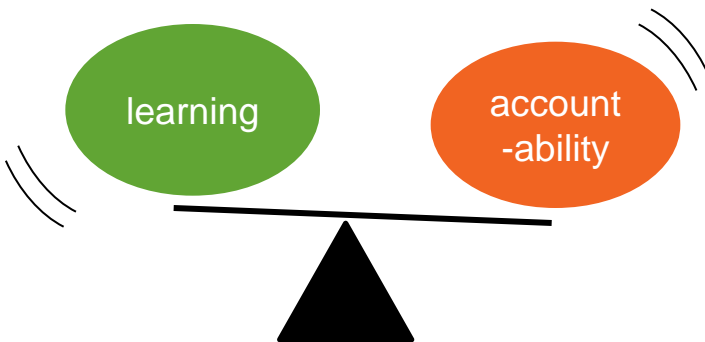# ORGANIZATIONAL EFFECTIVENESS

October 16, 2013

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The Challenge

- shifts in <u>external environment</u> - need to be able to capture and communicate organisational impact

- 1200+ interventions in 55+ countries – how to consider scale, breadth and complexity

- limited knowledge of <u>what works</u>, how, for whom, under which conditions, and for what cost

- time and resource constraints require a *practical, proportional approach*

Global Outcome Indicator Tracking?

The proposition:

- defining core impact/outcome indicators to measure specific improvements in people's lives and other change variables

- periodically collect data in relation to all the organisation's relevant interventions
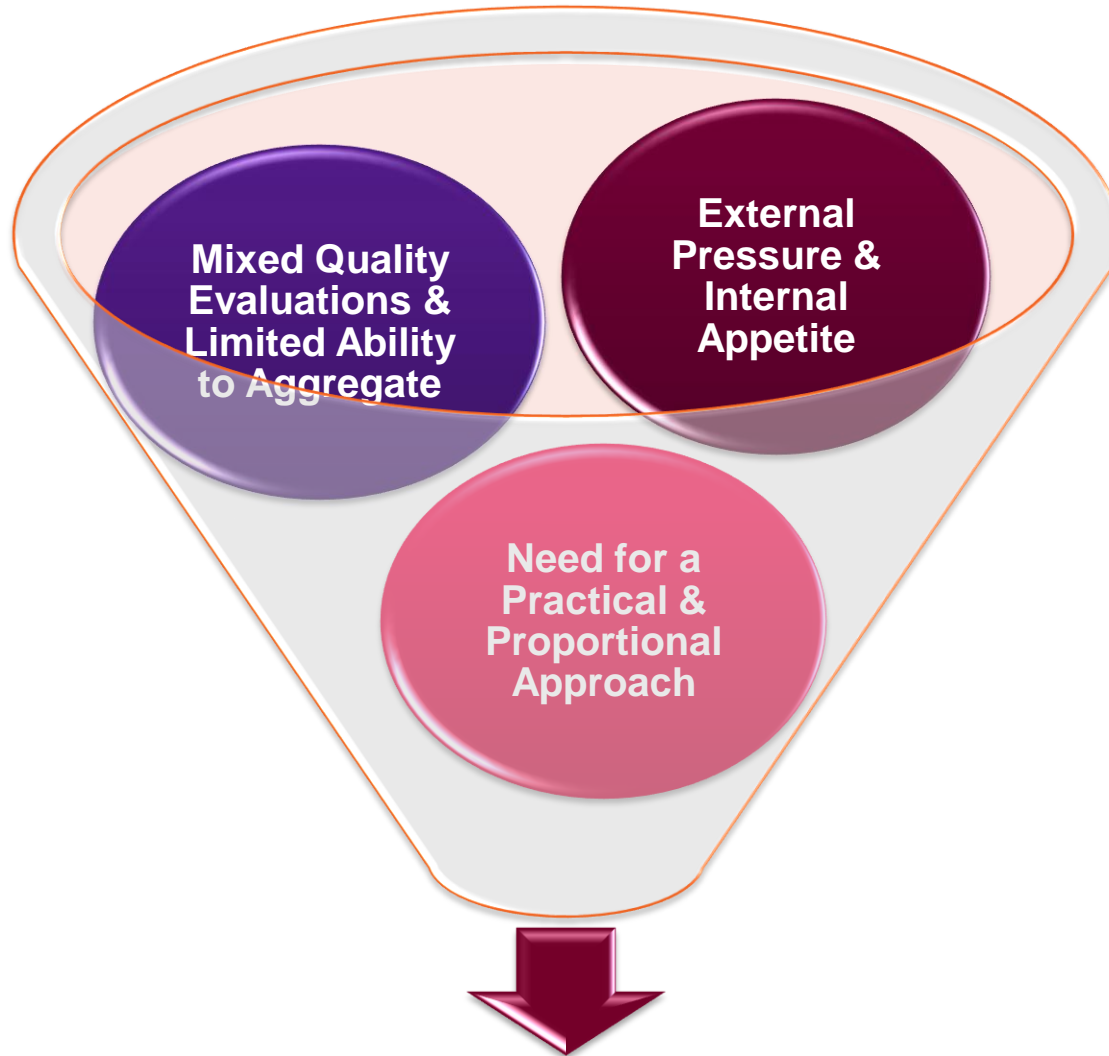
But... Costly, and without the backing of complementary evaluative evidence, all you are measuring is change

It may be possible to generate some interesting statistical trends, it would not enable an organisation to credibly demonstrate *its effectiveness.*

Key assumption: credible, rigorous evaluations are necessary to establish causal relationships between interventions and changes in outcome/ impact level changes
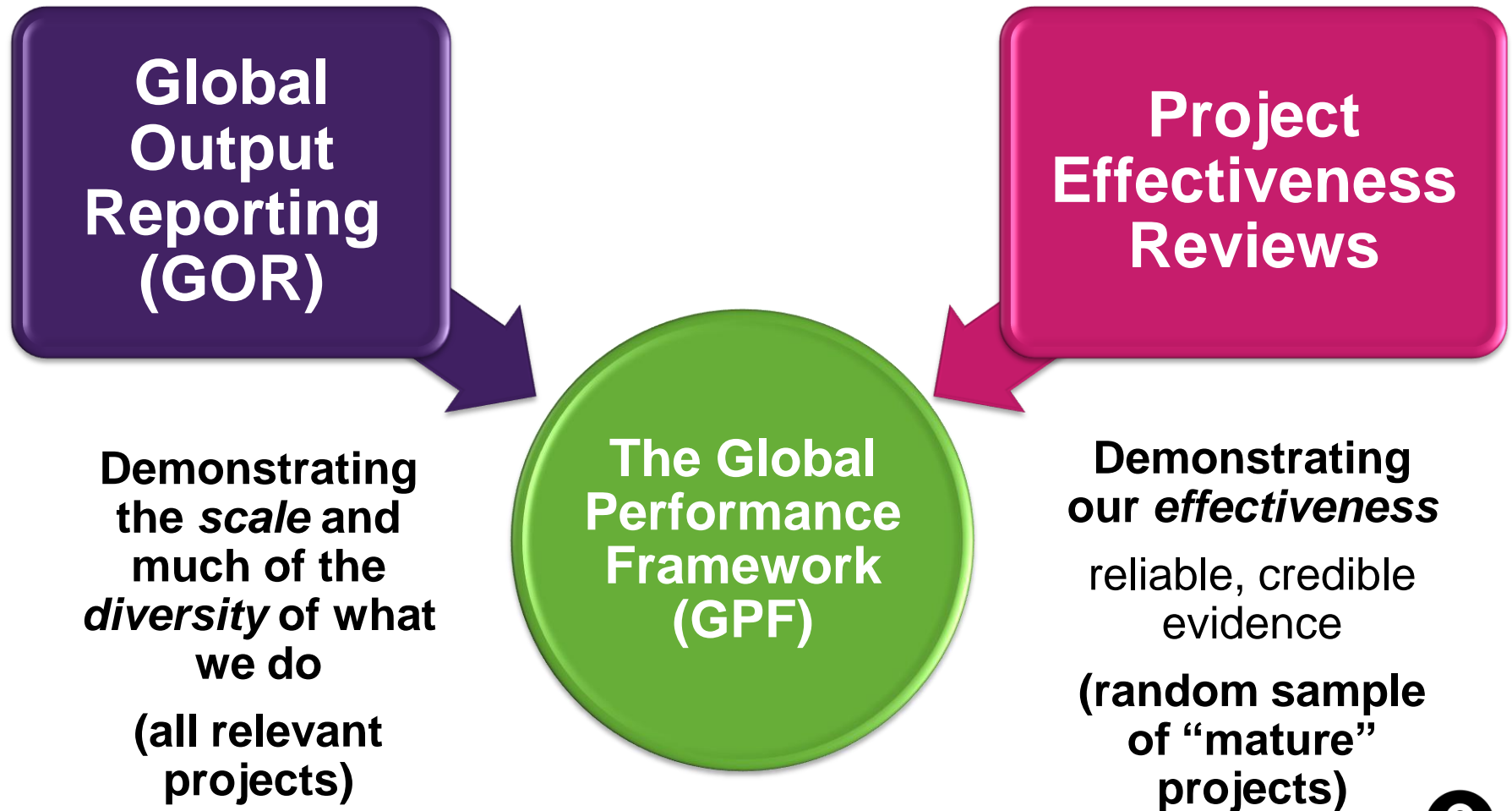
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The Drivers:

Mixed Quality Evaluations & Limited Ability to Aggregate

External Pressure & Internal Appetite

Need for a Practical & Proportional Approach

Global Performance Framework

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OGB's Global Performance Framework

Global Output Reporting (GOR)

Project Effectiveness Reviews

The Global Performance Framework (GPF)

Demonstrating the *scale* and much of the *diversity* of what we do

(all relevant projects)

Demonstrating our *effectiveness*

reliable, credible evidence

(random sample of "mature" projects)

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Only one part of Oxfam'S MEAL system

OXFAM REFLECTS

Accountability Report

Annual Report

Regional Reviews

Real-time evaluations

Audits

Country Reviews

Strategic Reviews

Global Performance Framework

Programme Monitoring Reviews

Peer Reviews

Independent evaluations all programmes >£1m

BASELINES

Self Assessments

Learning feeds into planning
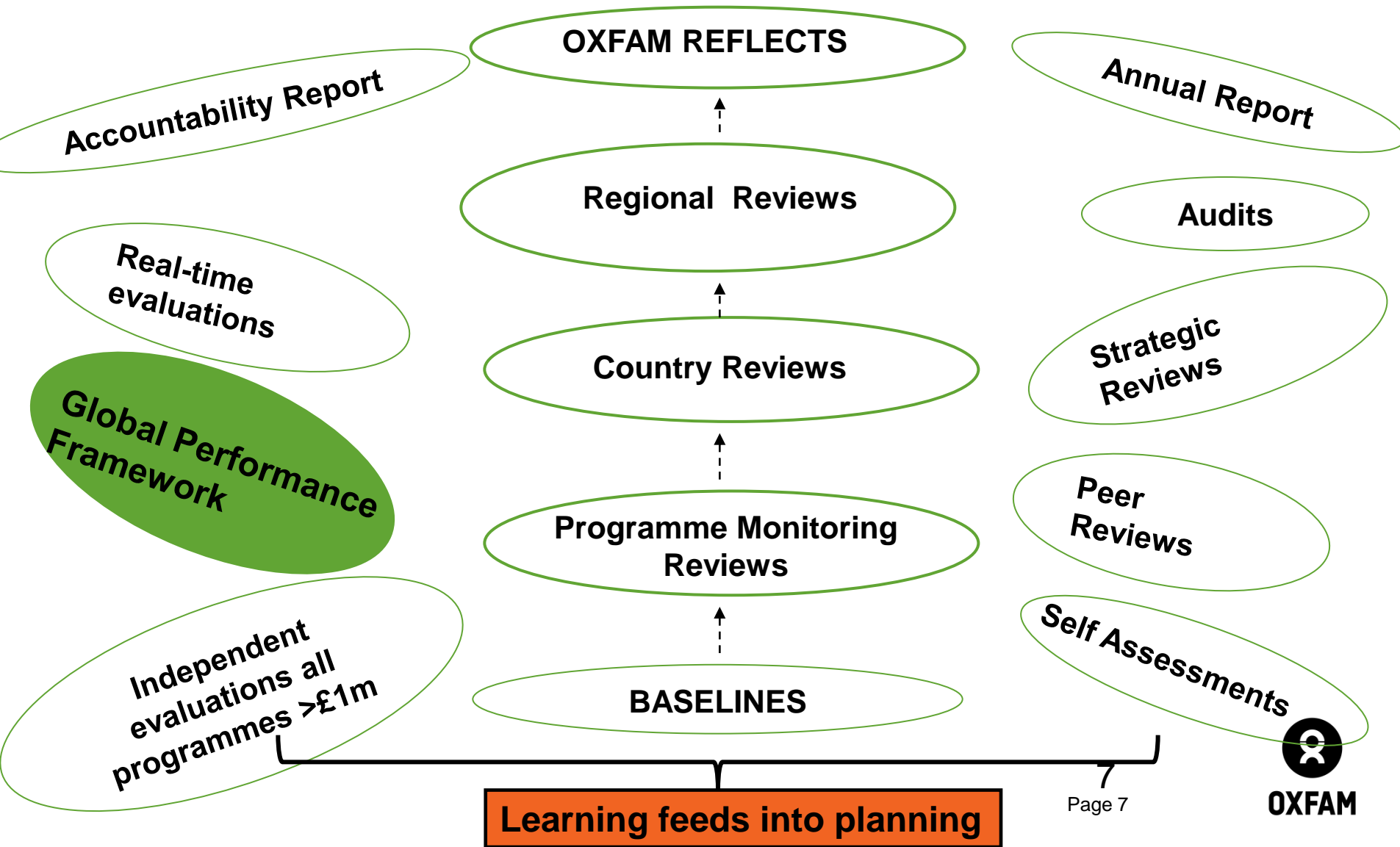
A closer look at the working parts...

