

Twaweza Evaluation

AIID / IRDP

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Twaweza Evaluation Workshop

Outline

- ▶ Overview of the evaluation strategy
- ▶ Experience with the Sikiliza Phone Panel – a 'listening device'
- ▶ Preliminary Findings
- ▶ Conclusions

Overview of the evaluation strategy

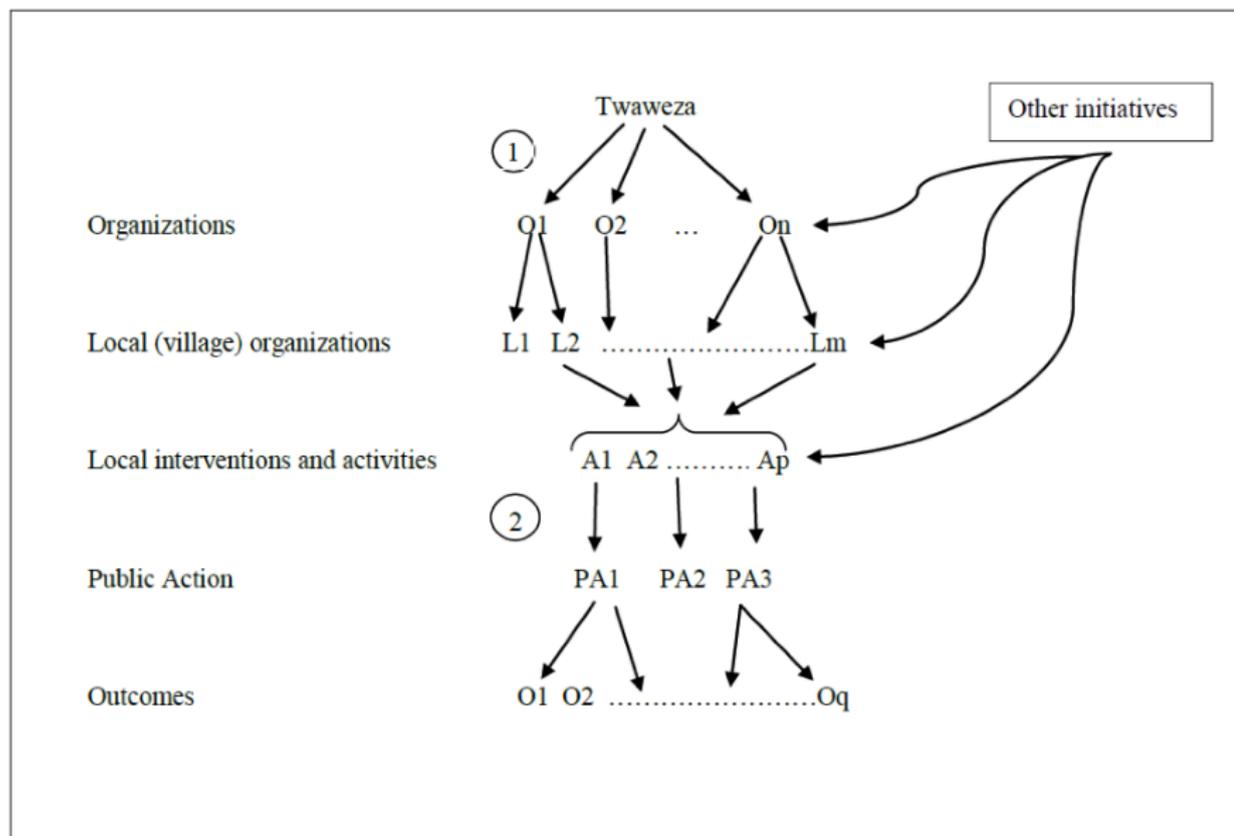
Evaluation strategy

1. Twaweza evaluation challenging: no obvious counterfactual
2. Collect baseline data by survey among households, communities, schools and health centres from 250 locations (early 2011; 128 rural, 122 urban)
3. Collect qualitative evidence on information sources, communication and public action using village informants who are regularly called on their mobile phone
4. Collect endline data by re-surveying households and locations from baseline survey (planned for 2014)
5. Analysis

1. Evaluation challenging: no obvious counterfactual

- ▶ multitude of activities, often indirectly related to Twaweza
- ▶ Twaweza operates nationally, so no natural division in 'treated' and 'untreated' locations
- ▶ solution: see if evidence supports selected elements of Twaweza's Theory of Change

1. Evaluation challenging



2. Collect baseline data



2. Collect baseline data

Table 2.2: Twaweza baseline survey, final sample composition of household survey

Zone	Uwezo villages	Uwezo locations (mtaa)	Non-Uwezo villages	Non-Uwezo locations (mtaa)	Total
	Rural	Urban	Rural	Urban	
Central	9/170	9/160	9/91	9/89	36/510
Eastern	9/142	11/185	6/65	12/156	38/548
Lake	9/162	13/198	8/75	11/105	41/540
Northern	9/161	10/183	11/108	8/76	38/528
SHL	7/131	12/200	7/68	11/111	37/510
Southern			24/215	11/107	35/322
Western			23/220	12/118	35/338
Total	43/766	55/926	88/842	74/762	260/3296

Number of villages and households: 7/131 means 7 locations and a total of 131 households.

