“Effective civil society development and improved access to quality health care for poor people in Georgia Project” Effectiveness Review

Oxfam GB
Campaigning and Advocacy Outcome Indicator
July 2012

Jan Vorisek, MD, MPH
27th February, 2012

Photo:Caroline Berger

TABLE OF CONTENTS

ABREVIATIONS

DFID	**Department for International Development**
EC	**European Commission**
GSC	**Grassroots Support Centre**
MoHLSA	**Ministry of Health, Labour and Social Affairs**
MOU	**Memorandum of Understanding**
NGOs	**Non-Governmental Organizations**
PHC	**Primary Health Care**
WB	**World Bank**

SUMMARY

Since the 'Rose Revolution' of 2003, the government of Georgia has embarked on sweeping socio-economic reforms. At the core of the reforms lies the neo-liberal vision of a desired society with a small government, thriving market-based economy and liberal democracy. The health sector provides a clear example of how the afore-mentioned pattern of public policy making impacts on poor people's access to health-care services. Initially, the state reassumed its responsibility as guarantor of accessible and affordable health care provision and put emphasis on the development of a comprehensive Primary Health Care (PHC) system. However, in 2006 the government made a U- turn from the initial plans based on PHC model towards total privatization of all levels of health care provision that effectively ended any considerable state involvement in, and at the end, influence of, 'public health care sector'

The "Effective Civil Society Development and Improved Access to Quality Healthcare for Poor People in Georgia" project aimed at both broadening and strengthening the existing NGOs coalition "Future without Poverty" by 'expanding it by a number of local NGOs in 3 target regions and by monitoring the ongoing health care reform, reporting possible negative developments to the responsible authorities, especially MOHLSA and main health service providers in order to recommend possible solutions and press for improvements.

Project activities supported two main project objectives:

A. To strengthen and broaden the NGO coalition "Future without Poverty"; and
B. To study the health care situation and to provide policy recommendations to the main actors in the current health care system, especially the Georgian government.

The project was evaluated according a predefined qualitative research protocol of OXFAM GB - Process Tracing - to assess and quantify the extent to which: a) the changes that the project "Effective Civil Society Development and Improved Access to Quality Healthcare for Poor People in Georgia" have taken place; and b) project itself contributed to these changes.

Concerning the coalition, the project achieved its objectives reasonably well. There is a reasonable evidence that there is both a direct and an indirect causal link between the transfer of knowledge provided by the project and claimed increased knowledge and understanding of the chosen topics by those attending project workshops or an additional training. This applies foremost to local NGOs with lower capacities that seem to have benefited most.

There is also clear evidence of direct link between the project activities and inter-regional cooperation that did not exist before start of the coalition expansion by the project. The one-time, short input in the form of workshops and conferences, however, did not lead to additional, common activities as campaigning or lobby as project initially anticipated, participation in the research being a notable exception.

Project partners performed different studies and research on the current situation around health reforms, formulated policy recommendations to improve the situation, and presented these to the main actors: government, pharmaceutical companies, insurance

companies and NGOs. The project had, however, only limited influence on government and insurance companies in its efforts to widen insurance coverage for the population.

The project also tried to document (bad) prescription habits of the doctors to change subsequently their behavior but that expectation has appeared to be quite unrealistic and environment not conductive to such change. The project did achieve some changes in the law concerning pharmaceutical companies' behavior but its implementation is entirely up to a rather powerless (and uninterested) Ministry of Health. There is, however, ample verbal evidence that government structure, especially MOHLSA and the Parliament were regularly contacted and provided with feedback regarding what is happening in practice. Information provided by key informants, both from NGO and government side confirm this.

In summary, the project, to a large extent succeeded to strengthen and broaden the existing coalition. It succeeded only partially in its attempts to monitor, to report and to recommend on the possible negative consequences of the implementation of the current health care reforms, and its achievements in respect of the main actors in the current health care provision were rather limited.

Looking into the main reasons for limited success of the intervention in health care structure, two main causes can be identified:

Firstly, the project set its goals and targets very high, after an overly optimistic assessment of possibilities as a NGO, or even as part of the "Future without Poverty" coalition. While broadening of the coalition succeeded well, it did not help much in lobby and advocacy because of building up such broad-based coalition takes time but also because of low capacity of some of its members

Secondly, during the project, privatization that started in 2007 accelerated considerably[1] and the Georgian government, especially MOHLSA became overconfident about their approach and less willing to listen to the others, even when negative consequences of the privatization came to light. In fact, they became believers in its free market model disregarding the reality – that it was not delivering affordable health services for Georgians. 73 % of health services are out of pocket payment and this trend tends to increase. Both ethical and economic arguments of others are neither needed nor appreciated. In such environment, not much can be done by "outsiders" and it should be naïve to expect that any local NGO can seriously influence the course of events. Still, the project probably achieved as much as it could in such difficult environment.

In the given circumstances, the outlook concerning one of the main aims of the project - improvement of accessibility and quality of health care provision for the poor in Georgia - does not look very bright and that is an understatement.

[1] Georgia Health system review, Tata Chanturidze, Tako Ugulava and others, Health system in transition, vol.11, no.8, 2009, p.82-86, European Observatory

In its Strategic plan, the Georgian government stresses the importance of monitoring of the ongoing health reforms. If this is not only a empty slogan, the Welfare Foundation, preferably with other well developed NGOs, could play such role – a sort of a watchdog - or at least could assist considerably Public Defender Office. It is up to Welfare Foundation to decide if it wants to play such role. Nevertheless, in view of the fact that most major donors are withdrawing from the health sector, chances are small that there will be any funds available to do so.

1. INTRODUCTION

Background and Context

Since the 'Rose Revolution' of 2003, the government of Georgia has embarked on sweeping socio-economic reforms. At the core lies the neo-liberal vision of a desired society with a small government, thriving market-based economy and liberal democracy. Four years on, the country has made significant progress on this path of change. The economy has been stabilized, the country has enjoyed a high growth rate and budgetary revenues have quadrupled. The government no longer resembles a frail entity entirely dependent on foreign aid. It now shapes and implements development policies with an unprecedented level of confidence and ownership. Nevertheless, at the national level policy decisions are taken suddenly and unilaterally by the government with no or limited consultation with other entities. At the local level poor people are deprived of opportunities to express and argue for their priorities and needs as they lack access to both information about reforms and to effective mechanisms of influencing those reforms. The Georgian state has thus approached a crucial stage at which it has to make important choices regarding the involvement of non-state actors such as NGOs who representing poor people in society in the policy making process.