Global Output reporting

Effectiveness Reviews

Where have we got to? What challenges remain?

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# GLOBAL OUTPUT REPORTING

What is Global Output Reporting?

- Oxfam GB's process for collecting annual beneficiary/output information from **all active projects**
- In order to help demonstrate the *scale* and much of the *diversity* of what we do
- Drivers – internal appetite, donors, supporters
- Started in 2010/11 – now going into its fourth year

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Practicalities

- Information collected via OGB's project management system
- Total of 36 indicators across six thematic areas, in addition to total direct / indirect beneficiaries
- Validation checks in-system and out of system
- Separate process to remove double-counting of beneficiaries
- Well internalised
- Reasonably(!) well functioning

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Challenges
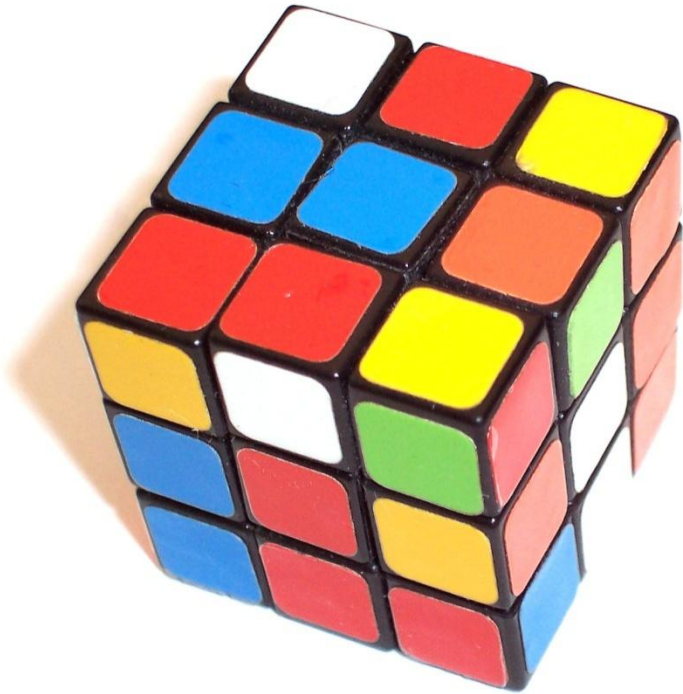
- Ensuring completion
  - 1,200 projects
  - Always something more important!
- Ensuring data quality
  - Supporting documentation
- Working with communications
- Indirect beneficiaries
  - How to make more visual?
  - How to capture accurately??

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EXAMPLE OUTPUTS:

15.0 million*
people reached in 55 countries

1.6 million
people globally took online campaign action

6.5 million*
people supported in 27 humanitarian crises

1,296
grants to 873 partner organisations worldwide

425,348
people in the UK made a regular donation

HELPING COMMUNITIES TO ADAPT TO CLIMATE CHANGE IN 2011/12

1,000,000
Number of people provided with information about disaster preparedness and climate change.

780,000
People supported to reduce their risk to existing hazards.

120,000
People supported to adapt to emerging climatic trends.

75,000
People supported to develop and use new technologies and approaches in response to climatic changes.

OUR GLOBAL HUMANITARIAN PROGRAMME 2011/12

5,700,000
People provided with access to clean water and accompanying health promotion.

2,000,000
People benefited from improved sanitation facilities, greatly reducing the spread of disease in camps.

180,000
People provided with emergency shelter in the wake of disaster.

900,000
People provided with support to resume their livelihoods.

1,250,000
People benefited from the distribution of food, cash or vouchers, enabling them to survive a crisis.

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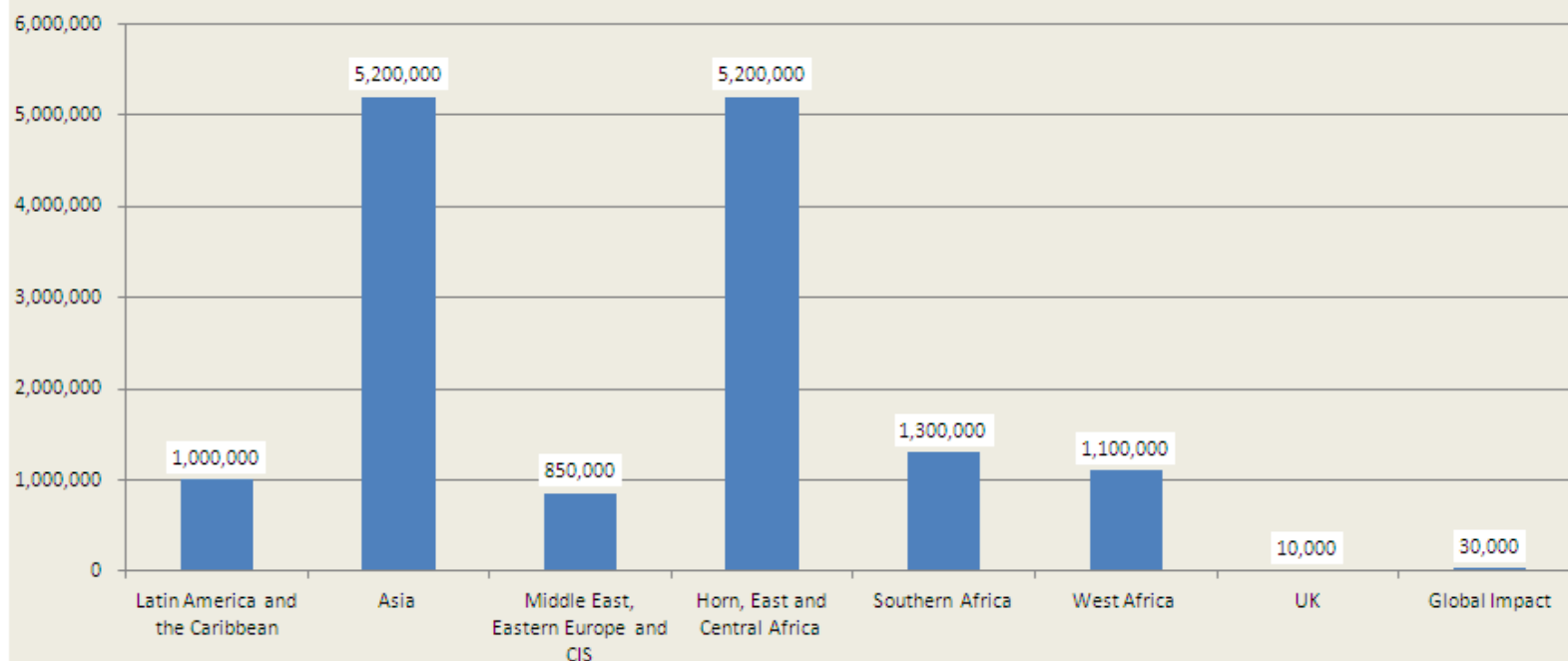# Global Output Reporting - Interactive Charts - 2011/12 by Region of Impact

GLOBAL TOTALS - All figures rounded

Direct Beneficiaries	Citizen Voice	Adaptation and Risk Reduction	Campaigning and Advocacy	Humanitarian Assistance	Livelihood Enhancement Support	Women's Empowerment
	Sub-Categories CV	Sub-Categories ARR	Sub-Categories CAM	Sub-Categories HUM	Sub-Categories LES	Sub-Categories WOM
15,000,000	2,800,000	1,700,000	1,900,000	9,700,000	1,600,000	4,400,000
Total people	Total citizens, CBO members and CSO staff supported to engage with state institutions and other actors	Total people provided with support to mitigate risk and adapt to climate change	Total campaign and advocacy initiatives undertaken or supported	Total people provided with appropriate humanitarian assistance	Total people supported to increase income and/or food security	Total people reached to enable women to gain increased control over factors affecting their own priorities and interests

Select for sub category data

Place your mouse on the arrows to display graph

Global Output Reporting - Direct Beneficiaries [2011/12]

Region	Value
Latin America and the Caribbean	1,000,000
Asia	5,200,000
Middle East, Eastern Europe and CIS	850,000
Horn, East and Central Africa	5,200,000
Southern Africa	1,300,000
West Africa	1,100,000
UK	10,000
Global Impact	30,000

Click for **country-level** information

Back to **guidance**

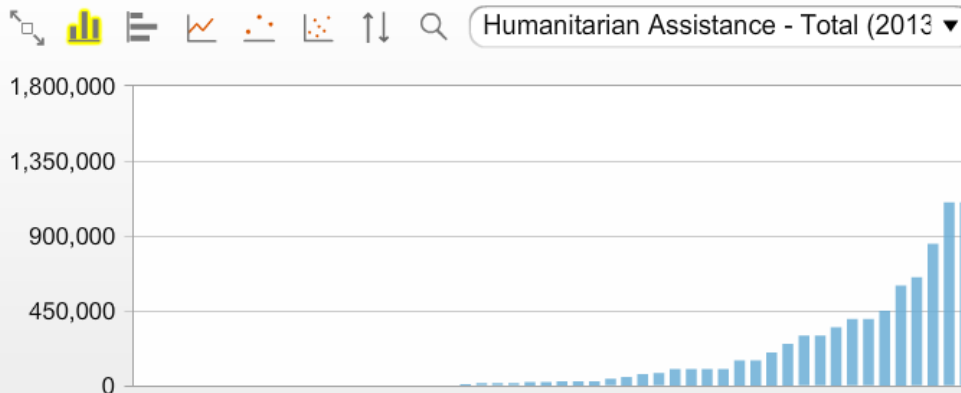Direct Beneficiaries | Citizen Voice | Adaptation and Risk Reduction | Campaigning and Advocacy | **Humanitarian Assistance** | Livelihood Support

Humanitarian Assistance - Total

Emergency Shelter
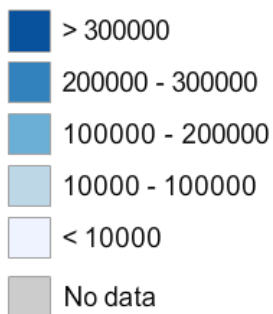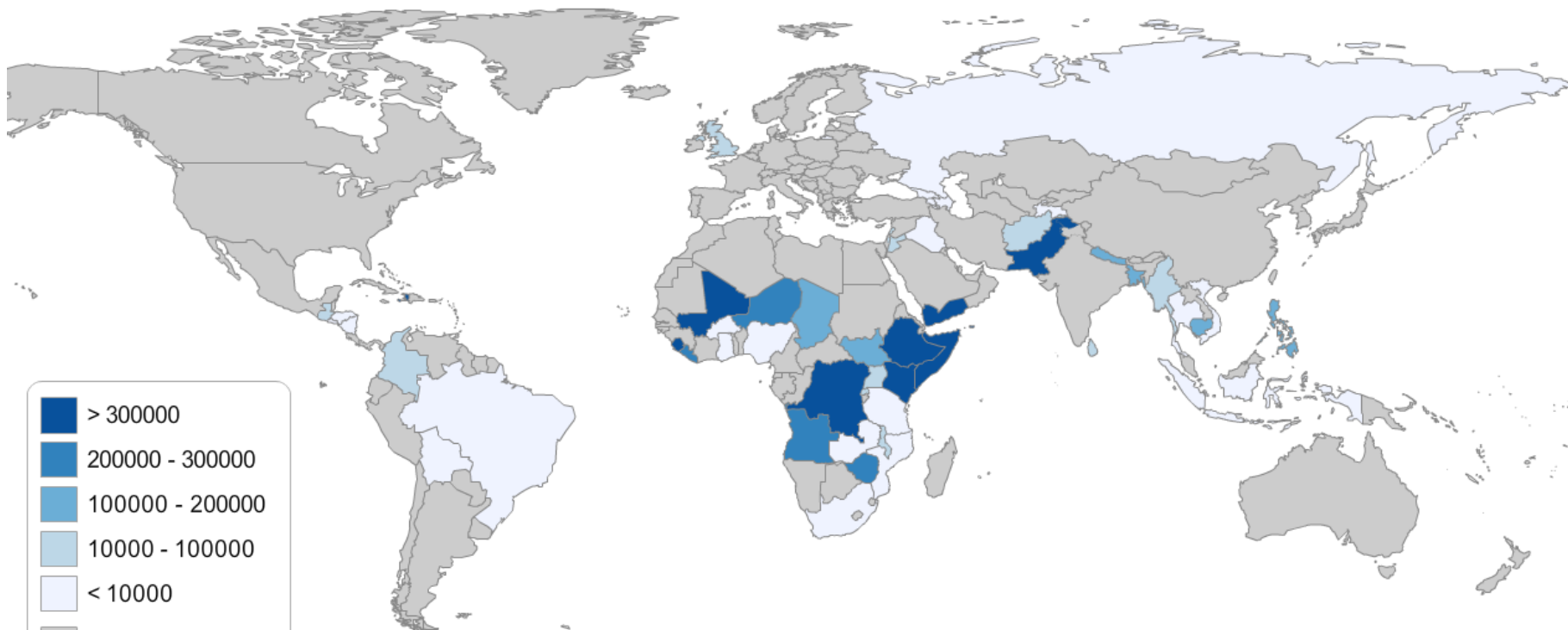
Food, cash or vouchers