3. Collect qualitative evidence

Collect evidence on information sources, commotion and public action using village informants who are regularly called on their mobile phone [a]

- ▶ try to spot evidence of local 'echo' of Twaweza-type activities
- ▶ try to spot evidence of public action
- ▶ organization: phone panel is run from the Institute for Rural Development Planning in Dodoma by a postdoc team leader (Kamanzi) and four IRDP staff as part of their PhD research

4. Endline survey and 5. Analysis

- ▶ Endline survey planned for 2014
- ▶ Analysis, qualitative: assess whether there is evidence of 'information echo'
- ▶ Analysis, quantitative:
 - assess whether information (at village level) triggers local public action
 - assess whether 'active' villages show greater improvement on a number of indicators than 'inactive village' (using endline survey data)
 - active / inactive still to be defined
 - indicators from Twaweza's core sectors (Health, Water, Education)
- ▶ Conclusion:
 - the ToC implies a positive answer to all three assessments
 - conversely, if any of the three assessments is negative, then ToC is in trouble
 - need to rethink strategy
 - note Twaweza may still be effective but not in the way intended

Baseline Survey: selected findings

Baseline findings: education

- ▶ parents perceive problems (quality of teacher, number of books, lack of water)
- ▶ parents know that kids learn little
- ▶ they rarely take action
 - in rural areas only 17% of parents talked to teachers in the past year
 - they fear possible repercussions

Baseline findings: health

- ▶ key problems at clinics are lack of medicine and waiting times
- ▶ households generally positive on being treated by trained staff
- ▶ health clinics used intensively
 - 26% of rural households in past 2 weeks
- ▶ in case of abuses (drugs sold illegally, staff absent) action rarely undertaken
 - again fear of repercussions
 - many respondents say they don't know what they could do [not recognized by ToC?]

Baseline findings: water

- ▶ main source for drinking water often still a stream or well (20% of rural households)
- ▶ water source often not repaired
- ▶ 85% of households never take action related to water problems
 - about a third of water committees function poorly

Experience with the Sikiliza Phone Panel

- ▶ organization
- ▶ some numbers
- ▶ challenges
- ▶ preliminary findings

Sikiliza: organization

- ▶ each interviewer responsible for around 65 villages [a]
- ▶ phone calls follow a loose protocol; raw notes entered in Word Table
- ▶ edited notes entered in (second) reporting Word Table [a]
- ▶ reporting table processed and converted to text files [a]
- ▶ text files are input for further analysis [a]
 - Atlas.ti allows coding text fragments (this has now been done for 40 villages)
 - additional text mining

Sikiliza: some numbers

- ▶ so far we have 239 informants
- ▶ around 2300 phone interviews between March 2012-March 2013
- ▶ around 8500 'snippets' of information, of which
 - two thirds can be roughly classified as 'information', one third as 'action'

Sikiliza: challenges

- ▶ motivation interviewers
- ▶ motivation responders
 - regional meetings
- ▶ linking survey village and informant village
- ▶ getting data on Twaweza type of activities

Sikiliza: preliminary findings

Findings on information echo

- ▶ many informants appear to know a lot of what is going on in their village
- ▶ no evidence of information echo (but need to be sure)
 - informants, asked for "source of information" only mention "word of mouth"
 - need to probe more specifically for Twaweza activities in interviews
 - E.g. on Daladala TV:
 - "In a Dalala, I ever heard of people talking about the Daladala, but I do not remember on what they were discussing"*
 - "I have no idea of what Daladala is"*
- ▶ substantial evidence of local public action, contradicting baseline findings

Findings on status quo

- ▶ confirms earlier evidence including baseline
 - more favourable perception of water sector
- ▶ Overview of performance by sector

Sector	Perc. coded as poor performance	Main problem mentioned
Education	50%	poor exam performance
Health	64%	shortage of drugs
Water	32%	shortage of water

Status quo: sample quotes

From a single phone conversation (village B18, May 2012):

“Education sector at this village is doing quit[e] good though some challenges prevail:

... presence of incompetent teachers ... schools, presence of incompetent teachers ... pupils/students working in teacher’s farms during rain season ... fake teachers ... most of them are those form four failures ... long distance and bad time table has contributed to some students especially girls to undergo sexual debut and has negatively impacted their performance ... students are coming out of school from 5:45am to 6 pm ... about half of class members are dropping from classes”

Status quo: sample quotes

And another conversation, on health (village T15, May 2012):

"... We have a village dispensary, and the government introduced Community Health Fund (CHF) at our dispensary. We are contributing Tsh.5000 each year but when we get sick once we go to hospital we are told to purchase drugs in private pharmacy there is no medicine. Doctors are stealing public drugs they are selling in their shops."