The health sector provides a clear example of how the afore-mentioned pattern of public policy making impacts on poor people's access to health-care services. The government's decision of 2007 to privatize the public health system had not been underpinned by an impact assessment of possible negative consequences on poor people's access to health and ways of their mitigation. One such consequence is the creation of monopolies in the sector at the provider level denying the right to health care to thousands of poor people that cannot afford costly services. There has been no civic engagement in this process, which means that the voices of those that can be worst affected have not been heard. It shows the gap between policy commitments and their actual implementation that has plagued the Georgian state in general and the health sector in particular for many years[2]. At worst, this practice is likely to result in irrelevant, fragmented and myopic policies thwarting progress and health care status of the population, especially the poorest ones.

Finally, the more recent introduction of the system of "100 hospitals" is based on building small units of 25-30 beds each while providing different specialist services. This contravenes the rule of "economics of scale" making the profitable management of such

[2] Georgia Health system review, Tata Chanturidze, Tako Ugulava and others, Health system in transition, vol.11, no.8, 2009, p.52-53, European Observatory

mini-hospitals nearly impossible[3]. The result is too high pricing for two third of uninsured population to cover the health care costs.

NGOs, as representatives of civil society, seem to have lost the stamina that kept them at the forefront. This is partly because many former NGO workers moved on to join the new government in the aftermath of the 'Rose Revolution,' taking along their skills and capacity. The ensuing human capital vacuum does not seem to have been filled, especially not at the periphery. NGOs, especially local ones, need consistent capacity building support to improve both their organizational and operational capacity to represent the interests of their constituencies as they engage with the government.

The health sector is at the moment in particularly dire state due to wide scale, unrestricted privatization of all health care services. The health sector has suffered from a general lack of vision and strategy on the part of the government. Right after the Rose revolution, the state reassumed its responsibility as guarantor of an accessible and affordable health care provision and put emphasis on development a comprehensive Primary Health Care system, greatly assisted by major international donors such as World Bank, DFID and the European Commission. Nevertheless, in 2006, a newly established decision-making body – the Ministry of Reforms Coordination, reversed many previously made decisions. It requested the Ministry of Labour, Health and Social Affairs (MoLHSA) create a system based on private provision and purchasing, which would function in the competitive environment without strict regulations. This proved to be a U- turn from the initial plans based on PHC model that effectively ended and neutralized the work that had taken international organizations and the MoLHSA's technical team years to develop. The decision also marked a major shift towards a market-based, 'quick-fix' solution to the troubled health sector while diminishing the responsibility of the government. The privatization, especially of the large health facilities in the capital Tbilisi, also handsomely generated additional income for the government.

Project Description

By broadening and strengthening "Future without Poverty," the coalition of local NGOs, the project aimed to establish an effective vehicle for influencing public policies that shape people's lives.

With notable exceptions, most targeted local NGOs were involved in direct service to their target groups in health and social sphere and not in for instance lobby and advocacy on their behalf. The project aimed at both broadening and strengthening the existing NGOs coalition "Future without Poverty" by expanding by local NGOs in 3 target regions: Kvemo Karli, Samegrelo and Zugdidi. and increasing their capacities to be act more together and also vis-vis the local authorities.

[3] According the experience of the consultant, the general hospital should have 100-150 beds to cover its running costs and reasonable share of wealthy private patients to make a profit.

Besides coalition building, the project intended to monitor the ongoing health care reform, report possible negative developments to the responsible authorities, especially MOHLSA, and main health service providers in order to recommend possible solutions and press for improvements.

Project partners

Oxfam GB and its local partners: Welfare Foundation, Grassroots Support Centre and Step Forward have been working in the health and social sectors for many years and they have a good grasp of the problems and issues facing both poor people and policy makers. The project intended to build the organizational and operational capacity of the coalition of local NGOs to be able to establish themselves as en effective vehicle for identifying, conveying and arguing for the needs and priorities of poor people before the government and policy makers. The coalition would be also in a position to put the new skills and capacity into practice in the course of project implementation as it engages in policy research, public policy advocacy and monitoring activities in the health sector. They key actors were:

Oxfam GB (OGB) - a development, relief and campaigning organization, established in 1942. Oxfam has extensive project management experience and, since 2003 has managed over 200 EC/EU member states contracts for humanitarian and development programmes. Oxfam has been working in Georgia since 1993 and had in this project planning, coordinating, advising and financial/administrative function. In addition, it had to monitor the project implementation.

Welfare Foundation – an NGO based in Tbilisi, established in 2001 by public health professionals. Its staff includes up to 10 public health specialists trained in leading Western universities. WF has implemented up to 20 projects of various durations concentrating on access to health services, health policy monitoring and advocacy, MDGs,etc.

Grassroots Support Centre - local NGO, established in May 2001 in Zugdidi, Samegrelo region. Oxfam GB partner since May 2001 and is implementing Primary Health Care project through the community participation.

Step forward - a local NGO has been established in 2003 in Batumi. The organisation is implementing Oxfam-supported Primary Health Care project in 15 mountainous communities of Ajara Autonomous Republic.

2. PURPOSE OF THE EVALUATION AND ITS METHODOLOGY

As part of a larger organisational undertaking to better capture and communicate the effectiveness of its work, as well as to evaluate this project at the end of its 3-year implementation, Oxfam GB requested to rigorously assess the effectiveness to date of the project ”Effective Civil Society Development and Improved Access to Quality Healthcare for poor people in Georgia” jointly supported by Oxfam GB and the European Commission.

This evaluation has a predefined qualitative research protocol OXFAM GB - Process Tracing - to assess the extent to which: a) the changes that the project "Effective Civil Society Development and Improved Access to Quality Healthcare for poor people in Georgia" was seeking to achieve have taken place; and b) we can evidence that the project contributed to these changes. Guidelines outlining the core evaluation protocol have been prepared and presented to the external evaluator to implement this methodology. The evaluation was overseen and supported by one of OGB's Global Monitoring, Evaluation, and Learning advisors, as well as the Georgia Country team.
The evaluation intends to provide Oxfam GB, the European Commission and project partners with information about the performance of the project, helping to uncover lessons learned and to inform the design of future work undertaken by the Oxfam GB office in Georgia.

To follow the Process Tracing protocol, the evaluator had first to reformulate the original objectives (i.e. outcomes) to so called "targeted outcomes" that should reflect the concrete intentions of achievements of the project holder in the moment the project started and reflecting possible influence of changing environment on the project implementation as the original outcomes were rather broad and hardly measurable. The original outomes were:

1. The coalition has well-developed organizational, networking, campaigning, policy research, policy advocacy and monitoring skills.

2. The coalition has an expanded regional membership bringing in NGOs/CBOs from the regions of Ajara, Samegrelo and Shida Kartli.

