

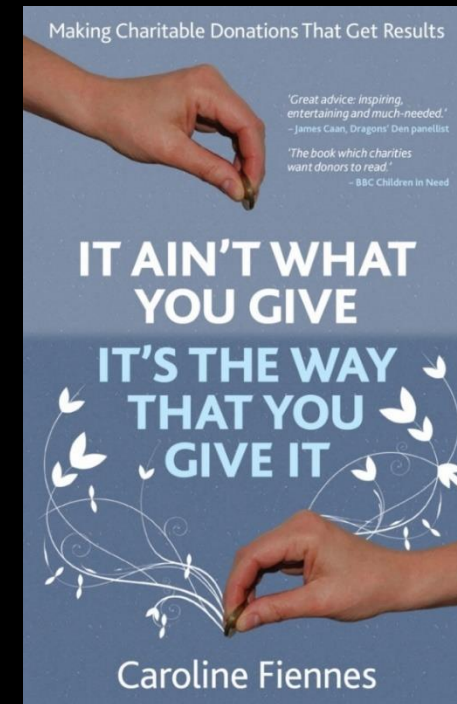
# Possibilities, Pitfalls and Problems in Evidence-based Philanthropy

Caroline Fiennes

[www.giving-evidence.com](http://www.giving-evidence.com)

[caroline.fiennes@giving-evidence.com](mailto:caroline.fiennes@giving-evidence.com)

Twitter: [@carolinefiennes](https://twitter.com/carolinefiennes)

