

BCO IMPACT ASSESSMENT STUDY WORKSHOP
Johannesburg, 4–5 December 2006
RECORD OF MEETING

This note records discussions held and decisions taken at a two day workshop held in Johannesburg, South Africa on 4 and 5 December 2006.

The workshop formed part of the Impact Assessment process for the Building Communications Opportunities programme. It was proposed by the Impact Assessment (IA) study team, commissioned by the BCO Alliance from *ict Development Associates Ltd*, as part of its work programme to implement Components 1 and 3 of the BCO Impact Assessment study. It was convened by the BCO facilitator, Lauren Fok.

This record has been prepared by the IA study team.

Background

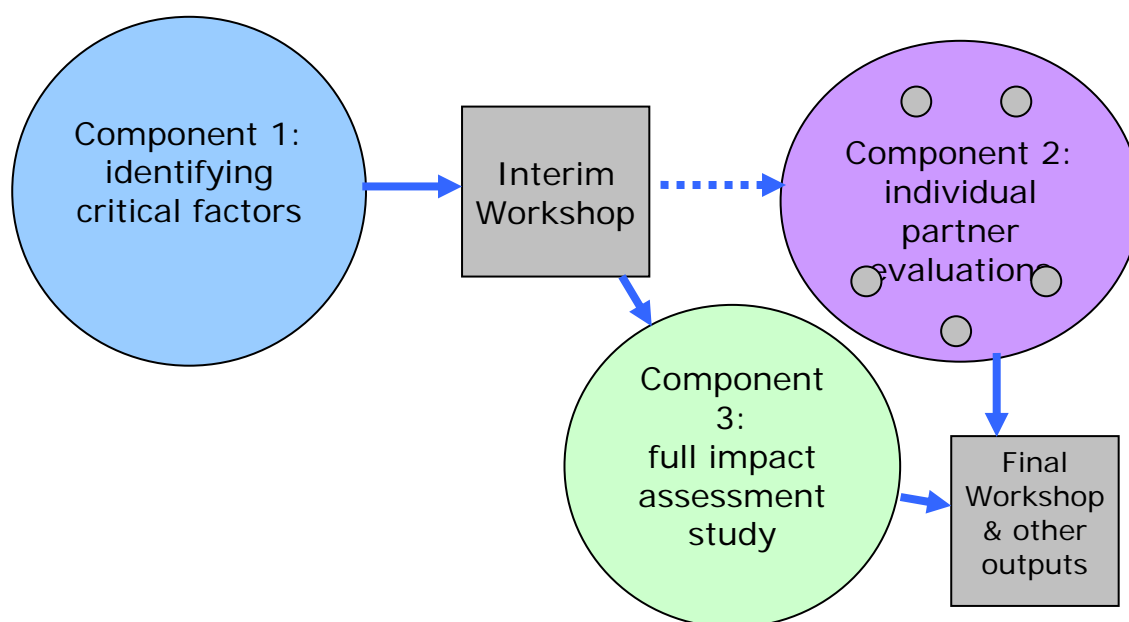
The BCO Alliance is a partnership of the following organisations engaged in information, communications and development issues: AMARC, APC, Bellanet, DFID, DGIS, Hivos, IICD, One World (Africa, South Asia and UMAL), Panos (London and South Asia) and the Swiss Development Corporation. Different partners are differently engaged within the Alliance; and a variety of funding arrangements exists between donor and implementing agency organisations within the Alliance. BCO is not a programme *per se* and BCO funding is used by implementing agencies to undertake a variety of work, mostly but not entirely within their existing portfolios. It has, however, three central objectives, which can be used as overarching guides to impact assessment. These are concerned with:

- a. mainstreaming;
- b. voice; and
- c. poverty impact.

The BCO Impact Assessment forms an integral part of the overall BCO process. Its purpose, as set out in the terms of reference for the Impact Assessment team, is to examine the work done within BCO and by BCO partners, and its relation to other information, communications and development activity, with the aim of generating:

- a. stronger project/programme design by ICD practitioners;*
- b. more support to voice and participation projects in general, and ICD interventions in particular, from donor and development organisations*
- c. evidence and greater understanding of the role of voice and participation in development*
- d. evidence and greater understanding of the impact of ICD on project interventions in strengthening voice and participation*
- e. learning by BCO member organisations about the above; and*
- f. advocacy towards the wider development community – NGOs, bilaterals, and government – to promote greater understanding of and commitment to the role of voice and participation and effective approaches to strengthening the uses of ICD to build them.*

The overall Impact Assessment process is made up of three components, as illustrated below.



The BCO Alliance has commissioned *ict* Development Associates *ltd* as the IA study team to undertake Components 1 and 3 of the study, while activities in Component 2 will be undertaken directly by BCO partners either individually or in partnership with one another.

This note reports on the interim workshop, held between Component 1 and Component 3 of the assessment. Its purpose was to:

- present and discuss the findings of the Component 1 report prepared by the IA study team;
- reach agreement on critical factors for analysis and methodology for Components 2 and 3;
- agree target outputs for the Impact Study overall;
- and consider options for a communications strategy concerning BCO which might be implemented following Component 1.