3. Access to primary health services for poor people in Tbilisi, Samegrelo, Ajara, and Shida Kartli is improved.

4. Quality of healthcare services for poor people in Tbilisi, Samegrelo, Ajara, and Shida Kartli is improved.

5. Healthcare reform (with a view to privatization and monopolization) is more transparent and provides space for NGO participation in decision-making.

The evaluator, after consulting and inputs of Oxfam GB and the main implementing NGO Welfare Foundation, reformulated the targeted outcomes as follows:

1. Increased organizational, operational capacity of (up to 50) targeted NGOs.

2. Functional coalition of up to 50 NGOs, who [are able to] undertake networking, campaigning, public health research, and policy advocacy and at the national level and in 3 targeted regions.

3. The government and insurance companies are presented with recommendations for better and wider insurance coverage to increase accessibility of poor people to health services, especially to the maternal and child services in 3 target regions.

4. Increased knowledge of health staff of the use of clinical guidelines and of violation of medical ethic, particularly those by pharmaceutical companies.

5. Government is better informed about ongoing implementation of the current health care reform based on overall health service privatization and about recommendations how to mitigate its possible negative consequences.

These newly formulated targeted outcomes were then agreed upon by all parties concerned.

Process Tracing protocol that is currently used by evaluation of selected Oxfam GB projects worldwide is a qualitative research method that attempts to identify the causal processes – the causal chain and causal mechanism – between a potential cause or causes (e.g. an intervention) and an effect or outcome. It involves evidencing the specific ways a particular cause produced (or contributed to producing) a particular effect. An important component of process tracing is to consider alternative, competing explanations for the observed outcomes in question, until the explanations most supported by the data remain.
It involves basically two mutual complementary approaches:

Verbal protocol
It consists of surveys, interviews and questionnaires both internally i.e. with project staff and externally i.e. other main stakeholders to examine what and how so-called targeted outcomes were achieved. Moreover, it looks into main and contributing factors leading to the intended outcomes at the end of the project and alternative explanations.

Information search
Second important element is systematic assessment of the internal documents concerning the project and its outcomes, starting with project reports. From them, other relevant documents can be searched to look for evidence of link leading to targeted outcomes (cause-effect relationship). In addition, to prove or disapprove the claim of direct link between project activities and their outcomes, a number of external documents has to be studied.

This approach provides material for critical analysis to find plausible causal explanation (evidence) of achieved outcomes while looking for possible alternative explanation of such outcomes. In addition, it takes into account also possible unintended outcomes.
Finally, it attributes a score to each outcome, reflecting degree of project contribution.

The evaluator used both verbal protocols as well information search.

For verbal protocols, the evaluator used firstly a questionnaire among all 22 participants of the project's last workshop (December 2011). It should be useful to interview all 46 participating coalition members but as they are spread across 3 regions that has proven to be unrealistic. From these 22 participants, a random choice was made and a semi-structured interview with selected number of participants (12 in total) was held. According to length of NGO's existence, size of staff, number of implemented projects and size of the projects some were more and some less experienced NGOs[4].

In addition, in-depth interviews with key project staff and main stakeholders: government officials, representatives of pharmaceutical industry and insurance companies and Public Defender Office staff. Unfortunately, frequent changes with the government structure has limited access of the evaluator to the officials involved in the project as some were in the meanwhile replaced and unreachable for an interview.

Larger scale survey under all project participants i.e. coalition members was not envisaged because of on one side limited resources (in time and finances) and on the other side the expected very limited, if any, added value of such extensive additional exercise. Results and recommendations from project own surveys were used instead.

Examining of these surveys, together with study of all reports and other documents such as Memorandum of Understanding of the coalition members, list of workshop and conferences participants, formed a second part of the applied methodology – the information search. Also externally, all documents relevant to targeted outcomes were examined to verify possible links of the project to the intended i.e. targeted outcomes.

3. RESULTS OF THE EVALUATION

In general, the project had two main clusters of objectives:

A. To strengthen and broaden the current coalition "Future without Poverty" and
B. To study the health care situation and advice the main actors in the current health care system, especially the Georgian government.

A. Targeted outcomes concerning coalition

TARGETED OUTCOME 1 - Increased organizational, operational capacity of (up to 50) targeted NGOs.

Main findings

The original, informal coalition "Future without Poverty" was mainly Tbilisi based and consisted of 9 NGOs. In the project aim to strengthen local NGOs, it expanded to 3 regions: Shida Karli, Samegrelo and Zugdidi. The leading member and project holder Welfare Foundation used its local partner in each of the region to approach local organizations, offering them training and workshops and, if they agreed, ask them to

[4] Typically, less experienced NGOs existed less than 5 years, had 1-2 small projects and were "dormant" when no project was implemented.

sign a Memorandum Of Understanding committing themselves to *"development of civil society and improving availability of high-quality medical service for poor population in Georgia that will eventually promote reduction of poverty level in the country".* For full text of the MOU, see annex 4.
The emphasis was on maximum number of participating NGOs as the target was to involve up to 50, NGOs from the chosen regions. At the end, coalition consisted of 45 NGOs with majority (38) indeed from the regions (7 were Tbilisi based).
While all chosen new members of the coalition worked in health care or health related field, they had different level of development and different approaches when dealing with various issues within health and social sector and as such having different target groups. From the initial survey among them, the topics of one day workshops were chosen according to their expressed needs. All chosen topics concerned operational capacity, not internal organizational i.e. management capacity building. Chosen topics were then developed as a workshop and implemented in all 3 regions by Welfare Foundation. These were: fundraising, research methodology, coalition strategy, campaigning, and analysis of health sector reforms, proposal writing and basics of public health research. During the project period (until December 2011) in total of 7 one-day workshops were held over a 2,5-year period, with up to 40 different NGOs (varied between 23 to 40 participants) and 213 total attendees. In addition coalition members participated in total 5 workshops arranged with representatives of the government.

Causal story

Background

Welfare Foundation has documented in its half-yearly reports that all workshops – these for NGOs and also the ones with government representatives (5 additional workshops) were well attended, had active participation and were useful to all attending members.

Evidence

During the last training workshop (on coalition strategy), all participants had to fill questionnaire developed by the evaluator on results of all attended workshops and their value for their development and work (for a sample, see annex 5). In addition, 11 selected NGOs had face-to-face semi-structured interview according to a developed format. It sample is shown in annex 6.