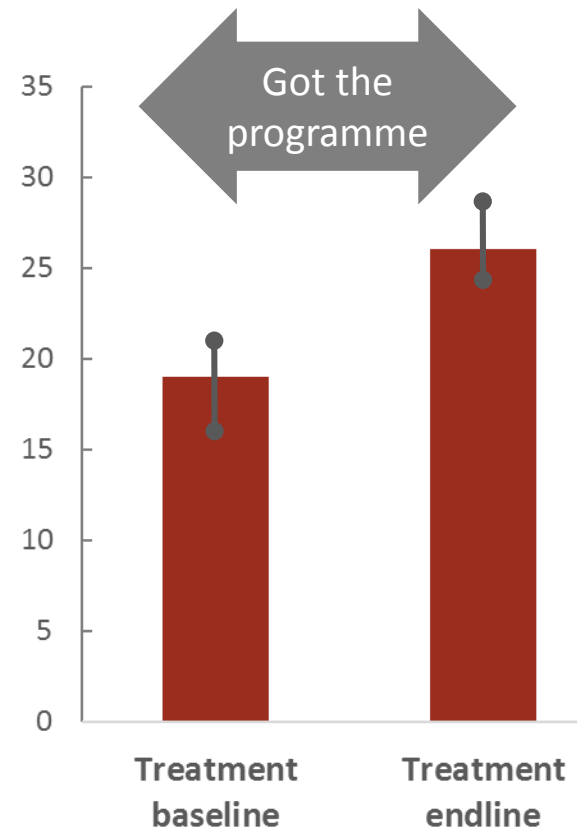


**Giving Evidence**

Enabling **giving** based on sound **evidence**

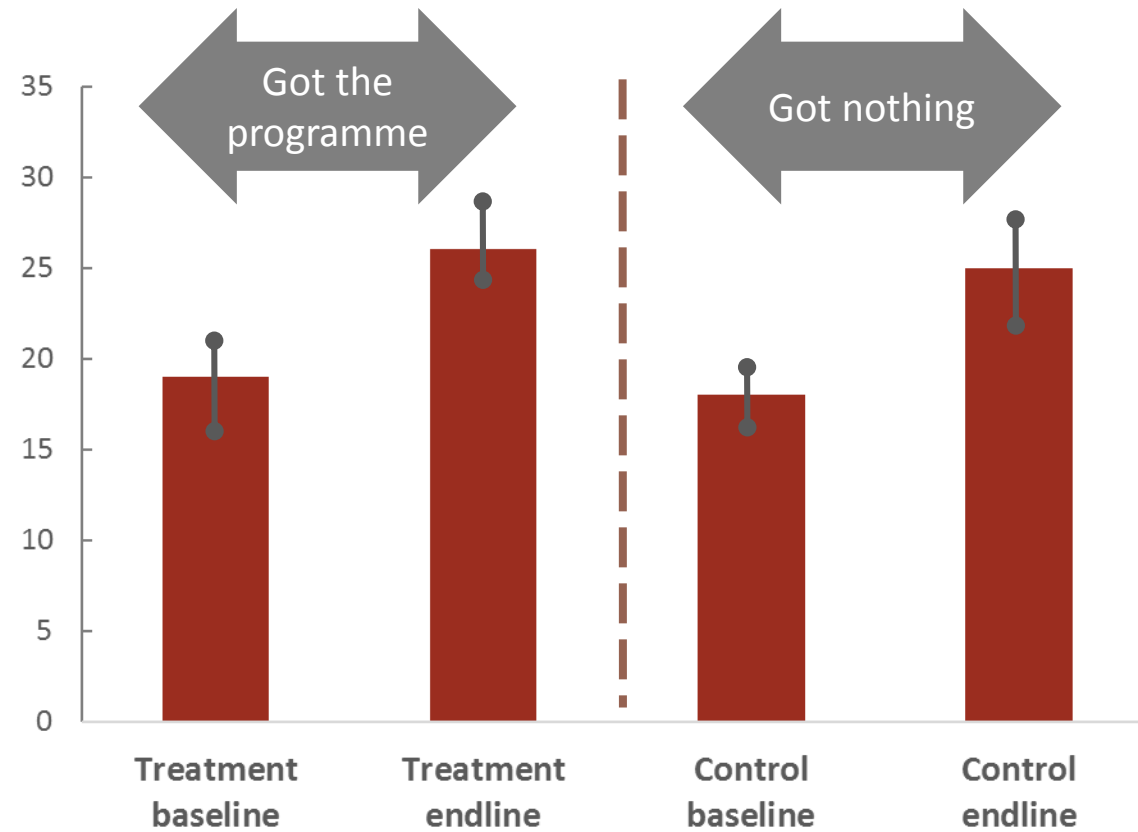


# Average Scores Before and After the Programme



Data refer to 100 schools in Pinetown District.  
95% confidence intervals are indicated.  
Source: Fleisch, Taylor, Schoer, and Mabogoane, 2015

