

# Participatory Monitoring and Evaluation of Community- and Faith-based Programs:

*A step-by-step guide  
for people who want to make  
HIV and AIDS services and activities  
more effective in their community*



**Prototype Version for Field Testing  
November 2004**

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November 2004**

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Cover Image:

00-7 Durban, South Africa

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Caption: A mural in Durban, South Africa promotes awareness about HIV/AIDS in Africa at the 13th International AIDS Conference. (July 2000)

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# FOREWORD

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**Never discourage anyone...who continually makes progress, no matter how slow. - [Plato](#) (427 BC - 347 BC)**

People often feel overwhelmed and confused by monitoring and evaluation (M&E) due to the many ways to undertake it, and also because it is often assumed that only professional M&E experts can undertake such an endeavor.

The ideas in this Guide are not a mandatory M&E system with which all projects must comply. The Guide describes what is considered - and has proven to be - good practice in project M&E, with examples from your own experiences in many different contexts. Everyone can manage monitoring and evaluation; and often, everyday skills such as cooking, managing a bank account, and running a household provide you an opportunity to apply to concepts of monitoring and evaluation.

You will not find, for example, a set of common categories of impact, fixed sets of indicators or a list of indispensable methods. It is up to you as a project manager to develop these as part of your overall project development process so that they adequately reflect your local context. Having options is critical, as each HIV/AIDS project is unique. Nevertheless, good M&E does need to meet a minimum set of requirements and standards. This Guide will discuss these requirements and standards, while indicating where options are possible.

This Guide is about using monitoring and evaluation to improve the impact of your HIV/AIDS community-based interventions. The focus is on a learning approach to M&E that uses achievements and problems for better decision-making and accountability. It requires creating an M&E system that helps primary stakeholders, implementing partners and project staff learn together in order to improve their interventions on a continual basis.

Because the ultimate objective is to ensure the maximum possible benefit for communities, they are the ones best placed to assess project impact. The Guide suggests ideas for implementing this and other forms of participatory M&E.

No document, including this Guide, can hope to provide everything you need to know about M&E. Other supporting measures are needed, including training, technical assistance, incentives and adequate resource allocation. However, we hope that you find this document a useful and powerful tool for improving your work and the lives in the communities you serve.

Kristin Kalla, Director, CORE Initiative

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As with any new endeavor, this PM&E Manual greatly benefited from consultations and interactions with numerous colleagues working in the field of HIV/AIDS and development. The Editors consider that this prototype version of the manual has been positively enhanced by the stimulation, recommendations and feedback received, and wish to extend thanks to all of those individuals and organizations who contributed in this way. Now that this prototype manual has been released for field-testing, we'd like you to know that we'll call on you again to help us continue to improve and refine its contents, format and ease-of use!

The editors gratefully acknowledge collegial contributions from the following individuals: Jane Gaithuma, Program Officer (Children and HIV/AIDS), World Council of Religions for Peace; Daniel Kabira, USAID Office of Evaluation; Ron Kamara, HIV/AIDS Advisor, Uganda Catholic Secretariat; Manoj Kurian, Program Officer (Health and Healing), World Council of Churches; Fiona Samuels, Director of Evaluation, International AIDS Alliance. For editing and graphics support, the editors thank Margo Young of ICRW and Antje Becker-Benton and Lori Rosman of JHU/CCP for their contributions and unending good will.

In addition, this prototype manual greatly benefited from discussion and materials developed during a workshop hosted by the Inter-Religious Council of Uganda (IRCU) in Kampala, Uganda, and involving multi-religious faith-based organizations currently implementing community HIV/AIDS programs. These materials have allowed the editors to illustrate narrative with visual examples from everyday life. The Editors are indebted to Jim Cairns and Tsegaye Chernet of the World Council of Religions for Peace for facilitating our contact with the Inter-Religious Council of Uganda. We extend special thanks to John Byarugaba, the HIV/AIDS Program Coordinator at IRCU, and his staff for superlative administrative and logistical assistance during the workshop.

Finally, the editors thank Kristin Kalla, Director of the CORE Initiative, for her unwavering support and enthusiasm for the manual's development and field-testing.

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# LIST OF ACRONYMS

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**AIDS**- Acquired Immunodeficiency Syndrome

**ARV**- Anti-retroviral

**BCC**- Behavior Change Communication

**BCI**- Behavior Change Interventions

**CABA**- Children Affected by AIDS

**CBO**- Community Based Organization

**CCP**- Johns Hopkins Bloomberg School of Public Health Center for Communication Programs

**CM&E**- Conventional Monitoring and Evaluation

**CORE**- Communities Responding to the HIV/AIDS Epidemic

**FBO**- Faith Based Organization

**FGD**- Focus Group Discussions

**GIPA**- Greater Involvement of People Living with HIV/AIDS

**HIV**- Human Immune Deficiency Virus

**ICRW**- International Center for Research on Women

**IDU**- Injection Drug User

**IEC**- Information, Education, Communication

**M/MC**- Media Material Clearinghouse

**M&E**- Monitoring and Evaluation

**NGO**-Non-governmental Organization

**OVC**- Orphans and Vulnerable Children

**PLWA**- Person Living with HIV/AIDS

**PM&E**- Participatory Monitoring and Evaluation

**PMTCT**- Prevention of Mother-to-Child Transmission

**STI**- Sexually Transmitted Infection

**UN**- United Nations

**UNAIDS**- Joint United Nations Program on HIV/AIDS

**USAID**- United States Agency for International Development

**VCT**- Voluntary Counseling and Testing

**WCC**- World Council of Churches

**WHO**- World Health Organization

## **BE A CONTRIBUTOR TO THE PARTICIPATORY MONITORING AND EVALUATION MANUAL**

The CORE Initiative is pleased to release this prototype version of its Participatory Monitoring and Evaluation manual for field testing. The editors hope that you find the content, format and examples useful as you strive to improve the effectiveness of your community HIV and AIDS projects. As a prototype version, the manual will be tested by community- and faith-based organizations over the course of the next nine months. Once CBOs/FBOs/NGOs have tested it, the editors will revise the manual based on recommendations received from the field, so that the final version of the PM&E manual is as comprehensive and user-friendly as possible.

This manual has been especially designed for local implementing agencies. In fact, several community- and faith-based organizations provided case examples and narrative for inclusion in the prototype version, and the editors feel that this material 'grounds' the manual in reality. Now it's your turn to contribute!