According the results of questionnaire and interviews, most subjects were considered relevant and very much appreciated by the audience, especially by less advanced NGOs[5]. The member NGOs visited either all workshops or the most of them. Most valued were workshops on health sector reforms and coalition strategy - 14 participants named strategic planning the best workshop, followed by workshop on health care reforms, that was "the best choice" of 8 participants.
Satisfaction scores (on scale 1-5, highest score meaning the best) were in general very high, lowest being 4.5 for conducting surveys to 4.95 for coalition strategy planning.

[5] In general, so-called less advanced NGOs are young and small and function temporally, when they have a grant for a project. When project finishes, they "hibernate" until new project is funded.

This is truly remarkable.[6] While high marks suggest that workshops were of high standard, one should remember that in Georgian culture, there is a strong tendency to "please", not criticize (at least not directly). Even when interviewing the selected NGOs, few critical notes were heard. If they were any, they came from advanced coalition members, but even these were putting high scores at the evaluation form. One therefore wonders if scoring is in the given context very valuable.

	EVALUATION OF CONDUCTED WORKSHOPS BY PARTICIPANTS			
	WORKSHOPS	**average score (1-5)**	**# of answers**	**# of "the best"**
1	Basics of public health research (2009)	4.75	16	3
2	Conducting surveys: designing (methodology) and analysis (2009)	**4.5**	12	**0**
3	Analysis of health sector reforms and role of civil society in the reform process (2010)	4.53	14	8
4	Research for campaigning (2010)	4.63	11	3
5	Fundraising (2011)	**4.78**	14	2
6	Proposal writing and fund-raising targeted to international donors (2011)	4.67	13	6
7	Developing coalition strategy (December, 2011)	**4.95**	**22**	**14**
	AVERAGE	**4.69**	**14.57**	

Most participants claimed increased knowledge. Answers concerning how *individualx* applied the newly gained information and knowledge were diverse and not very specific. Some members declared that they use the gained knowledge to pass it to their target groups. One NGO representative mentioned that it helped her in the organizational development without further specification. Six participants simply stated that workshops were helpful.

When asking how the workshops helped their *organization*, answers were more specific. Six NGOs were able to conduct research, either alone or in cooperation with other NGOs. A number of organizations reported that improved knowledge helped them in writing (better) project proposals and in fundraising.

[6] Practically the same picture is seen at other workshops and training as evaluator can confirm from his personal experience.

Concerning the workshops with government officials where participating NGOs got explanations about issues such as health care reforms, social security system, protection of patients rights, number of participants explicitly mentioned two main gains:

Firstly, many NGOs were not aware current government activities, plans and regulations concerning heath and social care and pleased to learn more about them and pass them to their constituency.

Secondly, several local NGO representatives mentioned that the workshops with (central) government officials created possibility to establish link between them and therefore make the government more accessible, something being practically impossible in the past.

Assessment
All sessions lasted one day only (except on research that lasted in total 2 days) and they were in form of workshops. Because of its shortness, one can wonder how deep the obtained knowledge was. That was however not possible to verify, (there was no baseline testing) so one has to accept the self-reported learning. The less experienced local NGOs declared that these were the first workshops they attended, so one can conclude that, if not the capacity, the understanding definitely increased.

Alternative explanations
Gained knowledge could be contributed to other workshops or trainings outside of the project. When asked, 11 NGO representatives of 23 participating members indeed attended other workshops or trainings. From these trainings, 4 had clear connection with workshops provided by the project: three concerned comprehensive project cycle management training and one in conducting research.

Conclusion
There is a reasonable evidence that there is both a direct and an indirect causal link between the transfer of knowledge provided by the project and claimed increased knowledge and understanding of the chosen topics by the workshops or an additional training. This applies foremost to less experienced local NGOs that report greater satisfaction/ benefit. Evidence of increased knowledge of more experienced organizations is weaker, especially as the workshops were of short duration and not going into great depth on the presented issue. The depth of attained knowledge and its eventual practical use could be not assessed and has to be further determined (see partially targeted outcome 2). No pre- and post-testing was done.

Besides the transfer of information, increased trust between government officials and NGOs was reported as an additional effect of common workshops. It has however to be seen how this will show in the practice on the longer term as frequent changes with government structure (both on national and regional level) make these link rather temporal. Despite of this uncertainty, the increased trust can be seen as unintended positive outcome of the project.

TARGETED OUTCOME 2: Functional coalition of up to 50 NGOs, who are able to undertake networking, campaigning, public health research, and policy advocacy and at the national level and in 3 targeted regions.

Causal story

Background

A basic assumption at the begin of the project was made that as a result of targeted, needs-based training or workshops, participating local NGOs will be able, in support of their core business, to undertake additional activities besides the ones aimed directly at their target groups. They were planned sequentionally, i.e. after NGOs went through the specific training.

Secondly, as a result of training and monthly meeting through local project steering committees led by Country Office of Oxfam GB, the coalition planned to develop strong mutual links and to act increasingly together in additional activities such as research, campaigning and lobbying.

Evidence

From minutes of the meetings, questionnaires and interviews of the key informers – local NGOs – there is evidence that the coalition functioned reasonably well. It concerns however only a part of 45 members as approximately half of them remained passive through the project and except visits of the workshops they did not take part in any common activities. This 50-50 division was reported across all 3 regions with little variation among them.

Besides the claimed direct benefits of the workshops, the majority of local NGOs said that coalition and their regular meeting venues promoted both regional and inter-regional cooperation. This was reflected in starting common projects (usually involving 2 organizations) and mutual invitations/visits for the special events. Some NGOs reported implementation of their own research in support of their work. From this evidence, it can be said that networking ability increased considerably and a certain degree of informal networking has taken place, both regionally and inter-regionally.

Besides networking, three main common activities of the coalition were reported:

- Firstly, a common annual celebration of special days such as AIDS day or Day of Disabled, spearheaded by country office of Oxfam GB.
- Secondly, NGOs consequent participation at conferences organized by project holder where results of the conducted surveys were presented. There, the coalition members discussed the results together with governments and other stakeholders and contributed actively to (re)formulation of recommendations.
- Thirdly, some local NGOs were involved in project surveys, mainly as interviewers. One local NGO also reported distributing coalition leaflets.

Alternative explanations

Less experienced local NGOs were happy with any training sessions as for them it was sometimes the only external input they have received so far. These were also the ones most willing to continue to attend more workshops and regular meetings. More experienced NGOs had already certain degree of knowledge and links to other local NGOs have shown to be more hesitant to continue the same way as they possessed most information presented at the workshops. Some also reported working with other local NGOs prior to or independently of the project. Therefore they had a feeling that, while on account of their experience, they provided valuable advice to the "young" NGOs, they got very little in return.

One additional common action has been reported in Adjara – collecting signatures for a petition to finance vaccination against hepatitis C – but it is not clear if this can be directly attributed to the project.