Health promotion

Humanitarian Assistance - Total (2013 ▼

All regions ▼

Afghanistan
Angola
Armenia
Azerbaijan
Bangladesh
Bolivia

1,800,000

1,350,000

900,000

450,000

0

Legend:
- > 300000
- 200000 - 300000
- 100000 - 200000
- 10000 - 100000
- < 10000
- No data

2011   2012   2013

The Future…

- Continued demand for output data
- Ensure indicators etc are fit for purpose
  - Inc. indirect beneficiaries
- Implement data quality improvements
- Oxfam's single management structure…
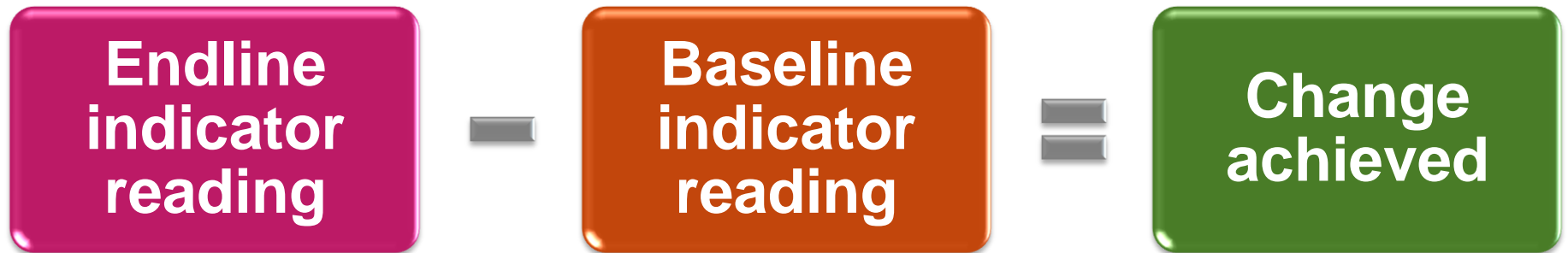- Explore ways to encourage greater utilisation of the data

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EFFECTIVENESS REVIEWS
THE MEASUREMENT CHALLENGE

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Contribution/ Attribution

The Conventional NGO approach:

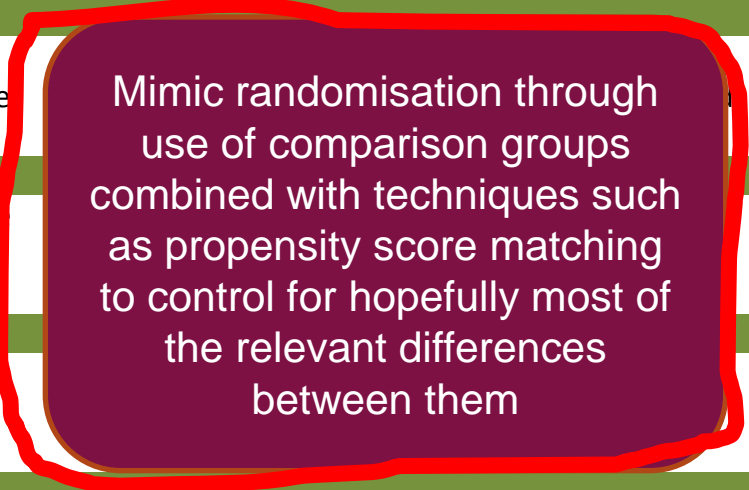| Endline indicator reading	−	Baseline indicator reading	=	Change achieved

Feedback OK but not reliable for most interventions

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Contribution/ Attribution

Other factors may confound the apparent relationship

Project A's active citizenship Intervention

Follow-up: **Increased in number of community priorities reflected in local council decisions**

Association does not necessarily imply causation

Other Factors, e.g. decentralisation policy, new trainning for councillors, work of other NGOs on participatory budgeting etc.

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Large *N* Interventions

OUTPUT INDICATORS	OUTCOME INDICATORS
Humanitarian Support	
• Total number of people provided with appropriate humanitarian assistance, disaggregated by sex	• Degree to which humanitarian responses meet agreed quality standards for humanitarian programming (e.g. Sphere guidelines)
Adaptation & Risk Reduction	
• # of people supported to unders... future hazards, reduce risk, and/or... change and uncertainty, disaggregated by sex	
Livelihoods	
• # of women and men directly su... com via enhancing production and/o...	
Women's Empowerment	
• # of people reached to enable wom... ...ased control over factors affecting the... interests	
Citizen's Voice	
• # of a) citizens, CBO members and CSO s... upported to engage with state institutions/ other relevant actors; and b) duty bearers benefiting from capacity support	• Degree to which interventions have contributed to enabling citizens to hold duty bearers to account
Policy Influencing	
• Number of campaign actions directly undertaken or supported, e.g. contacts made with policy targets, online and offline actions taken, media coverage, publications, and specific events held	• Degree to which interventions have contributed to influencing pro-poor policy change
Accountability (cross-cutting)	
• Degree to which interventions are deemed accountable by our partners and beneficiaries in relation to transparency, accountability, and monitoring, evaluation, and learning (MEL)	

Resilience

Livelihoods

Empowerment

Mimic randomisation through use of comparison groups combined with techniques such as propensity score matching to control for hopefully most of the relevant differences between them

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Small *N* Interventions

OUTPUT INDICATORS	OUTCOME INDICATORS
Humanitarian Support	
• Total number of people provided with appropriate humanitarian assistance, disaggregated by sex	• Degree to which humanitarian responses meet agreed quality standards for humanitarian programming (e.g. Sphere guidelines)
Adaptation & Risk Reduction	
• # of people supported to understand current and likely future hazards, reduce risk, and/or adapt to climatic changes and uncertainty, disaggregated by sex	• % of supported households demonstrating greater ability to minimise risk from shocks and adapt to emerging trends & uncertainty
Livelihoods	
• # of women and men directly supported to increase income via enhancing production and/or market access	• % of supported households demonstrating greater income, as measured by daily consumption and expenditure per capita
Women's Empowerment	
• # of people reached to enable women to gain increased control over factors affecting their own priorities and interests	• % of supported women demonstrating greater empowerment at household, community, and institutional levels
Citizen's Voice	
• # of a) citizens, CBO members and ... orted to engage with state institution... nd b) duty bearers benefiting from...	
Policy Influencing	
• Number of campaign actions di... supported, e.g. contacts mac... e and offline actions taken, media c... d specific events held	
Accountability (cross-cutting)	
• Degree to which interventions are deemed accountable by our partners and beneficiaries in relation to transparency, accountability, and monitoring, evaluation, and learning (MEL)	

Citizen Voice

Policy Influencing

Use process tracing to explore the extent to which interventions have contributed to evidenced changes in duty bearer practice or policy outcomes**.**

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PROCESS TRACING PROTOCOL

Why are "small n" interventions challenging to evaluate?

- Aim is often to shift/ transform power – ***difficult to define SMART outcomes/ measures***

- ***Unpredictable rapidly shifting contexts/ dynamics*** – adaptation and need real time information

- Efforts focused on influencing a ***small set of units -*** where there are too few units to allow for tests of statistical differences – or a boundaried system

- Many actors and drivers working to effect change on the issue – "a multitude of interacting forces and actors – ***Oxfam just one player , isolating its value added hard*** (contribution vs sole attribution)

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Process Tracing

Trying to get at the question of effectiveness in two ways:

1. Looking for **evidence that can link the intervention with outcome-level change** (Did the change happen? Does the evidence support a causal relationship between the intervention and the outcome?)

2. Consider the evidence supporting other 'causal stories' or 'explanatory hypotheses' of change to **build an understanding of "how change happened"**, and - if the evidence suggests that the intervention contributed to change - **determine the significance of the intervention's contribution**

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Increased in number of community priorities reflected in local council decisions

Project's active citizenship intervention

decentralisation policy

work of other NGOs on participatory budgeting

new gov't trainning for councillors

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Adaptation of Process Tracing (main steps for researchers)

1. Specify outcomes the intervention is seeking to achieve (explicit theory of change).

2. Assess and document what was done to achieve the targeted outcomes.

3. Examine the extent the targeted outcomes have actually materialised, as well as any unintended outcomes.

4. Undertake "process induction" to identify all salient, plausible causal explanations ("causal stories") for each materialised outcome.

5. Use "process verification" to assess the extent each causal story is supported or not by the available evidence – signatures, footprints.

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Process Induction & Process Verification

Process verification involves conducting probative tests on available evidence/ causal-process observations (aka "clues") that can help to support or overturn explanatory hypotheses

Sufficient to Establish Causation	No	Yes
Necessary to Establish Causation No	**Straw in the Wind** May increase the plausibility of a given hypothesis, or raise doubts about it, but are not decisive by themselves	**Smoking Gun** Passing confirm the hypothesis, but does not eliminate others
Yes	**Hoop tests** cannot provide direct support for a hypothesis, but can eliminate a hypothesis	**Doubly decisive** confirm one hypothesis and eliminate others

Bennett (2010); Van Evera (1997)

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Lessons

"Duh."

P.BYRNES.

Lessons

1. **Theories of change are critical but often hidden and they take time to unpack.**

   As a theory based evaluation methodology process tracing involves understanding the intervention's theory

   In many interventions, the theory of change is rarely explicit - and can take time to pull out.

ALL MODELS ARE WRONG BUT SOME ARE USEFUL - George Box
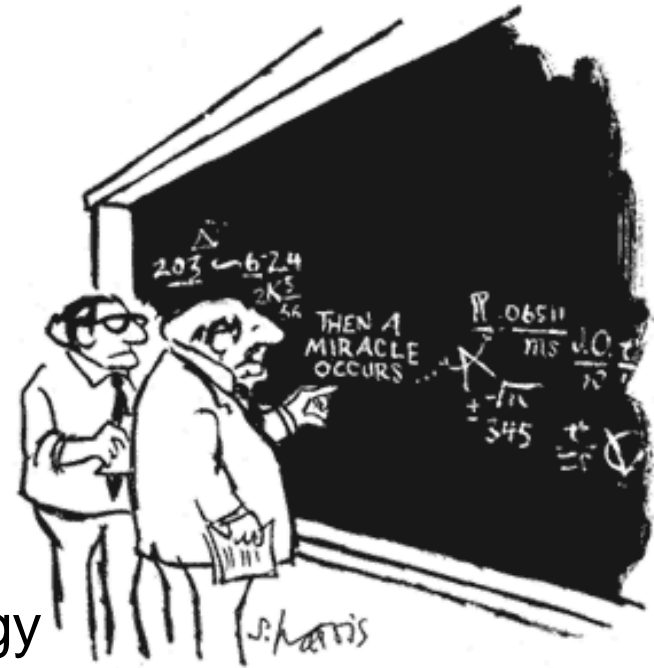
Lessons

2. Evaluating the 'right' outcomes is key

Sherlock Holmes and Dr Watson pitched their tent under the stars and went to sleep. In the middle of the night Holmes woke Watson up and said: "Watson, look up at the sky, and tell me what you see."

Watson replied: "I see millions and millions of stars."

Holmes said: "And what do you deduce from that?"

Watson replied: "*Astronomically*, it tells me there are millions of galaxies and potentially billions of planets. *Astrologically*, I observe that Saturn is in Leo. *Horologically*, I deduce that the time is approximately a quarter past three. *Theologically*, I can see that we are small and insignificant. *Meteorologically*, I suspect that we will have a beautiful day tomorrow.

What does it tell you?"

And Holmes said: "Watson, you idiot, somebody has stolen our tent."

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Lessons

3. Credible evidence is a judgement call.

Signatures/ footprints/ smoking guns help provide near-unequivocal evidence in support of one hypothesis or causal story.

When such clarity doesn't exist (most times!), there will be different opinions on what constitutes sufficient and credible evidence.

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Lessons

4. Process Tracing is not (just) about qualitative research

Evaluators must make careful choices - at a given point in a particular study or in evolving data collection and analysis - about which combination of qualitative or quantitative data will be most effective for answering evaluation questions.

To date, Oxfam has been engaging qualitative researchers to conduct the evaluations of small n interventions.

Going forward: consider how best to bring quantitative analysis skills into evaluation teams.

OXFAM

Lessons

5. Different evaluators interpret and apply the protocol differently.

Managing for consistent application takes time.

