THE HUNGER PROJECT

Monitoring and Evaluation:

THP's Outcome Evaluation Strategy

The enumerator team conducts household surveys in the Majete 2 epicenter in Malawi, 2014

Introduction

The Hunger Project (THP) is a global non-profit organization committed to the sustainable end of world hunger. THP works in eleven program countries in Africa, South Asia, and Latin America to end hunger by empowering people to lead lives of self-reliance, meet their own basic needs, and build better futures from their children.

In Africa, THP works in eight countries: Benin, Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Senegal, and Uganda. THP's methodology is implemented through the Epicenter Strategy, or clusters of rural villages (called epicenters) where women and men are mobilized to create and manage their own programs to meet basic needs. After a period of 5-8 years, the goal is that an epicenter will become sustainably self-reliant, meaning it is able to manage and fund its own activities and no longer requires further investment from THP. In each country, the Epicenter Strategy is locally adapted to cultural contexts and the communities themselves set development priorities.

The goals of the Epicenter Strategy are to:

1. Mobilize rural communities to continuously set and achieve their own development goals
2. Empower women and girls in rural communities
3. Improve access to safe drinking water and sanitation facilities in rural communities
4. Improve literacy and education in rural communities
5. Reduce prevalence of hunger and malnutrition in rural communities, especially for women and children
6. Improve access to and use of health resources in rural communities
7. Reduce incidence of poverty in rural communities
8. Improve land productivity and climate resilience of smallholder farmers

These goals are achieved through THP's work in the program areas of Women's Empowerment, Water and Sanitation, Literacy and Education, Food Security and Agriculture, Community Mobilization, Health and Nutrition, and Microfinance and Livelihoods.

The Hunger Project is committed to providing stakeholders with timely, objective, and reliable data on the results of our projects and the overall impact of our strategies. THP's Monitoring and Evaluation (M&E) strategy is our central method of determining how epicenters are progressing towards achieving the goals of self-reliance. THP has refined its Theory of Change, the causal pathway that lead to the short-term effects (*outcomes)* and the long-term widespread changes (*impacts)* which we expect to see at the household and community level as a result of our programs. THP has been simultaneously developing rigorous impact and outcome indicators to better measure progress towards these goals.

What is an Outcome Evaluation?

Outcome evaluations consist of both quantitative and qualitative data collection to track THP's impact and outcome indicators in the epicenters where we work. These evaluations represent a core element of THP's M&E strategy. The quantitative data is collected through an extensive household survey, while the qualitative data is gathered in focus group discussions and key informant interviews.

The main purpose of outcome evaluations is to rigorously and systematically collect and compare data across epicenters and countries where The Hunger Project works. At a local level, the data collected will serve to empower epicenter committees to set priorities and track progress. At a global level, the results will be used to compare results over time and refine THP's programmatic strategy.

Because The Hunger Project believes firmly in an integrated approach to development, the outcome evaluation is a multi-sectoral tool**,** looking holistically at all key program areas. Currently, outcome evaluations track impact and outcome indicators that correspond to THP's 8 main goals, along with extensive contextual data on an epicenter. As the outcome evaluation is still new to THP, the results will serve as the first point of comparison for many of the impact and outcome indicators. This data will be collected every 2-4 years per epicenter, funding permitted.

How are Outcome Evaluations Conducted?

Each outcome evaluation will be led by that country's M&E Program Officer, with technical support from the Global Office's Monitoring and Evaluation team in New York. The outcome evaluation consists of three components: a household survey, focus group discussions, and key informant interviews.

Quantitative Data: Outcome Evaluation Survey
The household survey consists of 9 modules that report extensive information about each of THP's program areas (i.e. health or microfinance). Although each African program country will track the

same indicators, every country has the ability to tailor the survey to best capture the impact and outcome indicators while also measuring additional information relevant to the local context.

The household survey sample is determined by randomization. While the sampling process may differ slightly between countries, it always involves selecting certain geographic areas within the epicenter and randomly selecting households within those determined locations. The number of households selected for the survey is proportional to the population and large enough to produce results that are rigorous and statistically significant.

Conducting household surveys in Majete 2, Malawi, 2014.

To conduct the household surveys, enumerators are recruited and trained by the M&E Program Officer of that country. The trainings include a pilot, where enumerators have the opportunity to familiarize themselves with the survey and the data collection tool. Data is collected on mobile iPod and Android devices using iFormBuilder, an electronic survey application. Later, the data is exported into Excel and analyzed.