Participation in the meeting

The following five BCO partner organisations were present at the meeting:

AMARC	Marcelo Solervicens
APC	Anriette Esterhuysen, Abiodun Jagun, Natasha Primo, Chat Garcia Ramilo
Hivos	Loe Schout
IICD	Stijn van der Krogt
Panos London	Kitty Warnock
BCO_facilitator	Lauren Fok
IA team	James Deane, Tina James, David Souter, Kate Wild

The following six BCO partners were not present at the meeting:

Bellanet
 DFID
 DGIS
 One World (Africa, South Asia and UMAL)
 Panos South Asia
 Swiss Development Corporation

Agenda

The agenda for the meeting was prepared by the IA study team and agreed with the BCO facilitator. The agenda was as follows:

Day 1 4 December 2006 9:00 – 5:30pm		
Focus: Component 1: Analysis of evaluation activities Moving from evaluation to impact assessment		
Outcomes: Identification of priority areas for C2 evaluation studies Identification of priority areas for C3 Impact Assessment		
Assumptions: BCO partners will have read the report prepared by the Impact Assessment team		
TIME	SESSION	PRESENTER/S
9:00 – 9:30	Introduction Overview of workshop approach a. Format b. Anticipated Outcomes	BCO Coordination IA team
9:30 – 11:00	Component 1 (C1) evaluation study: Findings	IA team Group discussion
11:00 – 11:15	Tea	
11:15 – 13:00	C1 evaluation study: discussion on findings	IA team Group discussion
13:00 – 14:00	Lunch	
14:00 – 15:30	Component 2 (C2): - Presentation of BCO partners' proposed evaluation plans (10 minutes per partner) - Discussion (including linkages to Component 3)	BCO partners
15:30 – 16:00	Tea	

16:00 – 17:30	<p>Component 3: Identification of priorities</p> <p>Discussion based on recommendations and options presented in the IA team report</p> <ul style="list-style-type: none"> ▪ Identifying the priorities ▪ Group feedback ▪ Finalising the priority areas ▪ Methodology options 	IA Team Group discussion
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Day 2 5 December 2006 9:00 – 5:30pm		
<p>Focus: Component 3: Refinement of approach Communications strategy</p> <p>Outcomes: Agreement on C3 approach and focus areas Agreement on communications strategy</p>		
TIME	SESSION	PRESENTER
9:00 – 9.30	Review of Day 1 outcomes: reflections	BCO team IA team
9.30 – 11:00	Measuring impact: methodological approaches	IA Team Group discussion
11:00 – 11:15	Tea	
11:15 – 13:00	Communications strategy	James Deane
13:00 – 14:00	Lunch	
14:00 – 15:30	Workplan for Component 3	IA Team Group Discussion
15:30 – 15:45	Tea	
15:45 – 16:30	Way forward	IA Team
16:30 – 17:30	BCO management matters (Lauren to complete) Closure	BCO coordination

Some variations were made to this agenda during the course of the workshop, and these are reflected in the account below.

Day 1

1. Introduction and overview of workshop approach

On behalf of the IA study team, David Souter introduced the workshop and outlined the approach envisaged for the two days of discussion.

David reminded the workshop of the core impact study question which had been considered in previous meetings:

How do communications for development contribute to poverty reduction through strengthening the voices, capacities, communications and networking of the poor and marginalised, and enable them to influence decisions that affect their lives?

David outlined the objectives of the IA study team, in relation to this question, as being:

- To work with BCO partners in order to deliver:
 - **a** clear understanding of the impact which BCO activities have had in:
 - achieving overall objectives for BCO as a whole;
 - achieving BCO partners' objectives
 - contributing to empowerment and development
 - a significant contribution to understanding of ICD impact which will assist BCO partners' future work
 - learning experiences and resources of lasting value to BCO alliance members and their partners
 - conclusions and recommendations regarding future activity by BCO partners and others.

At the end of the workshop, he said, BCO and the IA study team should be clear about:

- the range and quality of evidence currently available through the BCO partnership;
- the work which is being undertaken by BCO partners in Component 2;
- the work which will be undertaken by the IA study team in Component 3;
- and the outputs to result from the Impact Study as a whole.

Participants agreed the proposed agenda and timetable for the workshop.

2. Component 1: presentation of findings

Presentation

On behalf of the IA study team, Kate Wild presented the Component 1 report and findings. This report had been developed through a comprehensive review of documentation presented to the IA study team by BCO partners, supported by interviews with members of BCO partner staff and collective analysis by the IA study team. A copy of the report is attached as a digital annex to the digital version of this meeting record.

The terms of reference for Component 1 had originally been set out as follows:

To carry out an in-depth, desk-based study and critical analysis of existing BCO partner learning studies for Component 1 with a view to extracting learning that can be used to enrich the practice of BCO partners and other development practitioners as well as decision-makers.

In Component 1, the IA study team had sought to address three main questions in what was primarily a scoping study for the Impact Study as a whole:

- What is BCO?
- What has it done?
- What have it and its partners learnt of the impact of their activities?

Kate presented and summarised the Component 1 report. The content of this report is summarised in the Executive Summary attached at the end of this meeting record (Annex A).

In presenting the report, Kate emphasised a number of guiding principles underpinning the BCO alliance. These might be summarised as follows:

- Poverty alleviation is the overall purpose of the programme
- Development is the priority, not technology
- Mixed technologies are the target, old and new combined
- Mainstreamed ICTs are the focus, meaning development sectors (e.g. health) supported by ICTs
- Networks are an organisational form that must be stimulated
- Local ownership is a means to sustainable impact on poverty
- Collaboration among international and national organisations is a means to strengthen impact
- Learning and accountability for ICT4D are continuous processes

In addressing these, she explored the critical distinction between evaluation processes, of the kind commonly undertaken within development programmes, and impact assessment of the kind which BCO sought through the current study. This might be summarised as follows:

- Evaluation
 - Short term (within project life) assessment of consequences to target beneficiaries in terms of indicators defined in project plan
- Impact assessment
 - Beyond project to lasting change
 - Beyond target beneficiaries to wider community
 - Sustainable redistribution of power and resources

The evidence base for impact assessment of ICTs and ICD globally was, she noted, generally agreed to be patchy, which inhibited widespread adoption of ICT-oriented approaches to development. BCO, she suggested, provided a good framework for exploring these issues because of the multiple interests and expertise, commitment and resources involved.