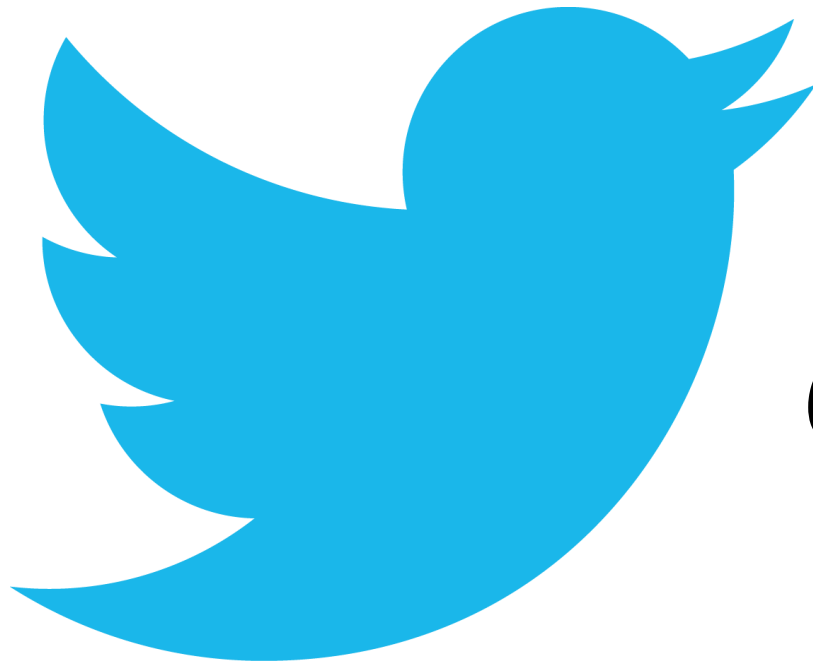And.... like most evaluations, we can also expect many practical implementation challenges!

AN EXAMPLE FROM GHANA

Live tweeting

@pamojauk

Structure

1. Short introduction

2. Process tracing in action

3. Lessons learnt

Introduction

Applied process tracing approach twice during Oxfam's pilot phase:

1. Fair Play for Africa (Pan-Africa), April 2011
2. Universal Health Care Campaign (Ghana), March 2013

Introduction

Applied process tracing approach twice during Oxfam's pilot phase:

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Universal Health Care Campaign
Ghana

Universal Health Care Campaign
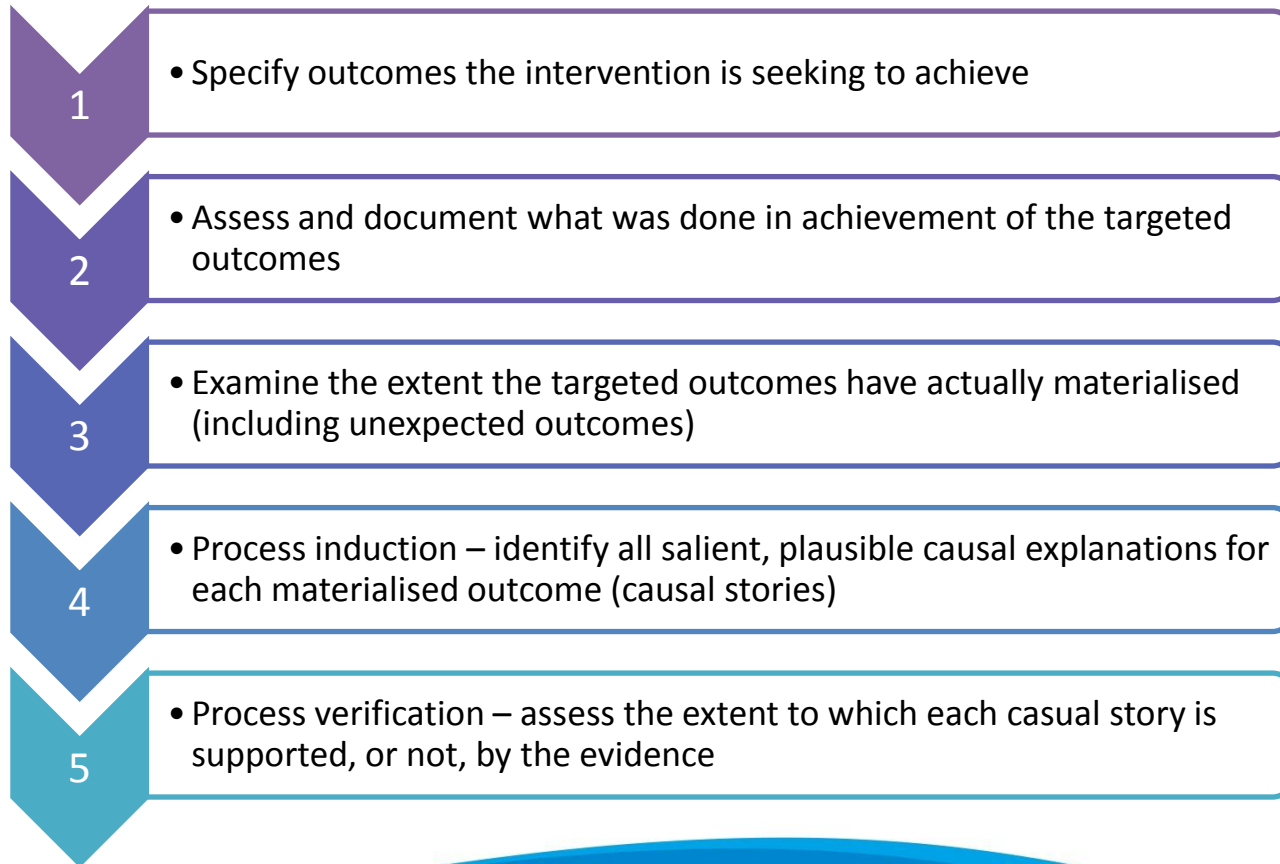## Ghana

Civil society movement launched in 2009

Aim

Government of Ghana legislates for free, quality universal health care for all by 2015.

Process Tracing
Key steps

1 • Specify outcomes the intervention is seeking to achieve

2 • Assess and document what was done in achievement of the targeted outcomes

3 • Examine the extent the targeted outcomes have actually materialised (including unexpected outcomes)

4 • Process induction – identify all salient, plausible causal explanations for each materialised outcome (causal stories)

5 • Process verification – assess the extent to which each casual story is supported, or not, by the evidence

Step 1
Specify outcomes
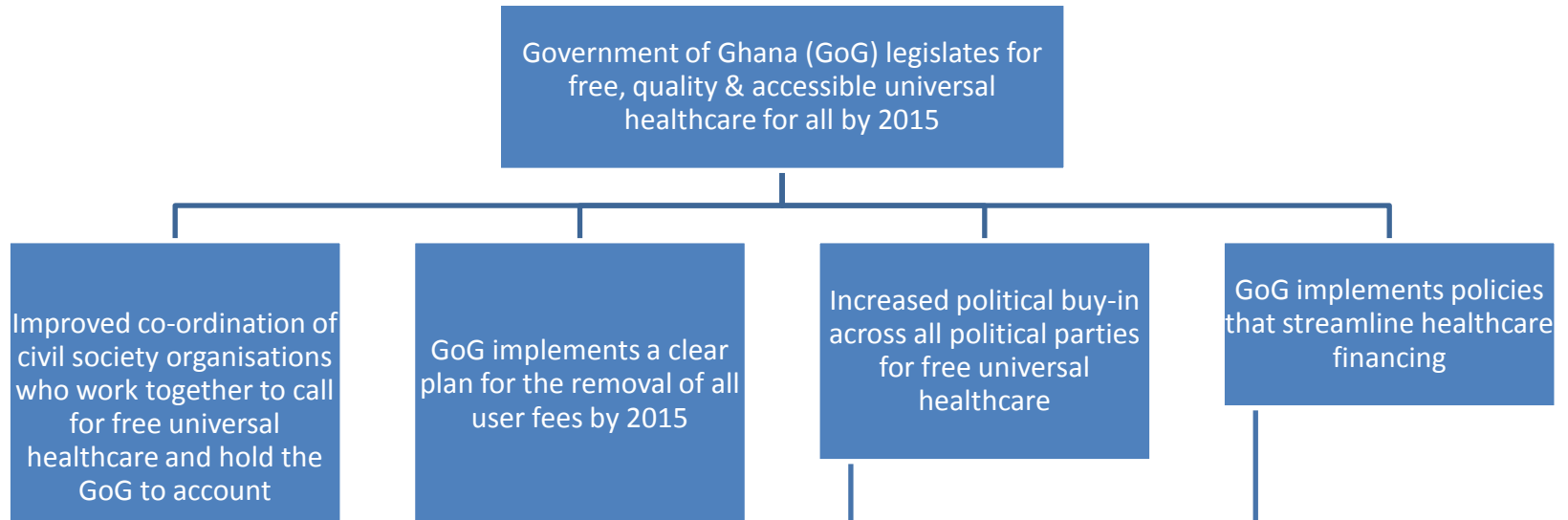
Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

Step 1
Specify outcomes

Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

Improved co-ordination of civil society organisations who work together to call for free universal healthcare and hold the GoG to account

GoG implements a clear plan for the removal of all user fees by 2015

Increased political buy-in across all political parties for free universal healthcare

GoG implements policies that streamline healthcare financing

Step 1
Specify outcomes

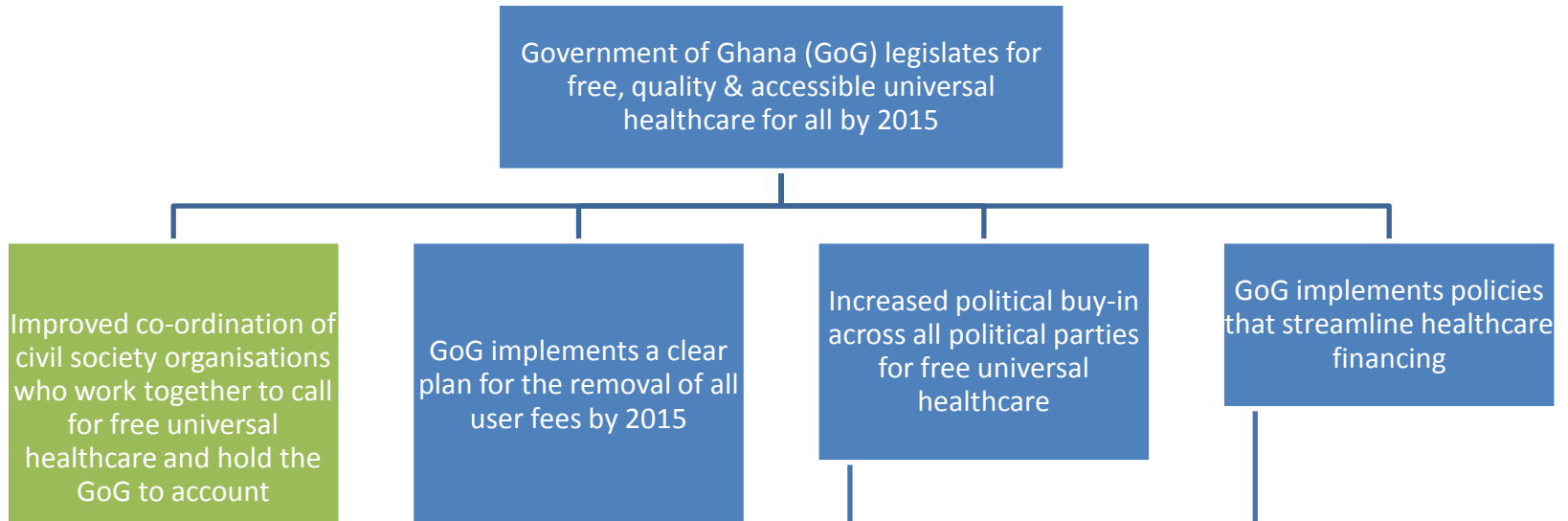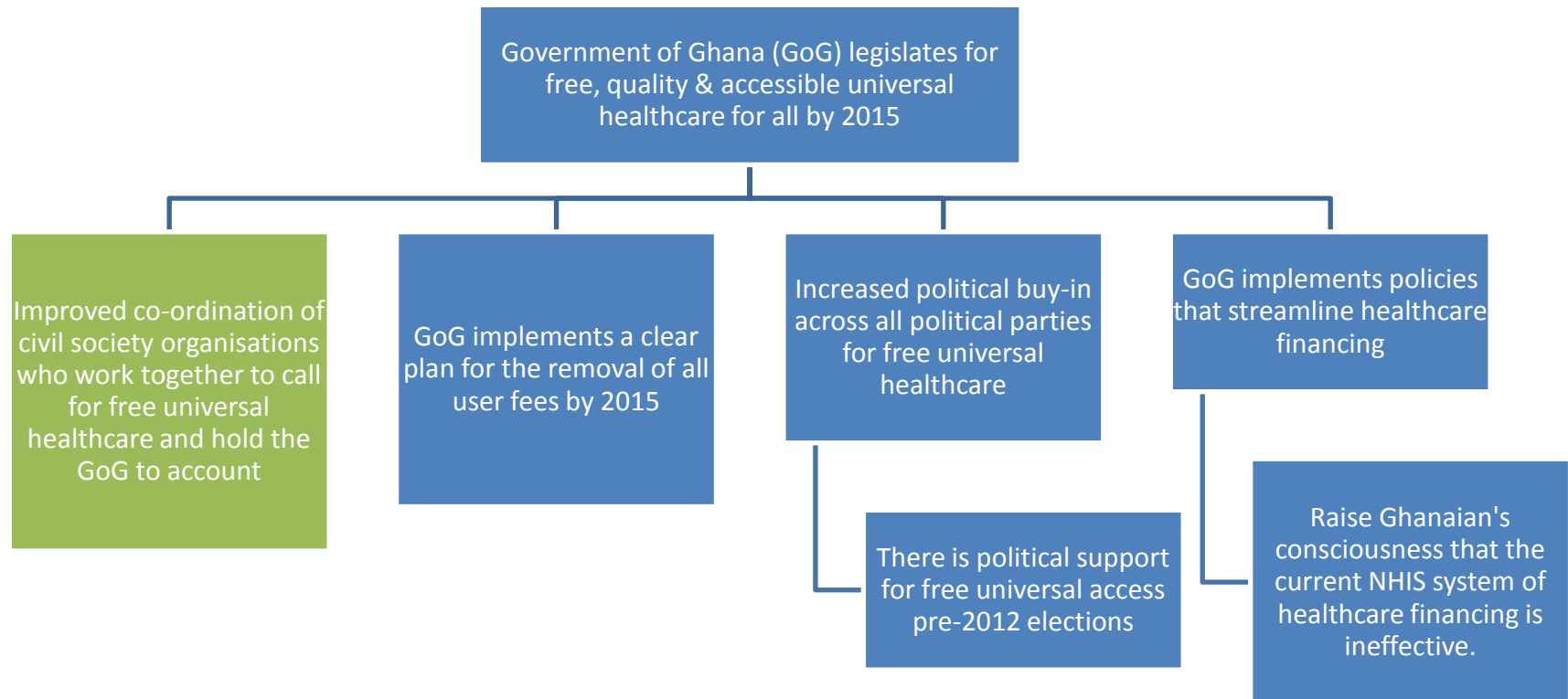Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

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Raise Ghanaian's consciousness that the current NHIS system of healthcare financing is ineffective.