Most frequently reported problems: education

- ▶ Poor performance on examinations (74 x coded)
- ▶ Student truants / students skipping school (43 overlapping other codes)
- ▶ drop outs (13)
- ▶ Shortage of teachers (41)
- ▶ Shortage of school buildings and class rooms (31)
- ▶ Shortage of textbooks (21), desks (19), parents not being able to pay contributions (17)

Most frequently reported problems: water

- ▶ Shortage of water, either due to natural reasons (34) or due to poor governance (35)
- ▶ Water is not clean / safe (14)
- ▶ Water source is too far away (8)

Note that according to the respondents code frequencies the water sector seems to do relatively well, e.g. enough water available is reported 58 times - this could reflect season

Most frequently coded problems: health

- ▶ Shortage of medicine (69)
- ▶ Poor / slow service (43)
- ▶ Shortage of health workers (41)

These three are often reported in combination. Further

- ▶ Shortage of medical tools & resources (26), long waiting times (17), distance to health center (16) and bad attitude of health care providers (12)

Findings on local public action

- ▶ Most codes on public action by villagers are in the education sector (128), water sector (115) and health sector (64)
 - in education 31 out of 40 coded villages report some form of public action
 - for water and health the numbers are 28 and 23
- ▶ Most common action can be coded as invent their own solutions (72)
- ▶ Most actions seem passive-angry. Villagers rarely confront authorities

Public action: quotes

(Village M31, March 2013 - on education)

[In response to complaints] "The private school decided to offer tuition for those who have failed their exams, also the MP promised to check out with other institutions to see if they can start offering special training so as to help these [exam] failures"

(Village T35, May 2012 - on health)

[On health] "We have managed to construct a dispensary through villagers' contribution as I have said before and the service is good though we have no doctor, we have only two nurses. And generally they are trying to their level best to give services to the patients. Other complicated issues they advise us to go to the district hospital for further check ups."

Most common public action in education

(not exclusive)

- ▶ payments and contributions by villagers themselves (20)
- ▶ inventing their own solutions (18)
- ▶ discuss problem at meeting (18)
- ▶ rally or boycott (13)
- ▶ construction or repair or other work by villagers themselves(10)

Most common public action in health and water

Health:

- ▶ go to facility farther away (11)
- ▶ inventing their own solutions (10)
- ▶ ask authorities for help (8)

Water:

- ▶ harvest rain water (28)
- ▶ inventing their own solutions (24)
- ▶ buy water from vendors (13)
- ▶ payments and contributions by villagers themselves (10)

Stories reflecting full ToC

Story 1

(Village A2, March - June 2013)

“... Another problem leads to poor performance on four national examinations is shortage of teachers. Further the respondent points out that other challenges in education sector in this village include, lack of enough desks and text books.

... [after our] last conversation: ... the school committee as well as local government authority tried to solve the problems such as shortage of teachers and desks.

Raised problems have been presented in the respective authority.

Teachers have been employed and desks have been added.”

Story 2

(Village T30, May - December 2012)

“ ... People are walking more than 5km to access health services to the health centre since there is no dispensary in the village

... We called public meeting the community has decided to contribute money for constructing village dispensary

... Villagers demonstrated up to Ward office to demand village dispensary project, actually we are tired of going to neighboring dispensary where we are treated as intruders! Nurses are behaving badly by providing bad language to us! ”

Story 3

(Village B05, Jan - March 2013)

“... .. Our solar panel which help in pumping water is now not working, thieves have stolen the batteries which stores energy, so currently we have shortage water supply

... There issue has been reported, and the authority have promised us to replace other batteries soon, also they have promised to make sure that any body who have engaged will be arrested

... The batteries has been replaced, and now water supply as returned to normal

... We are happy, also the thieves have been caught and it was found that among of watch guard was involved in this scandal, and the case now is at the court”

Conclusion and way forward

- ▶ no useful results on source of information: only "word of mouth" mentioned as source of information
 - new protocol in effect since July 2013
- ▶ differences between students or differences between regions (both lead to differences in responses and differences in coding; will have to take that into account in subsequent analysis)
- ▶ coding: so far each PhD student has coded 10 villages/locations (focusing on the more active ones)
 - results (based on the 40 coded villages) promising
 - coded interviews allow linking 'stories' across quarterly reports
 - **aim: complete set of local 'histories'**
- ▶ it is desirable to supplement prima facie evidence of commotion leading to public action with supporting qualitative information
 - more in-depth interviews to reveal mechanisms leading to public action
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