

SPTF Annual Meeting 2016: Plenary Day 2 Notes

Case Study 3: A mixed methodology approach to assessing outcomes for women in Jordan (1 June 2016)

Speakers: Kathryn Glynn-Broderick, [Women's World Banking](#); Bdour Al-Hyari, [Microfund for Women \(Jordan\)](#)

Definitions:

Kathryn said the first thing to do was agree on definitions and asked for audience input:

- **Theory of change:** Inputs, outputs, activities, outcomes, transformation, hypothesis innovation, logic, mapping
- **Outcomes:** key performance indicators (KPIs), change, results, measurement
- **Indicators:** access indicators, strategy, target, measurement, evaluation, credibility, data, transparency, evidence
- **Methodology:** quantitative, qualitative, focus groups, economic data, MIS

Background on Caregiver product from Microfund for Women (MfW):

- Started in 2010. Health emergencies were one of the three main factors that harmed the businesses of our clients, and we wanted to help them in this area.
- We did research to understand the need and the related expenses to hospitalization. Sometimes they went to the hospital because of sickness, and then they needed medicine or special diet. Sometimes they needed money for transportation to the hospital or money for lost income while they were in the hospital.
- One of main reasons for product is lack of insurance payout when woman is in hospital for childbirth.
- Details of product:
 - It is a microinsurance product, not health insurance. We work with an insurance company in Jordan
 - Clients pay for the product through a premium of 1 JD per month with their loan installments. It is mandatory for anyone who takes a loan from MfW.
 - After a client is in the hospital, she provides us proof that she was in the hospital. We pay her 15 JD, or about US \$20, per night and she can use it for whatever she needs.
- The program was in effect for five years, and then MfW worked with WWB to evaluate it. Kathryn noted that this is an exercise in looking backward, which is not always ideal. As Frances Sinha said in a plenary session, the ideal is to integrate an evaluation methodology from the beginning.

Small group discussion:

Instructions: Each table represents a different stakeholder – clients, MFI, investors and external evaluators. Thinking as this stakeholder, how would you measure answers to the following questions? If you come up with other questions, how would you measure them?

- Are women with access to, and who use, the caregiver product more likely to make loan payments on time to MfW?
- Are women with access to, and who and use, the Caregiver product more likely to use the product for health-related expenses?

Discussion:

- Investor perspective.
 - We came up with another question: How are clients responding to it? Has it been useful to them?
 - Measurement: Has this been very useful, somewhat useful or not at all useful? If you get the last answer, you would need to ask a question about how to make it more useful. Could be part of the questionnaire.
- Client perspective:
 - Measuring Question 2: qualitative approach with a survey. It would be difficult. The responses would likely differ by socioeconomic level.
 - In addition to the two questions, we thought an important question would be to find out if this product was meeting the needs and addressing the constraints you had identified up front. We're all aware of the limitations of hospital plans and the terms and conditions.
- Kathryn noted that part of the exercise is to show that research can be difficult. It's not always easy to measure.
- WWB process for measuring MFW program
 - Main question: What are the effects of the Caregiver Cash Benefit product on women's lives?
 - Empowerment is defined as the process by which women take control and ownership of their lives through expansion of their choices (Kabeer)
 - WWB analyzes outcomes for women along Martha Chen's four dimensions of empowerment:
 - Material Change: income, resources, basic needs, earning capacity
 - Cognitive Change: knowledge, skills, awareness
 - Perceptual Change: self-esteem, self-confidence, vision of future, visibility and respect
 - Relational change: decision-making, bargaining power, participation, self-reliance, organizational strength
 - Using framework, came up with research questions. Women who have used the Caregiver claims are hypothesized to:
 - Material change:
 - Make MFW loan payments on time
 - Avoid additional debt
 - Maintain current consumption levels
 - Use the product for health-related expenses