The IA team's preliminary analysis of the evidence base offered by BCO to date was presented in its report. Kate noted that there had been considerable variation in the scope and scale of materials presented to the IA team by BCO partners (ranging from over 250 resources in one case to one or none), and that there was considerable variation in the understanding which different BCO partners had of the objectives of BCO itself, the way in which BCO resources were allocated, the types of activity supported and the nature of the reporting relationship between implementing agencies and donor partners. These reflected the fact that BCO was a very loose alliance rather than a formalised programme, and that it had not been supported from the outset by clearly-defined objectives and outcome indicators.

While most BCO partners were engaged in some monitoring and evaluation activities related to BCO activities, these did not generally amount to impact assessment. She summarised the IA study team's conclusions regarding the current BCO evidence base as follows:

- There is limited experience of BCO collaborative activity
- The great majority of partners' BCO activities are more closely integrated with other activities of their [own](#) than with those of other BCO partners
- There has been limited impact assessment to date, although there is significant evaluation of outcomes from the perspective of target beneficiaries
- Learning and outreach outputs will need to build on this diversity of experience, and move towards impact assessment from evaluation if they are to be of value

This provided an adequate basis for moving on to Components 2 and 3, but not sufficient, in the IA study team's view, for BCO to initiate significant outreach activities at present.

On this basis, the IA team recommended that BCO should move towards two main outputs from the Impact Study as a whole, *i.e.* after completion of Component 3.

- **Learning output**
 - The Impact Assessment *should act as a learning study which increases BCO partners' understanding of their work and improves their ability to evaluate and assess its impact in the future*
 - Output: Learning study and tools for partners to use in future impact assessment
- **Outreach output**
 - The Impact Assessment *should build up the evidence base for ICD's impact on development, in order to contribute to national and international discourse on this issue*
 - Output: Outreach document disseminating BCO experiences

Discussion

A wide-ranging discussion followed this presentation. Among issues raised and discussed were the following:

- a. diverse objectives of different BCO partners from the Impact Assessment, in particular that some partners focused more on BCO and the IA as learning exercises, others [s](#) on their outreach potential;
- b. the difficulty of defining boundaries around BCO activity or the activity of BCO partners – for example, whether or not to include cooperation between BCO agencies which has taken place outside the BCO framework;
- c. the difficulty of defining the three core objectives of BCO (mainstreaming, voice and poverty reduction), particularly mainstreaming, and the desirability of establishing a better common understanding of these terms in relation to BCO;
- d. the need to look more closely at interactions between technologies, as well as at individual technologies, when assessing their impact on development;

- e. the possibility of focusing more attention on particular technological areas such as mobile telephony and Web2 technologies, as deployed by BCO partners in their work;
- f. the difficulty of addressing impact, which is a long-term phenomenon, over the short timescale of either BCO or the Impact Assessment Study.

Some BCO partners expressed disappointment that the Component 1 report did not go further beyond the scoping study objectives outlined by the IA study team and provide an analysis which could be used by partners for advocacy purposes at this stage. The IA team understood that it had been an objective of some partners that the IA study should lead to the publication of outreach or advocacy materials following Component 1. However, it felt that the evidence base currently available through BCO, in particular the evaluation and impact assessment materials which had been undertaken to date and submitted to the IA team, were insufficient to enable production of outreach or advocacy materials that would have credibility with target audiences. BCO partners felt that the Component 1 report should have explored this in more depth, and in particular that it would be strengthened by a more substantial and comprehensive account of the limitations of the current evidence base, and suggestions as to what could be done at present with existing materials.

Hivos asked that the Hivos section of the Component 1 report be revised to incorporate material which had recently been forwarded to the IA team and further material which would be forwarded in due course. APC also asked for some revisions to be made to the APC section of the report. Some additional collaborative activities that might be appropriate for inclusion were also raised by partners. The IA study team agreed to revise the Component 1 report in order to include these individual partner issues. IA team members held bilateral meetings with BCO partners present at the workshop, during workshop breaks, in order to facilitate this process.

An initial outline of additional work which the IA team agreed to undertake in respect of the Component 1 report was drawn up by the IA team and discussed within the workshop. This document is attached as Annex B.

It was agreed that a final note, based on this document and setting out the additional work involved, would be agreed between the IA study team and the BCO facilitator and circulated to partners following their agreement. The BCO facilitator would also seek comments from partners during this discussion to assist in defining the final workload. The IA team agreed to undertake this additional work, within these limits, on a *pro bono* basis, though any additional work beyond this would need to be funded from the contingency reserve. Assuming that the workload remained within the terms set out above, the IA team hoped to be able to submit a revised Component 1 report to BCO in mid-January 2007.

3. Component 3: identification of priorities

Presentation

David Souter presented the IA team's recommendations for Component 3 of the Impact Assessment

In introducing this presentation, David drew attention to the resources available for Component 3 and the relationship between Component 3 and Component 2:

- The present contractual arrangement for Component 3 included 75 days of consultant time, including 45 days time from the three core members of the IA study team plus 30 days of the time of additional consultants with specialist expertise relevant to the structure eventually adopted for Component 3.
- Substantially greater resources had been made available, to those BCO partners funded by DFID, for BCO partners to undertake their own impact assessment activities through Component 2.
- The value and effectiveness of the Impact Study as a whole would therefore depend very substantially on the harmonisation and integration of Component 2 and Component 3 activities. While the limited resources available for Component 3 would allow significant conclusions to be reached if an appropriate structure were adopted, this would be greatly enhanced if partners used Component 2 resources alongside Component 3.

