Glossary of Key QuIP Terms:

Attribution. Evidence that an action (X) of a named organisation or project is contributing to change in an *outcome* (Y) in the presence of other *drivers of change* (Z).

Attribution code. A code that indicates whether a *causal claim* (a) is having either a positive, negative or neutral effect on a specified *outcome*, and (b) explicitly identifies a selected organisation as the *driver of change*, is implicitly consistent with its *theory of change*, or is unrelated/incidental to it actions.

Causal claim. A proposition that a specified *outcome* (Y) was a direct consequence of a specified action (X) or (Z).

Causal driver. See *driver of change*.

Citation count. The total number of times a particular driver of change, causal claim or outcome is coded, including multiple coding for the same respondent across more than one domain (unlike the *respondent count*).

Citation intensity. The mean number of citations of a coded driver, causal claim or outcome per respondent. Hence, if C is the citation count, R is the respondent count and I is the Citation intensity then I=C/R.

Commissioner. The organisation contracting a QuIP study, and the primary user of the evidence to be collected. Responsibility rests with them to decide what sort of evidence they want, as well as when, where, how and why to collect it.

Credible cause. A *driver of change (*X), credibly causes *outcome* (Y) in a particular context if (i) is strong evidence that X and Y happened, (ii) several stakeholders independently assert that X was a cause of Y, with minimal prompting, (iii) there is no more credible counter-explanation for why they might have said this, (iv) their account of how X caused Y is consistent with a plausible *theory of change*.

Domain. A field or category of outcomes, agreed in advance with the commissioner and used to structure interviews and focus group discussions. Most studies address a set or group of domains that are consistent with a *theory of change*. For example, they may refer to different aspects of the well-being of individual intended beneficiaries.

Driver of change. An action or state (X or Z) behind outcomes (Y). These are generally self-reported by respondents, in answer to questions like *'why did that happen?' or 'what was the reason for that?'* This term is synonymous with *causal driver*. Thematic coding is used to group similar drivers together into groups or clusters.

Intended beneficiary. Those people that a specified organisation is aiming to benefit, by achieving *outcomes* specified in its *theory of change*. In the case of capacity building projects the intended beneficiaries may be organisations or associations of people.

Impact. Evidence that a specified project credibly caused a specified set of outcomes. In some cases the term impact may refer specifically to final or *tertiary outcomes*.

Outcomes. Changes (positive or negative) reported by respondents, often in the answer to the question *'during the last [specified time period] has anything changed in relation to [domain of wellbeing]?'* Since outcomes can also become drivers of change, we code primary, secondary and tertiary outcomes if required. For example, X may lead to Y_1 leading to Y_2 leading to Y_3. In this case Y_1 and Y_2 are both drivers of change and outcomes (primary and secondary). These intermediate outcomes may also be referred to by others as outputs or results, but in QuIP studies these terms are generally avoided.

Project. A specified set of activities, intervention, investments over a given period of time aimed at achieving a specified set of intended outcomes for a specified group of intended beneficiaries. This is the object of a specified QuIP study, and it is the responsibility of the commissioner to define it, as well as the theory of change behind it, as precisely as possible. Others may refer to the project as a 'treatment' but in QuIP studies this term is generally avoided.

Respondents. These are the main source of causal claims, linking drivers of change (including but not limited to project activities) to outcomes, both intended and unintended. Respondents are usually a sample of intended beneficiaries, and data is collected form them through a mix of semi-structured interviews and focus group discussions.

Respondent count. The number of respondents (usually counting a focus group as a single respondent) for which a particular *driver of change*, *causal claim* or *outcome* is coded at least once. If the same driver, claim or outcome is coded across more than one domain for the same respondent then the count remains one (in contrast to the *citation count*). Respondent counts are proxy indicators of the importance of a coded finding because they indicate how widely it was independently reported. However, as QuIP studies are usually not based on a representative sample of intended beneficiaries these counts are a weak indicator of overall significance. They are better thoughts of in Bayesian terms. For example, given prior expectations that the project is a driver of a specified positive outcome, how frequently would you expect it to be mentioned explicitly? Or how much would you modify your prior view if it was not mentioned at all?

Theory of change. The causal processes by which the commissioner of QuIP study expects a specified project to achieve intended outcomes and impact. Not all causal drivers originate with the project. Theories of change also identify incidental drivers of change and may also assess the risks associated with their occurrence or non-occurrence.