Working together was clearly reported as a positive experience. Not only it enhanced the mutual understanding and enriching of own experience, in some cases it increased NGOs chances of funding if their activities became common and inter-regional.

Assessment

While there is an evidence that in some activities local NGOs were involved, other reported activities such as developing common project proposals can be attributed only indirectly to the enlargement and improved functionality of the coalition where new links (usually on one-to-one basis) were established than on concerned efforts of the project to involve NGOs in common activities.

Three main obstacles were identified to have more active coalition.

Firstly, training sessions were spread over two years (the last was just in December 2011), so some gained knowledge was only very recent and could not be put into practice yet.

Secondly, training sessions were too short of duration (generally 1 day only) to be called a training and to create a deeper understanding of the issues presented. It can be seen more as awareness building and "scratching the surface" – which was less likely to lead to increased coalition activity as building of a mutual trust needs more time. However, additional activities based on new one-to-one relations, can be seen an additional positive outcome of the workshops.

Conclusion

It cannot be expected that one-time, short input in form of workshops and conferences will lead to consistent additional, common activities as campaigning or lobbying. Participation in the research was a notable exception, although it focused mainly on its implementation (visiting homes and collecting results). Functionality of the broadened coalition indeed increased but because of great diversity of NGOs, it was limited. By the project, coalition members were made aware of the possibilities of acting together but had different interests. For instance, for a common action, the NGO dealing with AIDS issue had problems to muster support of NGOs dealing with the disabled. A broadly formulated Memorandum of Understanding achieved that large number of NGOs initially

participated but only approximately half of the total 45 NGOs were actively involved towards the end.

One can therefore only assume, not prove, the greater ability of local, mainly less advanced NGOs to be involved in campaigning, public health research and advocacy as a result of the project input so far. This was also recognized by the Welfare Foundation that has known that only after strengthening the coalition, it can act. Therefore, the advocacy at national level was during the project provided by Welfare Foundation on its own. Only the future will provide eventually the evidence if such increased ability has led to more common actions. In this, its authority vis-à-vis the government and other main actors will matter most. It implies foremost its quality, not number of participating NGO members.
There is however clear evidence of direct link between the project activities and inter-regional cooperation that practically was not there before start of the coalition expansion by the project.

B. Targeted outcomes concerning study the health care situation and advice the main actors in the current health care system, especially the Georgian government.

TARGETED OUTCOME 3: The government and insurance companies are presented with recommendations for better and wider insurance coverage to increase accessibility of poor people to health services, especially to the maternal and child services in 3 target regions.

Causal story
Background
In 2008, The MOHLSA, in attempt to mitigate the possible negative effects of rapid privatization of health care services at all levels, introduced state paid insurance scheme for poorest part of the population via private insurance companies and nowadays claims that 1.5 million people (i.e. one third of the population) has a basic insurance package. According to Georgian Insurance Association, the total number of insured people in Georgia was 1,408,465 in October 2011 that matches reasonable well with government claim. The rest of the population is advised to insure themselves but as individual insurance is not possible (one has to be employed or family member of an employee), its accessibility of the extremely limited. The government claims that 100.000 such people are this way insured but that is a number is in reality much lower – 37.718 - according to Georgian Insurance Association statistics of 2011.
According to MOHLSA statistics, 73% of health service costs are paid by the patients themselves[7] as even for the insured patients, the basic service package is very limited. The project aimed to examine current insurance policy and make recommendations for better and wider insurance.

[7] "Access to Quality health care", from 5-year strategic plan, Government of Georgia, Tbilisi, 2011

Evidence
From the interviews and project documents, it surfaced that Oxfam GB Country Office together with the Welfare Foundation and its project partners produced number of recommendations to the Georgian government for improvement. These were:

- Increasing the role of the state in financing health care and increasing its strategic purchasing role
- Pooling the private resources to ensure better risk coverage, solidarity and cross subsidization among the population
- Reducing the out-of-pocket expenditures and increasing the share of pre-paid expenditure in the private spending
- Stronger regulation of pharmaceutical sector and reducing the price of medicines
- Extending the benefit package to include drug benefits
- Improve targeting of Medical Insurance Program for the poor and deepening the coverage
- Increasing the awareness of population about their health care benefits

Oxfam with partners at various lobby meetings has influenced the government's scoring system, which had been used to rank households across the country in order to register the poorest families eligible for State funded benefits. As a result adjustments were made to scoring methodology, which resulted in an additional 34,000 families included in the national social assistance program. There is also some indirect evidence that as a result of the project awareness and media campaign and workshops with governmental representative, the population is better informed about their rights and possibilities of insurance. This evidence is presented by interviewed local coalition members that claimed not only to be informed better themselves but also passing the information to their target groups.

Assessment
To examine the current accessibility of the poor population to health care through insurance programme, several field researches were done by the project. The conducted surveys had reasonable sample size (for instance, in the survey on maternal care, in total 936 women were interviewed after delivery) and clear outcomes. The surveys have found evidence of inadequacy of current policy leading to limited (financial) accessibility i.e. affordability to the Ministry of Health and other actors in health care, especially that one on access to quality obstetric care services of 2010 was compelling. The reaction of MOHLSA was mainly defensive, doubting methodology used and therefore the validity of outcome. Also the survey on state insurance programme was conducted well but its conclusions and recommendations how to improve the accessibility and quality of provided insurance have still to be considered by government and insurance companies.
Despite the recommendations above, there is no pooling of private resources and in view of current system set-up , it cannot be expected to happen any time soon as each

insurance company act completely independently in its geographically assigned area where it enjoys a monopoly.
Instead of a decrease, there are actually signal from the grassroots level that out-of pocket payment are on the increase to pre-reforms level of 79% but this will need a separate independent research to prove.
Despite of existing laws of pharmaceuticals, there is no monitoring in place of the pharmaceutical sector and government is not willing or capable to do so. In 2010, current Minister of Health announced that all drugs should be available on prescription only, a statement he hastily recalled one week later.
Basic package is very limited and remains unchanged (there is well a provision to cover for essential drugs up to 50 GEL per year). Additionally, the PHC providers (i.e. family doctors) are obliged to provide emergency drugs free of charge.

Alternative explanations
There are plans to widen insurance coverage by 2015 from current 1.5 million to 2.5 milion people, as announced also in the national strategic plan. The widening of insurance from initial 900.000 to current 1.5 million was declared the aim of the government at the start of the insurance scheme for the poorest segment of the population. This vast expansion cannot be contributed to the efforts of the project (well, on insistence of the project holder, the inclusion of 34.000 additional families in the insurance scheme as a result of decreased threshold of the definition of poverty).

