Using evaluation findings as an asset to inform future strategic choices for organizational and country projects

Learning from the rich experience of Oxfam's Securing Rights

Programme's End Term Evaluation

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OXFAM

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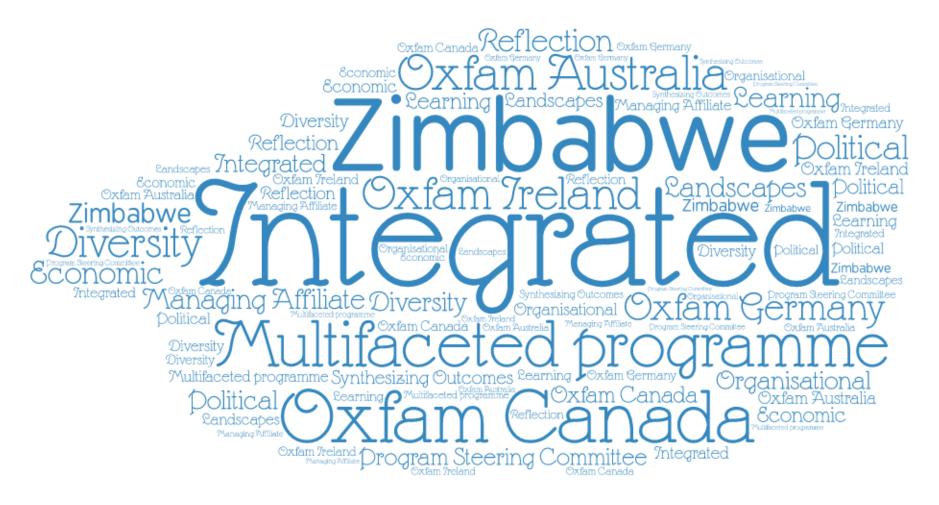


Overview of the presentation

- Background –multifaceted approach
- A brief **background** of Securing Rights Programme-SRP Flier distributed prior
- Purpose of the Evaluation
- Evaluation approach and methodology
- Evaluation Findings
- Adaptive Learning from Practice



FRAMING THE EVALUATION TO GENERATE FINDINGS THAT HAVE CREDIBILITY WITH INTENDED USERS





Navigating the landscape

Organizational, Political & Economic Landscape

Organizational-Internal changes within Oxfam

- ✓ Vision 2020- merging affiliates and streamlining operations
- ✓ Concluding and transitioning legacy projects
- ✓ Leveraging on 30 years (4 years immediate) on gender and women's rights programming-new designs, partnerships, using evaluation findings?

Socio-economic and political-External Changes

- ✓ Shrinking economy and high unemployment
- ✓ Rising poverty and limited household income
- ✓ Inequality gap between rich and poor
- ✓ Limited access to comprehensive and quality health related information and services delivery
- ✓ Political divide and institutional violence
- ✓ Focus on young people-young women and girls vulnerability



Brief overview of the programme

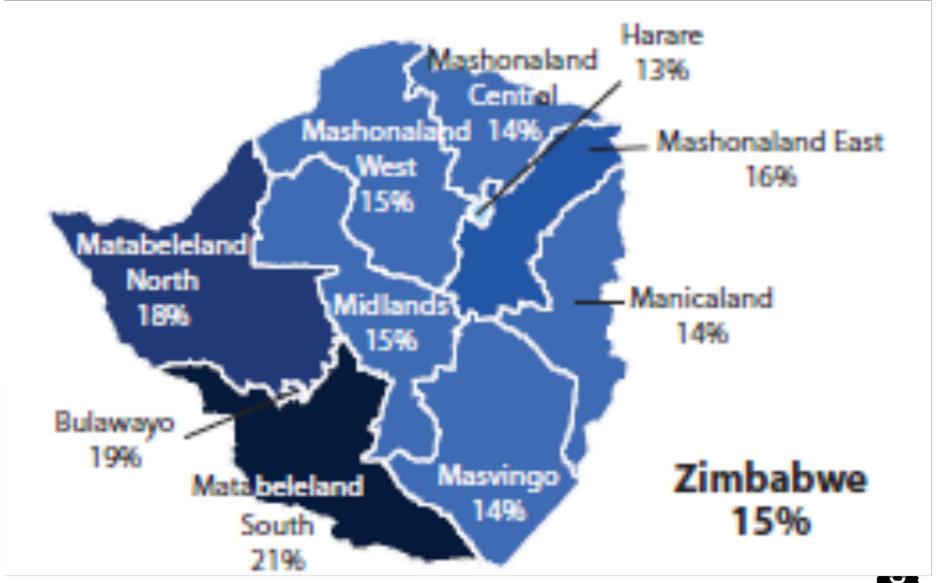
• 4 year Programme (2013-2017)

AIM: Secure the rights of women and girls, young people, mobile populations and persons with disability in selected areas to exercise their rights to PREVENTION, QUALITY TREATMENT and SUSTAINABLE LIVELIHOODS

- Integrates Gender-HIV-Livelihoods work
- Mainstreams-SRHR, Disability Inclusion, Child Protection, Disaster Risk Reduction as mitigation measures
- Collaborative, Organising, Co-creation, Convening spaces



Where we work...