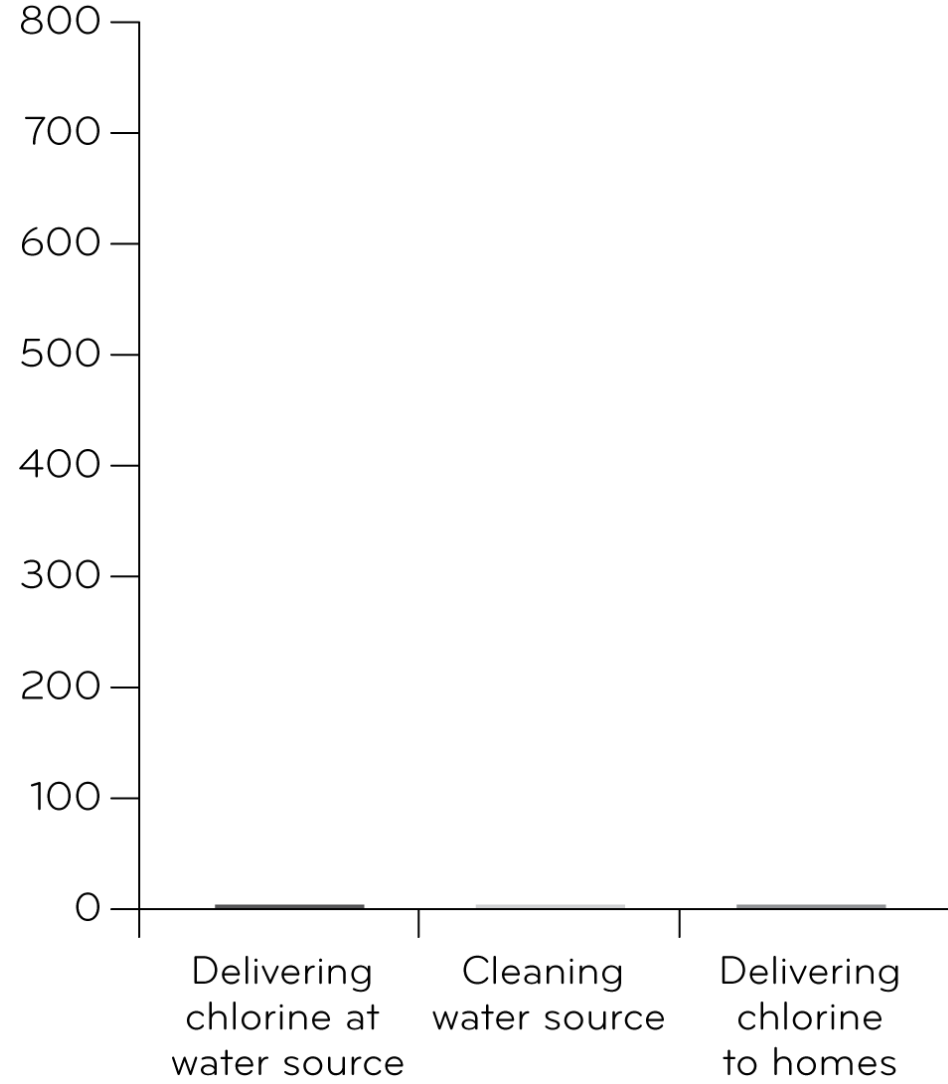
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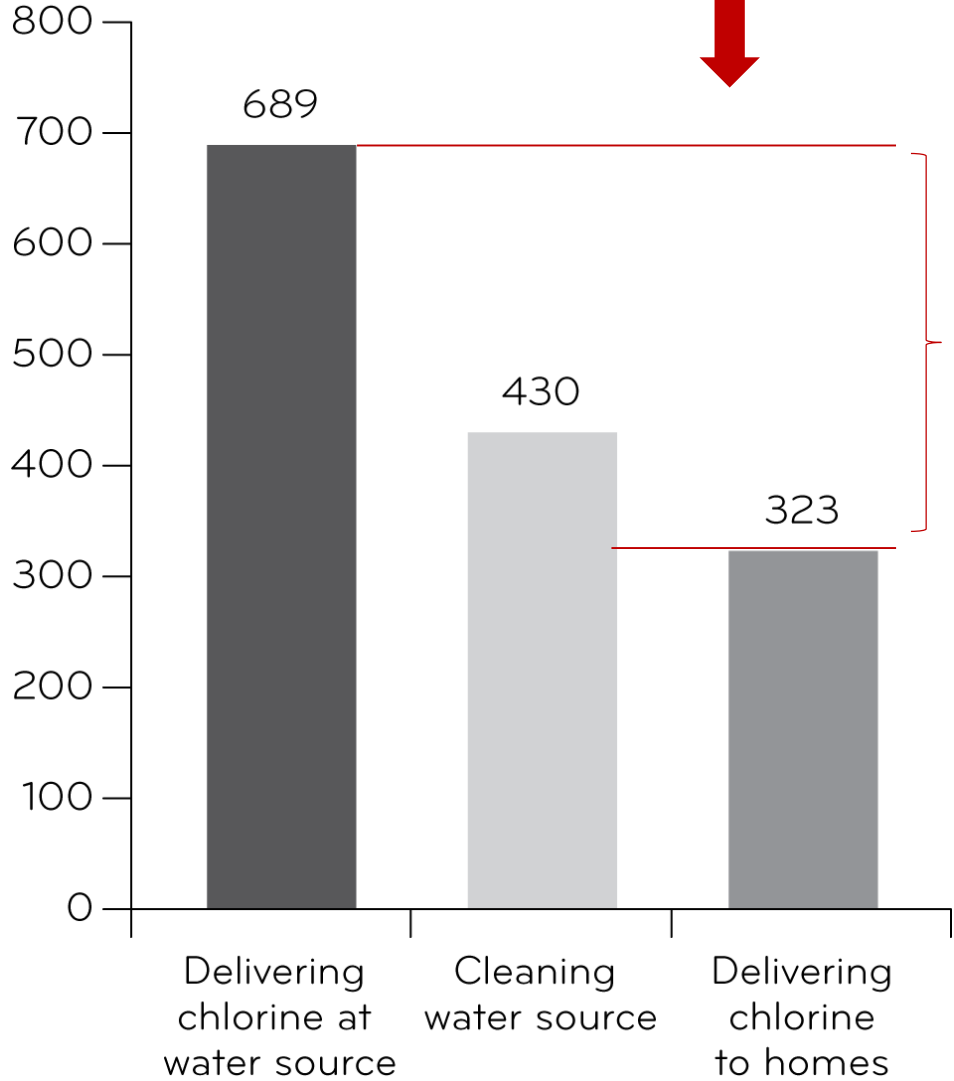


# Diarrhoea Incidents Avoided per \$1000 Spent (Kenya)



From J-PAL ([www.povertyactionlab.org](http://www.povertyactionlab.org))

# Opportunity cost!



From J-PAL ([www.povertyactionlab.org](http://www.povertyactionlab.org))

## Estimates of impact of a reading programme in India

Method	Impact Estimate
(1) Pre-post	26.42*
(2) Simple Difference	-5.05*
(3) Difference-in-Difference	6.82*
(4) Regression	1.92
(5) Randomized Experiment	5.87*

\*: Statistically significant at the 5% level

Source: Innovations for Poverty Action



“Ask an important question and answer it reliably”

