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# Designing Collective Impact for Peacebuilding

A mildly coherent rant by Frank Fredericks  
World Faith

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# Why does the world suck so much?

Our World  
in Data

## Global deaths in conflicts since the year 1400

● Each circle represents one conflict. [Data from the *Conflict Catalog* (1400-2000)]

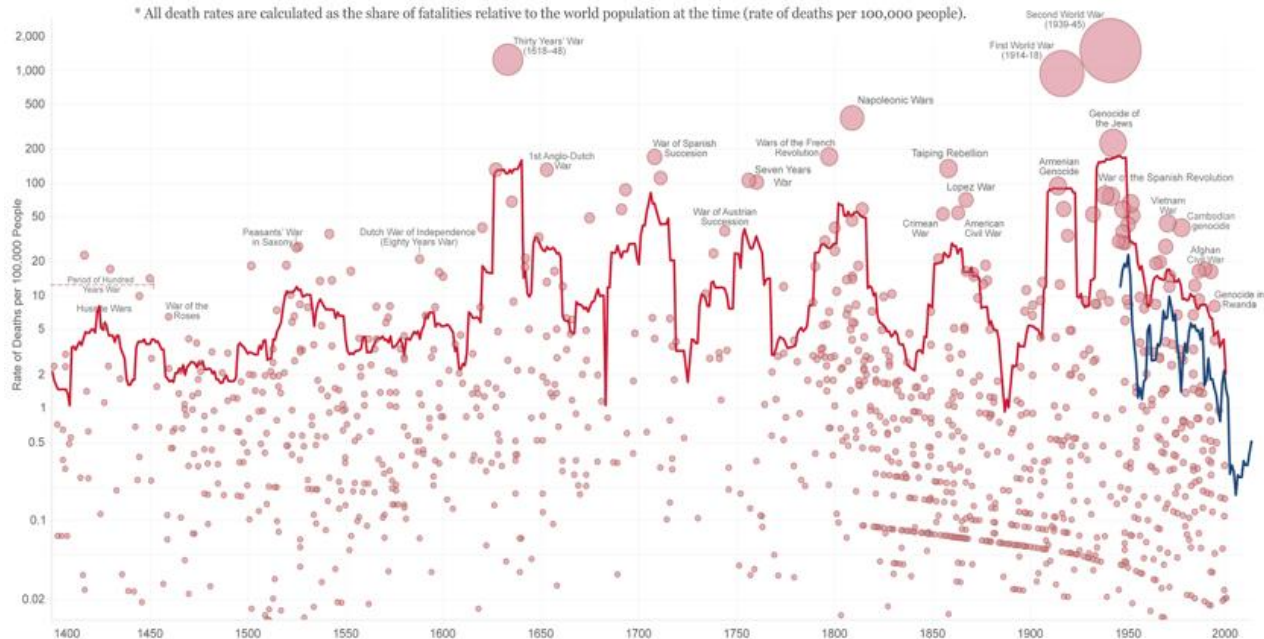
The size represents the absolute number of fatalities (military + civilian fatalities)

The position on the y-axis represents the fatality rate\* (military + civilian fatalities)

— Military + civilian death rate\* for 1400-2000 [Data from *Conflict Catalog*] – 15 year moving-average

— Military death rate\* for 1946-2013 [Data from the PRIO Institute]

\* All death rates are calculated as the share of fatalities relative to the world population at the time (rate of deaths per 100,000 people).



Data sources: Battle Deaths Dataset v.3.0. published by the PRIO institute and Conflict Catalog by Peter Brecke for data on battle deaths. And world population data from HYDE and UN.

This is a data visualisation from OurWorldInData.org. There you find more visualisations on this topic.