Please assist the CORE Initiative in further developing this manual by providing feedback on its content, format, and ease-of-use. We'd like to hear about your organization's experience in using participatory monitoring and evaluation. We'd really like to see examples of how your project used participatory methods and tools to monitor and evaluate project activity. Have you developed a new method? Have you adapted an existing tool? Please submit your materials so that the editors may review them for possible inclusion in the manual's final version.

**Material for review by the editorial committee may be submitted to [madams@coreinitiative.org](mailto:madams@coreinitiative.org). Please label the subject as "submission of PME material." Submission by air or surface mail should be sent to: M&E Advisor, The CORE Initiative, 888 17<sup>th</sup> Street, NW, Suite 310, Washington, DC 20006, USA.**

Material that is not accepted for inclusion in the manual will not be returned, and may be used in other CORE Initiative documents.

Thank you for your interest in participatory monitoring and evaluation, and we hope to hear from you soon.

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# CHAPTER 1

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## INTRODUCTION TO THE CORE INITIATIVE

*by Sarah Degnan Kambou and Melissa K. Adams*

The Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative is a five-year, USAID-funded program, led by CARE USA in collaboration with the World Council of Churches (WCC), the International Center for Research on Women (ICRW), the International HIV/AIDS Alliance and the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP). The CORE Initiative provides technical, financial and organizational support to community- and faith-based organizations (CBOs/FBOs) and networks in order to build and strengthen broader community-based responses to the HIV/AIDS epidemic.

### **THE INITIATIVE'S MISSION**

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The mission of the CORE Initiative is *to support an inspired, effective and inclusive response to the causes and consequences of HIV/AIDS by strengthening the capacity of community- and faith-based groups in Africa, Asia, Eurasia, Latin America and the Caribbean.*

### **GOAL**

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The CORE Initiative's overall goal is *to contribute to the mitigation of the impact of HIV and AIDS at the community level by expanding and strengthening community- and faith-based multi-sectoral HIV/AIDS programming, including prevention, stigma reduction, care and support.*

## **THE CORE INITIATIVE APPROACH**

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As part of its central strategy, the CORE Initiative promotes the integration of multiple approaches as the most effective means of addressing HIV/AIDS:

1. **Public Health approaches** primarily focus on reducing risk of becoming infected by promoting behavior change, as well as on improving access to counseling, treatment, care, and other medical and social support services for those who are infected and affected.
2. **Multi-sectoral approaches** explore the impact of HIV/AIDS on development efforts and household livelihood security, and address the epidemic's root causes through a range of sectoral interventions, including access to education, food security, health services, and income-generating activities. Vulnerability to contracting HIV is inextricably linked to socioeconomic, demographic and socio-cultural factors that combine to influence, both positively and negatively, decision-making and behavior. Poverty, livelihood insecurity, gender inequality, migration and conflict catalytically shape individual and community vulnerability to HIV.
3. **A human rights approach** considers the range of rights relating to HIV/AIDS, for example, starting with rights serving to reduce individual vulnerability to HIV, such as the right to sexual health, and culminating with rights ensuring access to healthcare and social services for those infected. Key to a human rights approach is the principle of accountability: while all people enjoy fundamental rights, at the same time, they are responsible for fulfilling their duty towards society.
4. **Compassion approaches** are primarily linked to faith communities and acknowledge that people may be moved to address HIV/AIDS prevention, care and support because of spiritual value and beliefs. Religion, in all of its diverse forms, is a powerful force in human history. Just as religion's

regressive impulses can have devastating consequences in society, its progressive impulses, such as those that promote hope and healing, have been a powerful force for justice and human rights.

### **Hope and Healing as expressed in Religious Texts**

A gentle character is that which enables the rope of life to stay unbroken in one's hand. *African Traditional Religions. Yoruba Proverb (Nigeria).*

What sort of religion can it be without compassion? You need to show compassion to all living beings. Compassion is the root of all religious faiths. *Hinduism. Basavanna, Vachana 247.*

The believer who participates in human life, exposing himself to its torments and suffering, is worth more than the one who distances himself from its suffering. *Islam. Hadith of Ibn Majah.*

A human being should share in the distress of the community, for so we find that Moses, our teacher, shared in the distress of the community. *Judaism. Talmud, Taanit 11a*

Have benevolence towards all living beings, joy at the sight of the virtuous, compassion and sympathy for the afflicted... *Jainism. Tattvarthasutra 7.11.*

Those who do not abandon mercy will not be abandoned by me. *Shinto. Oracle of the Kami of Itsukushima.*

A new commandment I give to you: that you love one another as I have loved you. *Christianity. John 13:34.*

## **CORE INITIATIVE SUPPORTED PROGRAMMING**

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The CORE Initiative currently provides seed money and technical support to build capacity and expand community-led HIV and AIDS programs in select countries of sub-Saharan Africa, South and Southeast Asia. The Initiative will soon extend its coverage to countries in Eurasia, Latin America and the Caribbean. The CORE Initiative's Small Grants program emphasizes opportunities for learning and promising practices and document results. As part of good programming practice, CORE Initiative emphasizes the following principles:

- Participation by key national and regional stakeholders in decision making;
- Access to resources for organizations that have traditionally lacked access to global grants programs;
- Gender equality by supporting programs that address fundamental issues of gender inequality;
- Meaningful involvement of persons living with HIV and AIDS beyond being beneficiaries of services; and,
- Support and active participation of communities that will benefit from project activities in project development, implementation, management, monitoring and evaluation.

## **PROGRAMMATIC FOCUS AREAS**

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### ***Care and Support***

One of the focus areas of the CORE Initiative is increasing the capacity of households and communities to provide comprehensive care, support, and

#### **CORE Initiative Focus Areas:**

- Care and support, including orphans and vulnerable children;
- Stigma reduction; and,
- Prevention.

treatment since people infected with HIV continue to lack access to effective and appropriate care services in their homes and communities. Care and support also relates to orphans and other vulnerable children (OVC). Of particular concern is care for OVCs and long-term mechanisms that must be established in communities to support them, as well as provide support and encouragement to the women and elderly who are increasing fulfilling the role of caretakers. Children affected by AIDS (CABA) also face both short and long-term demands, which threaten their health, education, and development.

When my cousin was dying of AIDS, he found it easy to tell his family and friends about the disease. In his final days, we gathered the family to say goodbye. We asked him what he wanted to happen at the [funeral] service, and he said, 'I want you to tell them the truth that I died of AIDS.'

