruption and other measures that are at the heart of good governance i.e. 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

The Secondary outcomes are directly linked to the primary outcomes and describe the benefits or changes for individuals or populations resulting from specific interventions. These outcomes include *inter-alia* equity, inclusive decision making, wellbeing and social capital.

The logic model on the next page sets out the interventions, populations and outcomes that will be included in the review. The logic model recognises that a sufficient time period is needed to assess the impact of interventions on service delivery, to map service delivery quality and how it is sustained/not sustained over a number of years, for example over five to ten years? We will therefore report outcomes on the following timescales: immediately post intervention; short-term follow-up (up to six months); medium term follow up (up to one year) and longer term follow-up (one year or over).

Figure 1: Logic model



3.4 Search methods for identification of studies

We will search for published and unpublished studies as well non peer reviewed publications, international aid effectiveness reports such as those published by WHO and the World Bank and first hand consumer reports. Searches will not be restricted by language and translations will be sought from members of the international research team in the first instance. We will search for studies published in or after 1995.

Electronic searchers

We will search the following electronic databases:

3ie Evidence Databases

African Index Medicus

African Women's Bibliographic Database

BLDS (British Library for Development Studies)

The Campbell Collaboration Library of Systematic reviews

Cochrane Central Register of Controlled Trials (CENTRAL), part of the Cochrane Library

Cochrane Library of Systematic reviews (CDSR)

Conference Proceedings Citation Index –Science

Conference Proceedings Citation Index –Social Science and Humanities

Database of Abstracts of Reviews of Effectiveness (DARE), part of the Cochrane Library

International Bibliography of the Social Sciences (IBSS)

IDEAS Economics and Finance Database

JOLIS (Library catalogue of the IMF, World Bank and IFC)

LILACS

MEDLINE

PsycINFO

Science Citation Index

Social Science Citation Index

WHOLIS (WHO library and Information Networks for Knowledge Database)

WorldCat (limited to theses and dissertations)

Worldwide Political Science Abstracts

. Our preliminary search strategy was highly sensitive and combined just two concepts: the intervention (community intervention mechanisms) AND population (LMICs). However, it became clear that the complex search strings needed to capture relevant studies would also produce an unmanageable number of irrelevant records. A third concept (Aid) was added in order to improve the precision of the search (Appendix III). The searches will be limited to publications published from 1995 onwards as aid effectiveness literature begins to appear at that time. We will not apply research methods filters in order to find any type of study design. The search strategy will be adapted for other databases, using the appropriate syntax and controlled vocabulary where appropriate. We will simplify the search for those databases and websites which do not support complex search strings.

The search will be conducted by the review team with the assistance of Ms Margaret Anderson a qualified librarian with experience of conducting literature searches for systematic reviews. She will be also trained in the use of the EPPI Reviewer which we will use to manage and records screening decisions. Screening will be divided between Drs Arnsberger and Lynch and Professor Macdonald. We will use EPPI Reviewer as our management tool for documenting the screening results with decisions based on the inclusion/exclusion criteria and data extraction codes. We will record the search history from each source report these in the final review.

Manual search and citation search

In addition to database searches, we will conduct a manual search after the title/abstract screening stage. The manual search will aim to locate unpublished literature and to identify any studies (including joint academic and NGO studies) which may not be captured by the bibliographic databases. It has been preliminarily determined that such a search will be crucial for capturing studies where there are no significant findings (as few studies w/o significant findings are included in the peer reviewed literature) or possibly studies where the findings are not positive and therefore have not been disseminated by donors or NGO's. Without a manual search this would introduce a significant source of bias into the SR. The results from hand search and citation search will be subject to the same selection and inclusion/exclusion criteria used for studies obtained through electronic search.

The manual search will include:

- Searching the websites of government departments, NGO's, agencies and other relevant organizations including Aid Effectiveness Portal, AusAID, Department for International Development, ELDIS, Global Development Network (GDNNet), OECD, United Nations, UNICEF, World Trade Organization, anti-corruption resource centre and the anti-corruption research network.
- Searching in the reference lists of studies of full-text articles obtained for appraisal and conducting citation searches.
- Contacting governmental and inter-governmental agencies and relevant donors and donor affiliated groups such as the MDG donors, AusAID and Africa Grant makers Affinity Group for non- published reports, evaluations and white papers.
- Consulting the advisory group members for their recommendations of any relevant studies they may be aware of.
- We have begun the process of the compilation of a file list of funders, NGOs and other service implementers focusing on the region of sub Saharan Africa). Those on this list will then be contacted and we will request from them any reports they may have on accountability efforts initiated on their part or the part of their aid recipients. We will examine these reports for evidence of participatory practices in targeting or evaluating the effects of aid. These who meet study criteria will then be analyzed using the same methods as for the on line literature.

