

Case study: Using QuIP to evaluate Tearfund’s church and community transformation programme

Tearfund
Commissioner

**Uganda, Sierra Leone,
Bolivia & Nepal**
Country of study

48
Individual interviews
per study

2016-2021
Years of study

About the project:

Tearfund’s **Church and Community Transformation (CCT)** programme aims to mobilise churches to identify the needs of individuals and the wider community. To date, Tearfund has introduced CCT processes in more than **40 countries**. The programme assists church groups to envision the change they want to create and provides facilitator training for leaders and members of the church. QuIP studies have been used in four CCT countries to explore and evaluate the impact of programme.

Why use QuIP:

CCT had been running for many years in each of the four study countries, so QuIP was used as part of **ongoing evaluation** rather than in an initial programme design or as an endline evaluation. The community-owned and less prescriptive nature of CCT as well as the lack of baseline or other monitoring data mean that it is challenging to measure the contribution of CCT using more experimental methods.

A more **outcomes-based** approach to understanding what is driving change was a key factor for Tearfund trialling QuIP, as was the method’s strength in reflecting the **respondents’ own perceptions** and voice. The QuIP interviews aimed to draw out **causal pathways** identified by respondents, to analyse and compare commonly cited causal connections across the cases and countries, and to explore reported relationships between causes and effects, specifically whether or not these linked to CCT.

Approach:

- Each study included **exploratory** and **open-ended** individual interviews with 48 respondents, as well as four focus group discussions
- Interviews were split across at least four locations in each study. Case selection of these locations often began with a **community wealth ranking exercise** with key local informants, to ensure the sample covered different household types
- Tearfund staff were involved in the research design, but in order to maintain independence they were not involved in data collection
- The interviews did not refer to CCT at any point, letting respondents tell their own stories and explain why and how they thought change had occurred
- Once interviews had been completed and analysed, the results were taken back into communities for discussion and verification in **sensemaking workshops**.
- The analysed data from each country were eventually merged within Causal Map to identify commonalities between countries

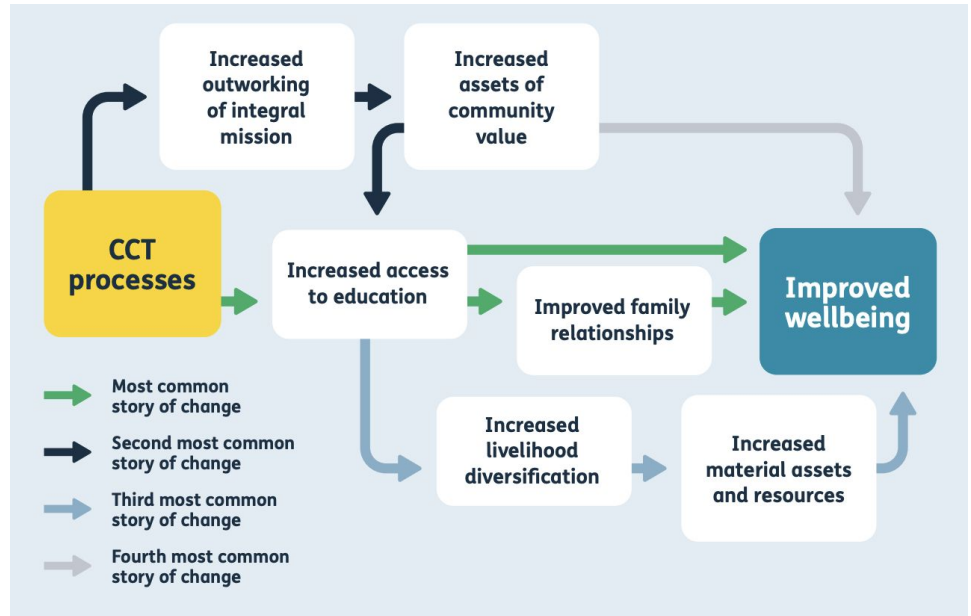


Outcome domains were based on the Tearfund CCT theory of change and common to all studies

- | | | | |
|---|----------------------|---|---------------|
|  | Access to food |  | Relationships |
|  | Expenditure & assets |  | Faith |
|  | Cash income |  | Wellbeing |

Findings:

Tearfund reviewed the merged QuIP dataset (from all four countries) to understand where they were having the most impact through CCT, by looking specifically for unprompted references of the programme made by interviewees. Attributed links were then verified in the sampled communities during sensemaking. Tearfund were keen to add a level of robustness to the evaluation by using QuIP which encourages these unprompted references to drivers of change through its blindfolded and open-ended approach.



This diagram is taken from their [final report](#) and shows the main causal pathways identified leading from CCT to improved wellbeing. Drivers of relatively intangible metrics such as wellbeing and relationships are harder to measure using more traditional approaches to evaluation. This is where a qualitative approach to understanding causal connections can provide richer and more nuanced insights than a survey.

The example map below gives an idea of how narrative data is visualised as causal maps (once coded by an analyst trained in causal qualitative data analysis) in the Causal Map app.

Community relations:

Across the studies, around a third of respondents said there had been an improvement in **interfaith collaboration** and **tolerance in their communities**. Five of the main reasons given for this improvement were linked to CCT; working together, church witness, holistic ministry, inclusion and community mindedness.