At his funeral, my grandmother walked to the front of the church and laid her hand on her grandson's coffin, and said, 'My grandson no longer has to suffer with AIDS.' Then, with her hand still on the coffin, she turned to the pulpit and said to the preacher, 'Now talk to them freely about this disease. To us, it is not a shame.'

*The Reverend Professor Maake Masango*

*WCC Global Consultation on HIV and AIDS, Nairobi, November 2001*

## **Stigma reduction**

Stigma and discrimination are two key barriers to effective community action against HIV/AIDS. The CORE Initiative addresses both the primary stigma (against people living with HIV/AIDS) and the secondary stigma (against those affected by

the disease, including orphaned children, women caregivers, and the elderly).

Focused anti-stigma programming including encouraging the involvement of people living with HIV/AIDS across program implementation is critical since recent evidence suggest that the Greater Involvement of People Living with HIV/AIDS (GIPA) Guidelines are not fully practiced by many organizations.

### **Types of activities undertaken by CBOs and FBOs include:**

- ✓ Supporting community dialogue and mobilization around issues of stigma and discrimination;
- ✓ Conducting research examining the causes and manifestations of HIV-related stigma;
- ✓ Designing of stigma reduction interventions.

## **Prevention**

Prevention continues to be the mainstay of an effective community response to HIV/AIDS, this means both reducing transmission of the virus through appropriate protection methods

### **Types of activities undertaken by CBOs and FBOs:**

- ✓ Ensuring the use of universal precautions;
- ✓ Prevention of parent-to-child transmission;
- ✓ Abstinence/delayed sexual debut;
- ✓ Partner reduction/promoting faithfulness;
- ✓ Promotion of condom use and education.

(e.g. abstinence/delayed sexual debut,

faithfulness/partner reduction, correct and consistent condom use, risk reduction for IDU and prevention of PMTCT) and addressing the social factors that leave communities vulnerable to risky behavior, such as lack of information and education, gender inequality and poverty. The CORE Initiative is addressing individual and community behaviors and norms for risk reduction and social change, and helping people to address barriers to change through comprehensive and multisectoral approaches as well as advocacy addressing the political and economic context.

## **THE CORE INITIATIVE SUPPORT FOR NETWORKING AND EXCHANGE ONLINE TECHNICAL RESOURCES**

The CORE Initiative Clearinghouse is the main mechanism to facilitate the virtual networking and exchange of CBOs and FBOs in order to increase community level application of better practice programming in HIV/AIDS prevention, care and stigma reduction. In its efforts to increase and strengthen networking, access to and exchange of HIV/AIDS-related information and better programming practice among CBOs and FBOs , the CORE Initiative has developed the following electronic resources:

***CORE Initiative Email Forum:*** The CORE Initiative provides a unique forum for members to share news and views on HIV/AIDS specifically as they pertain to community and faith-based organizations globally. Members are encouraged to exchange information about grant opportunities, information resources, projects and programs, as well as upcoming conferences and events. Members are also invited to post information about their work and interests and pose questions to other forum members. To subscribe to the email forum, please visit the link below and follow the instructions:

[http://www.coreinitiative.org/core.php?sp=forum\\_subscribe](http://www.coreinitiative.org/core.php?sp=forum_subscribe)

**CORE Initiative Selected Tools List:** The Selected Tools List is a collection of online resources that have been chosen by the CORE Initiative staff and partners for use in the field. Arranged by subject for easy access, the list includes various training manuals, curricula, tool kits, guidelines, and bibliographies that can be downloaded, and used for state-of-the-art HIV/AIDS prevention, care and support, and stigma reduction activities. To browse the Selected Tools List go to:

<http://www.coreinitiative.org/Resources/SelectedTools/SelectedTools.php>

**Health Communication Materials Database:** The Media/Materials Clearinghouse (M/MC), at the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs, Health Communication Materials Database gives access to the world's largest, most comprehensive and rapidly growing collection of HIV/AIDS health communication materials. Easily searched by subject, country, medium, language, or producer, the database includes posters, pamphlets, training materials, videos, audiotapes, flipcharts, and novelty items. The Health Communication Material Database can be found at the following link:

[http://www.coreinitiative.org/core.php?sp=CORE\\_HCM\\_search&ref\\_crmb=Resources&ref\\_id=resources\\_core](http://www.coreinitiative.org/core.php?sp=CORE_HCM_search&ref_crmb=Resources&ref_id=resources_core)

**List of Electronic Periodicals:** The CORE Initiative has created this list of free online peer-reviewed biomedical journals and newsletters for those interested in the many aspects of HIV/AIDS education, prevention, treatment and policy. The peer-reviewed journals offer free online content in the form of abstracts, tables of contents and select full text articles. The available free online materials offered by each journal are listed. The newsletters are from a variety of governmental, non-governmental, community and faith-based organizations. They require that the user have an e-mail address to subscribe. The list of free online journals can be found at:

[http://www.coreinitiative.org/core.php?sp=core\\_eperiodicals&ref\\_crmb=Resources&ref\\_id=resources\\_core](http://www.coreinitiative.org/core.php?sp=core_eperiodicals&ref_crmb=Resources&ref_id=resources_core)

**List of Web links:** The CORE Initiative provides links to Web sites of a variety of organizations working in the area of HIV/AIDS. Links are sorted into related topics such as: general information, databases, people affected and infected, community responses, faith-based response, advocacy, prevention, care, support & treatment, stigma reduction, research, monitoring & evaluation and training. Links can also be searched by Organization Name, Country, and All Fields. To access the links list, go to:

[http://www.coreinitiative.org/core.php?sp=core\\_links&ref\\_crmb=Resources&ref\\_id=resources\\_core](http://www.coreinitiative.org/core.php?sp=core_links&ref_crmb=Resources&ref_id=resources_core)

**Links to all of these resources are also available on the CORE Initiative website: <http://www.coreinitiative.org>**

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# CHAPTER 2

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## MONITORING AND EVALUATION AS A PROCESS

*by Lakshmi Goparaju, Meera Kaul Shah and Sarah Degnan Kambou*

### Monitoring and Evaluation: Definitions

**Monitoring** is an on-going activity during the life of the project. It is through monitoring that the project is able to determine what progress has been made in relation to the work plan. Monitoring helps in ascertaining whether the project is on track, and also in determining whether the project needs to make any changes in its strategies or activities so that it can be as successful as possible.