Step 1
Specify outcomes

pamoja

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Step 1: Specify outcomes
Lesson learnt

✓ Need the 'right' people in the room to do this well

Step 1: Specify outcomes
Lesson learnt

✓ Need the 'right' people in the room to do this well

✓ Strike a balance between getting the information you need and supporting people to understand theory of change

Step 1: Specify outcomes
Lesson learnt

- ✓ Need the 'right' people in the room to do this well

- ✓ Strike a balance between getting the information you need and supporting people to understand theory of change

- ✓ Timeline or time series analysis useful

Step 2
Assess what was done

Data collection and analysis

- – Key informant interviews
- – Project documentation
- – Desk-based research
- – Time series analysis
- – Photos
- – Campaign materials e.g. pledge cards
- – Media analysis

Step 3
Extent of outcome materialisation

Findings

- Only 18% covered (67% claimed by the Government)

- Only 29% from poorest households

- Revised methodology

Key Quotes

"It jostled people at the NHIA, it got them to sit up. The Minister of Health was very angry, there was controversy. But now they have revisited the stats and the NHIA is publishing more realistic figures. That is a big plus for the campaign."

"When the report came out there was a lot of noise in Ghana. It is keeping the government on its toes."

"Awareness of the issues of the NHIS got a lot of publicity since the launch of the report. There was discussion in the media about the issues."

Step 4
Process induction

Step 5
Process verification

Causal Stories
testing causality

Casual Story A

The National Health Insurance Association revised its methodology for calculating active membership because of pressure created by the Campaign

Causal Stories
testing causality

Casual Story B

The National Health Insurance Association revised its methodology for calculating active membership based on its own plans and timetable to do so.

Timeline

9th March 2011 'Achieving a Shared Goal' published

Timeline

9th **March 2011** 'Achieving a Shared Goal' published

17th **March 2011** NHIA published counter statement

Quotes from NHIA Director

pamoja

'factual inaccuracies, hearsay and innuendoes'

'setting the record straight'

It refers to Oxfam's *'blatant aversion to health insurance'*, **how flawed analysis is** *'Oxfam's stock in trade'*

Timeline

9th March 2011   'Achieving a Shared Goal' published

17th March 2011   NHIA published counter statement

September 2011   NHIA Newsletter

Quotes from NHIA Newsletter

"The chickens are coming home to roost as the Oxfam-led coalition squirm in their own broth…Oxfam's wounds are self-inflicted. The humanitarian aid organisation squandered its credibility over this issue. The offensive against the NHIS was desperate and error-strewn. Oxfam frequently exploits images of desperately needy Africans and other non-white people to solicit assistance from well-meaning philanthropists. One only hopes that such resources are spent entirely on the needy rather than ideologically driven 'Don Quixotic' campaigns, such as the attack on the NHIS. And who will vouch that their willing pawns in its ill-advised campaign offered their services for charity?"

Timeline

9th March 2011   'Achieving a Shared Goal' published

17th March 2011   NHIA published counter statement

September 2011   NHIA Newsletter

October 2011   NHIA Annual Report published announcing new methodology

Quotes from NHIA Annual Report

"The NHIA undertook methodology and data validation exercise, during the first quarter of 2011, to ascertain the accuracy of the 2010 membership database. During the exercise, it was realised that the old methodology of calculating active membership was riddled with inherent challenges. In order to mitigate these challenges, a new and appropriate methodology was used to determine the 2010 active membership. This new approach is based on the sum of the number of new members registered for a given year and the number of renewals made for that year."

Casual evidence

pamoja

"I would say 'yes', since these changes came after the campaign's report, I would agree it was one of the factors that led to the change in methodology by NHIA in how they calculate coverage of the national health insurance scheme."

Key Informant, Ghana Health Service

Casual evidence

"I'm sure you all know about what has been come to be known as 'the Oxfam Report'. This report declared that coverage of the NHIS was as low as 18 per cent. This was actually very helpful and prompted us to revise our figures. We now know that 34 per cent of the population are covered, not 67 per cent as previously thought. In Ghana we are now doing a lot more to improve our monitoring and evaluation and in this way civil society is helping us."

Ghana Delegation, World Health Organisation and World Bank Ministerial Meeting
Email correspondence

Contribution Score

Outcome	Rating	Short Commentary (including reference to other evidenced explanations as appropriate)
The current NHIS system is shown to be an ineffective vehicle to deliver free universal health care in Ghana	(G A)	– Changes to how the NHIA calculated NHIS coverage was shown to be flawed by the Campaign. – The NHIA changed its methodology for calculating NHIS coverage because of pressure from the Campaign.

*Scoring Key – Specific Contribution of Intervention

(G A) Outcome realised in part & evidence that intervention made a crucial contribution

Outcome realised in full & evidence that intervention made an important contribution

Process tracing
Final thoughts

1. **Build a rich picture.** Review as much documentation as possible in advance of any in-country visit.

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3. **Create realistic expectations** about the time you as the evaluator will need with both key informants and staff/stakeholders.
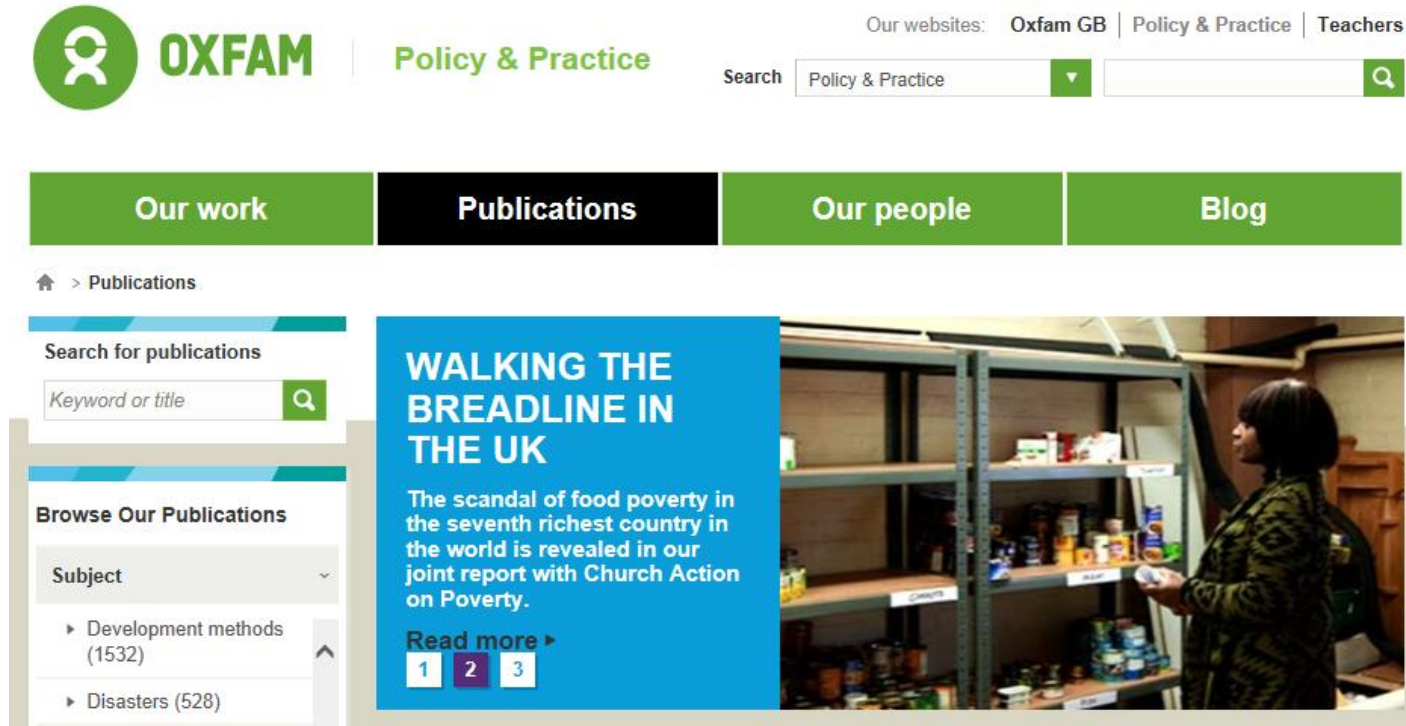
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4. **Build capacity.** Where no theory of change or logic model is in place build competencies on how to construct theories of change with staff and stakeholders.

Process tracing
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3. **Create realistic expectations** about the time you as the evaluator will need with both key informants and staff/stakeholders.
4. **Build capacity.** Where no theory of change or logic model is in place build competencies on how to construct theories of change with staff and stakeholders.
5. **Identifying support staff.** Staff close to the centre of the campaign or project, need to be available for more than just the time that is required to interview them. Their insight is crucial and they may be required to accompany the Evaluator on occasion, particularly when interviewing parliamentarians or civil servants.

Oxfam's Website

http://policy-practice.oxfam.org.uk/publications

Thank you!

Contact Information

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gavin@pamoja.uk.com

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pamoja

Measuring the hard to measure
Part One

Gavin Stedman-Bryce

Live tweeting

@pamojauk

Structure

1. Short introduction

2. Process tracing in action

3. Lessons learnt

Introduction

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Universal Health Care Campaign
Ghana

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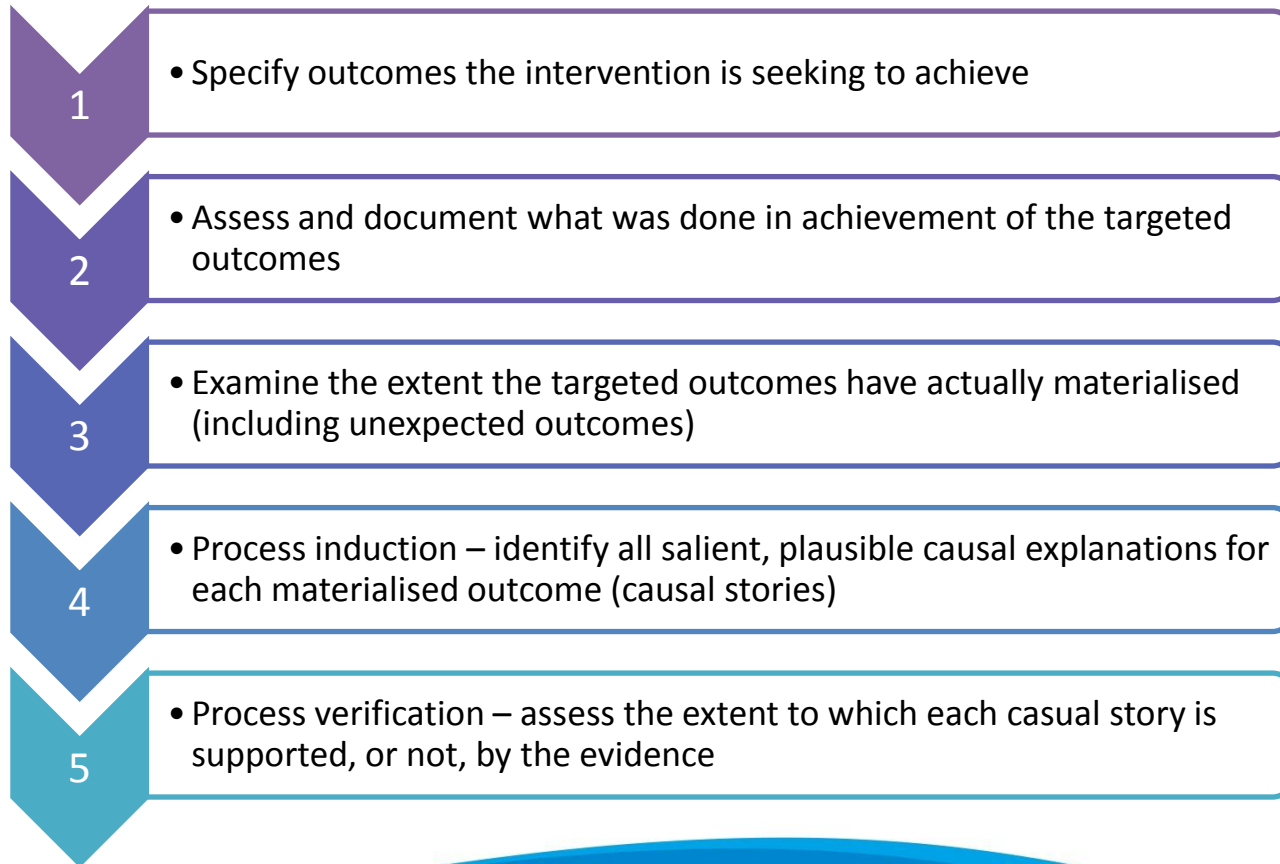## Ghana

Civil society movement launched in 2009

Aim

Government of Ghana legislates for free, quality universal health care for all by 2015.