The limited resources available for Component 3 necessitated a selective approach to the work which could be undertaken. The IA study team had prepared six alternative approaches for consideration by BCO partners, each of which would be based on assessment of three examples designed to draw out evidence and facilitate analysis of the impact both of BCO and of ICD in general. These six alternative approaches were as follows. (Examples given in this table are purely illustrative, and were not intended to exemplify actual choices that might be made.)

Approach	Illustrative examples		
	Example 1	Example 2	Example 3
A countries approach	Ecuador	Nepal	Uganda
An “objectives” approach	Mainstreaming	Voice	Poverty impact
A thematic approach	Radio	HIV/AIDS	Gender
A technology or methodology approach	Radio	Capacity-building	Multistakeholder processes (e.g. roundtables, media dialogues)
An hypothesis approach	“Inclusive and participatory communication has an impact on poverty.”	“An enabling policy and regulatory environment is essential if ICTs are to achieve impact.”	“Impact is only achieved where interventions have sufficient scale, involve multiple stakeholders and/or draw on diverse technologies.”
An outsider’s or stakeholder perspective	The viewpoint of the PRS management team	The viewpoint of the bilateral or multilateral donor	The viewpoint of the newspaper editor.

Discussion

Workshop participants discussed each of these six approaches in turn, identifying advantages and disadvantages in proceeding with each. Notes on the advantages and disadvantages identified are attached at Annex C.

Following this discussion, workshop participants were invited to identify, by ballot, which of the alternative approaches they would find:

- a. easiest to implement; and
- b. most interesting.

The outcome of this ballot was that approaches 5 and 6, based on hypotheses and on outsider perspectives were considered the most interesting, and also the most challenging, for Component 3. BCO partners preferred to accept the challenge posed by these approaches rather than more straightforward and conventional alternatives.

BCO partners requested the IA study team to work overnight to prepare a formal proposal for Component 3, based on the outcome of this discussion, which could be considered during the morning of Day 2 of the workshop.

Day 2

4. Component 3: proposal and recommendations

Presentation

David Souter presented a proposed approach to Component 3, based on the previous day's discussions, which had been prepared overnight by the IA study team. This proposal was based on the hypothesis approach (approach number 5 in agenda section 3 above).

David first outlined the objective of a hypothesis approach, as follows:

- *The purpose of using a hypothesis is not to prove its truth in the modern sense of "prove", but to "prove" in its original meaning, i.e. to test it, to question whether it is true, identify in what circumstances/contexts/settings etc. it is likely to be true, in association with what other factors etc.)*
- *It should therefore contextualise the assertion in the hypothesis, and determine the extent of its validity. It should apply evidence to the process of turning assertion into understanding.*

On this understanding, the IA team proposed that Component 3 of the IA study should examine three hypotheses, as follows:

Hypothesis 1 : Deepening democracy (Voice)

"Information and communication resources and capabilities among the poor and marginalised deepen democracy and enhance democratic institutions."

Hypothesis 2 : Facilitating markets (Poverty reduction)

"ICTs help to make markets work for the poor."

Hypothesis 3 : Empowering people to shape agendas and improve their lives
(Mainstreaming)

"Informed, inclusive and participatory communications reshape policy agendas and improve the delivery of services critical to people's lives."

It was proposed that Hypothesis 3 should be examined through the lens of one development sector, *i.e.* health (including HIV/AIDS).

A preliminary matrix for considering these hypotheses was presented, as follows:

Hypothesis	Example evidence	Organisations	Core objectives
Deepening democracy	AMARC, Panos SA Nepal; OWSA advocacy centres; Panos Raising Debate and IWR; APC civil society networks	All	Voice
Facilitating markets	IICD sustainable livelihoods; Hivos STAR programme; UMAL microbusinesses	IICD, Hivos, UMAL	Poverty impact
Empowerment, agendas and service delivery (suggested focus: health)	IICD Mali health project; Panos AIDS programme; OWSA maternity hospital; Hivos STAR programme	All	Mainstreaming

Hypothesis	Learnings include:	Target audiences / stakeholders include:	Component 2 inputs
Deepening democracy	Shared / complementary methodologies?; deeper understanding of governance processes; networks; indicators	Development sector governance specialists; civil society	AMARC studies; Panos Raising Debate and IWR; APC and IICD ICT Policy
Facilitating markets	Shared / complementary methodologies?; deeper understanding of ICTs/markets; indicators	Development economists; private sector	Hivos Zambia farmers; APC GENARDIS; OWSA livelihoods projects
Empowerment, agendas and service delivery (suggested focus: health)	Shared / complementary methodologies?; deeper understanding of interactions between information, communications, empowerment and health; networks; indicators	Health administrators and practitioners; civil society departments; health agencies and activists	Panos HIV/AIDS evaluations; Hivos NGOs and social movements (TAC);

Discussion

BCO partners welcomed the approach presented by the IA team and agreed to adopt this as the basis for Component 3 of the IA study.

Some BCO partners were keen to reach immediate agreement on methodologies for implementing Component 3. The IA study team felt it important for both BCO partners and IA study team members to reflect carefully on the hypothesis approach and the evidence base addressed before committing themselves to any detailed approach. For this reason, the IA team noted, the work programme for the IA study allowed for a significant period of time, up to the end of January 2007, for the preparation of a detailed work programme for Component 3. Full use needed to be taken of this time to develop the most effective approach to Component 3 and ensure maximum integration with Component 2.

