HARVARD Kennedy School
JOHN F. KENNEDY SCHOOL OF GOVERNMENT

RESULTS FOR DEVELOPMENT INSTITUTE

TRANSPARENCY FOR DEVELOPMENT:
From Transparency to Accountability, Delivery, and Impact

Recent decades have seen vast expansions of public health services across much of the developing world. But the quality of these services is often lacking, limiting their ultimate impact on the world's poor. While many factors contribute to service delivery problems, one important factor is governance. The incentives that shape frontline service provider performance, training, oversight, and management all play an important role in the quality of healthcare provided by any health system. Transparency and accountability (T/A) techniques—such as social audits, public expenditure tracking surveys, citizen report cards, absenteeism studies, and community scorecards—are increasingly seen as one potential solution to some of these problems in that they allow communities to identify breakdowns and hold responsible agents or decision makers to account.

Yet the evidence about the effectiveness of these interventions is frustratingly mixed. Some studies of T/A interventions show tremendously positive effects on community empowerment and health and education outcomes, while others show no impact. Further, evidence on successful interventions provides few insights into *why* these interventions worked, what aspects of the context played a role, and whether they truly empowered poor communities or were largely irrelevant to the deeper problems of power inequity, institutional failure, or social conflict that often foster slow and uneven development. One consequence of this evidence gap is that reformers, policymakers, donors, and other practitioners lack clear guidance on whether any T/A interventions can ultimately empower poor populations and improve service delivery to them and on what sorts of T/A interventions should be pursued in different contexts.

The Transparency for Development (T4D) project is designed to investigate the questions of whether well-designed T/A interventions improve health outcomes and under what conditions. The overriding goal is to generate actionable evidence for practitioners, researchers, and other stakeholders working to improve health, accountability, and citizen participation.

Understanding Whether, Why, and Where T/A Interventions Improve Health

The Transparency for Development project will:

1. Design, pilot, and rigorously evaluate a series of T/A interventions across several countries and contexts carefully selected to allow maximum potential for producing generalizable results about whether, where, and why T/A interventions improve development outcomes

2. Develop and widely disseminate the project's findings along with concrete recommendations for donors, policymakers, practitioners, and other stakeholders on how to apply the findings to future work in transparency and accountability.

The project's crucial first step is to work with two capable, locally-embedded Civil Society Organizations (CSOs) in Tanzania and Indonesia *to collaboratively design a T/A intervention that the CSOs, based on their local knowledge of their communities and context, believe has a high probability of improving service delivery in community-level health facilities.* The intervention will have a standardized information component regarding the quality of health service delivery and a flexible social action (accountability) component that allows communities to choose how to use the information to push for improvements in health care.

The project will evaluate these interventions across two phases. **Phase I** will involve a mixed methods evaluation approach. Randomized control trials in Tanzania and Indonesia will be undertaken to *evaluate the intervention effects, both on health care quality and outcomes, and on community power relations and dynamics.* These RCTs will answer two main questions:

- What is the effect of the Phase I T/A interventions on the quality of health service delivery?
- What is the effect of the Phase I T/A interventions on individual health outcomes?

Quantitative methods will be supplemented by extensive qualitative studies of a subset of the treatment and control communities. Direct observation, focus groups, informant interviews, and ethnographic methods will allow process-tracing of exactly how the interventions triggered—or failed to trigger—improvements in health care and changes in power dynamics and community relations. These methods will allow answers to several additional questions:

- If there are significant effects, what are the mechanisms through which these effects occur?
- What is the role of context in shaping or determining these mechanisms?
- What are the implications of the Phase I T/A interventions for citizens' perceptions of empowerment and efficacy, both within communities and between communities and the state?
- How can the design of the intervention itself be further improved?

After exploring these questions in Tanzania and Indonesia, the project's **Phase II** will explore two additional questions:

- Can the intervention be scaled and generalized beyond the two countries investigated in Phase I?
- Do the theoretical insights about mechanisms and context from Phase I apply outside the two Phase I countries?

Phase II's approach will depend on Phase I. If Phase I reveals positive impacts on health service delivery and individual health outcomes, then *the challenge of Phase II is to establish whether the Phase I intervention can improve health outcomes under other social, economic, and political conditions*. If so, Phase II will involve developing a similar, but simplified intervention that will be implemented and evaluated in several additional locations.

If, on the other hand, Phase I reveals significant impact, but the mechanisms or pathways underlying those positive effects vary by context, *the challenge of Phase II is to understand what kinds of T/A intervention are appropriate for different sets of social, political, and economic circumstances*. For example, in some Phase I contexts success may come through beneficiary-provider collaboration and in others though community pressure. Alternatively, the Phase I qualitative research may show that

certain contextual features—such as the prior level of education or social capital—are particularly important for the success of a given mechanism. If Phase I varies by context, Phase II will involve several smaller studies in sites selected to verify 1) the relevant conditions and 2) whether, under appropriate conditions, the T/A intervention is associated with any improvements in service quality.

Finally, the Phase I trials may reveal no effect on the health outcomes. In this case the goal of Phase II will be to use the qualitative results from Phase I about why the interventions failed to *develop a new, improved intervention that overcomes the difficulties of the Phase I interventions.* This improved intervention will be evaluated with a third randomized controlled trial to verify that it succeeds in improving health service delivery and outcomes.

Providing Useful Insights and Findings to Stakeholders

A major goal of this project is to produce actionable results, useful both to academics and to those working on the ground to improve health, accountability, and citizen participation. The project is designed to:

- Provide CSOs and practitioners with actionable information about intervention design features that are more and less effective in different contexts;
- Reveal information for donors about T/A interventions that have a high potential for impact on health and other development outcomes;
- Provide evidence for health sector experts and policymakers regarding whether T/A practices can impact health outcomes and how to undertake T/A work to strengthen health service delivery; and
- Highlight research lessons to motivate the research questions and agenda of the next generation of academics and others undertaking research in the areas of transparency, accountability, and community participation

Findings and recommendations will be widely shared through targeted publications, online and social media, and events and will focus on how the results of these evaluations can inform the field to improve T/A interventions.

Project Team and Funding

This project is a collaboration between the Harvard Kennedy School's Ash Center and the Results for Development Institute (R4D). The Ash Center is a premier research institute and the largest research center at the Harvard Kennedy School, the world's leading public policy graduate educational institution. The Center's mission is to address critical issues of democratic governance and create more effective and responsive governments through rigorous research and teaching. The Results for Development Institute (R4D) is a non-profit organization whose mission is to unlock solutions to tough development challenges that prevent people in low- and middle-income countries from reaching their full potential. The organization's Governance program has led work to improve the capacity of Civil Society Organizations (CSOs) across the world to hold their governments accountable for education and health spending.

The project is generously funded jointly by the William and Flora Hewlett Foundation, the U.K. Department for International Development, and the Bill and Melinda Gates Foundation and is brokered under the Transparency and Accountability Initiative. The project is set to launch in May 2013.