
Title registration for a systematic review

Interventions that incorporate participation, inclusion, transparency and accountability (PITA) to improve development outcomes in low- and middle-income countries

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Interventions that Incorporate Participation, Inclusion, Transparency and Accountability (PITA) to Improve Development Outcomes in Low-and Middle-Income Countries: A Systematic Review

Background

The sustainability of global development investments depends on strong institutions, citizen engagement, accountable governments, and equitable growth (World Bank, 2017). Goal number 16 of the Sustainable Development Goals explicitly recognises the importance of the development of effective, accountable and transparent institutions at all levels and ensuring responsive, inclusive, participatory and representative decision-making at all levels (UNDP, 2016). Many development challenges, for example poor service delivery, corruption and slow growth, persist because of the political context around them – they are as much about power dynamics as they are technical challenges.

Programmes embodying characteristics of participation, inclusion, transparency and accountability (PITA) seek to address power dynamics between the state, civil society and citizens to make service delivery more effective and equitable (USAID, 2016). The concepts of PITA are difficult to define but attempts have been made in the literature. Participation approaches can be considered as efforts to involve citizens in the design, monitoring and delivery of policy and programmes (Quick & Feldman, 2011). Inclusion is often distinguished from participation as the involvement of a whole community, including marginalised and vulnerable citizens, in policy and programming (Quick & Feldman, *ibid*). Transparency is a “characteristic of governments, companies, organisations and individuals of being open in the clear disclosure of information rules, plans, processes and actions” (Transparency International, 2009: 44). Finally, accountability is the concept that individuals, agencies and organizations are held responsible for executing their powers according to a certain standard (McGee and Gaventa, 2011).

Objectives

The main objective of this review is to identify, appraise and synthesise evidence that answers the question, to what extent are programmes targeting effective and responsive public services and institutions that incorporate PITA characteristics into their design more or less effective at achieving their objectives than comparable programmes that do not? This can be broken down into the following primary research questions:

1. To what extent do interventions that aim to strengthen the PITA characteristics of public services or institutions lead to better or worse outcomes in the relevant sector (e.g. fewer maternal deaths)?

2. To what extent do the processes become more or less participatory, inclusive, transparent or accountable?
3. To what extent do effects vary by population group and location?
4. What intervention processes are associated with effectiveness?
5. What is the evidence on programme costs and what is their incremental cost effectiveness ratio in different contexts?

Existing reviews

A recent evidence gap map on interventions to improve state-society relations concluded that there are few systematic reviews on governance topics, and many of those which are available are outdated or of low quality in terms of the methodology they employ (Philips et al., 2017). They identify several high-quality existing systematic reviews which cover evidence that is relevant to the substantive scope of this review. Many of these have focused on governance interventions in the education sectors.

A recent systematic review of education interventions (Snilstveit et al., 2015) examines the effects of several governance related interventions in the education sector, including community-based monitoring, school-based management, providing information on returns to schooling and monitoring of teacher attendance. This is a mixed-methods review which draws on impact evaluations and other relevant literature to examine the full causal chain.

In 2015, Carr-Hill et al. produced a review on interventions to shift decision-making to the school level and the impacts this has on educational outcomes. The authors included both impact studies and other empirical research to study barriers to, and enablers of, effective school-based management. They include a total of 26 impact evaluations and 9 qualitative studies.

Molina et al. (2016) published a review of the effects of 15 community monitoring studies in the health, education and infrastructure sectors on a range of outcomes including corruption, access to health and education, test scores and mortality rates. The authors incorporated both impact evaluations and related quantitative and qualitative literature in an attempt to synthesise evidence around the circumstances in which, and why, programmes lead to better or worse outcomes. The search for this review was undertaken in November 2013 and is now out of date.

There are also two systematic reviews of community-driven development (CDD) (King et al., 2010; White et al., 2018). In CDD interventions, community groups are empowered to manage small-scale infrastructure projects and basic service provision directly, from prioritisation and project selection through to implementation, through capacity building and financial support. The study by White et al. (2018) is a theory-based synthesis using qualitative data synthesis and statistical meta-analysis, and is based on searches completed in 2016.

Philips et al. (2017) identify several other systematic reviews that cover relevant literature. These include Lynch et al. (2013), who produced a systematic review of the effect of interventions that improve community accountability on service delivery and corruption; Hanna et al. (2011), who look at anti-corruption interventions;¹ and Guerrero et al. (2012), who focus on teacher monitoring and incentives to improve accountability.