Conclusion
The project had some influence on government and insurance companies in its efforts to widen insurance coverage by improving the scoring system for the poorest part of the population but not how to improve stated shortcomings of the insurance itself (the government plans further to expand the coverage but only for the poorest segment of the society).

TARGETED OUTCOME 4: Increased knowledge of health staff of the use of clinical guidelines and of violation of medical ethic, particularly those by pharmaceutical companies.

Causal story
Background
After the project's initial survey concerning frequency and adequacy of use of clinical guidelines provided by the Georgian government to the family doctors, recommendations were made based on its results. Especially, prescription habits of the doctors were assessed in all 3 regions. In total more than 100, mostly freshly trained, family doctors were interviewed in 2010. The survey revealed that less than half (45%) of all respondents declared that they applied national guidelines in their clinical practice, 40% of the doctors applied the national guidelines only in some cases, and 15% of our respondents had never used national guidelines in their practice. These striking results were presented to all relevant stakeholders, especially to the government during the national conference on the risks of irrational drug use i.e. inappropriate and overuse of drugs (held in January, 2011). It was recommended a specific training or at least a

workshop for the family doctors how to know the guidelines better and use them more properly.

Evidence
There is no evidence that either national authorities or family doctors acted upon the recommendations. As no official action was taken, it can be only assumed that the interviewed doctors were made more aware about importance of national guidelines and their poor prescription habits because of the interview itself. This cannot however be substantiated as no follow-up survey was conducted (but was also not planned by the project).
There is well some evidence that the project succeeded in curbing excesses of pharmaceutical companies concerning unrestricted and misleading advertizing of their company and products on the TV (see below). There were also by-laws introduced to limit influence of pharmaceutical companies on population via medical staff. Nevertheless, there was no direct feedback on these changes on advertisement provided to the health staff but more indirectly via MOHLSA.
While this seems to be a limited success, one has to realize that Oxfam GB Country Office together with the Welfare Foundation are the only NGOs that dare to tackle the dominance of pharmaceutical industry. Some of the key interviewers called them therefore "the brave ones".

Assessment
One can argue that it is in interest of both government and doctors to act in responsible and ethical manner. Sadly, due to the drastic changes in the health care system past few years makes such expectations not very realistic. Three main drugs distributors (Aversi, PSP and in lesser degree GPC) had always strong influence on prescription habits of the doctors in Georgia. Family doctors are very aggressively approached by these companies and financially rewarded for each prescription purchased at company's pharmacy. The recent acquisition of the privatized hospitals by the same pharmaceutical companies – on explicit request of the Georgian government – makes it for the doctors even harder not to prescribe medicines provided by these companies. Hospital doctors cannot at all prescribe other medicine than these stocked at hospitals owned and ran by one of the pharmaceutical companies.
Project partners however achieved a modest success by lobbying successfully for ban of visible promotion of pharmaceutical companies such as prescribing on pads with pharmaceutical company logo (provided free of charge to the doctors) or wearing white coats with such logo. The law was amended accordingly. Fines to disobey are heavy but so far no case is known of any punitive action taken. This is partially due to extremely weak enforcement capacities of regulatory department of the MOHLSA, but mainly to the fact that the hospital doctors work in private hospitals owned by pharmaceutical companies (or insurance companies, second largest group of hospital owners). MOHLSA has however given the feedback to the health staff over the changes in laws by via its bulletin.
A bigger success of the project was amendment of the law on misleading advertisement by pharmaceutical companies as self-medication in Georgia is rampant. As a result of intensive project holder's lobby, the advertisement of drugs in de mostly used medium –

TV - must be now accompanied by note about possible side-effects of them and the need to consult a doctor. There is a hope that this will positively influence patient's health seeking behavior.

Conclusion

The expectation that after a limited, one-time survey concerning medical ethics (of prescribing) and its subsequent presentation to the authorities, will result in a change in the behavior of the health staff, was quite unrealistic. In a country, where health care is totally privatized and put in hands of powerful, profit-oriented providers of drugs and a health insurance, it is practically impossible. The failure to change the behavior of the health staff is however not caused by poorly implemented project but too optimistic assessment of the project possibilities to influence the existing situation. The project did achieve some changes in the law concerning pharmaceutical companies' behavior but its implementation is entirely up to a rather powerless (and uninterested) Ministry of Health.

TARGETED OUTCOME 5: Government is better informed about ongoing implementation of the current health care reform based on overall health service privatization and about recommendations how to mitigate its possible negative consequences.

Causal story

Background

The project envisaged policy reviews and regular workshops with government officials and parliament members about progress of implementation of current health care reforms and its possible shortcomings. Via local NGOs, general public should be informed, too. Lastly, by using media, especially TV stations, even a wider audience was targeted. The project also wanted to press Georgian government to develop a national strategic plan for health.

Evidence

There is ample verbal evidence that government structure, especially MOHLSA and the Parliament were regularly contacted and feedback provided over what is happening in the practice. Information provided by key informants, both from NGO and government side confirm this. A difference was however noticed between the response of the local government structure and the central one. In Adjara autonomous republic, MOHLSA took active part in activities of the project and even signed Memorandum of Understanding with the local representative NGO of the project about regular exchange of information and cooperation. Adjara's Deputy Minister of Health found the information provided very useful and claimed subsequently an adjustment of their views.

At the central level, major positive response was given by the health officer of the Public Defender Office. That institution publishes yearly their findings on state of the human rights and freedom[8]. In the chapter "The right to protection of health", of the 2010 report, surveys of the Welfare Foundation was explicitly mentioned in subheading "health care

[8] The situation of Human Rights and Freedoms in Georgia, Annual report of the Public Defender of Georgia, 2010

accessibility" and "quality of medical services", completely with the reference to these surveys.[9] This unintended and positive effect of the project efforts should be can be seen as important achievement as the Public Defender Office is a governmental structure and its annual report has to be presented and discussed in the parliament.
Other key informants of the central level were also very well aware of the information provided but either defensive ("we do our best") or rather self-assured ("we know best") concerning recommendations given. In general, NGOs are at the moment not seen as players of any significant importance. Still worse, the situation around the current health system is highly politicized and NGOs views are used by both government and opposition as it suits them.

Assessment

It is observed by the evaluator that the attitude of the government officials toward outsiders, monitors or society representatives to be not quite open. This limited considerably the possibility of the project partners to influence the officials. Nevertheless, the information collected from surveys and literature study was passed to all relevant stakeholders with emphasis on governmental structures.
Besides this, the Welfare Foundation, although not explicitly named in its project objectives, was continuously stressing the importance of national strategic plan for health, citing recommendations of international organizations such as IMF. While first 2 years of the project MOHLSA paid only lip service to the development of a strategic plan, newly installed Minister finally succeeded to present in November 2011 Ministry's strategic plan for 2011-2015[10].