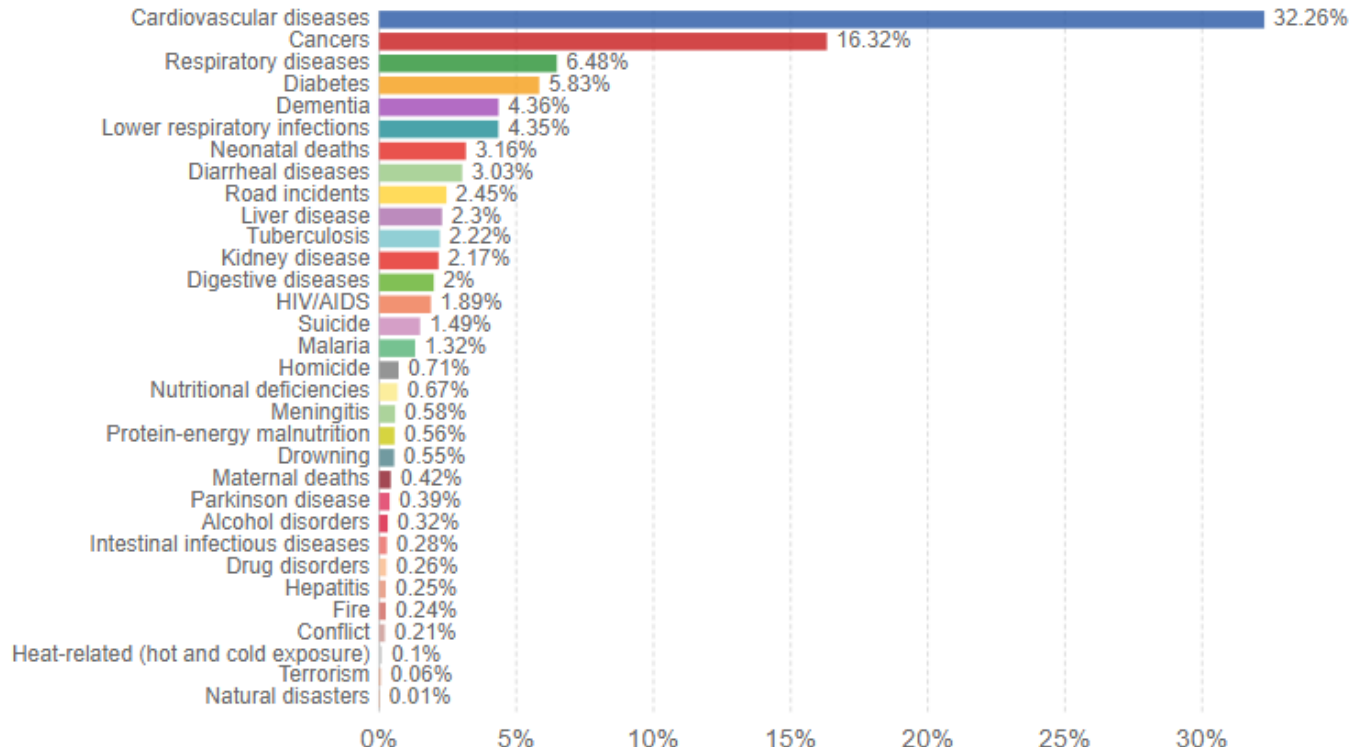
Licensed under CC-BY-SA by the author Max Roser.

# It doesn't.

## Share of deaths by cause, World, 2016

Data refers to the specific cause of death, which is distinguished from risk factors for death, such as air pollution, diet and other lifestyle factors. This is shown by cause of death as the percentage of total deaths.

Our World  
in Data



# So why it feel like we're not making progress?



<sup>1</sup>US\$14.3 trillion total cost of **violence** 2016

<sup>2</sup>US\$5.62 trillion **military** expenditure 2016

<sup>3</sup>US\$15 billion **peacebuilding** and **peacekeeping expenditure** 2015

# Because we're not. (ish)

**I believe we have three barriers to progress:**

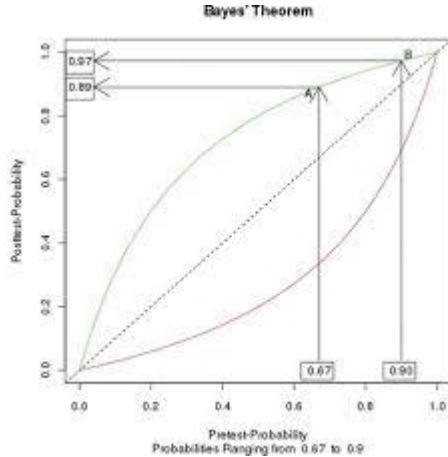
- The Challenge of Low Probability Occurrences
- Self-Reporting Issues
- Generalizability