More recently, a study for USAID combining literature review and key informant interviews (Brinkerhoff et al., 2017) identified studies examining accountability in low- and middle-income country health services and synthesised the programme mechanisms.

The existing reviews overlap to some extent with the substantive focus of the proposed review, but several do not follow the Campbell guidelines for the production of systematic review, and the searches for many are now out of date. Further, none of the existing systematic reviews focus explicitly on studies that make a distinction between an intervention or policy with PITA characteristics and a comparison group that experiences a policy without PITA characteristics or weaker characteristics, nor do they synthesise important evidence for policy-makers on intervention costs.

Intervention

The review draws on substantive inclusion criteria developed in an evidence gap map (EGM) of interventions that target state-society relations (Philips et al., 2017). We will broadly look at interventions that promote more effective and responsive public services and institutions, defined under Sustainable Development Goal number 16 as institutions that “deliver equitable public services and inclusive development at the central and local levels, with a particular focus on restoring core government functions in the aftermath of crisis and attention to local governance and local development” (UNDP, 2016). Specifically, we will include interventions that meet one or more of the following characteristics to improve the effectiveness and responsiveness of institutions (Figure 1):

- **Participation:** The intervention promotes or formalises continuous citizen involvement in the design and implementation of public services, processes or policies. An example would be the introduction of participatory budgeting so that citizens may directly input to the development of a budget proposal (Touchton & Wampler, 2014).
- **Inclusion:** The intervention promotes the active involvement of the whole community, particularly that of marginalised and vulnerable groups such as women or ethnic minorities. An example would be working with the community and local governments to develop strategies to improve access to public services for girls and marginalised children (USAID, 2016).
- **Transparency:** The intervention involves the disclosure and/or dissemination of information, rules, plans, processes, prices and actions regarding public services or

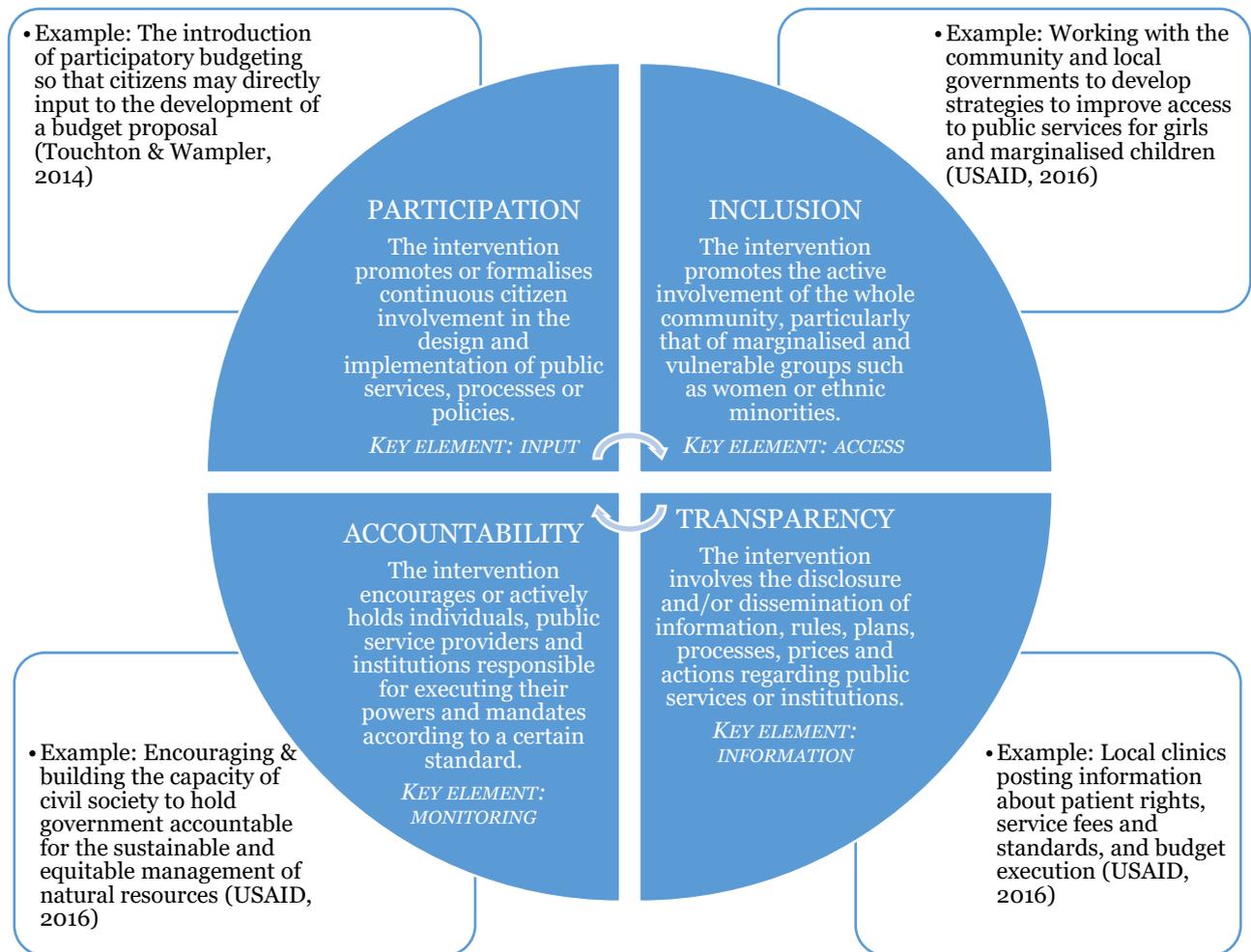
¹ Killias et al. (2016) are registering a review on the effectiveness of anti-corruption measures. The study protocol is available from the Campbell library:

https://www.campbellcollaboration.org/media/k2/attachments/Killias_Corruption_Protocol.pdf.

institutions. An example would be local clinics posting information about patient rights, service fees and standards, and budget execution (USAID, 2016).

- **Accountability:** The intervention encourages or actively holds individuals, public service providers and institutions responsible for executing their powers and mandates according to a certain standard. An example could be a project to encourage and build the capacity of civil society to hold government accountable for the sustainable and equitable management of natural resources (USAID, 2016).

Figure 1: Operationalising PITA into intervention categories



During the preparation of the protocol we will further operationalise these definitions of PITA so as to clearly define intervention inclusion criteria. Initial scoping has suggested that relevant interventions that incorporate PITA characteristics may include: audits of public sector services, including of spending, efficiency or effectiveness; citizen feedback mechanisms; dissemination of information around political processes or services; and participatory priority setting, for example participatory budgeting.

We will include studies that compare the relevant interventions to a comparison group that experiences ‘business as usual’, that is, the same policy or service delivery in the same sector

(i.e. without improved governance characteristics). We will also include and differentiate comparisons with different PITA characteristics (that is, a different aspect of PITA) or ‘weaker’ PITA characteristics (that is, the same PITA intervention implemented with less intensity).

We have already highlighted in the previous section that three existing high quality reviews have systematically covered the proposed intervention literature for the education sector (Carr-Hill et al., 2015; Snilstveit et al., 2015; Molina et al., 2016) and reviews that look specifically at community-driven development. We therefore propose to exclude studies that meet all intervention inclusion criteria but target effective and responsive institutions in the education sector or are designed as a CDD programme. We will include studies in any other development sector.

Population

We will include impact evaluations that take place in low-and middle-income countries (L&MICs). We will include studies targeted at any population. We will collect data on differential effects and experiences for sub-populations available and code information according to the PROGRESS-plus criteria, where progress stands for place of residence, race/ethnicity, occupation, gender, religion, education, socioeconomic status, and social capital, and ‘plus’ represents additional categories such as age, disability, and sexual orientation (O’Neil et al. 2014).

Outcomes

We will include studies that evaluate the impact of an intervention that promotes more effective and responsive institutions using PITA characteristics on an outcome along the causal chain for the proposed intervention. This includes final outcomes as measured by social and economic wellbeing as well as intermediate outcomes such as participant knowledge and attitudes, and performance of public institutions and services.

Primary outcomes: We will include studies that assess endpoint outcomes which measure social or economic wellbeing at the individual, household or community level in the relevant sector. Examples are: health outcomes (e.g. morbidity rates); income, wealth or poverty status; nutritional status or food security measure; resilience to shocks.