3.5 Data extraction and analyses

Initial screening

The titles and abstract of all search results will be screened to assess the relevance of the studies for the review question. In doing this we will also use a set of minimum and desirable review criteria for the areas review criteria that include:

- (a) Population to which the intervention is directed must be low or lower middle income country (LMIC); (minimum screening criteria) and/or in Sub-Saharan Africa (desirable criteria AusAID)
- (b) Intervention The study must include description of (minimal criteria) and/or an evaluation of (desirable criteria) an accountability intervention conducted in conjunction with the targeted population
- (c) Study design If quantitative , the study will include some type of comparator either a control or comparison group (desirable criteria) or a baseline measure of pre intervention functioning (minimal criteria). If the study is qualitative (it will include ethnographic or descriptive) some recognized method of analysis of qualitative data (minimal criteria) that ideally reflects (through surveys, interviews, quotes) the voices of the consumers in the assessment of the success of the intervention.
- (d) Outcomes can be identified that are either linked to an indicator of service inclusiveness (minimal criteria) or ‘hard’ outcomes such as measurable increase in access to health services or the existence of a process to reduce governmental corruption that was not in place prior to the accountability intervention (desirable criteria).

Studies satisfying the four criteria above will be selected for the next stage (data extraction), but studies failing to satisfy the minimal criteria will be coded accordingly and will be de-selected from the review.

Before independent screening, we will conduct a pretest using a randomly selected set of 12 studies to test whether the proposed selection criteria can be interpreted reliably and consistently across the three reviewers and whether there is agreement across the three reviewers in classifying studies for selection or de-selection. Any discrepancies between reviewers’ decisions will be discussed; the basis for final decisions will be documented. At the end of the screening stage, we will document the selection/ de-selection decisions given. This information will be provided in a table that summarizes:

- The total number of selected studies
- The total number of de-selected studies
- A Breakdown of the de-selected studies, based on the number of minimal criteria NOT satisfied. Hence, the basis for selection/de-selection decisions will be documented and transparent.

3.6 Data Extraction and Management

Data extraction will follow the methodology suggested by EPPI Reviewer (which we understand establishes codes different types of studies) to accomplish this task. The codes will allow us to group studies on the basis of study types, data collection methods, intervention types, outcome measures, country types, enabling us to capture the following information:

- a. Bibliographical information about the study including author(s), title, date of publication, journal name (if gray literature report reference) etc.
- b. Study characteristics information: including study design, type of data used (text vs. quantitative measures) and type of accountability intervention employed.
- c. Type of analysis used in study (statistical or content/theme analysis), and type of dependent (outcome) as well as other independent variables that may need to be controlled for in final analysis.
- d. Description of findings.
- e. Assessment of quality of findings.

For each included study, two review authors will independently extract and record the following data: study design and methods, sample characteristics (including country, setting, context), funder, aims or goals of the interventions/mechanism, logic model or theory of change; characteristics of the comparison (where available), outcomes, time points and outcome measures.

For process studies or evaluations that report data on process and implementation, we will also extract the following:

1. Type of mechanism/intervention, including theoretical underpinnings, component parts, delivery, duration, outcomes and within-intervention variability).
2. Scope of the intervention (reach).
3. Preparatory work done prior to introducing mechanisms/intervention e.g. SWOT analyses; identification of problems; exploring acceptability/attunement of proposed intervention.
4. Person or organization(s) responsible for the intervention (for example, community, government).
5. Costs, resources, time.

For qualitative studies we will also document mode of analyses; range or differences of views; insights into factors that might moderate or mediate effectiveness (such data might also be available in quantitative studies).

In the event of disagreements, authors will first discuss these with reference to the study papers or other information. Where necessary, we will contact study investigators for clarification. We will refer any differences that we cannot resolve to the International Advisory Group for assistance. We will collect information on study design and implementation in a format suited to completion of the 'Risk of bias' tables to appear in the completed review (Higgins, 2008).

Where data are available from outcome studies (e.g. randomized trials, matched comparisons, interrupted time series) we will collect raw (unadjusted) results in preference to adjusted results, both for consistency of interpretation across studies and because we suspect this choice of analysis is less susceptible to selective reporting bias (in particular, the strategy prevents the possibility of a biased selection of covariates for inclusion in the model). However, we acknowledge that the approach may be more open to biases introduced by differences at baseline (e.g. due to differential drop-out).