Process Tracing
Key steps

1 • Specify outcomes the intervention is seeking to achieve

2 • Assess and document what was done in achievement of the targeted outcomes

3 • Examine the extent the targeted outcomes have actually materialised (including unexpected outcomes)

4 • Process induction – identify all salient, plausible causal explanations for each materialised outcome (causal stories)

5 • Process verification – assess the extent to which each casual story is supported, or not, by the evidence

Step 1
Specify outcomes
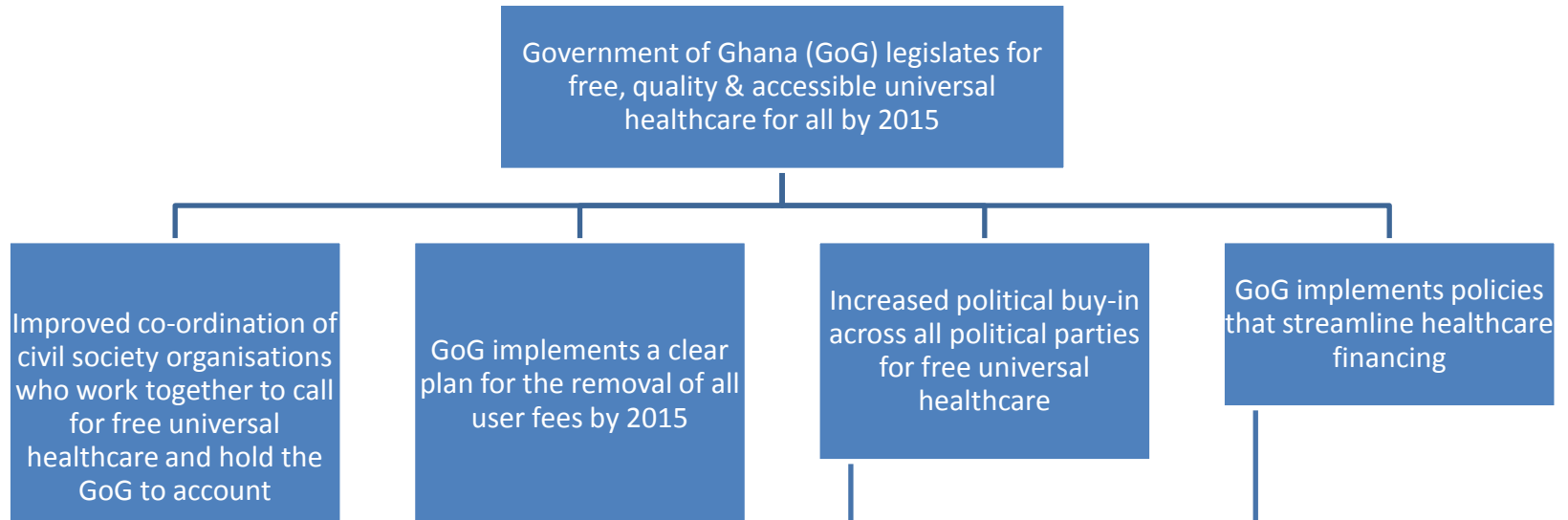
Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

Step 1
Specify outcomes

Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

Improved co-ordination of civil society organisations who work together to call for free universal healthcare and hold the GoG to account

GoG implements a clear plan for the removal of all user fees by 2015

Increased political buy-in across all political parties for free universal healthcare

GoG implements policies that streamline healthcare financing

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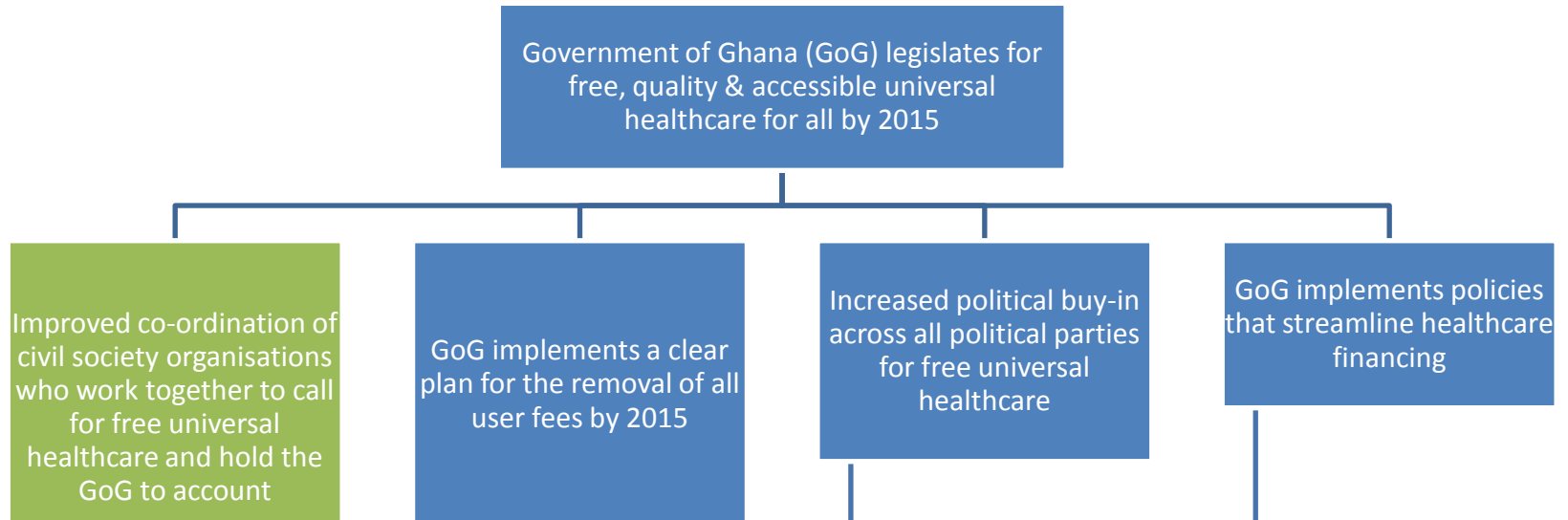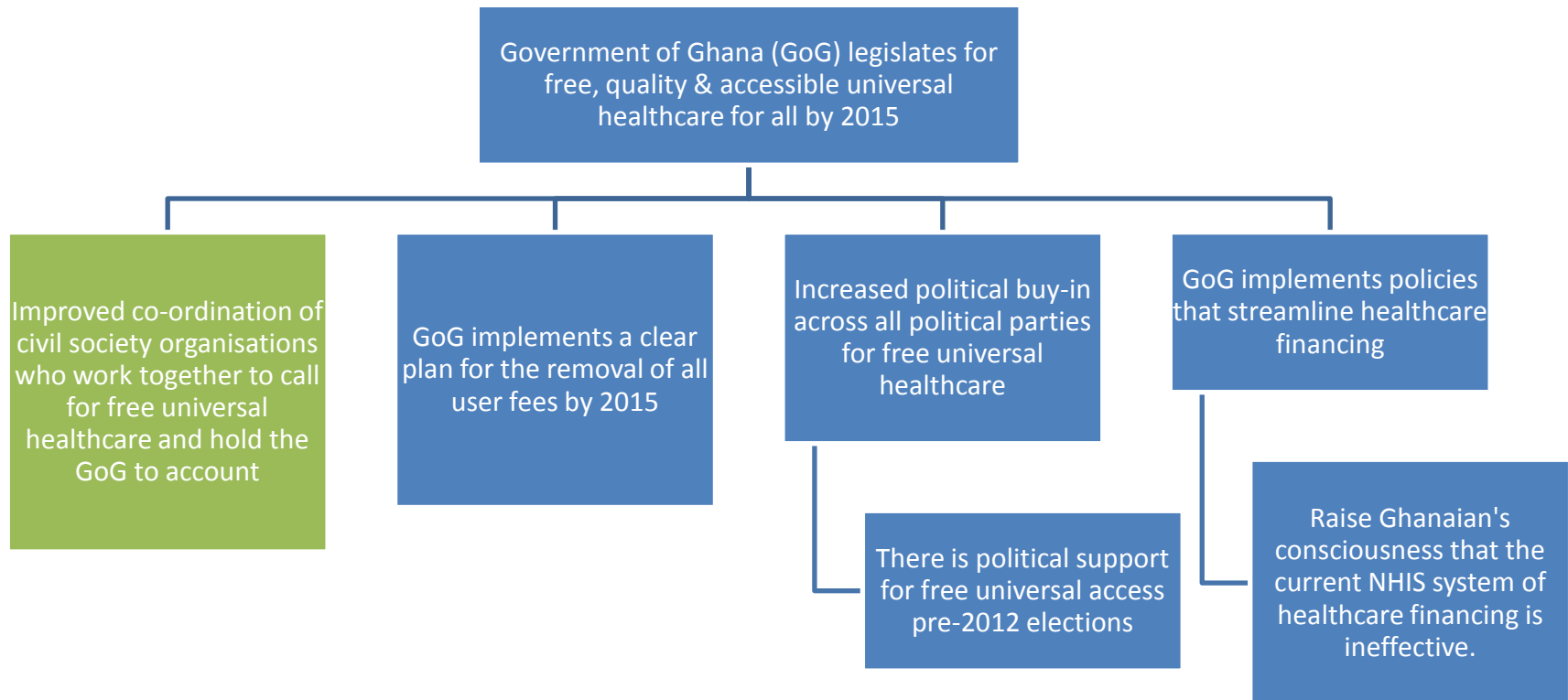Government of Ghana (GoG) legislates for free, quality & accessible universal healthcare for all by 2015

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Lesson learnt

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✓ Timeline or time series analysis useful

Step 2
Assess what was done

Data collection and analysis

- Key informant interviews
- Project documentation
- Desk-based research
- Time series analysis
- Photos
- Campaign materials e.g. pledge cards
- Media analysis

Step 3
Extent of outcome materialisation

Achieving a Shared Goal: Free Universal Health Care in Ghana.

pamoja

Findings

- Only 18% covered (67% claimed by the Government)

- Only 29% from poorest households

- Revised methodology

Key Quotes

"It jostled people at the NHIA, it got them to sit up. The Minister of Health was very angry, there was controversy. But now they have revisited the stats and the NHIA is publishing more realistic figures. That is a big plus for the campaign."

"When the report came out there was a lot of noise in Ghana. It is keeping the government on its toes."

"Awareness of the issues of the NHIS got a lot of publicity since the launch of the report. There was discussion in the media about the issues."

Step 4
Process induction

Step 5
Process verification

Causal Stories
testing causality

Casual Story A

The National Health Insurance Association revised its methodology for calculating active membership because of pressure created by the Campaign

Causal Stories
testing causality

Casual Story B

The National Health Insurance Association revised its methodology for calculating active membership based on its own plans and timetable to do so.

Timeline

9ᵗʰ March 2011 'Achieving a Shared Goal' published

Timeline

9th March 2011   'Achieving a Shared Goal' published

17th March 2011   NHIA published counter statement

Quotes from NHIA Director

'factual inaccuracies, hearsay and innuendoes'

'setting the record straight'

It refers to Oxfam's *'blatant aversion to health insurance'*, how flawed analysis is *'Oxfam's stock in trade'*

Timeline

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September 2011   NHIA Newsletter

Quotes from NHIA Newsletter

"The chickens are coming home to roost as the Oxfam-led coalition squirm in their own broth…Oxfam's wounds are self-inflicted. The humanitarian aid organisation squandered its credibility over this issue. The offensive against the NHIS was desperate and error-strewn. Oxfam frequently exploits images of desperately needy Africans and other non-white people to solicit assistance from well-meaning philanthropists. One only hopes that such resources are spent entirely on the needy rather than ideologically driven 'Don Quixotic' campaigns, such as the attack on the NHIS. And who will vouch that their willing pawns in its ill-advised campaign offered their services for charity?"