Secondary outcomes: We will include studies that assess intermediate outcomes related to individual, household or community knowledge and understanding, attitudes and beliefs, and social and psychological endpoint outcomes. We will also include ‘immediate outcomes’ including the performance of public institutions and services, including participation in decision-making, inclusion, transparency and accountability, as well as access to services and use of services.

Study designs

To answer research questions 1, 2 and 3 we will include counterfactual studies that use an experimental or quasi-experimental design and/or analysis method to measure the net change in outcomes that are attributed to an intervention or policy. Specifically, we will include the following types of studies that are able to control for observable and unobservable sources of confounding:

- Randomised controlled trials, with assignment at individual, household, community or other cluster level.
- Regression discontinuity designs, where assignment is done on a threshold measured at pre-test, and the study uses prospective or retrospective approaches to analysis to control for unobservable confounding.
- Non-randomised studies with pre-intervention and post-intervention data in treatment and comparisons groups, where data are individual level panel or pseudo-panels, using methods to control for confounding such as:
 - difference-in-differences, or fixed- or random-effects models with an interaction term between time and intervention for baseline and follow-up observations;
 - statistical matching, including covariate matching, propensity score matching and propensity-weighted regression.
- Studies using post-intervention data only with clearly defined intervention and comparison groups and using design or methods to control for unobservable confounding, such as natural experiments and instrumental variable estimation.

Analysis under research question 4 aims to address programme design, implementation and contextual factors in greater detail. To address this question, we propose to take an ‘effectiveness plus’ approach, where we will draw on a wider range of evidence to explore the causal chain, from programme targeting and implementation through to outputs, outcomes and impacts (Snilstveit, 2012). We will therefore include studies that collect and/or report on factual information about a programme evaluated in one of the included counterfactual studies:

- Studies collecting or analysing primary data using qualitative methods on participant, non-participant or practitioner perspectives.
- Studies collecting or analysing primary data using quantitative methods such as correlational studies.
- Process evaluations assessing whether a policy is being implemented as intended (H.M. Treasury, 2011).

Analysis under research question 5 aims to address unit cost, cost-efficiency, cost-effectiveness or benefit-cost evidence on interventions in particular contexts. This is a crucial question for decision makers, and one which is rarely incorporated into systematic reviews.² We will draw on standard approaches to synthesis of economic appraisal evidence (Shemilt et

² For an example, see Doocy, H. and Tappis (2017).

al., 2011). Evidence included will incorporate units and total costs to implementers and participants (and non-participants, as relevant).

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Review authors

Lead review author: The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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Roles and responsibilities

- **Content:** All members of the review team have substantive expertise in a range of topics in international development including interventions for project and programme governance. Jennifer Stevenson (JS) was a member of the team that produced an evidence gap map on interventions to improve state-society relations, the results of which will be used to produce this systematic review, and also lead the work on community-based monitoring in a systematic review of education interventions (Snilstveit et al.,

2015). Ada Sonnenfeld (AS) has substantial field experience in rural development and governance programme design and implementation. Hugh Waddington (HJW) contributed to a forthcoming review on community-driven development (White et al., 2018). The team will be supported by an advisory group of academics and policy makers with specific expertise in governance. The team also aims to include one senior substantive expert that has worked on primary research in the sector to advise on content issues.

- **Systematic review methods:** Together, HJW and JS have substantial expertise in systematic review methodology. HJW is a Co-Chair and Editor of the International Development Coordinating Group (IDCG) of the Campbell Collaboration and has authored, edited, peer reviewed and supported over 100 systematic reviews on international development topics. JS has also worked on, and supported, several systematic reviews.
- **Statistical analysis:** HJW has extensive experience in statistical analysis and meta-analysis for systematic reviews and will lead the work on calculation of effect sizes and statistical meta-analysis. JS also has experience in effect size calculation and meta-analysis.
- **Information retrieval:** JS will lead the work on the development of the search strategy. She has experience with systematic searching as part of several systematic reviews and evidence gap maps. The team will be supported by John Eyers, a highly experienced information specialist with over 20 years experience. He has supported the development of search strategies for a large number of systematic reviews in the fields of international development, nutrition, public health and health care.

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Potential conflicts of interest

None of the team members have any financial interests in the review or have worked on primary research covering the interventions covered by the review.

Preliminary timeframe

- Planned date of submission of draft protocol: January 2018
- Planned date of submission of draft review: June 2018