However, some negative stories of change concerning relationships were reported, particularly in Bolivia where increased tensions within the community was the most cited negative change. This was linked to conflict in community meetings over unequal access to communal assets such as water or schooling, and tension between evangelical Christian and Catholic communities regarding the consumption of alcohol at festivals. This provided useful context for the programme staff about other drivers of change influencing intended outcomes.

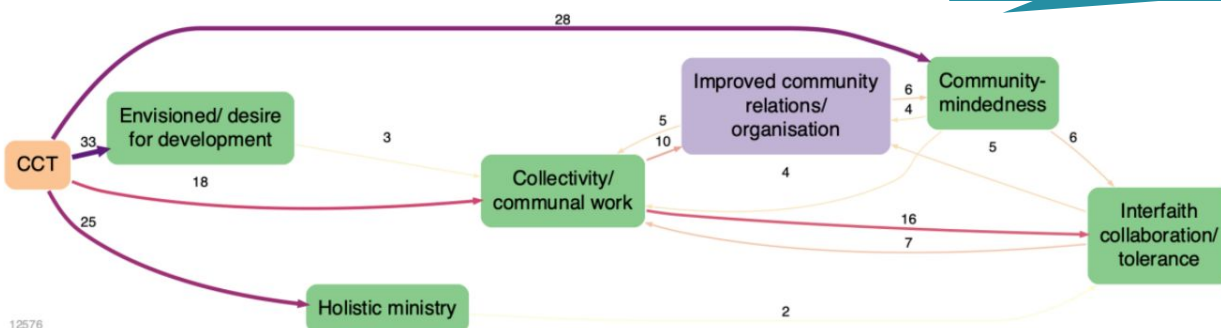
How to read causal maps:

Maps are designed to be read from left to right. The direction of the arrowhead on each link reflects the direction of causation or influence.

Above each link there is a number which represents the number of participants who made that causal claim. Numbers in factor boxes represent the total number of people who mentioned that factor - out of a total of 192 in this case. Maps have been filtered and simplified to focus on the most frequent links in relation to a particular query. All maps combine data from all four country studies.

"The roads have been constructed due to combined efforts of all religious or caste groups, which has improved the relationships among the groups further"
Interviewee, Nepal

Reported influence of CCT on improved community relations/organisation



Use of findings:

Closing the feedback loop: Tearfund took on recommendations to share and sense-check findings with each community involved in the studies. “the main thing was to share the findings and celebrate their success, reinforcing the message that ‘you have done this, not us.’ I told them we’d been a bit reticent about doing it in a way where we weren’t telling them who the research was for because people might feel we were deceiving them, but we wanted people to feel completely free to tell us about their whole wellbeing. They said ‘yes, that makes sense, because this way we could be more honest with you’. I facilitated workshops where we talked about the findings from QuIP and dug a little deeper. We got some really good stories, people shed a bit more light on things that had come up in the interviews, and it was nice to go deeper where we were unsure of some of the results. We really want this kind of buy-in from our partners because we don’t want the learning to stay with us.”

[Click here for the full Tearfund report](#)

The results from the QuIP study synthesis provided the Tearfund team with evidence to develop a formal programme **ToC** which drew upon the causal pathways revealed in the exploratory research.

At a **country-level**, use and uptake of the QuIP findings for CCT programming varied, in part due to relationships with partners and other contextual factors. Two positive examples of how QuIP findings were used by local staff:

- In Uganda respondents had highlighted how droughts and flooding were negatively influencing intended community outcomes. This finding led to action planning workshops amongst staff and church leaders, which in turn led to training being provided for leaders on environmental and disaster management. Discussions about climate change and resilience were then incorporated into the CCT design in Uganda.
- In Sierra Leone, the analysis showed differences across sampled communities; when the team dug deeper to understand why they found that one community hadn’t received the full CCT programme (the facilitator had left). This led to improved programme monitoring (increased visits and information gathering) and highlighted the need to adapt CCT across urban and rural communities. One of the ways this was incorporated was through updates into the CCT training manual in Sierra Leone (to be less rural-centric). At a training of trainers event in West Africa, the SL team used the QuIP findings to demonstrate the impact of CCT and highlight the importance of following through all steps in the process.

Fundraising and research:

Tearfund published the individual and joint QuIP reports on their website and continue to share the findings with potential funders and other key stakeholders. Tearfund hosted workshops internally (with staff) and externally (with trusts and donors) to share their learning.

The team conducted an evidence synthesis exercise for CCT using the [BOND criteria](#) and noted how beneficial the QuIP studies were in terms of evidencing their impact with rigor, respondent voice, and contribution claims, compared to other monitoring and research data sources.

The M&E team felt QuIP provided rigorous evidence that helped pave the way for buy-in for further CCT research projects (such as a recent [State of Life study](#)). The team also shared that their experience using QuIP has influenced the M&E approaches they promote; they continue to advocate for using QuIP and other qualitative and exploratory contribution analysis approaches for the value they bring in understanding not just whether something has changed, but **why and how** it has changed, and whether/how their programme has contributed to change.