**Evaluation** determines how successful the project has been in meeting its objectives, as well as in assessing the impact of project activities on desired outcomes, like knowledge or behavior. Project evaluation begins with a baseline survey which is carried out before project activity begins; project evaluation concludes when data are collected again through an end-of-project survey, and then compared to baseline information. When funds allow, some projects also have a mid-term evaluation which occurs half-way through the project's implementation.

## TWO APPROACHES TO PROJECT DESIGN AND IMPLEMENTATION

The CORE Initiative promotes participatory approaches to project development and implementation because it seeks to involve people who will take part in and will be affected by a project throughout the entire process, from defining the goal to evaluating the project's impact once it has ended. This is in contrast to a more conventional approach, where people who are not part of the community—such as donor representatives or external consultants—are primarily responsible for identifying needs, developing a general project concept, providing money and other resources, then monitoring and evaluating project activities. While it is true that a local CBO or FBO or NGO plays a key role in project implementation, with the conventional approach, there is

typically limited or very little input from beneficiaries or participants at the initial stages when the project is being developed.

As opposed to conventional approaches, participatory design, monitoring and evaluation promote and sustain relationships between and involvement of different stakeholders, within and outside the CBO and FBO. Involving the community from the very beginning ensures that the project evolves around people's felt needs, and is therefore more responsive and adapted to local conditions. The participatory process also builds and promotes the community's ownership of the project. These are important factors that contribute to the success and sustainability of any community activity. In some cases, the participatory process will promote change in individual attitudes and community norms, since the project development and implementation process necessitates that community members reflect and analyze their own attitudes, beliefs and behavior. And participatory monitoring and evaluation is in itself a capacity-building activity—it builds CBO and FBO and community capacities not only in design, monitoring and evaluation but also in project management.

## **THE PROJECT CYCLE: CONVENTIONAL VERSUS PARTICIPATORY**<sup>1</sup>

What is a project cycle? Project cycle refers to the process through which a project evolves, from its outset to completion. In the early stages of project development, certain steps logically precede others; for example, it is critical to collaborate with community members to identify needs before thinking about activities and strategy. But once a project is underway, it is desirable to learn from

### **Phases of the Conventional Project Cycle**

1. Needs Assessment or Appraisal
2. Project Design
3. Baseline Data Collection
4. Project Implementation
5. Monitoring and Reflection
6. Evaluation
7. Documentation

<sup>1</sup> Adapted from UNFPA. 2000. The Program Manager's Monitoring and Evaluation Toolkit. Office of Oversight and Evaluation. New York.

your experience and adapt the project's strategies and activities as you go. Typically, a project organized along more conventional lines, that is, with limited involvement of beneficiaries, goes through seven phases as shown in the text box on the previous page.

The project cycle for a participatory project is somewhat different from that used in a conventional project.

### **Phases of the Participatory Project Cycle**

1. Participatory Appraisal
2. Participatory Planning and Project Design
3. Participatory Development of Baseline Indicators
4. Participatory Baseline Data Collection
5. Participatory Monitoring and Evaluation Plan Design
6. Participatory Implementation
7. Participatory Monitoring and Review
8. Participatory Evaluation
9. Feedback and Participatory Decision-making

As can be seen from the text box on the left, a participatory project builds on the involvement of the community at every stage of the project process. It's important

to point out here that participatory development is an incremental process – i.e. it builds, and grows, step by step – and it is best to follow these steps in a sequence. The best results are achieved when a project adopts a participatory approach as a way of working, i.e. follows a participatory approach at all stages of the project. There are limited benefits in trying to introduce participatory monitoring in a project when the project was not designed with the active participation of the communities it wants to serve. Therefore, if a CBO or FBO is interested in introducing PM&E in its project, it is best to start with participatory design and planning.

## **COMPARING CONVENTIONAL AND PARTICIPATORY M&E**

Participatory development is not a new idea. Considerable experience exists around the world in participatory development processes. The 1990's in particular witnessed an explosion of new ideas, methods and experiments in participation. There also exists a rapidly growing body of literature on

participatory development. However, on closer examination, little of this literature relates to participatory appraisal, and only slightly more to implementation and evaluation. There is a general dearth of documentation on participatory monitoring. The focus of this manual, therefore, will be on participatory design, monitoring and evaluation. In this section, the reader will learn about the major differences between conventional M&E and participatory M&E.

Both conventional and participatory M&E seek to determine if a project is on course and whether the project has achieved or will likely achieve the objectives set out in the beginning. The difference between the two M&E approaches is that with conventional M&E the donor and implementing agency usually drive the process. Naturally, donors and implementing agencies need information on a regular basis to judge how well a project is performing. Just as CBO and FBO field staff have an obligation to report back to their own headquarters, donors must also report back to their governments on the results produced by foreign assistance money which has been invested in development projects. These findings are then used to determine future funding decisions at global, national and local levels.

In light of their information needs, once the project is designed, the donor and/or implementing agency define expected outcomes, and designate indicators against which to measure achievement as well as the acceptable means of measurement. The donor also defines reporting frequency – how many times a year a report must be filed.

What tends to happen is that CBO and FBO staff who collect monitoring data are not always sure why they are collecting the information, and pass it up the chain of supervisors until it is eventually incorporated into a report for the donor. Monitoring data collected under these circumstances are not often analyzed by field staff and are therefore infrequently used to make decisions

about adapting the project’s strategy or activities. At the end of the project, the donor normally requires an external project evaluation, which is carried out by a team of experts who visit the project site and collect the necessary data. While many donors recognize the importance of sharing evaluation reports with development partners and local communities, it is not unusual for these stakeholders to not receive a copy.

### Conventional M&E



Participants representing a range of faith-based organizations in Uganda assisted the CORE Initiative in developing materials for the Prototype PME Manual. In the above diagram of conventional monitoring and evaluation, the participants depict a Program Officer (PO) on the right meeting with the community in a focus group discussion and gathering the required information she or he needs to report to the donor. The PO processes the information, and sends it to the implementing faith-based organization which in turn sends the report on to the donor who may or may not respond. From the arrows, we see that the flow of information is uni-directional – going in one direction – from the community up to the donor. The community’s contribution is limited in that they are simply providing the requested information, but have no role in how that information may be used.