Theory of Change

Individual Change

- -Increased understanding and knowledge on Sexual and Reproductive Health and Rights (SRHR)
- -Reduced incidence of sexual violence against women and girls
- -Reduced incidence of HIV
- -Improved livelihood security
- -Increased capacity among young people living with HIV to protect themselves from infection and adhere to treatment

Organisational Change

- -Strengthened CSO capacity in rights based programming
- Strengthened CSO capacity to engage with and influence government and hold duty bearers to account
- -Increased use of evidence based approaches by CSOs

Transformative Empowerment

(women, girls ,people with disability, young people and mobile populations of PLWHAs)

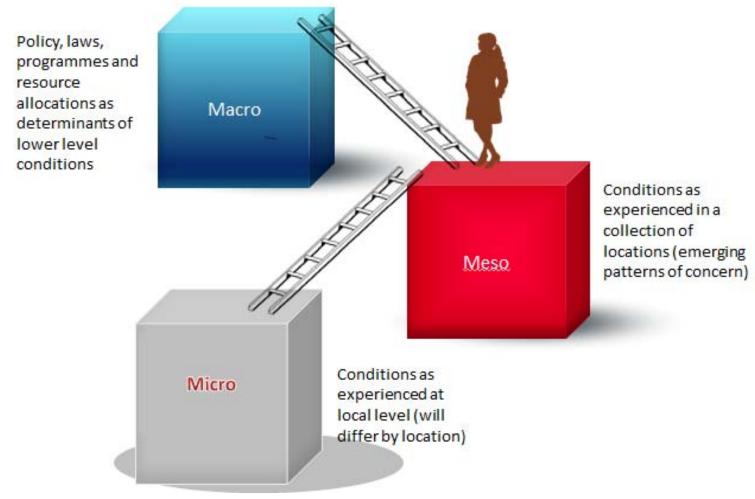
Collective Change

- -Addressing harmful social and cultural practices, norms and beliefs
- -Facilitating an enabling environment where women and girls enjoy their rights and are free from violence
- -Reduced morbidity and mortality due to HIV and AIDS
- -Enhanced access to HIV information and services for mobile populations
- -Increased ability to hold duty bearers to account

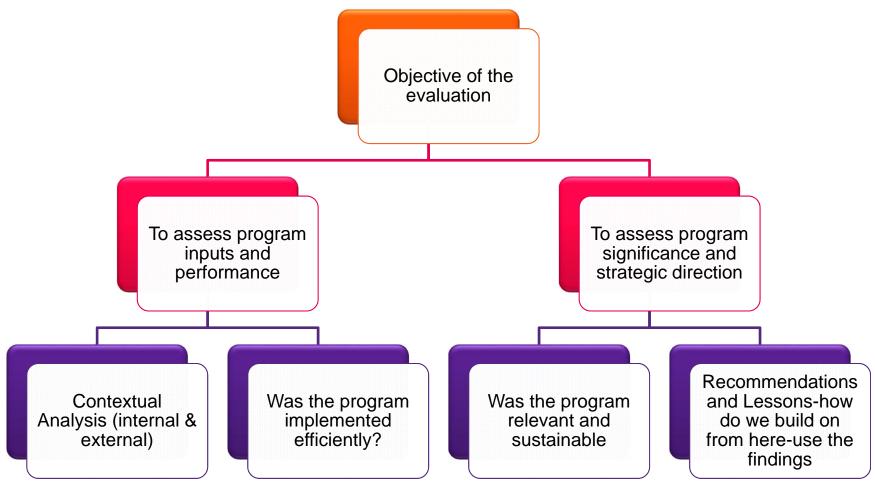
Systemic Change

- -Improved government policy implementation
- -Increased and improved government service and resource provision, particularly to marginalised communities
- -National policy driven programs specifically for young people with HIV

