

DESIGNING EVALUATION INDICATORS TO ASSESS THE IMPACT OF POLICY ADVOCACY IN A LOW-RESOURCE SETTING: EXPERIENCES FROM UGANDA

Allan Peter Asinguza, Moses Dombo, William Kidega, Agaba Deogratias, Emmanuel Mugisha

BACKGROUND

The Advocacy for Better Health Project is a five-year initiative (June 2014–May 2019) funded by the US Agency for International Development (USAID) with an estimated budget of US\$20 million. The project’s goal is to improve the quality, accessibility, and availability of health and other social services by enhancing the capacity of citizens and civil society organizations (CSOs) to advocate effectively. The focus is on advocacy for increased investment and accountability by decision-makers in order to improve the quality and availability of essential health and social services in 35 target districts in Uganda.

PATH includes robust monitoring and evaluation in every effort. To that end, the Advocacy for Better Health team needed an evidence-based approach to evaluate progress toward project goals. First, they developed a theory of change and results framework to define a clear link between intermediate results and the overall goal. **Building on these tools, they developed appropriate and data-based indicators to assess progress and success.**

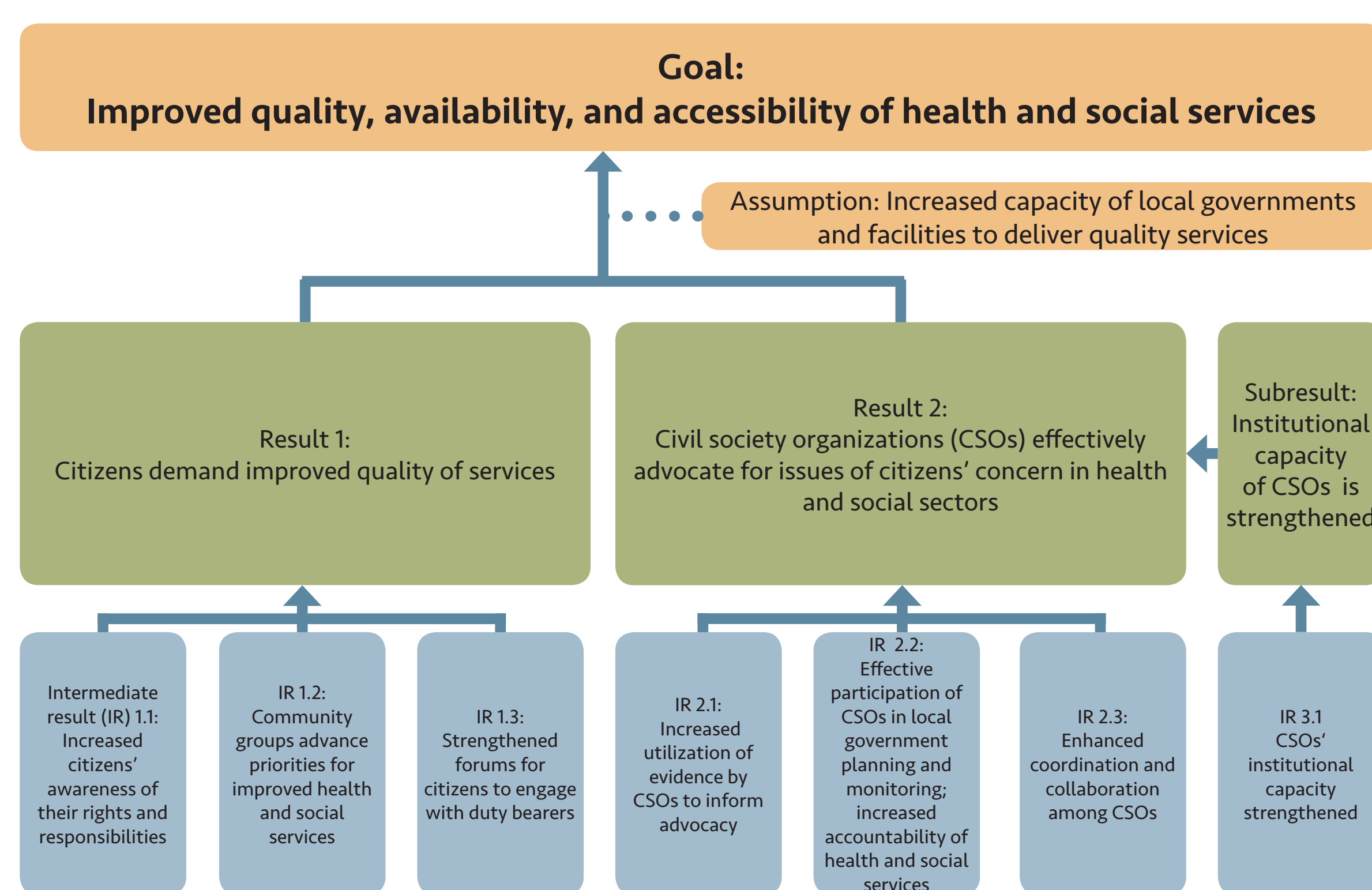
THEORY OF CHANGE

The theory of change is based on the belief that *if* citizens’ knowledge and awareness of their rights and responsibilities, *and* the capacity of CSOs increases *then* citizens will have the confidence to hold their leaders accountable and influence them to act to improve health.



RESULTS FRAMEWORK

The Advocacy for Better Health results framework outlines links between intermediate and higher-level results. It includes the critical assumption that the Government of Uganda and its development partners will increase supply-side capacity so that project-generated demand does not outstrip available supply.