- Have more loyalty and positive satisfaction (seen through client retention)
 - Cognitive change
 - Have greater financial literacy skills
 - Perceptual change
 - Have enhanced perception of themselves
 - Contribute to the vision of her business and her family
 - Relational change
 - Make decisions for herself and her family
 - Took a mixed methods approach, with quantitative and qualitative
 - **Quantitative:** Archival analysis of over 255,000 clients and profile of client demographics. Analyze trends in loans and claims behavior from 2008-2015 loan and Caregiver claim data.
 - 255,769 unique clients who had a loan at least once
 - 317,867 loans disbursed
 - 620,448 unique loan-client combinations (with group loans are divided among individual clients)
 - Over 25,000 claims
 - 154 million daily client PAR records from January 2010-June 2015
 - **Qualitative research:** exploratory focus groups and interviews. Understand decision-making patterns and trends about loans, claims and financial decisions
 - 78 participants
 - 9 focus groups
 - 6 interviews
 - Amman branches
 - Married women, ages 20-60
 - Gender: 96% women
 - Marital status: 80% married
 - Loan type: 86% of clients have group loans. All group loan members are women.
- **Audience question:** This seems dependent on MIS data. What are the risks with that?
 - Kathryn: it's important to understand the process by which data is entered. Does the loan officer enter it directly? Is it in a private area? If you're asking private information, are clients likely to answer it accurately?
 - Bdour: The research has helped us understand what we need out of a new version of MIS, which we have just started to build. We know from experience the information we need and how we need to get it.
- **Audience question:** Why did you interview clients who have not filed a claim?
 - Kathryn: We wanted to see if they knew the product existed. If they didn't know, then we knew outcomes would be very different. If they did know about it, we wanted to know why they did not take it. For example, a few people had been hospitalized and did not fill out the claim. Sometimes, if they

- were only in the hospital for one night, they didn't want to fill out the paperwork for one night's benefit.
- Bdour: Some clients hadn't heard about benefit until months after they had been out of the hospital. We opened it up so that people could claim benefit up to one year after they had been in the hospital.

Research findings:

- Hypothesis supported: Women who have utilized the Caregiver product will make MFW loan payments on time and avoid additional debt. This effect is short-term.
- Material change: Debt. Caregiver claim benefits allow women to repay MFW loans as a result of hospitalization. Caregiver claim benefits allow women to avoid additional debt.
- Consumption-related findings:
 - Hypothesis: Qualitative explanation is consistent. Women who have utilized the Caregiver product will maintain consumption level
 - The drop in PAR30 is higher for birth claims. Clients are using their Caregiver cash benefit to pay back loans once check is received. The caregiver claim was useful to pay for food for some women and their families, as well as transportation costs while she was hospitalized.
- Health-related findings:
 - Hypothesis: Qualitative explanation is consistent. Women who have utilized the Caregiver product will use the product for health-related expenses
 - Some women used the Caregiver claims benefit to purchase medicine or comply with medical dietary requirements.
- Findings on cognitive change:
 - Hypothesis: Qualitative explanation is consistent. Women who have accessed the Caregiver product will have greater financial literacy and skills
 - Some women understand insurance concept, and product terms and conditions,
 - Several women understand calculations related to cost of loan renewal
- Findings on relational change:
 - Hypothesis: Qualitative explanation is consistent. Women who have accessed Caregiver will make decisions for herself and her family.
 - Majority of women with income-generating activities who have access to Caregiver credit have an increased perception of her decision-making within their household.
- Findings on perceptual change (self-esteem and vision):
 - Hypothesis: Qualitative explanation is consistent. Women who have used credit and Caregiver will have an enhanced perception of themselves
 - A majority of women with income-generating activities who used credit and Caregiver have a strong sense of self-confidence and vision of their future.
- Audience comment: You're saying people are paying their loans on time and you are measuring it by PAR 30. If you want to measure timely, you have to measure it by PAR0. The question depends on how you define delinquency.

- Audience question: Do you measure the difference between the premium you collect and the claims you pay for? How does it affect the institution financially?
 - Bdour: We have expanded the program to include family members. As MfW, we are doing it as a service. We don't look for benefits. We cover our costs.
- Audience question: Are there limits to how long clients can be in the hospital? Do clients abuse this?
 - Bdour: We will pay for 48 days per year, but we will pay for only 30 continuous days of a hospital visit. There are fraud cases, so we have to monitor.