Partnership Model



Conceptual Framework of the Evaluation



Evaluation approach

Utilization Focused Evaluation

Joint Planning & Partner consultations

Partner led field work mobilizations

Periodic updates for Oxfam and partners-Validation of results and findings

Partner evaluation summaries and reports



Evaluation Methodology

Literature review .Observation

External and Local review teams

.Desk Reviews .Interviews

- Learning and Review workshops
- Field Based Reviews . Debates
- Validation workshop .Mock gossip .Letters to the evaluator



Key Observations of the Evaluation Approach

Strengths

Joint focused evaluation

Participatory-Tools used were non threatening and promoted active participation and critical reflection of the programme

Quantitative and qualitative methods

Periodic updates for Oxfam and partners

Weaknesses

Balance between evaluation objective and internal changes

Dealing with a parallel process where new program design and inception is already underway (how much can the findings be used and integrated...)

Constraints of time-need to show final report within back donor requirements





Program rated highly relevant. Why?

- Target groups most at risk (Young people (female students, youth and adolescent girls), Women, Persons with disability, People living with HIV, Mobile populations(sex workers, cross border traders, miners and truckers)
- Responsive to root causes of problems information gap; service gap (demand creation for HIV tests, viral load testing, condoms); poverty; gender based violence; poor bargaining position in pre–sex negotiations; organizational incapacity
- Appropriate strategies edutainment, soft knock, mass and social media usage, interpersonal communications, reliance on the most affected groups, economic empowerment



- Collaborative relevance SRP partners collaborating rather than competing – joint proposals, knowledge exchanges, partner –level capacity building, shared platforms
- Thematic relevance alignment to Zimbabwe National HIV and AIDS Strategic Plan, National Health Strategy, Adolescent Sexual Reproductive Health strategy, etc., advocacy campaigns aligned to key national processes (e.g., national health budget)
- SRP relevant to individual partner priorities focused on strengthening and adding value, not replacing ongoing projects
- Program Evidence Based, baseline study and operations researches, robust M&E systems





- ❖Was able to achieve more with less (community volunteers, social media, support groups, income savings, etc.)
- **❖Responded to needs of multiple target groups** simultaneously
- **❖Addressed SRH problems at multiple levels** simultaneously
- Program reached its targets within the designated time frame
- ❖Program raised local capacities to autonomously sustain the actions initiated
- **❖From the program come many useful lessons**
- **❖Program generated replicable best practices**





Positive results were reported in:

- Positive behavior change Uptake of essential services; Utilization of protective devices, adherence to treatment
- Gains in knowledge and skills (empowerment)
- Beneficiary—led efforts to positively influence others
- Formation or strengthening of self—help groups
- Increased SRP partner capacities and widened scope
- ✗ Widened networks for strategic action





- Stigma reduction; increased capacity to withstand stigma (support groups, post–disclosure support, economic projects)
- Reduced poverty and associated vulnerability among beneficiaries of economic empowerment initiatives
- Longer life among participating PLHIV adherence, diet
- Organizational growth SRP partners
- Foundation for sustainable community led actions
- Policy transformation MIPA, Public Health Act



SUSTAINABILITY

- Movement-building focus
- Local ownership of local problems/solutions targeting of the most affected
 - emotionally attached to a problem, passionate
- Communication of exit strategy
- Value relationships
- Strengthened community structures for action
- Strengthened SRP partner capacities and linkages
- Reliance on cheap and effective technologies (social media)
- Reliance on existing institutions, which are there to stay



Adaptive Learning from the Practice



- Partnership mix and approach
- Use of evidence to inform strategies
- Specialization (Oxfam Canada responsible for capacity strengthening; partners responsible for implementation)
- Appropriate targeting the most affected, vulnerable, marginalized
- Local ownership of program



Adaptive Learning from the Practice

- Need to influence the state to address poverty issues as poverty among target groups was very high
- Need to integrate HIV and Sexual reproductive health interventions
- Need for continued application of the rights based approach as there still exist inconsistent access to some populations (e.g., adolescents, sex workers and truck drivers)
- Need to continue to influence policy and practice around access to health care services (e.g., limited number of viral load machines, bureaucratic delays, etc.)
- Need to sale up Disability inclusion and management illiteracy in households, and among service providers



Future Strategic Choices



- Use of evidence to inform programming is centrally behind the program's successes
- SRP Program aided the detection of new priorities (gender and disability inclusion) to be pursued through new follow up programs
- Promoting male involvement in SRH remains important
- Follow up of policy development processes, e.g., Public Policy Act
- Disability inclusion a distant reality, more ground to be covered
- Scaling up and replication of best practice models for community engagement
- Always infuse and roll out exit strategies early while implementing a program



Key Reflection

Will this evaluation be regarded as a durable asset to inform strategic decisions?