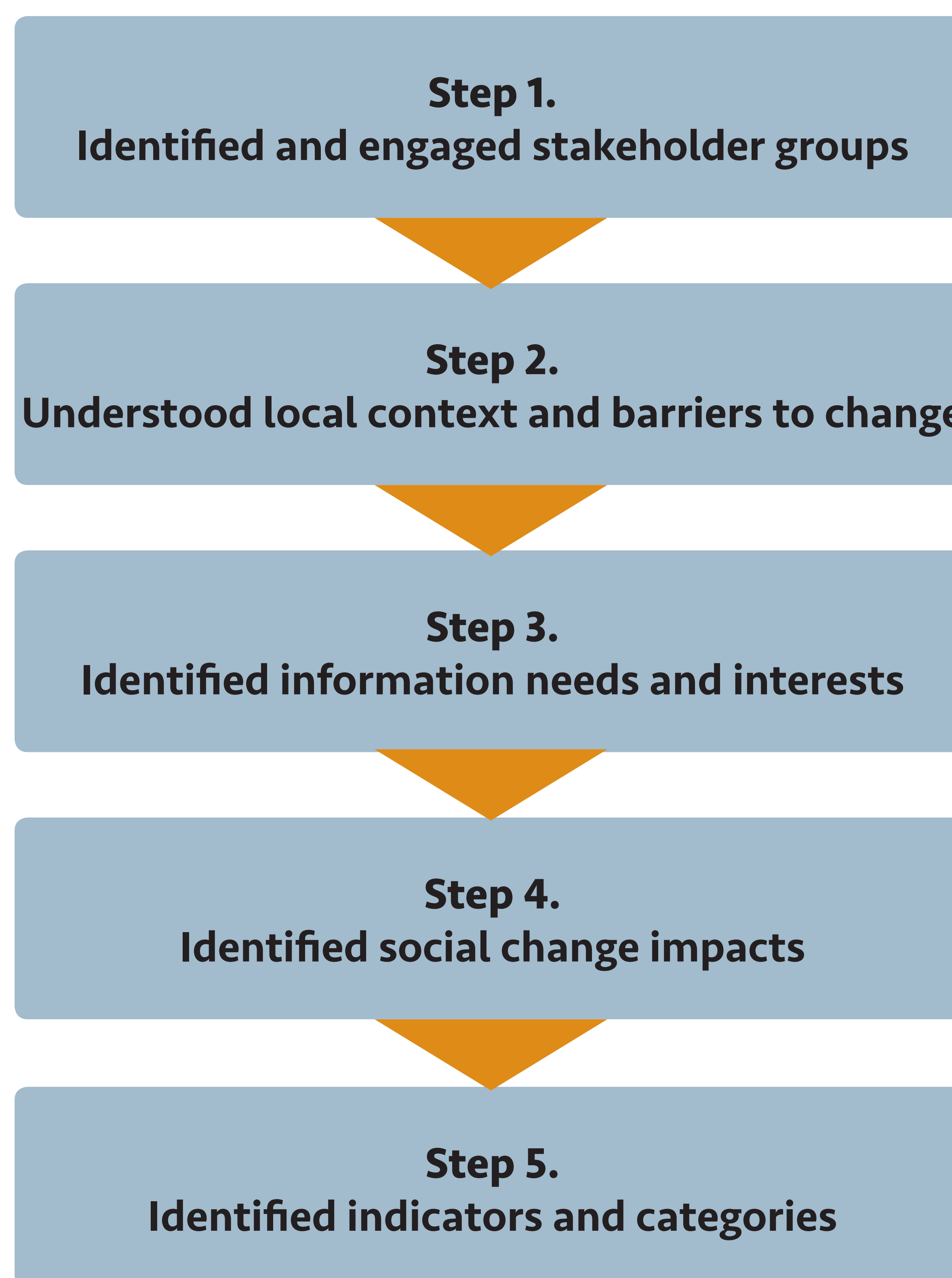


CONSIDERATIONS FOR DEVELOPING INDICATORS

The team found that to effectively monitor and measure progress, indicators must have the following attributes:

- **An existing data sources**—required data is available.
- **Acceptability**—data collected is relevant and acceptable.
- **Feasibility**—the project can secure the resources necessary to assess indicators.
- **Sensitivity**—indicators can reflect even very small policy changes.
- **Balance**—indicators include details that support disaggregation.
- **Avoid duplication**—indicators are unique.
- **Culturally appropriate**—indicators are responsive to social changes.

PROCESS OF DEVELOPING INDICATORS



ILLUSTRATIVE INDICATORS

After consideration, the team decided to use process and outcome performance indicators to assess the progress and results of project interventions. These indicators sit primarily at the intermediate result and result levels. They measure citizen participation in influencing health and social services policies, plans, and budgets; and improvements in CSOs’ capacity.

ILLUSTRATIVE INDICATORS CONTINUED

Indicator	Unit of measurement	Data source
Number of functional citizen advocacy forums at subnational level	Number of forums	Project performance reports
Percent of districts with annual work plans that include citizens’ concerns for improved health and social services	Percent of districts Numerator: Number of targeted districts with annual work plans that include citizens’ concerns Denominator: Total number of districts covered by the project	District annual work plans
Percent of citizens who demonstrate understanding of rights and responsibilities related to health and social services	Percent of citizens Numerator: Number of citizens who mention three or more rights Denominator: Total number of respondents included in the survey sample	Surveys