3.7 Assessment of risk of bias

Two review authors will independently assess the risk of bias for each study. The critical appraisal of the studies will be guided by 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 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.

The WoE tool is particularly useful in that it produces a composite result to summarise the 'weight of evidence' each study can contribute to the review's findings (Gough 2007). On occasion it may be appropriate for some reviews to use just one or two of the criteria, for example if there is little variability in the study designs or in the focus of the studies. Given the complexity of the question in this review it is anticipated that all three criteria will be used.

3.8 Assuring Study Quality

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

- (a) Is the way in which data are collected/obtained transparent and documented clearly?
- (b) Regardless of study design are descriptive data on the group(s) studies provided?
- (c) Is the method of analysis informed by existing theory/theories?
- (d) Are the data reviewed or study results presented determined to be either internally reliable or externally valid by reviewers?

(e) If the study is ethnographic are raw data documented or available and the reliability of the conclusions discussed?

(f) If the study purports to be causal is the evidence related to causal mechanisms postulated in the accountability intervention/ service inclusiveness relationship?

(g) 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?

(h) 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.

(i) If the study is empirical are the statistical findings (effect size, probability levels) sufficiently robust so as not to be the results of chance?

(j) Are the findings applicable to ‘applicable’ to the area of interest, and whether the findings of the study might be 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 (2006) 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 our assessment.

(k) Consideration will also be given to steps that the author/s took 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. These criteria are a check list and serve to guide the selection of studies. It is worth noting that studies included in this phase will previously have satisfied at least the inclusion/exclusion criteria for study content and the minimum criteria at the full-text critical evaluation stage. In the unlikely event that a study fails to meet the threshold of seven criteria but is deemed to be of exceptional relevance it will be discussed amongst the team members and EPPI advisors to determine if it should be included for further analysis.

Meta analyses will be used when articles include data (at least frequencies and/or mean differences) to allow us to calculate logged odds ratios for dichotomous outcomes variables and weighted averages for continuously measured variables. Careful attention will be given to a determination of consistent definition of treatment effects; however it is not anticipated that except for certain types of studies (incidence, prevalence and mortality rates) the review will use meta-analytic techniques as outcomes are likely to have varying definitions.

3.9 Assessing equity

Inclusive service delivery is a key driver for in this AusAID funded review, consequently an assessment of the equity impact of selected interventions is a key priority. To this end the PROGRESS-Plus framework will be used as part of the review to carry out subgroup analyses of the impact of interventions on women, children, older people and others.

The PROGRESS-Plus framework (Kavanagh et al, 2008) has been designed to enable SR authors to carry out an equity analysis within their reviews. Petticrew et. Al. (2012) highlighted the challenges to research integrity that are inherent in subgroup analyses, something which is also stressed in the Cochrane handbook. The authors caution against dredging of subgroups or fishing exercises and advise that “subgroup analyses should as far as possible be restricted to those proposed before data collection.” (p97)

3.10 Methodology for narrative synthesis and meta-analysis

The methods used for narrative synthesis in stage two will be determined by the studies that are identified as eligible at the end of stage one. Given the complexity and breadth of this review and the anticipated importance of context it has been suggested by the EPPI- centre that a framework synthesis may work well; however this will be discussed and agreed after completion of the systematic mapping exercise.

3.11 Outcome studies (RCTs, quasi RCTs; Controlled Before and After Studies)

Where appropriate, and possible, data from experimental, quasi-experimental and controlled ‘before and after’ studies will be combined in a meta-analysis. Minimally, studies must include similarly defined dependent variables or enough information about the outcome variable so that recoding into compatible variables can occur (see below).

Measures of intervention effect

Dichotomous data Categorical data will be analysed using odds ratio (OR), and relative risk (RR).

Continuous data Continuous data will be analysed if means and standard deviations are available and there is no clear evidence of significant skewness (skewness > 1) in the distribution. If continuous outcomes are measured identically across studies, an overall mean difference (MD) and 95% confidence interval (CI) will be calculated. If the same continuous outcome is measured differently across studies, an overall standardised mean difference (SMD) and 95% CI will be calculated. SMDs will be calculated using Hedges *g*.