Alternative explanations

While there is clear documented evidence that the Welfare Foundation pressed at each workshop and meeting with MOHLSA for development of such strategic plan, it cannot be seen as its major achievement. Other influential factors were at play such as development of general strategic plan of the Georgian government of 10 points[11] from which health plan was a logical follow-up. Secondly, Ministry of Education presented own comprehensive 5-year strategic plan in 2011 and MOHLSA was strongly advised by the Georgian top echelon to do likewise. Thirdly, Georgian government has declared its intention to attract Georgian doctors working now abroad to help to improve quality of health services but had to have arguments i.e. plans for these professionals to come back. This was however so far, only a one-time effort. On the other hand, insistence of the Welfare Foundation and its partners to develop strategic plan for health care has created in any case "an enabling environment" and had, as such, the influence on the final outcome. Strategic plan was finally developed begin of 2011 by a Georgian consultancy firm and in downscaled version adopted and presented by MOHLSA. This can be seen as unintended positive outcome of the project.

Conclusion

[9] Ibid, page 236 and 237
[10] Access to quality health care, MOHLSA, Tbilisi, 2011
[11] Government of Georgia: 10-points strategic plan for development of the country 2011-2015, Tbilisi, 2011

Current MOHLSA prefer not to listen to "outsiders" about possible negative consequences of the ongoing privatization as it is sure it does the right thing. Its belief in self-regulating free market forces is total, even when there is a strong evidence that one of the main pillars of the self-regulation of such free market, namely competition, is absent. The geographical division and monopolization of insurance companies namely prevents any kind of competition. Additionally, the government is not even well equipped to play such regulatory role.

4. RECOMMENDATIONS

1. Concerning targeted outcome: increased organizational, operational capacity of (up to 50) targeted NGOs.

One should concentrate educational efforts at less experienced local NGOs that work often in relative isolation and their knowledge is limited.
Moreover, transfer of information and knowledge through workshops does not lead automatically to deeper understanding, let alone an application of the gained knowledge as their main function is sharing knowledge and experience of the participants. To achieve deeper understanding on issues proposed by the local NGOs, a more sustained educational efforts and more intensive, in-depth training is recommended. This does not need to be developed or done by the project holder or project partners. They should however provide information to the coalition members by whom and where the requested training can be done.

2. Concerning targeted outcome: functional coalition of up to 50 NGOs, who [are able to] undertake networking, campaigning, public health research, and policy advocacy and at the national level and in 3 targeted regions.

To increase of functionality and cooperation of the coalition, more homogeneity is needed. This can be achieved by either to formulate more specific common objective(s) or more common target group(s). In other words, to have functional coalition and have impact beyond its micro environment, emphasis should be put on common binding factors and motivation of the potential NGOs to join (quality) instead of trying to include as many health and social issues NGOs as possible (quantity). Nevertheless, one should realize that a number of coalitions based on either specific (sub) sector/theme or target group already exists.
It is also recommended that the "Future without Poverty" coalition considers only these new members to join that are motivated and see the added value of such cooperation. For that, the formulation of clear common objectives and plans are fundamental. The last workshop on coalition strategic planning was a good starting point.

3. Concerning targeted outcome: the government and insurance companies are presented with recommendations for better and wider insurance coverage to increase accessibility of poor people to health services, especially to the maternal and child services in 3 target regions.

It is not recommended that Welfare Foundation on its own should be further involved in lobby for widening and improving of insurance coverage as its has only marginal influence on the governmental decisions. In addition, these are based on political rather than professional arguments. If still wanting to do so, the aims should be in line with political reality, i.e. what is reasonable and has chance to be accepted by the government.
Well is strongly recommended to continue to provide Public Defender and especially its health rights protection officer with information concerning situation around insurance on the ground and report any systematic misuse (individual complaints are reported directly by the patients to the Public Defender Office).
It is also recommended to continue to inform the population through its coalition members about the insurance possibilities and ways to apply.

4. **Concerning targeted outcome: increased knowledge of health staff of the use of clinical guidelines and of violation of medical ethic, particularly those by pharmaceutical companies.**

   In view of the results and limited possibilities of Welfare Foundation and its regional project partners GSC and Step Forward, it is not recommended to pursue this issue any further.

5. **Concerning Government is better informed about ongoing implementation of the current health care reform based on overall health service privatization and about recommendations how to mitigate its possible negative consequences.**

   It is recommended to continue to provide Public Defender and especially its health rights protection officer with information concerning any systematic breach of medical ethic or misuse of monopoly position of pharmaceutical or insurance providers. To receive right and timely information, Welfare Foundation should make maximal use of the coalition members working at the grassroots level.

6. **Recommendation to the donors**

   It is strongly recommended to continue to support the strengthening of management and operational capacity of regional and local NGOs, in the first place to assist the poor population in the difficult times of the privatization of the health care, but on the longer run, to have a strong voice on behalf of their target groups vis-à-vis the Georgian government.
   It is also recommended to promote, as much as possible, a cooperation of the Welfare Foundation with Public Defender Office.

5. CONTRIBUTION SCORES – A SUMMARY

Targeted Outcome	**Extent observed (high, medium, low, none)**	**Extent of project/campaign contribution (high, medium, low, none)**	**Specific contribution score* /5**	**Other evidenced explanations and extent of their contribution (high, medium, low)**
1. Increased organizational, operational capacity of (up to 50) targeted NGOs	Medium	Medium	4	• More advanced coalition members also contributed – low extent of contribution
2. Functional coalition of up to 50 NGOs, who [are able to] undertake networking, campaigning, public health research, and policy advocacy and at the national level and in 3 targeted regions	Low	Medium	3	•
3. The government and insurance companies are presented with recommendations for better and wider insurance coverage to increase accessibility of poor people to health services, especially to the maternal and child services in 3 target regions	Medium	Medium	4	•
4. Increased knowledge of health staff of the use of clinical guidelines and of violation of medical ethic, particularly those by pharmaceutical companies	Low	Low	2	•
5. Government is better informed about ongoing implementation of the current health care reform based on overall health service privatization and about recommendations how to mitigate its possible negative consequences	Low	Medium	3	•
Unforeseen Outcome				
1. National health care strategic plan developed	Medium	Medium	3	• Health plan developed on instructions of government's top officials - High
2. Increased trust between government officials and NGOs	Low	High	3	•
3. Public Defender Office made use of findings of the project	Medium	High	4	•
4. Amendment of the law on advertisement of pharmaceutical companies	Low	High	3	•