Qualitative Data: Focus Group Discussions and Key Informant Interviews

The qualitative portion of the outcome evaluations is conducted using focus group discussions and key informant interviews. Results from these qualitative discussions can corroborate or add a new dimension to the quantitative data collected in the surveys. Focus groups are formed by inviting interested community members, and often men and women are interviewed separately. Focus groups are organized in various geographic locations within the epicenter to ensure representation of many different groups, and the number of focus groups held is determined by the epicenter's population. The country staff develops a questionnaire covering a variety of topics related to THP's work and the outcome indicators.

Key informant interviews are more in-depth discussions with community leaders, focusing on those who have extensive knowledge of THP's programs and impact within the epicenter. The questions are determined by the program country staff.

What Has Been Achieved?

In August 2012, The Hunger Project launched its first outcome evaluations in the Outcome Evaluation Pilot Project (OEPP), which covered 10 epicenters in Ghana and Malawi. This was followed by eight additional evaluations in Burkina Faso, Uganda, Malawi, Ghana, and Senegal. There are an additional three evaluations underway in Benin, while Ethiopia and Mozambique will

each complete one by the end of the year. This means that by the end of 2014, all African countries will have conducted at least one outcome evaluation. In addition, each country is currently creating an evaluation strategy plan through 2020.

What Can We Learn From the Results?

After the data is collected, it is analyzed and consolidated into an outcome evaluation report that details the results of each impact and outcome indicator and highlights other key findings. This process is led by the local M&E Program Officer with support from the Global Office staff. At this point, the results can be used to compare to prior studies or data from that epicenter. The results are also used to highlight areas of success for the epicenter while pinpointing sectors in which THP should focus.

The outcome evaluation process encourages organizational learning. The program country M&E Officers have learned how to use tablets for mobile data collection, organize survey implementation, train enumerators, conduct statistical analysis, and present the data to local and international stakeholders. With each evaluation that is conducted, staff learns how to improve the process for the next groups of evaluations to ensure the highest quality of data. Results also promote accountability and transparency between staff, communities, and investors. Importantly, the results are shared with community leaders and individuals from the epicenter. This community-led, informed analysis of results allows community members to identify their needs, set their own development priorities, and participate in tracking their progress on these goals over time. Finally, the evaluations provide the scientific evidence needed to influence policymakers and leaders to adopt bottom-up, gender-focused approaches to development.

Key Informant Interviews in Ghana, Odumase Wawase Epicenter, 2012

Results

The outcome evaluations have revealed some successes in the epicenters. For example, in both Ghana and Malawi improvements were reported in gender equality and were noted as being greatly appreciated. It was previously unheard of for women to have any voice in decision making, and, now, people believe more women are fully engaged as equal leaders and decision makers. In Malawi, both women and men saw real advantages to having girls and boys share equally in chores. Another achievement was in health: people in Ghana felt that improvements in maternal and child health were very significant due to high

quality prenatal, delivery and post-natal care. Malaria and cholera are being reduced not only through treatment, but also through better access to bed nets and community clean-up campaigns. In Uganda, focus group discussions from the Kiboga epicenter revealed some of the benefits of THP's microfinance program:

> "*We have been able to save and borrow money from THP microfinance and this has helped us improve on our businesses, and others have been able to pay school fees for their children and as well buy some tangible assets like land. To us THP is good because we have been able to get all these because of Hunger Project leaders who bring them to us*."

The outcome evaluations have also allowed epicenters to identify areas in which to focus efforts. People in Malawi are very frustrated with the poor quality of the educational system. Though they greatly appreciated the introduction of nursery schools in Hunger Project epicenters, they want to find a way to send more kids to secondary school, where school fees are required. Water-borne disease is another problem that people are grappling to solve in several of the epicenters in Ghana and Malawi. In addition, people desired more training in agriculture and food preparation. In Uganda, some gender inequality was revealed when females were more likely to say that decision-making power is divided equally between men and women, while more than 40% of men said that males have more decision-making power. In the Kiboga epicenter in Uganda, the survey revealed that women's dietary diversity and knowledge on optimal breastfeeding practices was low, showing a need for more nutrition education in the epicenter.

Conclusion

THP's outcome evaluations are constantly being improved to ensure that our data is timely, relevant, and reliable. Currently, each African program country is designing an evaluation strategy to promote ongoing evaluations through 2020. The process is essential to improving organizational learning, promoting transparency and accountability, setting local development priorities, and providing rigorous evidence on the status of THP's epicenters.