To determine the standardized mean difference, the effect size statistic for the comparison of two groups can be calculated using an EXCEL macro developed especially for this purpose (Wilson, 2001). Pooled standard errors will be calculated next and used to create the inverse variance weights (inverse variance weights are used when sample sizes vary greatly which we assume will be the situation in this SR). Hedges showed that the optimal weights for meta-

analysis are $W = 1/SE^2$ where W is the weight and SE is the standard error. Using the effect size, the pooled SE and the inverse variance weight the standardized mean difference can then be calculated for each outcome variable of interest in the SR.

When both variables are measured either ordinally or continuously, the bivariate correlation is appropriate. This produces Pearson's r or product moment correlation as the effect size statistic (Lipsey & Wilson 2001; p 59). However in its standard form the product moment correlation has some undesirable statistical properties including a problematic standard error formulation. When used as effect sizes therefore correlations will be transformed using Fisher's Z_r – transformation for a mean correlation. Then using the inverse of the Fisher's Z_r , can be transformed back into standard correlational form for ease of interpretation. In the same order as previously, the pooled standard error can then be computed and from that the inverse variance weight calculated.

It should be noted that if the variable of interest is not continuous and we are examining the comparison of mean scores between non-experimentally defined groups (such as males and females, the standardized measure is appropriate (Lipsey & Wilson, 2001, p 48). If the samples are relatively large (>20) there will be no need for a correction for the upward bias of this statistic; if not the correction will be employed.

At this point, it would be appropriate for a flat file to be constructed in EPPI reviewer (but it could equally be done in EXCEL) that identifies each of the studies included in the SR. The flat file should contain for each of the constructs the effect size, the standard error and the inverse variance weight. In addition the following values need to be computed for each variable of interest (a) the product of the inverse variance weight and the effect size; the product of the inverse variance weight and the effect size squared and the inverse variance weight squared. These values can then be manipulated to create an independent set of relevant effect sizes. Using these values, the weighted mean effect size can be computed and the confidence intervals for the mean can be determined. Finally tests for homogeneity of the distribution can be tested using the Q test statistic and evaluating it against the chi-square statistic for $(K-1)$ which, if significant, is used to accept the hypothesis of homogeneity or that variability across effect sizes is due to sampling error alone. Rejecting the null indicates that the heterogeneity may be systematic indicating the need for further analysis; Supplementing the meta analysis with regression (sometime termed meta regression in this situations) can then be used to determine the sources of the heterogeneity.

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Appendix I

Review group members' biography and experience of systematic reviewing

Ms Margaret Anderson is a librarian. A graduate in environmental science with an MSc in Computing and Information systems. She has worked as a librarian for over 20 years and is currently employed as Trials Search Co-ordinator with the Cochrane Developmental Psychosocial and Learning Problems Group based at the Institute of Child Care Research at Queen's University. Margaret has over five years experience working on SRs.

Professor Pam Arnsberger is a retired Professor of Social Work Research Methods. A graduate of University of Santa Cruz she completed her Masters in Social Work and PhD at Univ of California, Berkeley. Pam has taught research, statistics and completed a Fulbright developing new meta-analytic techniques and has experience in the subject area including disaster relief - no previous experience of SR.

Dr Héctor Bayarre is a medical doctor and Professor in the School of Public Health, Cuba. Based in the department of biostatistics he has vast experience working in development across Latin America; expert in research - no previous experience of SR.

Ms Mira Dutschke is a lawyer and works as an independent consultant (law and human rights) based in South Africa. Mira has expert knowledge of Human Rights from academic and practitioner perspective. She has worked in the UK and South Africa. Very well informed about the African context - no previous experience of SR.

Dr Meripa Godinet is Associate Professor in School of Social Work in the University of Hawai'i. An Experienced researcher, she brings particular expertise in statistics and knowledge of interventions in Samoa - no previous experience of SR.

Dr Fenfang Li is a researcher in School of Social Work in the University of Hawai'i and is affiliated to School of Medicine, Xi'an, China. Fenfang is a very experienced researcher with expertise in statistics - no previous experience of SR.

Dr Una Lynch is a registered nurse, midwife and health visitor, she has worked in public health and been involved in International development for over 20 years. Her Doctorate in Governance is a case study of public health in Cuba. Director of Sonrisa Solutions Ltd she has broad knowledge of research and expertise in the subject area - no previous experience of SR.

Professor Geraldine Macdonald is Director of Institute of Child Care Research in the School of Sociology, social policy and social work at Queen's University Belfast. She has been a Cochrane author since 1997 and co-ordinating Editor of the Cochrane / Campbell Developmental, Psychosocial and Learning Problems Review Group.