***Scoring Key – Specific Contribution of Project/Campaign**

Score	Outcome Consideration	Contribution Consideration
5 points	High level of outcome change realised	High project/campaign contribution
4 points	Medium level of outcome change realised	High project/campaign contribution
	High level of outcome change realised	Medium project/campaign contribution
3 points	Medium level of outcome change realised	Medium project/campaign contribution
	Low level of outcome change realised	High project/campaign contribution
2 points	High-medium outcome change realised	Low project/campaign contribution
	Low level of outcome change realised	Medium project/campaign contribution
1 point	Medium-low outcome change realised	Low project/campaign contribution
0 points	High-none outcome change realised	No project/campaign contribution
	Any negative unforeseen outcome change	High to low project/campaign contribution

6. CONCLUDING REMARKS

The project has succeeded into great length to strengthen and broaden the existing coalition.
It also intended to monitor, to report and to recommend on the possible negative consequences of the implementation of the current health care reforms. In this, is succeeded only partially and its achievements vis-à-vis the main actors in the current health care provision were rather limited.
Looking into the main reasons for limited success of the intervention in health care structure, two main causes can be identified.

Firstly, project has set its goals and targets very high, after an overoptimistic assessment of possibilities as a NGO, or even as "Future without Poverty" coalition. Broadening of the coalition did not help much because of building up such broad-based coalition takes time but also because of low capacity of some of its members.

Secondly, during the project, privatization that started in 2007 accelerated considerably and Georgian government, especially MOHLSA became overconfident about their approach and less willing to listen to the others, even when negative consequences of the privatization became obvious. In fact, they became believers in its free market model disregarding the reality. Both ethical and economic arguments of others are no more appreciated. In such environment, not much can be done by "outsiders" and it should be naïve to expect that any local NGO can seriously influence the course of events while even large international organizations can do a little. It applies also to major international funding agencies that start to withdraw gradually or totally from

health sector as their heavy investment in Primary Health Care model over past 10 years has proven to be a waste of resources.

Still, the project probably achieved as much as it could in such difficult environment.

In the given circumstances, the outlook concerning one of the main aims of the project - improvement of accessibility and quality of health care provision for poor in Georgia - does not look very bright and that is an understatement.

In its Strategic plan, the Georgian government stresses the importance of monitoring of the ongoing health reforms. If this is not only a empty slogan, the Welfare Foundation, preferably with other advanced NGOs, could play such role – a sort of watchdog or at least could assist considerably Public Defender Office. It is up to Welfare Foundation to decide if it wants to play such role. Nevertheless, in view of the fact that most major donors are withdrawing from the health sector, it is not very probable that there will be any funds available to do so.

7. COMMENTS ON THE PROCESS TRACING METHODOLOGY

The Process Tracing methodology is a more rigorous approach than other evaluation methods as it is based on evidence instead of assumptions of direct (or indirect) link between the project interventions and outcomes. It also looks into possible alternative explanation of results achieved. Because of this, the methodology is a great improvement over usually used standard evaluation methodology wherein any positive outcome was a priori assumed or believed to be result of the project.

While such approach increases considerably value of the evaluation, it leads to a more critical, evidence based assessment. As a result, the targeted outcomes are expected to look less spectacular. The subject of the evaluation ("the evaluandum") can be therefore disappointed to discover that its contribution toward the tangible outcomes is more modest than assumed.

The main obstacle to implement the Process Tracing methodology (as any evaluation methodology that looks for hard evidence) well, is its strong dependence on:

reliability of information: documents, articles and statistics and
reliability of narratives of the participants and main stake holders.

Documents are often incomplete. In addition, the statistics are not reliable or producing contradicting numbers, especially in developing countries. Moreover, most of internal and number of external documents are produced in native language. Only after translation, is possible to judge how relevant they are for such evidence based evaluation. Absence of a local counterpart of resource person is then sorely missed. In addition, it costs more time and resources than one beforehand expects.

In any case, there should be reliable base-line data present or collected at the begin of the project, as indicators of achievements depend on them. It is seldom the case, leading at the end to guess work and unwarranted assumptions.
Finally, for process tracing methodology, a cross-checking of available information is needed, especially if information is of a doubtful quality. However, in country, where there is a paucity of information in general, this nearly amounts to doing its own research.

Verbal protocols are by its nature subjective and it is up to the evaluator to decide what reliable information is and not to become victim of possible interviewee's bias. Project staff and participants have in general natural tendency to show positive results of the project while other stakeholders, especially if project is rather critical to them, can react more negative. Georgian government officials have further a "natural tendency" to contribute any success to themselves and rarely admit positive influence, let alone pressure, from outside that could lead to a positive change.

In summary, the methodology is an excellent evaluation tool but consumes considerably more time and efforts than "traditional evaluation". To mitigate this, at least partially, a well informed staff and well prepared documentation beforehand is essential.

This leads to the basic question concerning choosing and informing the project holder at the start that it will be evaluated at the end according the tracing process methodology. At the moment, it is the Oxfam GB policy not to choose and inform the project at the start to prevent a bias such as extra attention to the project implementation. This however raises 2 questions:

Firstly, any project of reasonable size consists (or should consist) monitoring and evaluation as its integral part, although, many projects limit themselves to internal evaluation only, also because of budgetary constraints. Nevertheless, in theory, any inclusion of monitoring and evaluation, even internal ones, can content possible bias of an extra attention. On the other hand, the tracing process methodology implies external evaluation that can indeed increase chance of bias. Such thoughts are however mainly theoretical as many project holders start to think about planned (external) evaluation toward the end of the project only, at least in evaluator's own experience.
Second question concerns the extra attention to the project as possible bias. In the evaluator's opinion, any project should be implemented as well as possible and an extra attention of the implementing partner(s) because the planned external evaluation could be only welcomed. It should also improve own, internal monitoring, something that is often rather neglected or done very superficially.

Most importantly, the problem of lack or poor quality base line data and poor documentation should be considerably diminished.

Possible solution of the dilemma of well or not informing project holder beforehand should be a standard information provided by Oxfam GB to each of its partners the start

that the project that it can be chosen to be externally evaluated at the end according to tracing process methodology.

Finally, as the results of such evidence based evaluation can be expected less spectacular that the ones based on a priori assumptions, the project holder should be made aware of this beforehand to prevent its possible disappointment.

ANNEXES

Annex 1 – TOR
Annex 2 – List of consulted documents and literature
Annex 3 - List of visited institutions and/or persons
Annex 4 – Memorandum of Understanding
Annex 5 – Sample questionnaire
Annex 6 – Sample interview form