Not surprisingly, with such an approach, monitoring and evaluation typically are viewed as an unavoidable burden carried out for the sole purpose of reporting to the donor. One factor contributing to this situation is lack of ownership: the beneficiary community and the CBO and FBO implementing the project do not have a defined, respected role in the overall process. The community plays no role except to provide information when they are asked,

and the CBO and FBO play only a passive role in collecting and providing information to the donor. Furthermore, the project beneficiaries do not stand to benefit from the process even indirectly, since this information is not usually shared with them. When the monitoring indicators and plan are determined externally, it's not easy for project beneficiaries or the implementing CBO and FBO to tap that information for their own benefit. Simply put, with conventional M&E, those implementing or participating in the project are denied ownership over the process and generally derive few, if any, benefits from M&E efforts.

**Reminder:** Participatory Monitoring and Evaluation is an integral part of the participatory project design and implementation process. It works best when the entire project process, from planning to the final evaluation, are carried out in a participatory manner.

**Participatory monitoring and evaluation** significantly differs from conventional M&E in that the community, beneficiaries and people involved in designing and implementing the project, are involved in monitoring and evaluation throughout the project's duration. In the monitoring process, in consultation and collaboration with donors, the community and beneficiaries together with implementers decide what will be monitored and how the monitoring will be carried out. They together analyze the information gathered through monitoring and assess whether the project is on track in achieving its objectives. Based on this information, they decide together whether the project should continue in the same direction or if it needs to be modified.

Participatory monitoring enables project participants themselves to generate, analyze and use information for their day-to-day decision-making as well as long term planning.

In participatory evaluation, just as in participatory monitoring, the beneficiary community and CBOs and/or FBOs together decide how to conduct the

evaluation – its timing, scope, methodology and so on. The group also determines what they would like to find out through evaluation; in other words, they decide the issues and indicators that will be covered by the evaluation; they help formulate the questions to be asked; they participate in collecting and analyzing data, and presenting the findings. If a project follows a participatory approach from the beginning, it's easy to carry out a participatory evaluation at the end.



In this visual, participants from the materials development workshop held in Uganda show how with participatory monitoring and evaluation, the flow of information is multi-dimensional. First, information is generated and shared at the community level through a focus group discussion. Then, it is processed by the Program Officer/group facilitator and shared with the implementing FBO who in turn reports back to both the community and the donors. The community is more involved in the process and the information is used at all levels to make decisions about the project.

While conventional monitoring and evaluation focus on measurement of results – service delivery, information dissemination, behavior change and so on – participatory monitoring and evaluation focus on both results and process. The main characteristics of this process are inclusion, collaboration, collective action and mutual respect. Participatory M&E encourages dialogue at the grassroots level and moves the community from the position of passive

beneficiaries to active participants with the opportunity to influence the project activities based on their needs and their analysis. In addition, information is shared both horizontally and vertically within the implementing organization. It is generated by the community group and shared first with the larger community, and then with the donor. In contrast to conventional monitoring where information moves vertically – from the CBO or FBO to the donor – in participatory monitoring, information is much more widely shared, particularly at its source which is the community.

***Observations on the value of PM&E from Peter Muyingo, Monitoring and Documentation Officer, GOAL Uganda:***

“If there is willingness and resources to actually do PM&E, it would be beneficial because one is using local people who are in the field, doing the actual work, and they have a stake in the outcomes. PM&E enables them to shape the actual program and be involved in its evolution. This gives staff and volunteers a feeling that the project is not simply imposed on them, but is participatory with a joint decision-making process.”

From his experience with PLAN in Uganda, Peter notes that PM&E requires a lot of resources in terms of money, time and skills, and such resources may not be readily available in many FBO settings.

Françoise Coupal (2001), an expert in participatory monitoring and evaluation, summarizes the differences between conventional M&E and PM&E in the table on the next page.

Table 1. Conventional M&E vs. Participatory M&E

	<b>Conventional M&amp;E</b>	<b>Participatory M&amp;E</b>
<b>Who Initiates?</b>	Donor	The donor + project stakeholders
<b>Purpose?</b>	Donor Accountability	Capacity-building, increase ownership over results, multi-stakeholder accountability
<b>Who Evaluates?</b>	External Evaluator	Project stakeholders assisted by a PM&E Facilitator
<b>Terms of Reference</b>	Donor with limited input from project	Project stakeholders
<b>Methods</b>	Survey, Questionnaire, Semi-structured interviewing, Focus Group Discussions	Range of methods such as Participatory Learning and Action, Appreciative Inquiry, Testimonials
<b>Outcome</b>	Final report circulated within the donor institution, with copies to project management at CBO and FBO	Better understanding of local realities; stakeholders involved in analysis and decision-making regarding what to do with information to adjust project strategies and activities to better meet results

*Source: Coupal, Francoise, July 2001. Results-based Participatory Monitoring & Evaluation*

The examples below illustrate the two approaches to monitoring and evaluation. You may find it useful to use these examples when discussing conventional and participatory M&E with staff and community members.

### **Organization A**

Every month, field staff collect the number of condoms distributed in health centers, and report those figures to their project manager. Every month, the project manager adds up the distribution numbers, and sends the report to the donor. The donor enters the figures into a computer, and generates a report for the Ministry of Foreign Assistance. Very few people actually look at the data to see what it is saying. Is condom distribution increasing or decreasing? Will the project reach its objective to reduce sexually transmitted infections? How can field staff, health center staff and community members work together to make the project a success?

### **Organization B**

Every month, field staff collect the number of condoms distributed in health centers. Community representatives, health center staff and project field staff discuss this information during their monthly review meetings. These data are then sent to project headquarters for forwarding to the donor. When the number of condoms distributed decreased, the local stakeholders tried to figure out why by asking clients. With a simple change in strategy, they were able to once again increase the number of condoms distributed. Monitoring information was used within the organization to improve the program, and also to report to the donor.

## **USING BOTH CONVENTIONAL AND PARTICIPATORY M&E**

Given the way that most foreign assistance programs currently operate, donors who fund CBOs and FBOs will continue to need data to show how their funds have been invested in development, and how they have contributed to project impact. For the time being, CBO and FBOs can expect that most donors will include a requirement in grants and contracts for the regular submission of program and financial reports. It's possible to fulfill such a requirement while at the same time meeting the needs of the community. Participatory and conventional M&E can be effectively combined: what the donor requires and what PM&E offers are not mutually exclusive. In fact, the same information collected through a participatory monitoring process can often be presented to the donor in a slightly different format.