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9th **March 2011**   'Achieving a Shared Goal' published

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September 2011   NHIA Newsletter

October 2011   NHIA Annual Report published announcing new methodology

Quotes from NHIA Annual Report

"The NHIA undertook methodology and data validation exercise, during the first quarter of 2011, to ascertain the accuracy of the 2010 membership database. During the exercise, it was realised that the old methodology of calculating active membership was riddled with inherent challenges. In order to mitigate these challenges, a new and appropriate methodology was used to determine the 2010 active membership. This new approach is based on the sum of the number of new members registered for a given year and the number of renewals made for that year."

Casual evidence

"I would say 'yes', since these changes came after the campaign's report, I would agree it was one of the factors that led to the change in methodology by NHIA in how they calculate coverage of the national health insurance scheme."

Key Informant, Ghana Health Service

Casual evidence

"I'm sure you all know about what has been come to be known as 'the Oxfam Report'. This report declared that coverage of the NHIS was as low as 18 per cent. This was actually very helpful and prompted us to revise our figures. We now know that 34 per cent of the population are covered, not 67 per cent as previously thought. In Ghana we are now doing a lot more to improve our monitoring and evaluation and in this way civil society is helping us."

Ghana Delegation, World Health Organisation and World Bank Ministerial Meeting
Email correspondence

Contribution Score

Outcome	Rating	Short Commentary (including reference to other evidenced explanations as appropriate)
The current NHIS system is shown to be an ineffective vehicle to deliver free universal health care in Ghana	**G A**	– Changes to how the NHIA calculated NHIS coverage was shown to be flawed by the Campaign. – The NHIA changed its methodology for calculating NHIS coverage because of pressure from the Campaign.

*Scoring Key – Specific Contribution of Intervention

G A Outcome realised in part & evidence that intervention made a crucial contribution

Outcome realised in full & evidence that intervention made an important contribution

Process tracing
Final thoughts

1. **Build a rich picture.** Review as much documentation as possible in advance of any in-country visit.

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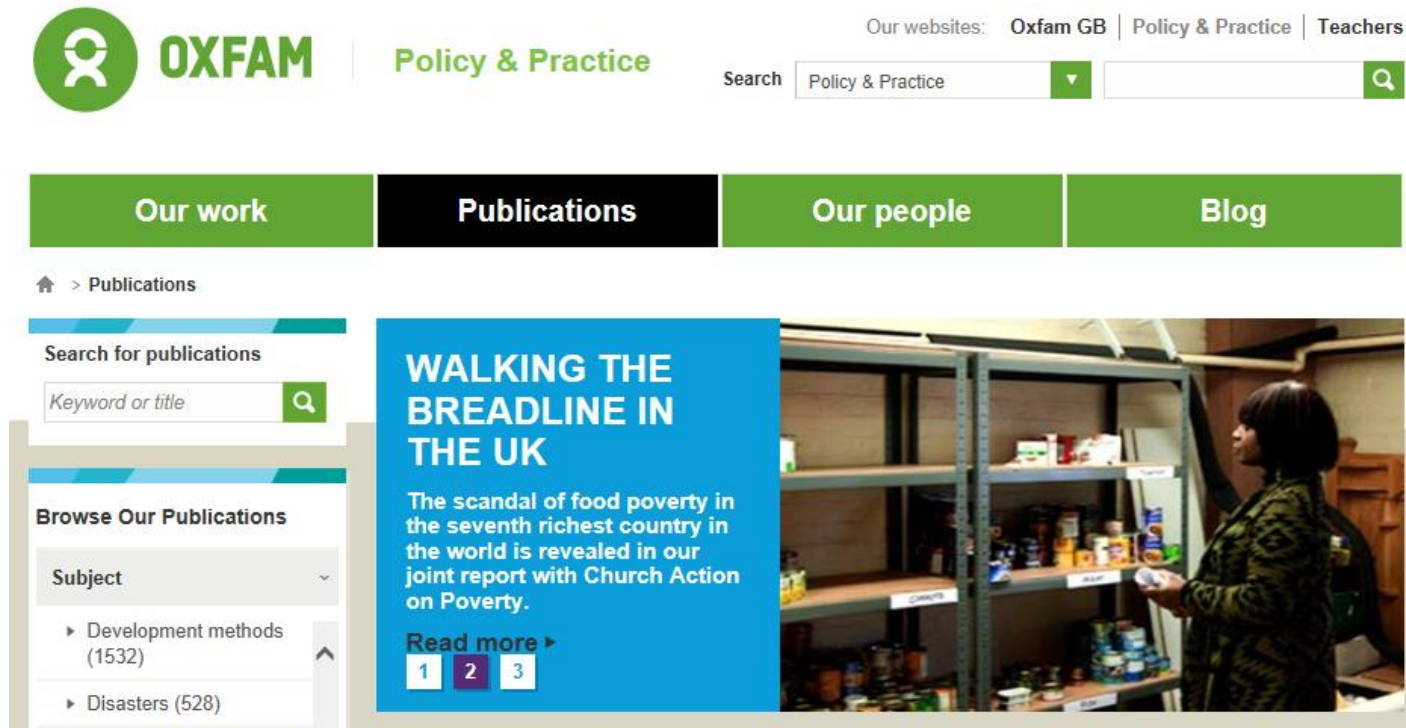
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4. **Build capacity.** Where no theory of change or logic model is in place build competencies on how to construct theories of change with staff and stakeholders.
5. **Identifying support staff.** Staff close to the centre of the campaign or project, need to be available for more than just the time that is required to interview them. Their insight is crucial and they may be required to accompany the Evaluator on occasion, particularly when interviewing parliamentarians or civil servants.

Oxfam's Website

http://policy-practice.oxfam.org.uk/publications

Thank you!

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EFFECTIVENESS REVIEWS
WOMEN'S EMPOWERMENT

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Context

- Oxfam GB's Effectiveness Reviews assess projects across six thematic areas:
  - Humanitarian Assistance
  - Citizen Voice
  - Policy Influencing
  - **Livelihood Support**
  - **Women's Empowerment**
  - **Adaptation and Risk Reduction (Resilience)**

  Household / community level

- Currently into the third year of operation

- Evolving methodologies for assessing each theme

- Presentation focuses on women's empowerment measurement approach

- Several drivers for tackling this issue…

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STORY SO FAR...

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Story So Far…

- In 2011/12:
  - Focus on a few aspects:
  - Household decision-making
  - Community influencing
 - Control over assets
  - Self confidence

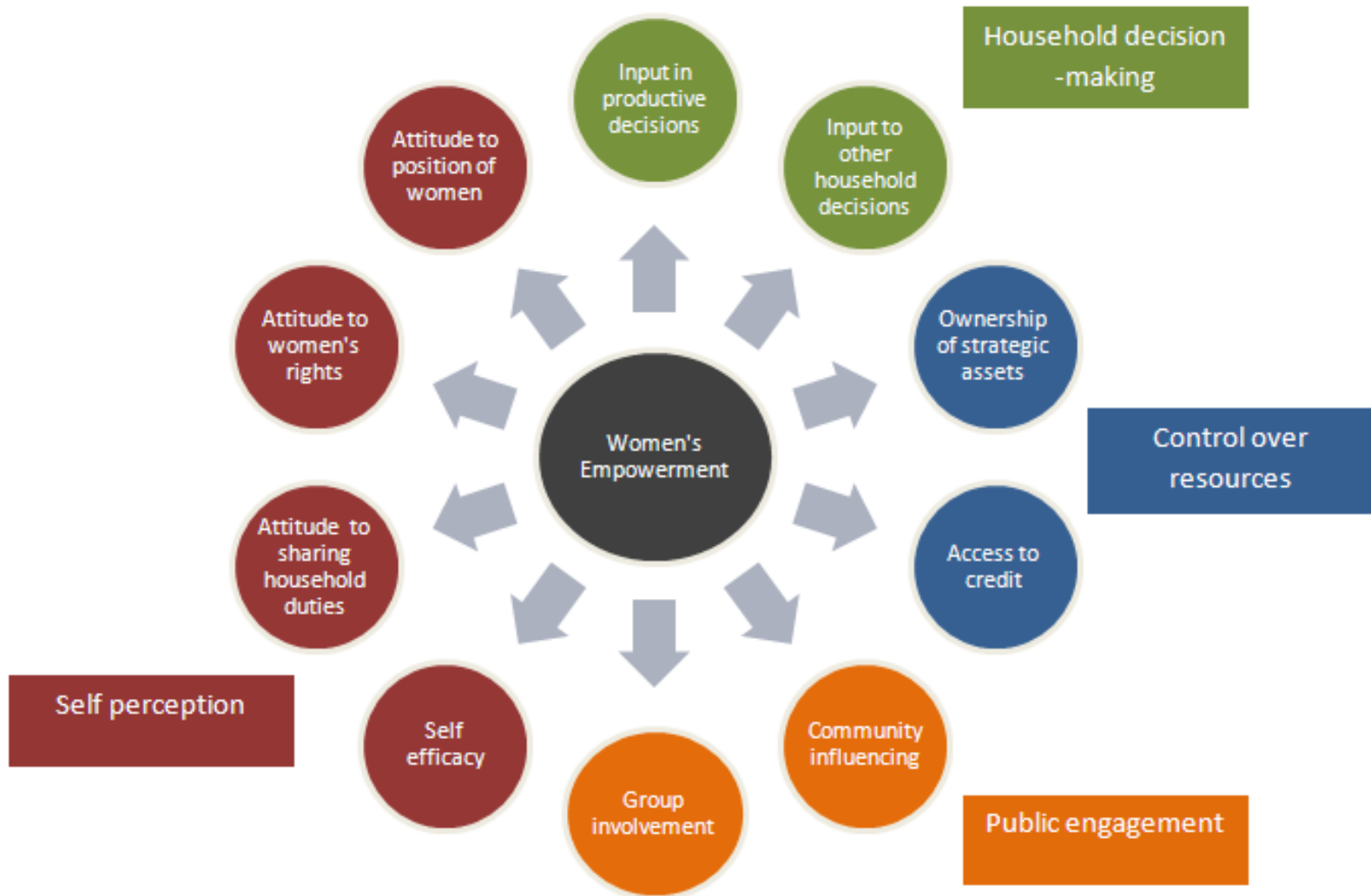| Country	Time period	Community influence	Household decision-making	Self-efficacy	Attitudes to gender roles	Control over assets	Reduced acceptance of VAW
Zambia	2009-11	G	R	R		G	
Philippines		G		G	A		
Guatemala	2010-11	A	R	G	A		
Bangladesh (We Can)	2005-11						A

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Story So Far…

- In 2012/13:
    - Expanded – '4 dimensions'
    - 10 indicators
    - Inspired in part by OPHI's Women's Empowerment in Agriculture Index
    - Started to think through 'what does an empowered woman look like'??
    - Worked with gender policy team in Oxfam GB
    - Decided it was useful to develop a framework to look at various aspects of empowerment

Household decision making — Control over resources — Public engagement — Self perception
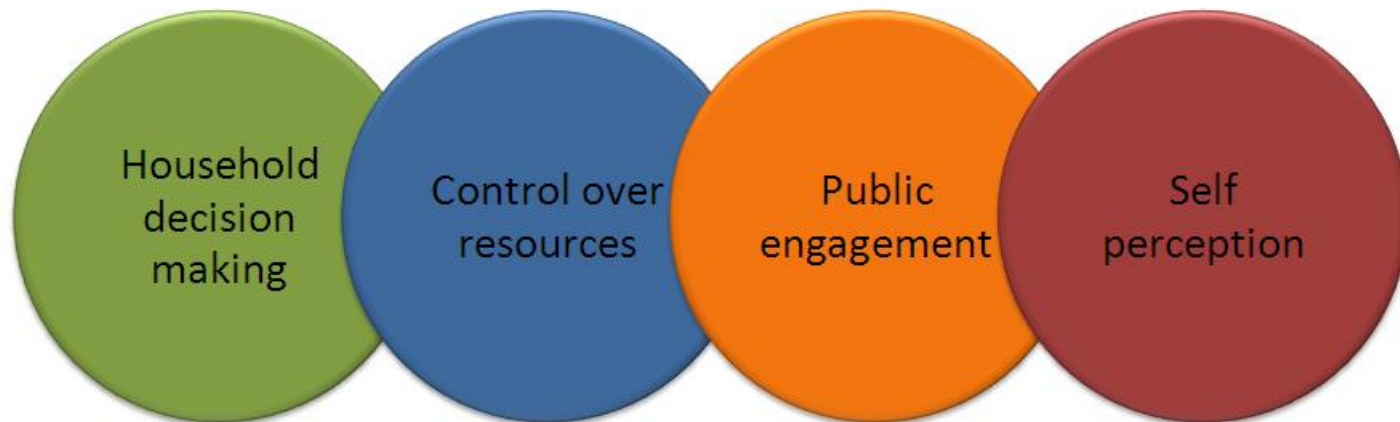
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Story So Far…