Ms Sheena McGrellis has a BSc in psychology and sociology and an MSc in health psychology. Having worked in research for over 20 years Sheena is highly experienced in both qualitative and quantitative methodologies and has previous experience of Systematic Reviews.

Professor Silvia Martínez Calvo, is a medical doctor and epidemiologist. Semi-retired she is attached to the School of Public Health in Cuba. Silvia is an internationally renowned researcher and expert in public health, needs assessment and equity - no previous experience of SR.

Appendix II

Advisory group

1. Lisa Staruszkiewicz, First Secretary, Community Partnerships and Scholarships AusAID, Africa
2. Brian Smith, (Marie Stopes International, Australia) nominee of Australia Africa Community Engagement Scheme (AACES)
3. Dr Denise Burnette, Professor at Colombia University School of Social work (Area of expertise is Central Africa Grandparents and HIV & Aids)
4. Dr Xiulan Zhang, Professor Beijing Normal University (expert in evaluation of Aid following disasters)
5. Sally O'Neill, Regional Manager Latin America, Trócaire
6. Mark Gorman, Director of Strategic Development at Help the Aged International.
7. EPPI nominee

Appendix III

Search strategy for Social Science Citation Index

Core search strategy (developed using Social Science Citation Index)

27 3,695 #26 AND #21 AND #17

26 349,474 #25 OR #24 OR #23 OR #22

25 79 TS=(Paris Declaration OR Accra Agenda OR Accra Accord OR "millennium goal*" OR "millenium goal*")

24 21,833 TS=((aid OR resource* OR service*) NEAR/3 (allocat* OR deliver* OR distribut* OR modalit* OR transparen*))

23 330,995 TS=((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) NEAR/3 (aid OR assistance OR cooperation OR co-operation OR development*))

22 17,739 TS=((aid OR development) NEAR/3 (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*))

21 303,252 #20 OR #19 OR #18

20 41,836 (TS=((developing OR "less* developed" OR "under developed" OR "underdeveloped" OR "middle income" OR "low* income" OR underserved OR "under served" OR deprived OR poor*) NEAR/1 (countr* OR nation* OR population* OR world)) OR TS=((developing OR "less* developed" OR "under developed" OR underdeveloped OR "middle income" OR "low* income") NEAR/1 (economy OR economies)) OR TS=(low* NEAR/1 (gdp OR gnp OR "gross domestic" OR "gross national")) OR TS=(low NEAR/3 middle NEAR/3 countr*) OR TS=(Imic OR Imics OR "third world" OR "LAMI countr*") OR TS=("transitional countr*"))

19 72,228 TS=(africa OR asia OR caribbean OR "West Indies" OR "South America" OR "Latin America" OR "Central America")

18 235,636 TS=(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 Belize OR Bhutan OR Bolivia OR Botswana OR Brazil OR Brasil 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 Cuba 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 Ethiopia OR Fiji OR Gabon OR "Gabonese Republic" OR Gambia OR Gaza OR "Georgia Republic" OR "Georgian Republic" OR Ghana OR "Gold Coast" OR Grenada OR Guatemala OR Guinea OR Guam OR Guiana OR Guyana OR Haiti OR Honduras OR India OR Maldives OR Indonesia OR Iran OR Iraq 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 Lebanon OR Lesotho OR Basutoland OR Liberia OR Libya OR Madagascar OR "Malagasy Republic" OR Malaysia OR Malaya OR Malay OR Sabah OR Sarawak OR Malawi OR Nyasaland OR Mali 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 Antilles OR "New Caledonia" OR Nicaragua OR Niger OR Nigeria OR "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 "Puerto Rico" 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 Seychelles OR "Sierra Leone" OR "Sri Lanka" OR "Solomon Islands" OR Somalia OR Sudan OR Suriname OR Surinam OR Swaziland OR Syria OR Tajikistan OR Tadjhikistan OR Tadjikistan OR Tadjhik 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 Uzbekistan OR Uzbek OR Vanuatu OR "New Hebrides" OR Venezuela OR Vietnam OR "Viet Nam" OR "West Bank" OR Yemen OR Zambia OR Zimbabwe OR Jamahiriya OR Jamahiryria OR Libia OR Mocambique OR Principe OR Syrian OR "Indian Ocean" OR Melanesia OR "Western Sahara" OR "Sub-sahara*" OR "Sub Sahara*")