Some preliminary discussions were nevertheless held concerning particular methodologies that might be adopted in Component 3. In particular:

a. Research studies

It was felt more appropriate to undertake the assessment of the three hypotheses separately, but that the three studies should be interlinked. They might, perhaps, be seen as three separate lenses on ICD impact.

During discussion, it was suggested that:

- each study might focus on particular experiences with which BCO partners are familiar (*e.g.* Nepal's experience of deepening democracy)
- it might be possible to review experience in each study area over a long-term (ten or twenty year) as well as short-term perspective
- work on individual hypotheses might be led by the IA team in association with one specific BCO partner (which might facilitate integration with Component 2)
- studies should look at experiences which are unsuccessful as well as those which are considered to be successful
- it would be difficult to deal with the question of attribution in establishing impact.

The IA study team agreed to bear these and other points in mind when drawing up its proposed work programme for Component 3.

b. Research questions

The IA team suggested that each hypothesis should be developed into between three and five research questions, which could look at the hypothesis from the perspective of different stakeholder groups. Representatives of such groups could be interrogated as part of the study undertaken.

The workshop discussed possible questions which might be asked in this context. Workshop participants identified a number of key issues from which they felt research questions might be drawn or on which they might be based. Suggestions made are included in Annex D.

c. "Interrogation workshops"

The IA study team suggested that it would be a useful starting point for hypothesis studies if an "interrogation workshop" were held in each of the implementing agency partner organisations, early in Component 3, at which personnel from each organisation could explore internally their views on the hypotheses and research questions. Such "interrogation workshops" might last one day overall, but be divided into different sections, for different hypotheses, perhaps with different personnel attending these different sections. This would help to involve more personnel from BCO partners in the IA study and might well significantly expand the BCO evidence base available.

BCO partners were positive towards this approach. It was agreed that IA team members would explore possible dates with individual partner organisations.

d. Overall timescale

It was noted that the timescale originally proposed by the IA study team, ending in September 2007, had been brought forward by the Hague BCO meeting earlier in the year (to around June/July). It was agreed that the appropriateness of this should be reviewed in the light of the proposed workplan for Component 3 and of BCO partners' plans for work within Component 2.

The IA study team agreed to draw up a work programme for Component 3, as envisaged in the IA study contract, by the end of January 2007.

5. Communications strategy

Presentation

On behalf of the IA team, James Deane presented Chapter 7 of the Component 1 report, concerning a possible communications strategy, for whose development he had been responsible. This communications strategy had been initially considered at the previous BCO meeting in The Hague, but had been developed subsequently through an exchange of correspondence with BCO partners, including a questionnaire.

James identified the following objectives for the communications strategy resulting from this dialogue with BCO partners:

- *to increase understanding, recognition and funding support from donor and development organisations for ICD interventions;*
- *to increase name recognition and respect for the BCO partnership;*
- *to help achieve recognition among senior level policymakers (international and country based) that compelling and credible evidence exists of the impact of ICD programming;*
- *to increase learning by the broader ICD community on what works and what does not work in ICD support, based on BCO experience.*

From questionnaire responses, he also identified the following target audiences, in order of priority:

1. Decisionmakers/funders at international level.

- Senior Bilateral agency figures (heads of agencies, economists, heads of sector desks)
 - African and other regional development banks, NEPAD, African Union, OAU, regional multilateral organisations (UNECA) etc etc.
 - Senior Multilateral agency figures and World Bank
2. Decisionmakers/funders at country level:
 - Government decisionmakers (particularly non ICD related, such as Finance/Agriculture/Health Ministries)
 - Bilateral staff at senior level.
 - Multilateral staff at senior level, particularly those involved in PRSP and related processes.
 3. ICD practitioners and organisational peers of BCO partners.
 4. Broader civil society/social movements

The following were among the critical messages which James believed BCO partners wished to convey through a communications strategy:

- *ICD is central to meeting the MDGs.*
- *Collectively the BCO has the evidence and experience to demonstrate this.*
- *We know what works and what does not in providing support to ICD programming.*
- *The ICD community is a strong, professional sector, capable of producing collective, coherent and evidence based arguments and experiences.*

In addressing these, he emphasised:

- a. that the credibility of any outreach message depended on the quality of the evidence available to support it;
- b. that any outreach message should therefore be rooted in the Impact Assessment as a whole and the evidence base which could be generated through it;
- c. that messages concerning the impact of ICD needed to be built around the understanding, interest and knowledge of target audiences, and recognise the depth of knowledge and expertise of those target audiences;
- d. that they should recognise the weakness of the existing evidence base and the poor analytical quality of much existing ICD advocacy;
- e. that, wherever possible, they should be linked with the outcomes of other ICD assessment exercises which are currently underway.

James agreed with the IA Component 1 report's conclusion that the present evidence base within BCO was insufficient to support an immediate outreach document which would have impact with target audiences. He recommended that any communications strategy should be built around the outcomes of the Impact Study as a whole. In this context, he suggested the following potential outputs for consideration by BCO:

- IA Study itself;
- production of a booklet on *The Best of BCO* or on *The BCO Experience*;
- *BCO: What we learned: a summary of learnings*
- *ICD: The Evidence – a synthesis study produced with other organisations*;
- *A summary output for translation and adaptation*

- *A leaflet*
- *A conference/event*

Discussion

There followed a wide-ranging discussion. Among points made during this discussion were the following:

- that the BCO contribution to the debate about ICD needs to be distinctive if it is to be noticed;
- that it should draw together learning and advocacy objectives;
- that it should include internal as well as external dissemination, *i.e.* dissemination within BCO partners' organisations and networks;
- that it should be professional and substantive;
- that it should address the issues from the perspective of the target audience and other ongoing ICD assessment initiatives. The possibility of publicising any IA outputs to coincide with an event was also explored.