-Professor Sir Richard Peto

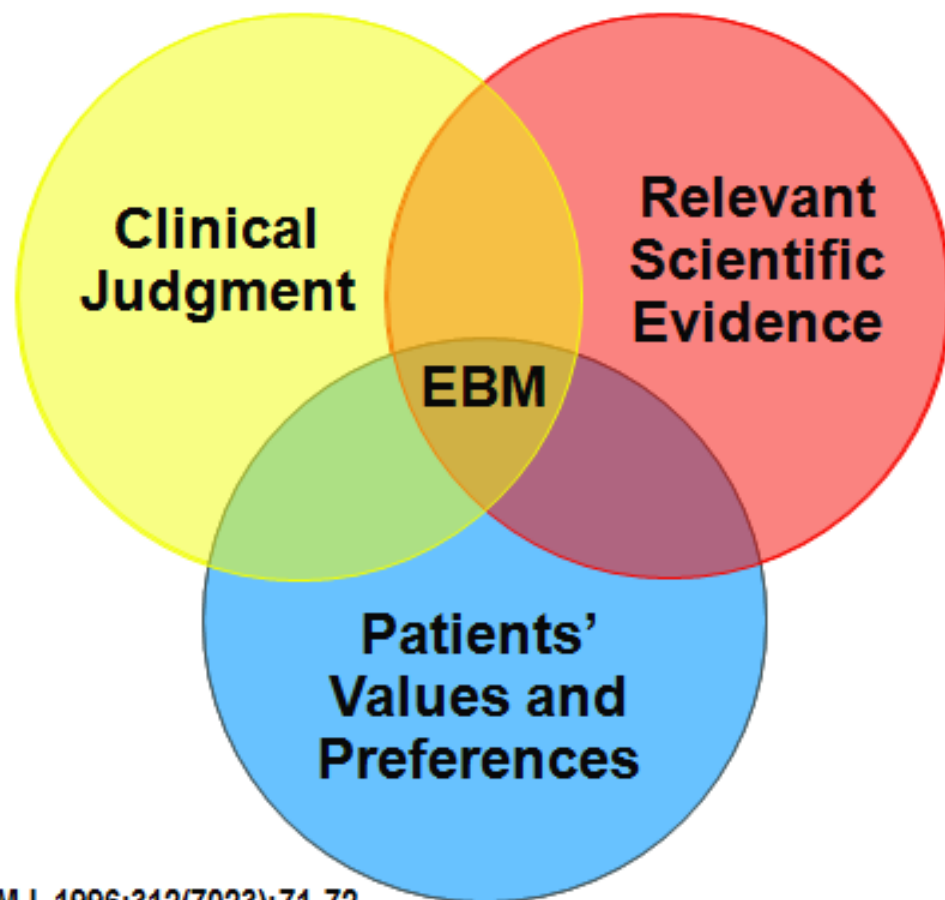
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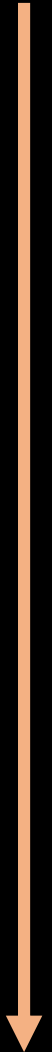
# What Is Evidence-Based Medicine?



Sackett DL, et al. *BMJ*. 1996;312(7023):71-72.

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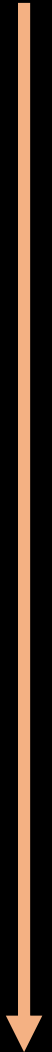
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WHY does something work / not work?	Process evaluation (did the thing actually happen?) Talk to people Hypothesize / infer



## Possibilities

- Achieve more 😊
- Find important problems
- Solve them reliably

## Pitfalls

- Use bad quality evidence, which misleads us
- Producing bad quality evidence which wastes loads of resources
- Use research from one context elsewhere where it doesn't apply
- Fail to use the evidence that already exists
- Treat people as lab-rats

## Problems

- Lots of evidence is rubbish (esp. charity-generated)
- Big gaps – esp. on what works (in which contexts) e.g.,
  - CSA
  - How to fund
- What exists can be hard to find / understand / is pay-walled 😞

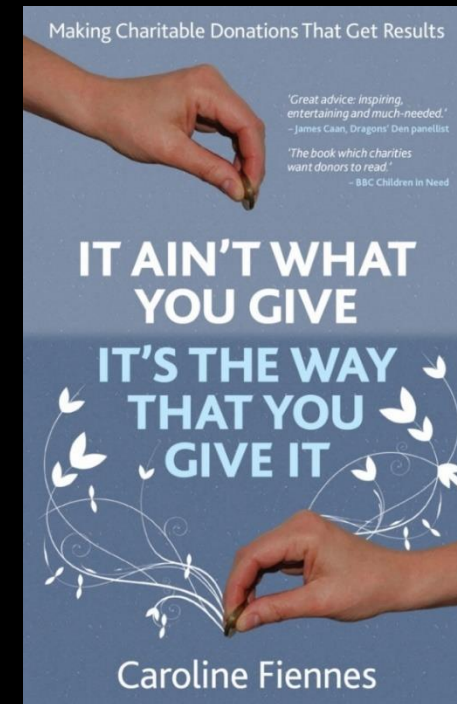
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