EXAMPLE FROM NIGERIA…

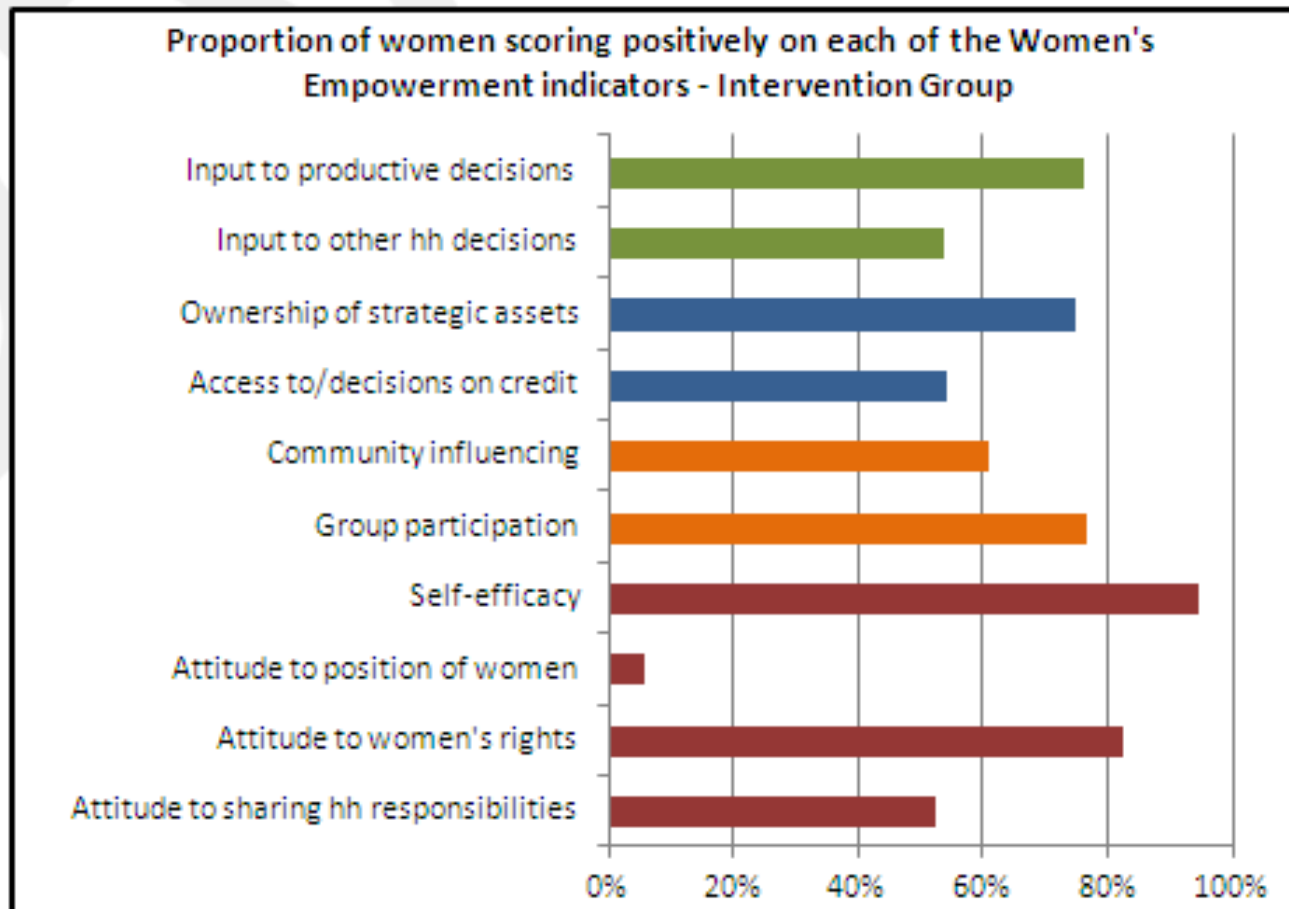# Example from Nigeria…

- Agriculture support for women's group project selected for an 'Effectiveness Review'

- Questionnaire developed to capture information on the 10 indicators

- Survey carried out with Oxfam supported women and appropriate comparators

- PSM / MVR to control for observable differences between the groups

- Cut-offs applied to each of the indicators

- Data analysed!

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Example from Nigeria…

Proportion of women scoring positively on each of the Women's Empowerment indicators - Intervention Group

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Example from Nigeria…

Proportion of women scoring positively on each of the Women's Empowerment indicators - by intervention/comparison group

Example from Nigeria…

- Key issue has been how to meaningfully aggregate the indicators?

- Women's Empowerment is a multi-dimensional construct

- The Oxford Poverty & Human Development Initiative (OPHI) has done good work on measuring multidimensional poverty

- Initially adopted the OPHI methodology

- The Index score is based on the proportion of women empowered in at least three-quarters of the weighted indicators.

- The chart reflects whether a supported woman is empowered in more characteristics than a "typical" woman of the comparison group.

% of women above median WEI score for comparator women (PSM Kernel)
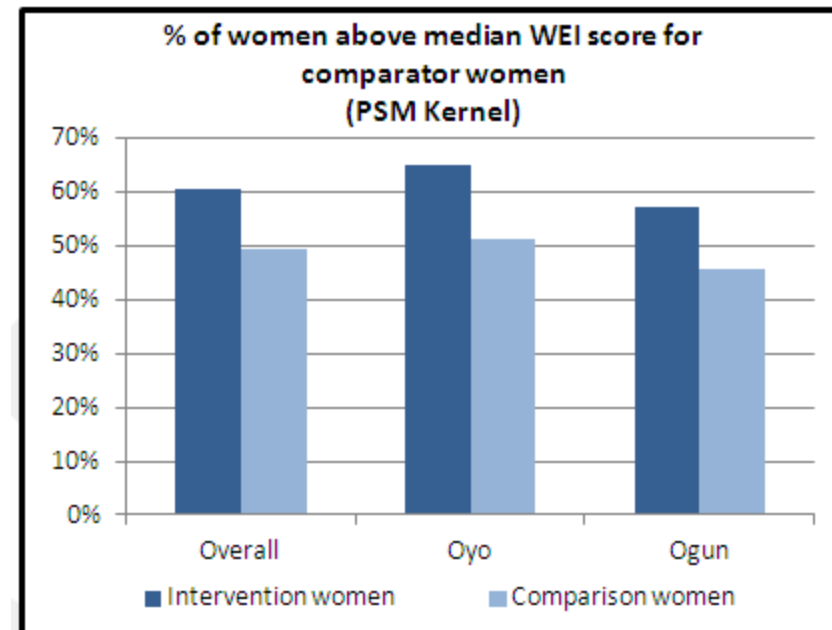
NEXT STEPS…

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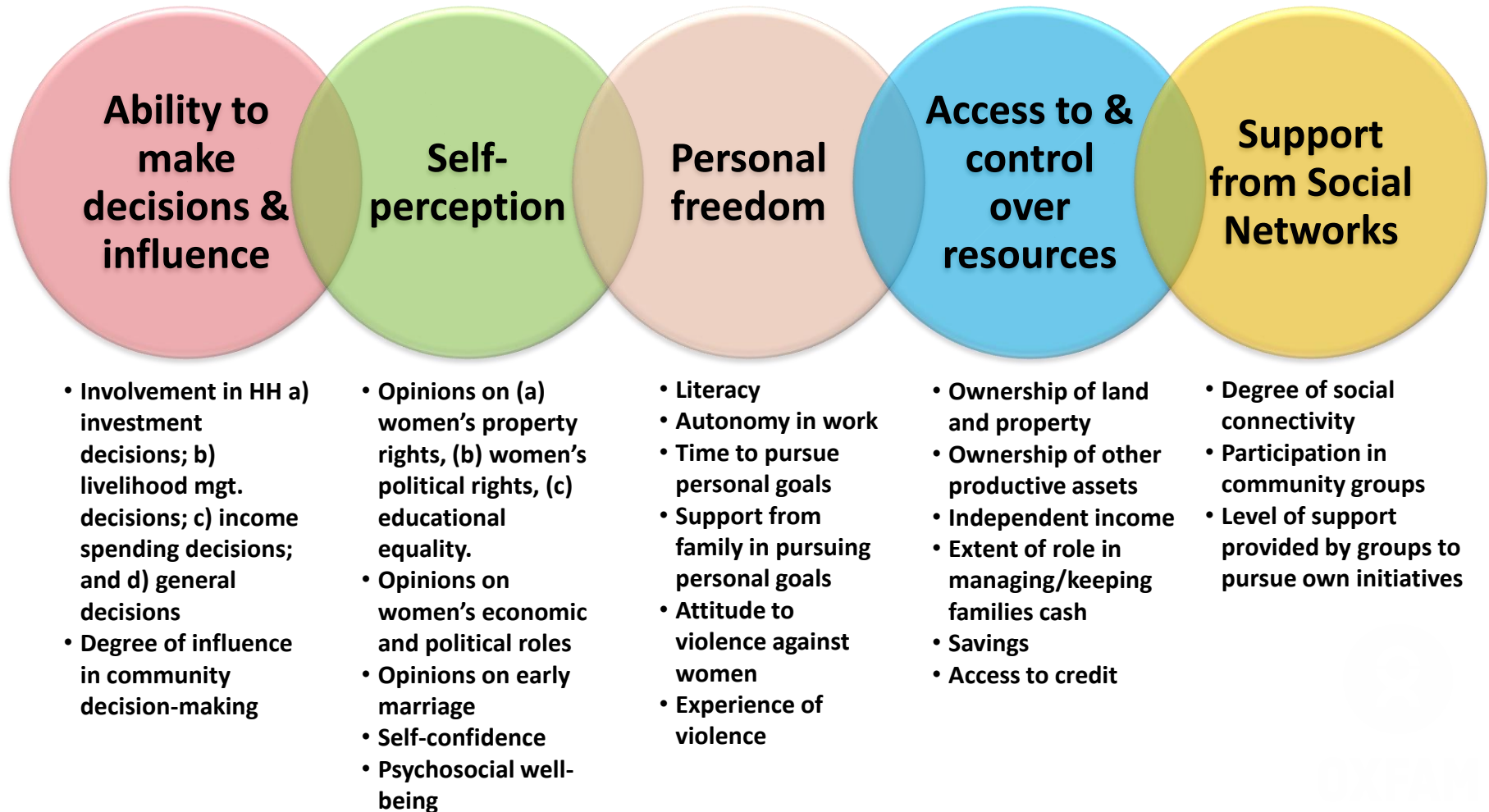

- Four blobs have turned into five…

- More sensitive to change?

- Participatory approach?
    - What does 'empowerment' look like?
    - Defining indicators
    - Defining 'cut-offs'

- Time allocation
    - Division of labour?
    - What has been shifted or displaced?

- Institutional environment – how to measure?

- Use in programme design?

- Comments / suggestions welcome!

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Key Dimensions of Women's Empowerment

What affects a woman's ability to control her own circumstances and fulfil her own interests and priorities?

Ability to make decisions & influence

Self-perception

Personal freedom

Access to & control over resources

Support from Social Networks

- Involvement in HH a) investment decisions; b) livelihood mgt. decisions; c) income spending decisions; and d) general decisions
- Degree of influence in community decision-making

- Opinions on (a) women's property rights, (b) women's political rights, (c) educational equality.
- Opinions on women's economic and political roles
- Opinions on early marriage
- Self-confidence
- Psychosocial well-being

- Literacy
- Autonomy in work
- Time to pursue personal goals
- Support from family in pursuing personal goals
- Attitude to violence against women
- Experience of violence

- Ownership of land and property
- Ownership of other productive assets
- Independent income
- Extent of role in managing/keeping families cash
- Savings
- Access to credit

- Degree of social connectivity
- Participation in community groups
- Level of support provided by groups to pursue own initiatives

WHERE ARE WE NOW?

WHAT ARE SOME OF THE OUTSTANDING CHALLENGES?

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Outcomes to Date

- Clear set of **Global Indicators** (outputs and outcomes, 6 thematic areas, 1 cross-cutting)

- Piloted and refined **measurement approaches**, and developed 4 distinct methodologies – humanitarian, accountability, development, campaigns/voice - robust, but practical and adaptable

- Completed **56 evaluations** (effectiveness reviews) of randomly selected mature projects

- Transparent in **communicating** findings and reflections, the good, the bad and the ugly

- Developed a **management responses** system

- **Learning, learning, learning**!

Ongoing Challenges

How do we balance feasibility, utility, learning and rigour?

Output Indicators - Ensuring indicators are/ continue to be fit for purpose. How to make reflect our work to effect changes to systems, structures and policies (indirect beneficiaries?)

Learning – continued tension between organisational accountability and programme learning.

learning

account
-ability
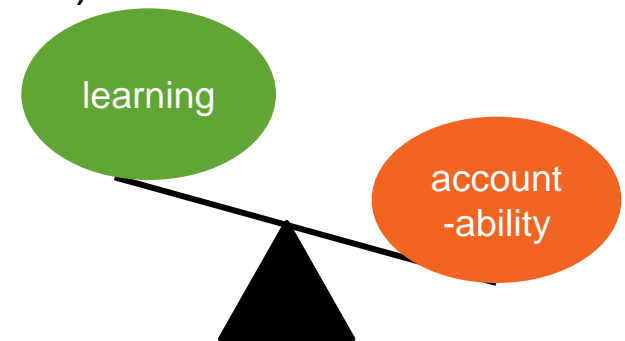
Resourcing - This is neither cheap nor simple - it takes time, resources and expertise to do these well, and we continue to work to get the right balance real resource limitations (time and money) with our desire for quality and rigour.

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WHAT ARE...

YOUR QUESTIONS
YOUR SUGGESTIONS
YOUR EXPERIENCES

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