There was also discussion about the different potential outputs raised in James' presentation. This discussion did not reach firm conclusions concerning future plans. As the IA team's responsibilities regarding this came to an end at the end of the Johannesburg workshop, this will be followed up by the BCO facilitator.

6. Component 2: BCO partner plans

The IA study team invited those BCO partners present to describe their plans for implementation of Component 2 of the IA Study.

It was noted that only BCO partners funded by DFID had earmarked funds for Component 2 activities. This applied to the BCO agreements signed between DFID and APC, IICD and OneWorld. DFID understands its PPA agreement with the Panos family of institutes, into which PPA Panos London's BCO funding was folded shortly after BCO was established, to include comparable impact assessment funding. However, this arrangement is far from clear in practice. AMARC has not received DFID funding within BCO, but is undertaking a substantial impact assessment study of community radio with separate funding from SDC, and the findings of this work are available for inclusion in the BCO IA Study.

Partners gave brief summaries of work which they have currently underway or plan to undertake in the coming year. This included some collaborative work, notably between APC and IICD; between Hivos and IICD; and between Panos South Asia and OneWorld South Asia.

The IA study team undertook to follow up partners' Component 2 plans in correspondence between the workshop and the next scheduled BCO meeting in February 2007 in order to enable firm decisions to be taken at that meeting about the scope for harmonisation and integration of Component 2 and Component 3 activities.

7. The way forward

The following action points arise from the meeting as a whole:

- a. The IA study team will undertake revisions to the Component 1 report in the light of discussions at the workshop, with the aim of completing these in mid-January 2007.
- b. The IA study team will explore further with BCO partners their plans for Component 2, with the aim of identifying where these can be effectively harmonised and integrated with Component 3.
- c. The IA study team will develop a proposed work programme for Component 3, as envisaged in the IA study contract, by the end of January 2007.
- d. The IA study team will explore with BCO partners possible dates for "interrogation workshops" as envisaged in section 4 above.

The IA study team has no contractual responsibilities relating to a communications strategy beyond the Johannesburg workshop. Any follow-up activity concerning the communications strategy is therefore the responsibility of the BCO facilitator.

BCO partners suggested that the IA study team attend the next scheduled meeting of the BCO Alliance. This is provisionally scheduled for February 2007, but no date or venue had been fixed at the time of the Johannesburg meeting. It was noted that attendance at this meeting was not included in the IA study contract and work programme, and would need to be funded from the contingency reserve.

8. BCO management meeting

The workshop ended with a BCO management meeting. This meeting was not attended by the IA study team and so is not included within this meeting record.

ANNEX A : EXECUTIVE SUMMARY OF THE COMPONENT 1 REPORT

The purpose of the Component 1 report of the BCO Impact Assessment study is to: identify the extent to which BCO partners have established an evidence base of evaluated experience from BCO-related activities, and to build on this to design options for:

- undertaking components 2 and 3 of the Impact Assessment; and
- communicating results brought to light by the study as a whole.

Component 1 has been undertaken in collaboration with each of the partners who have provided documentation, advice and information. Since it is the foundation for future work, the IA team hopes that BCO members will take the opportunity to correct any errors and supplement material presented in this report.

The report opens with an attempt to understand the nature of the BCO Alliance and the challenges and imperatives of impact assessment as a tool to make the link between poverty levels and the implementation of ICD policies and applications. This introductory chapter provides the context for the analyses, conclusions and recommendations that follow.

Chapter 2 describes the activities of BCO Alliance members in terms of resources, expertise, programmes, evaluation approaches and documentation. It attempts to identify the contributions and complementarities that they bring to the BCO Alliance – and to the IA study.

Chapter 3 homes in on evaluation and impact. It attempts to identify the work underway through ‘implementing agency’ BCO Alliance members in order to assess the results of their programmes in the three outcome areas defined by BCO: mainstreaming; voice; and poverty impact,

Chapter 4 presents the IA team’s conclusions with respect to the evidence available. It opens by identifying the two main outputs that BCO members appear to want from the BCO study:

- Learning: better understanding of what has achieved impact and of the tools that can help replicate it in the future;
- Advocacy: extending the evidence base on ICD in order to increase the commitment of policy makers and decision makers in governments and development agencies.

Some partners appear to want a collective BCO-wide message on the impact of ICD on poverty while others appear to believe that the message would be more credible coming from the individual members. These approaches are not mutually exclusive but need to be addressed differently in Components 2 and 3 with reference to the evidence base and the communications strategy.

As far as the evidence base is concerned, the IA study team believes that it does not reflect outcomes of a BCO partnership *per se* but rather a quite substantial set of experiences of BCO members acting individually. However, this does not mean that it is not possible to undertake a meaningful impact assessment of work associated with BCO or to build messages that draw on the experiences of the diverse partnership within the BCO Alliance.

Chapter 5 presents outputs and approaches aimed at achieving this meaningful assessment.

Two outputs are proposed:

- An outreach publication which draws together serious impact assessment concerning a range of diverse BCO activities undertaken by different partners.
- A set of tools which BCO Partners, collectively or individually, can use to assess the impact of ICD activities in the future.