17 40,181 #16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1

16 1,016 TS=((expenditure OR spend*) NEAR/1 track*) OR budget* NEAR/1 monitor* OR budget* NEAR/1 analysis OR ((financ* OR economic*) NEAR/1 inclus*) OR microfinanc* OR "micro-financ*" OR "micro financ*")

15 1,213 TS= ("lifestyle check*" OR "peopl* verdict*" OR "social audit" or "social performance" Or "complaint "and" response" OR "story telling")

14 321 TS=((patient* OR health) NEAR/1 (charter* OR committee*))

13 47 (TS= (((citizen* OR civic OR consumer*) NEAR/1 (charter* OR pact*)) OR "integrity pact*"))

12 917 TS= ((citizen* OR communit* Or constituency) NEAR/1 (card OR cards OR feedback* OR "feed-back*" OR hotline* OR monitor * OR report* OR score*))

11 708 TS= ("report*" or score*) Near/1 (card OR cards))

10 15,818 (TS=((citizen* OR civic* OR communit* OR cbo OR grassroot* OR "grass root*" OR "grass-root*" OR local* OR "service* user*" OR stakeholder* OR "stake holder*") NEAR/3 ((decision* NEAR/1 mak*) OR empower* OR engage* OR mobilis OR mobilize* OR monitor* OR ownership* OR participat*)))

9 709 TS= (advocacy NEAR/3 (chain* OR device OR intervention* OR program* OR tool* OR strateg* OR train*))

8 14,997 (TS=((citizen* OR communit* OR cbo OR grassroot* OR "grass root*" OR "grass-root*" OR local* OR "service* user*" OR stakeholder* OR "stake holder*") NEAR/3 ((decision* NEAR/1 mak*) OR empower* OR engage* OR feedback* OR feed-back* OR mobilis OR mobilize* OR monitor* OR ownership* OR participat*)))

7 96 TS=((tribe* OR tribal OR villag*) NEAR/1 (assembl* OR council* OR governanc*))

6 15,545 TS=((administer* OR administrat* OR council* OR committee* OR forum* OR governanc* OR jury OR juries OR meeting* OR organisation* OR organization* or "self govern*") NEAR/3 (citizen* OR civic* OR civil* OR communit* OR grassroot* or grass-root* OR local* OR stakeholder* OR "stakeholder*"))

5 4,141 TS=((capacity NEAR/1 (build* OR develop*)) OR (voice* NEAR/1 (amplif* OR strengthen*) OR "participatory democracy" OR "story telling"))

4 600 TS=((bribery OR corrupt* OR "anticorruption*" OR "anti-corruption*" OR fraud* OR "antifraud*" OR "anti-fraud*") NEAR/3 (control* OR device* OR intervention* OR measur* OR mechanism* OR monitor* OR strateg* OR structur* OR restructure* OR "re-structur*"))

3 497 TS=((transparen* NEAR/3 (control* OR device* OR intervention* OR measur* OR mechanism* OR monitor* OR strateg* OR structur* OR restructur* or "re-structur*"))

2 1,058 TS=((accountab* NEAR/3 (control* OR device* OR intervention* OR measur* OR mechanism* OR monitor* OR strateg* OR structur* OR restructur* or "re-structur*"))

1 1,733 TS=((accountab*) NEAR/3 ("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*))

APPENDIX IV

Timeframe

Project activity (milestone)

Start date Title registered with EPPI	13th January 2012
End date	29th March 2013
Submission of draft protocol	31st March 2012
Review of protocol	30th April 2012
Final protocol	13th September 2012
Literature search	January – October 2012
Uploading of studies to EPPI-Reviewer	November 2012
Screening on the basis of title/abstract information	5th November –December 2012
Presentation of draft of mapping exercise to delegates at international conference in Cuba	3-4 December 2012
Circulate map of the literature	14 December 2012*
Critical evaluation full text	** 18 December - January 2013
Data extraction	December - January 2013
Narrative Synthesis and Meta-Analysis	January – February 2013
Writing of Draft Report	December – February 2013
Submission of Draft report	11 February 2013
Review of Draft Report	End of February
Writing and Submission of the Final Report	29 March 2013

* Mapping of literature circulated to Advisory group Friday 14th December

** Skype meeting to determine focus of the review Tuesday 18th December

Appendix V
Abbreviations

SR systematic review

RCT randomized controlled trial

MDG's Millennium Development Goals

NGO's Non-Governmental Organizations

AusAID Australian Agency for International Development

OECD Organization for Economic Co-operation and Development