As the manual describes in subsequent chapters, PM&E often focuses on collecting qualitative data, such as participants' opinions about how useful a training program has been for them and what needs to be improved for future trainings. The donor, given their needs, seeks information that is more quantitative in nature, such as how many training programs were conducted during the month, and how many women and men were trained. With the right data collection tool, in this case a training registry, it's easy to provide this kind of information to a donor, and it's also useful information for the project staff and community members. That's not to say, however, that qualitative information is less valuable than quantitative information. Often qualitative data tell the story behind quantitative data. When reporting to the donor, these data allow field staff to explain why things haven't progressed as planned; when discussing project progress with the community, these data allow field staff, beneficiaries and community members to adapt an activity to so that it can be more effective.

The reason that donors, CBOs and FBOs tend to seek out different types of information is because each has different needs. Donors, because they collect

information from so many organizations, try to focus on indicators that can be easily reported and summarized: number of people trained, number of condoms distributed, and number of youth counseled. CBOs and FBOs, on the other hand, benefit from a more in-depth analysis of the successes and shortcomings of the project. Given the needs of both parties, conventional and participatory monitoring and evaluation can be effectively combined to fulfill both needs.

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# CHAPTER 3

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## PARTICIPATORY APPRAISAL

*by Meera Kaul Shah*

### **WHAT IS PARTICIPATORY APPRAISAL?**

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Participatory appraisal refers to the process that enables communities to analyze and share their knowledge, experiences, views, and concerns on different topics related to their physical, economic and social conditions. This analysis is usually carried out at the village/hamlet level in rural areas or neighborhoods in urban locations.

### **WHY DO WE NEED PARTICIPATORY APPRAISALS?**

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Participatory appraisals generate information needed in the design of project activities, and they provide the basis for developing a participatory monitoring and evaluation system.

### **WHO CONDUCTS PARTICIPATORY APPRAISALS?**

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Someone who works in the CBO or FBO in charge of the project will lead the participatory appraisal. This person helps guide the process, but ultimately it is community members who define and give shape to the issues that come out of the appraisal. By involving the community in analyzing their own situation, and enabling them to take part in deciding the activities that will be implemented, the participating communities will also own the process. Such participatory processes have a better chance of succeeding in the short and long run.

## **WHEN SHOULD A PARTICIPATORY APPRAISAL BE CARRIED OUT?**

Participatory appraisals should be carried out **before** designing project activities—in fact, a participatory appraisal should be carried out as the first step in a project development process. However, it is possible that some of you using this manual may already be in the midst of implementing projects. In such cases, it will probably not be possible or efficient to start the design process again from the beginning. However, it would **still be useful** to conduct a participatory appraisal even at this stage, as findings from the appraisal can be used to modify planned activities and the implementation process as needed.

A participatory appraisal carried out **after** a project has already started can successfully introduce a participatory monitoring process.

For CBOs and FBOs that have already carried out participatory appraisals, there is no need to repeat the process if the community has records of the appraisal and the information is available for the community to prepare a monitoring plan. It's important that the previous appraisal included the community identifying indicators for monitoring the planned activities and the process. If these indicators are not already available, it is possible to develop them if you have good records of the previous appraisal.

## **WHO SHOULD PARTICIPATE IN THE PARTICIPATORY APPRAISAL?**

Ideally, participatory appraisals should be carried out in all the communities that you plan to work in. There can be differences in the way these appraisals are carried out across different communities. The first two or three community appraisals will probably need to probe a large number and variety of topics. Once the local issues become clear, the focus can be narrowed in the later appraisals.

Some CBOs and FBOs may plan to work in a large area and cover several communities. In such cases, it is important that you enlist and train community volunteers to conduct participatory appraisals so that they have the skills to facilitate the process in their own and in neighboring communities.

This transfer of skills and responsibility is possible if you keep the process simple and demonstrate it in a couple of communities before handing over the responsibility to the volunteers. This will also prepare the volunteers to facilitate the participatory monitoring process at a later stage.

Attempts should be made to involve as many people in a community as possible. Sometimes extra effort is needed to include certain groups of people, like women who work in their fields during the day, or men from a particular social group who do not mix with other groups in the village. Discussions with local leaders help in understanding the local situation, as well as in verifying the analysis carried out by different groups in the community

If your project is working specifically with individuals or households affected by HIV/AIDS (e.g. with those providing care and support to the affected), you will need to focus more on those households during the appraisal process to ensure that their voice is heard.

## **PLANNING FOR YOUR PARTICIPATORY APPRAISAL**

There are no blueprints for carrying out a participatory appraisal. The design will vary according to the context and type of activities planned. However, the following steps provide a general guideline to follow when conducting your participatory appraisal.

1. Refer to your **proposed project objectives** in order to determine potential topics for a participatory appraisal. We need to be clear on why we are carrying out the participatory appraisal. If a project plans to work on

preventing the spread of HIV, it should select topics that are related to this objective.

2. **Identify communities** that will participate in the appraisal and inform them about the appraisal and its purpose, and decide dates with community members and local leaders.
3. **Plan logistics**, such as transport and meals, and collect critical material to have on hand at all times – such as paper, marker pens, masking tape, scissors, pencils, and pens.

Once this preparation is finalized, you can begin to prepare to work with individual communities. This involves the following steps:

### **Step 1:**

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- ✓ **Create different groups of community members who will help analyze an issue or issues from different points of view. For sensitive issues, consider doing one-on-one interviews instead of group discussions.**

Usually an appraisal is carried out with different groups of men and women in the community. These groups can be further divided by age or other social characteristics (for example, occupation, caste, location in a village or neighborhood, etc). Having different groups analyze the same issues helps in verifying the results and also to understand whether there are any differences in experiences and concerns among the different groups within the same community, e.g. do women and men have different views on condom use? Do older and younger men have the same information on how HIV is transmitted? Some topics tend to be personal and sensitive in nature. For example, many people don't feel free to discuss their sexual behavior in a group. Such issues are best discussed at an individual level.

## **Step 2:**

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- ✓ **Create a checklist of issues that will be covered during the discussions**

A checklist helps ensure that all the important themes are covered at the community level. This list of issues can be modified as the process develops in the community or as you move to other communities. New issues may emerge from the discussions that need to be included, and other issues may turn out to be not so important and can be dropped from the list. It is also possible that some issues are more important for some communities, while not so important for other communities that have different experiences and concerns.

## **Step 3:**

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- ✓ **Begin the participatory appraisal**

Usually an outsider, from the project office or a volunteer from another community, **facilitates** the appraisal process. The role of the facilitator is critical in carrying out an in-depth participatory appraisal.