In this chapter, the IA team illustrates the difference between evaluation and impact assessment – short, medium and long term – with reference to BCO partners’ projects and suggests a number of ways in which C3 impact assessment could be structured, taking account of the available resources and the current timeframe for the study:

- A country perspective would take a limited number of countries and assess the experience and impact to-date of BCO projects (and perhaps BCO partners) in those countries.
- An objectives cluster perspective would take as its starting point the three core objectives identified by BCO – mainstreaming, voice and poverty impact – and draw together evidence derived from across the BCO partnership on each theme.
- A thematic perspective would look at three themes within the work of BCO partners chosen from those which partners feel are most likely to reveal substantial impact or experience, or where they feel most experience/learning could be gained.
- A communications methodology perspective would take three different delivery mechanisms and would look for lessons form these methodologies.
- A hypothesis perspective would adopt the social science methodology of starting from hypotheses which are believed to be true, and using the evidence available in BCO and BCO partner activities to test these hypotheses.
- An outsiders perspective would be explicitly directed at influencing the perceptions of those in the development community who are currently sceptical of ICD.

Illustrations are provided for each of these approaches.

This chapter of the report also reflects on the C2 component and suggests ways in which it could be harmonised with the work of the IA team for discussion in the Johannesburg workshop.

In Chapter 6, a revised workplan for C3 is offered which takes account of the accelerated timeframe requested by BCO. The new time frame should be considered in the context of:

- the need to allow sufficient time for researchers to explore, with appropriate sources, the extent to which at least short-term impacts can be identified;
- enabling the research team to devote significant blocks of time to particular areas of work through the timescale available overall;
- allowing maximum harmonisation of work between Components 2 and 3; and
- maximising the value of potential outputs in relation to other work being done by other agencies.

Chapter 7 presents a potential Communications Strategy. This strategy seeks to address the promotional, communication and learning aspirations of the BCO partnership, but it aims to

root this as much as possible in the IA Study, and where activities are not solely rooted in the findings of the IA study, to be clear about where this is the case.

ANNEX B: COMPONENT 1 – REVISIONS AND ADDITIONAL WORK

The following is the text of the provisional agreement between BCO and the IA study team, drawn up during the Johannesburg meeting, setting out the revisions and additional work to the Component 1 report which the IA study team has agreed to undertake on a *pro bono* basis.

Component 1 – Summary of Status and Proposed Actions 5 December 2006

- i. There have been mixed expectations within the BCO partners, and between BCO partners and the IA team.
 - 1. The IA team saw Component 1 as a building block towards shaping Component 3 and therefore viewed the Component 1 report as a stepping stone towards developing C3;*
 - 2. Some members of BCO saw Component 1 as a stand-alone study and had expectations that it would come up with definitive conclusions, in the report and by the time of the Component 1 workshop.**
- ii. The IA team feels that the timescale available for Component 1 did not allow enough time for reflection by the team on the conclusions and recommendations, and will undertake some further analysis and reporting according to the actions proposed below.*
- iii. The present evidence base is too thin to produce substantive outcomes because of the :
 - 1. limited range of available evidence*
 - 2. limited quality and varied quality*
 - 3. the fact that most work has been evaluative, and not specifically on impacts; some are no more than project monitoring*
 - 4. the fact that there has been a diversity of methodologies and approaches*
 - 5. Most partners have not looked significantly at gathering evidence of poverty impact.**
- iv. There are areas which suggest that more could be achieved – some examples were referred to in the presentation:*

The following actions have been agreed:

- The IA team will provide a template of the information we will be pulling out at the partner level and at the BCO level;*
- Bilateral discussions will take place between the IA team and BCO partners to refine outputs;*
- The IA team will write a more detailed overview assessment of the existing evidence base for inclusion in the Component 1 report.*

- *The IA team will undertake some further analysis, by organisation, concerning:*
 1. *What is good, what is weak, with reasons and how what is available can be built on– e.g. range, quality, relevance, etc*
 2. *Are there methodological lessons to be shared?*
 3. *Learning vs evidence focus? Inclusion of some lessons learned*
 4. *What can be learnt from what is available at present; how can it be used by partners?*

This analysis will be incorporated in the scheduled final version of the Component 1 report. It is anticipated that it will add a total of approximately ten pages to the final version of the report.

Some pointers:

Case studies were not considered particularly useful among partners in discussion.

What are the valuable areas for learning? – look at areas for success and impact. (even if there is no evidence base) – use as the learning process for 2007. Including approach to IA and use the work we have done so far into the learning process.

The BCO administrator noted that it might be appropriate to use funds from the contingency reserve to support this additional work.

Provisional date of delivery: 15 Jan and then to be followed up with discussion at the February 2007 BCO meeting.

Note that participation by the IA team at the February 2007 meeting has not been budgeted.

ANNEX C: APPROACHES TO COMPONENT 3 – ADVANTAGES AND DISADVANTAGES

The following tables record the advantages and disadvantages which BCO partners identified during discussion of the six alternative approaches to Component 3 which were presented by the IA study team.

General issues

1. Longevity of impact
2. What is generic? What is contextual?
3. Is it easier to evaluate ICD initiatives over the long term rather than the short term? Why?
4. What would have happened if you (the BCO partnership) did not exist?
5. Interventions versus impacts of technologies.

Hypothesis 1 : Deepening democracy (Voice)

"Information and communication resources and capabilities among the poor and marginalised deepen democracy and enhance democratic institutions."