Percent of subpartners that demonstrate improvements in advocacy capacity	Percent of subpartners Numerator: Number of subgrantee civil society organizations (CSOs) that increase their score by 6 percent annually Denominator: Total number of subgrantee CSOs in a given period	Organizational advocacy and capacity assessments
Percent of community groups whose action plans advance into implementation phase	Percent of community groups Numerator: Number of community groups whose action plans advance into implementation phase Denominator: Total number of community groups engaged/supported	Project performance reports
Percent of citizens who report having participated in an activity to demand improved health and social services in the last year	Percent of citizens Numerator: Number of citizens who report having participated in an activity Denominator: Total number of respondents included in the survey sample	Surveys
Number of CSOs that are involved in joint advocacy initiatives	Number of subgrantee CSOs	Project performance reports

LESSONS LEARNED

- **Attribution:** It is very difficult to prove that a particular actor in, or activity of, a project has a direct effect on results. It is important to focus the analysis on identifying likely influences and assessing how much influence the project (campaign) appeared to achieve.
- **Campaign logic:** The objectives and focus of advocacy projects frequently change over time, which can make it difficult to measure progress against initial objectives.
- **Setting indicator targets:** Advocacy is not linear; there may be backtracking or suspension of a campaign when it is overtaken by other events. It is necessary to identify intermediate objectives.
- **Capturing decision-making expertise:** Expertise is shared informally. It is necessary to understand and formalize a system to change strategies and strengthen advocacy.
- **Learning and adapting:** The Advocacy for Better Health Project has no indicators common to both PEPFAR and USAID. Targets were based on the project-specific baseline. Learning and adapting will support inclusion of the project’s indicators on PEPFAR/USAID standard indicators.