# Low Probabilities & False Negatives/Positives

**Challenge:** If 1% of a population has contracted Disease A, and the test to identify Disease A has a 1% false-positive rate, and a 1% false-negative rate, then what percent of those who test positive for Disease A actually have it?

**Hint:** Use Bayes Theorem

# Answer:



## Bayes Theorem:

$$P(w | m) = [P(m | w) P(w)] / P(m)$$

Or in this case more simply:

$$.01(.99) / [.01(.99) + .99(.01)] = 50\%$$

# The Point: Low Probability Occurrences are Most Susceptible to False Positives.

**Nerd Talk:** If 10% have the disease, the accuracy jumps to 91.7% (correct positives), but if you drop it to one per thousand, your accuracy drops to 0.01%, or 99.99% false positives. For context, conflict deaths are anywhere between 1-in-500 to 1-in-200,000, depending on definition. You do the math.

# Self Reporting Issues

- The Sociability Effect
- The Hawthorne Effect
- Remembering Self v. Experiencing Self
- Conjunction Fallacy
- Loss Aversion

**TL;DR: WHAT WE SAY WE'RE GOING TO DO  
AND WHAT WE DO HAS LOW CORRELATION.**



# Conflict Findings may not be Generalizable

- The endless variables present in individual conflicts may may quel the possibility that findings in one conflict may be applicable in solving another.
- The methodologies used to study conflict over the past 70 years are largely qualitative, and based in psychology and sociology, which have both lower standards of proof than other fields, and are not designed to identify generalizability.
- Practitioners tend to have averse responses to proposals for generalizable findings

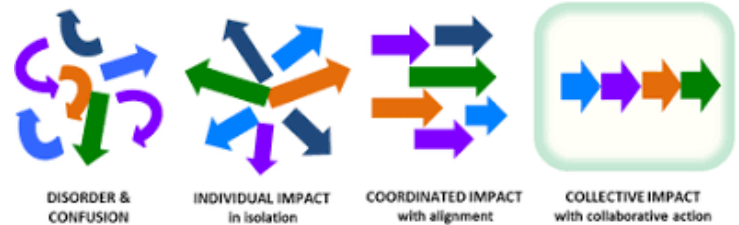
**In Short:** It's hard to find generalizable data, we're not using generalizable methods, and our field isn't receptive to generalizable findings.

# Possible Solution: Collective Impact Assessment

**What is it?** It's an impact strategy in which various organizations in a problem space come together to identify common metrics (output, outcome, and impact) to track progress across the field.

## It Requires:

- A Common Agenda
- Shared Measurement Systems
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organizations



# Collective Impact: A Case Study

## Strive, an educational nonprofit in Cincinnati

**Problem:** Students leaving high school not prepared for college or careers •

**Approach:** Developed the Strive Partnership, which collaborated in developing the Student Roadmap to Success, which outlined a series of systemic interventions

**Results:** 10% increase in graduation rates in Cincinnati since 2003; 16% increase in college enrollment rate in Covington, KY, since 2004

# How we can bring Collective Impact to Peacebuilding

1. Gather M&E practitioners to gather to identify the best existing indicators, or collaborate with researchers to identify new behavioral measures.
1. Commit to implementing shared metrics in programs and projects over an agreed period of time.
1. Use open data policies to share and gather data, opening opportunities to evaluate interventions based on geography, tactics, and programs.
1. Gather periodically to evaluate and reiterate.

# What's Needed?

# Catalytic Philanthropy

## Where could we begin?

Build an academic partnership to conduct field research with the intention of identifying a behavioral indicator for violence, or a heuristic therein, which is both scientifically rigorous, and easily replicable by practitioners.