1. Community radio – local content; national audience
2. Which resources and capabilities are decisive in this process?
3. Do (poor) people feel empowered to voice their interest?
4. Are civil society institutions strengthened to fulfil a role in practice in decision-making processes?
5. Linking community-based organisations with local government
6. What type/level of institutions/
7. Did more poor people effectively participate in decision-making process on local and national level?
8. Are government institutions more ??? or accountable at local and national level?
9. Do building IC enabled networks – inclusive of poor and/or organisations working on their behalf – deepen democracy? accountability? transparency?
10. What are we classifying as IC resources and capacities?
11. Use of IC resources and capacities in achieving formal participation of marginalised groups – women, others.
12. Who are the poor and marginalised? What does “among the poor” mean?
13. Relationship of ownership and content and outcome
14. Relationship of process and resource and capacity
15. What does “deepen” mean? What does “democracy” contain?
16. What is democracy? – exercise of rights; formal participation
17. How do we measure depth?
18. Is there a correlation between plural communication environments and deeper democracy?
19. What linkages are required to deepen democracy?
20. Relationship between media and democracy
21. At mid-level (e.g. local government), what democratic participation processes are available for the poor to engage in? Identify role of communications in these, changes over time, perceived correlation between changes in participation and changes in communication capacities.

22. At community level, how does engagement in democratic processes correlate with info/communication processes/capabilities – both pre-existing and those introduced during project period? Changes over time.
23. At community level, what “democratic processes” (including feedback on service delivery) are the poor people (target group) involved in? (According to their own perceptions and to yours.) Before and after project activities. Changes over time including after project.

Hypothesis 2 : Facilitating markets (Poverty reduction)

“ICTs help to make markets work for the poor.”

1. Change over time, especially in relation to “adoption”.
2. The poor as consumers and producers.
3. What market opportunities (selling? purchasing?) are available in the focus area(s)? Changes over time? Correlate these changes with changes in ICT availability/use.
4. To what extent do more people have access to information?
5. Have the poor more access to market information (local, international)?
6. Can the poor use ICT to market their products?
7. Can the poor effectively use appropriate ICT tools to enhance information and communication with markets?
8. Are markets an enabling environment for the poor?
9. Has the negotiation position of the poor towards intermediaries [been] enhanced?
10. Growth or redistribution.
11. The importance of market efficiency and diversity.
12. Target beneficiaries and the wider community (including other producers).
13. Who has benefited directly from the improved market opportunities? What effect has this had on the wider community – household, village ...?
14. Reach – have ICTs extended the reach into a) new markets b) more power in markets?
15. Which markets? – local? global?
16. To what extent have markets become more accessible?
17. When does policy support come into play?

Hypothesis 3 : Empowering people to shape agendas and improve their lives (Mainstreaming)

“Informed, inclusive and participatory communications reshape policy agendas and improve the delivery of services critical to people’s lives.”

1. How do poor people (target groups) perceive their power to bring about change? – before, after, for the future.
2. Do social movements conceptualise “communication” as anything other than advocacy?
3. For a case of improved service delivery – identify critical factors for sustainability and scalability.
4. Link between services and policies?
5. Does advocating for a development and rights approach in national ICT agenda “benefit” the poor?
6. Does building “informed” national networks result in policy agendas that are more inclusive and representative of the poor?
7. What do we define as a) informed; b) inclusive; c) participatory?

8. Are decision-makers more pressured to formulate and execute inclusive health policies?
9. The poor and the poorest
10. Informed and inclusive.
11. What matters more? Reshaping or the new shape?
12. What is "critical"? How do you know?
13. National and local.
14. Has deployment of ICT [led] to improved quality, effectiveness or efficiency of health services?
15. Change in policy at national level, or change in practice at district level? Or change in culture/behaviour/power relations/access to resources at community level?
16. The role of plurality of voices in shaping social norms (including *e.g.* peaceful transition in Nepal).

ANNEX D: SUGGESTED RESEARCH QUESTIONS

Workshop participants identified a number of issues which might be included in research questions to be asked during hypothesis studies in Component 3. The following lists present the raw questions put forward by participants.

1. A countries approach

Advantages	Disadvantages
Easier to identify what has happened	Policymakers less interested
Convincing to national policymakers	Already in CATIA
Easy to map interviews <i>etc.</i>	Misses international activities
Easy to get stories and impressions	Have to go broader than BCO partners
Potential leverage in other countries	Possible duplication with other initiatives
	Ambitious
	Specific context of individual countries

2. An “objectives” approach

Advantages	Disadvantages
Mainstreaming and voice easier; interesting words; voice has more commonality	Poverty impact more consequential; mainstreaming not in APC portfolio
Opportunity to discuss different interpretations	Does it duplicate others’ work?
Would require gathering of hypotheses	Risk of “finding” what you are “looking for”
Could enrich internal learning	Needs another conjoint approach
Linked to C.I.	
Less “contested” definitions	

3. A thematic approach

Advantages	Disadvantages
Link to MDGs – on which donors are keen	Need to be very integrative
Cooperation	Too comprehensive?
Can focus on the concrete	Not broad
Easier for externals to see value	Could get lost in big issues like HIV
Easier to get long-term perspective	

4. A technologies or methodologies approach

Advantages	Disadvantages
Core of work (<i>e.g.</i> technology)	Risk of being seen as technology-led
Can address combination of technologies	Requires context
“Why study something which is self-evident?” But “what is self-evident to some is not self-evident to all.”	

5. An hypothesis approach

Advantages	Disadvantages
Interesting way to test things we say / assumptions	May require further layer of choice
If hypothesis is confirmed, "you're there"	Needs careful definition
Could help change ways of working	Could take a long time to find topic
Allows us to do something we don't do in our own M&E	More rigour and time required

6. An outsiders' or stakeholders' approach

Advantages	Disadvantages
Interrogating an assumption which is the outsider's question	How to decide which target audience?
Could help to develop argument	How do you identify what they think?