### **The facilitator's responsibilities include:**

- ✓ Asking questions that initiate the discussion on different topics;
- ✓ Introducing visuals for analyzing the issues;
- ✓ Enabling all members in a group to take part in the discussions;
- ✓ Ensuring most people in a community take part in the appraisal;
- ✓ Ensuring that no individual or group dominates the discussions.

The facilitator should have good listening skills, and should not ask leading or closed questions (questions that imply an answer - like "Do you get information about HIV/AIDS on the radio?" A better way to ask this question is "Where do you get information on HIV/AIDS from?").

**Facilitation is best done in teams.** You should have at least two trained facilitators for every group discussion, one to facilitate and the other to take notes. Sometimes it is good to have a man and a woman, so that both male and female participants can feel comfortable with the facilitators. However, there are times, especially when discussing sensitive information, when it is better to separate men and women into different groups, and assign a facilitator of the same gender to each group.

#### **Step 4:**

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- ✓ **Record all information obtained in the appraisal process**

**Documentation Generated  
by Participatory Appraisals**

- 1. Field notes**
- 2. Daily reports**
- 3. Site report**

**Taking notes in the field** while the appraisal is going on is very important. A lot of information is generated and analyzed during the group discussions. If this information is not recorded, it will not be possible for the facilitators to recall the details at a later date. Besides, proper recording is very important for developing any monitoring system. Since information generated during a participatory appraisal will be used for planning and monitoring project activities, it is important that adequate attention is paid to recording the process as it takes place in a community. This includes a record of all the discussion, including what people did or did not agree upon, reasons for agreement and disagreement and so on, as well as the visual outputs (for example, maps, lists and rankings, diagrams, etc).

**Daily reports** are written at the end of the daily fieldwork. This ensures that all members of the facilitating team get a chance to record the results from the

discussions. This also provides an opportunity for the facilitators to review progress, and make plans for the next day's work.

**A Site Report** refers to a compiled report for a particular community. It contains all of the results from the participatory appraisal in that community, including the visual outputs. The results can be arranged according to the topics listed in the checklist. It is important to note that this report should focus on what people discussed. If the facilitators have their own views and opinions, these should be noted separately.

If you have never carried out a participatory appraisal before, you should try it out in a couple of communities before planning to cover all of the areas you plan to work in. Testing the process can help in finalizing the checklist of issues that are important to the community as well as generate confidence to facilitate the process in a large number of communities.

### **Key elements of participatory appraisals**

- ✓ ***Be flexible and open-ended:*** Although it is good to prepare a checklist of issues that will be analyzed at the community level, it should not be used as a questionnaire. This checklist should serve as a guide, so that you don't forget any important themes for the discussion. At the same time, you need to be prepared to discuss any new issues that may come up at the community level. It's important to provide communities with the opportunity to express their own concerns, so that the participatory appraisal generates as true a picture as possible of the situation.
- ✓ ***Use visuals to focus the discussion and analysis:*** The use of visuals during group discussions helps focus the analysis, enables in-depth analysis on any particular issue, and helps to involve everyone in the discussion. Visuals can be drawn on the ground, on paper, on a blackboard,

or on whatever material that is available and with which the groups may feel comfortable.

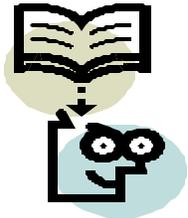
- ✓ **Copy all visuals on paper** so that the outputs are recorded and can be stored safely to be used later for monitoring purposes.
- ✓ **Discuss the same issue with different groups of people using different methods.** Refer to the table below to see how various types of participatory tools and methods that can be used in participatory appraisal.
- ✓ **Choose your facilitators well** since the success of a participatory appraisal depends largely on the attitude and behavior of the facilitators. Good listening skills, respect for communities, and not being judgmental or biased are some of the traits of a good facilitator. Facilitators should be trained in making participants comfortable in sharing views without retribution. Facilitators should feel comfortable not expressing their views or trying to influence the community. Remember that this is about understanding the community's views and experiences.

As organizations implementing HIV and AIDS projects, you are likely to be involved in one or more of the following three focus areas: preventing the spread of HIV/AIDS; removing stigma associated with HIV/AIDS; and, providing care and support to those affected by HIV/AIDS. The table below and on the next page provides an overview of topics that can be included in participatory appraisals. The table suggests different types of tools and methods that can be used to gather information on these issues. These tools and methods are described in detail in the Annex.

<b>HIV Prevention</b>	
<b>Activities/information needs</b>	<b>Methods</b>
Information and perceptions about reproductive health issues and behavior: safe sex; contraception; HIV/AIDS symptoms, transmission, prevention, care and support; treatment of other sexually-transmitted infections	<ul style="list-style-type: none"> <li>• Focus group discussion</li> <li>• In-depth interview</li> <li>• Listing</li> <li>• Scoring/ranking</li> <li>• Trend analysis</li> </ul>
Sources of information on reproductive health and HIV/AIDS	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Focus group discussion</li> <li>• Listing</li> <li>• Scoring/ranking</li> </ul>
Sexual behavior and norms: Age of sexual initiation for males and females Number of sex partners for males and for females Reported condom use by males and by females at last sexual encounter	<ul style="list-style-type: none"> <li>• FGD</li> <li>• In-depth interviews</li> <li>• Trend analysis</li> </ul>
Reasons people engage in risky sexual behavior	<ul style="list-style-type: none"> <li>• Cause-Impact diagram</li> <li>• Focus group discussion</li> <li>• Listing</li> <li>• Scoring/ranking</li> </ul>
Number, location and availability of community volunteers trained in home-based care for AIDS patients	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Trend analysis</li> <li>• Seasonality analysis</li> </ul>
Types of sexual relations within the community, their origins, manifestations and consequences	<ul style="list-style-type: none"> <li>• Focus group discussion</li> <li>• Listing</li> <li>• Scoring/ranking</li> <li>• Cause-impact diagrams</li> <li>• Trends analysis</li> </ul>
<b>HIV and AIDS related Stigma</b>	
<b>Activities/information needs</b>	<b>Methods</b>
Location and composition of households affected by HIV and AIDS, that is, caring for an infected person and/or fostering AIDS orphans	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Trends analysis</li> </ul>
Causes, manifestations and consequences of HIV and AIDS related stigma and discrimination	<ul style="list-style-type: none"> <li>• Focus group discussion</li> <li>• In-depth interview</li> <li>• Cause-Impact diagram</li> <li>• Listing</li> <li>• Scoring/ranking</li> </ul>
Location and characteristics of individuals and institutions demonstrating HIV and AIDS related stigma in the community	<ul style="list-style-type: none"> <li>• Focus group discussion</li> <li>• Social map</li> <li>• Trends analysis</li> <li>• Cause-Impact diagram</li> </ul>

## Care and Support

Activities/information needs	Methods
Type and location of resources available in the community to support care-givers	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Listing</li> <li>• Scoring/ranking</li> </ul>
Age, sex and physical location of AIDS orphans and other vulnerable children in the community	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Listing</li> </ul>
Coping strategies of HIV and AIDS-affected households	<ul style="list-style-type: none"> <li>• Focus group discussion</li> <li>• In-depth interview</li> <li>• Seasonality analysis</li> <li>• Trends analysis</li> </ul>
Institutions providing care to infected and affected individuals	<ul style="list-style-type: none"> <li>• Social map</li> <li>• Listing</li> <li>• Ranking/scoring</li> </ul>



### Remember!

You can select the topics for the participatory appraisal depending on the specific focus of your project and you can add other issues to this checklist.

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# CHAPTER 4

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## PARTICIPATORY PLANNING AND DESIGN

*by Meera Kaul Shah*

This chapter will discuss participatory planning in detail, and explain how participatory planning and design is carried out.

### WHAT IS PARTICIPATORY PLANNING?

Participatory planning is the process whereby an activity or a project is designed jointly by all the partners, i.e. the participating communities (who will be the direct beneficiaries of the activity or project) and the project functionaries. This means that all the key decisions regarding the project will be taken jointly by the community participants and the project staff. These include:

- ⇒ **objective** of the project -- what the project hopes to achieve;
- ⇒ **activities** that will be implemented;
- ⇒ **implementation process** -- how will the trainings be carried out, how will participants be selected, how will training needs be determined, what type of support will be given to households, who controls the funds, how will the funds be disbursed, etc.;
- ⇒ **size of the project** - how many communities or households or individuals will the project work with;
- ⇒ **location** of these selected communities - where will the project work; and,
- ⇒ **timeline** for the project - how long will the project run, and a work plan for implementing each of the activities.

## **HOW TO CARRY OUT PARTICIPATORY PLANNING?**

The participatory planning process starts with **participatory appraisals** which are described in detail in Chapter 3. At the end of a participatory appraisal process, we should have a detailed analysis on our selected topic (for example, level of awareness on HIV/AIDS or behavior patterns at the community level). This analysis should indicate community members' *key concerns or problems* at the local level regarding that particular topic. Such an analysis also brings out any gaps in information and knowledge, or any misinformation that the communities, or a group within the community, may have. As the appraisal process is coming to a close, facilitators can ask community members to generate suggestions for tackling these problems and concerns. This list of problems and suggestions forms the basis for developing a plan for action.

If a project plans to work with several communities (for example, different villages or several neighborhoods in an urban area), it is useful to complete the participatory appraisal process in all the communities, and then invite representatives from each community for a meeting to begin planning the project. Just as it is important to ensure that women and men, as well as older and younger people, take part in the appraisal process, it's important to ensure that the community is well represented in a planning process. If the project plans to work with people living with HIV and AIDS, they should be represented at this meeting along with those who care for them, if that is appropriate.

## **Tips for planning a workshop:**

- ✓ If you are expecting a big turnout for this meeting, select an appropriate, which should be well lit, large enough to accommodate everyone venue comfortably, and should have lot of wall space so that visual outputs can be easily displayed on the walls.
  - ✓ Inform everyone well in advance of the meeting. The message should clearly indicate the time and venue for the meeting.
  - ✓ You will need large sheets of paper, sufficient marker pens, and masking tape to stick the sheets on the wall.
  - ✓ All the discussion points and decisions should be recorded on large sheets of paper stuck on the wall, so that everyone can read them.
- 
- ✓ If you expect the meeting to run for 3 to 4 hours, it is good to arrange some light refreshments.
- 
- ✓ It helps to rotate the responsibility for facilitation. Some community representatives can also be asked to facilitate parts of the workshop.
  - ✓ Take short breaks during the workshop. This helps to break the monotony, and increases the attention span of the participants.
  - ✓ If the gathering is large, it helps to break into smaller groups for discussion.

## **Getting Started!**

### **1) Prepare a list of problems and concerns, and suggestions generated during the participatory appraisal process**

The planning workshop can start with sharing results from the participatory appraisals carried out with the different communities. It is useful to display some of the main outputs from the appraisals on the walls for everyone to see. A combined list of all the problems and concerns can be prepared from these results and displayed on the wall. Similarly, all the suggestions generated

during the appraisal process can also be put together in one list and be displayed on the wall.

## **2) Generate objectives of the project by prioritizing problems and concerns**

The list of problems and concerns can be used as a starting point for discussions. Since it is not possible for any one project to cover all types of problems and concerns, it will be important to prioritize and agree on one or two key issues that will form the objectives of the project. The group can decide how to prioritize. They can select issues that cut across communities, and that have been mentioned by all or most of the people who took part in the appraisal process. They can also decide to give scores to all the issues according to their importance, and then select the topics that get the highest score.

Sometimes it is possible that different groups attending the meeting have differing views, and may want to propose very different objectives. Such situations can be difficult and need sensitive facilitation. Usually it is best to leave the decision of selection to the groups themselves and allow them to debate the issue openly. Once each group provides their point of view, it should be easier for all to make an informed choice.

## **3) Develop an action plan for implementation**

Once the objectives have been selected, pick all the suggestions related to the selected objectives. These can be used to develop activities that will be implemented by the project. However, the list of activities need not be limited by the suggestions generated during the appraisals. This planning meeting is an opportunity to generate ideas for project implementation. This meeting also provides the project staff an opportunity to introduce ideas that may not have come spontaneously from the communities. Project staff can introduce their ideas, or share experiences from elsewhere, so that these can be discussed and

considered for inclusion in the implementation plan. It is important that these new ideas be explained in detail, and that decisions on whether or not to include the suggestions of project staff be taken jointly with all those present at the meeting.

## **HOW WILL ACTIVITIES BE IMPLEMENTED?**

Once the group agrees on the activities to be implemented, the next step is to decide how to implement them. If the group has decided to carry out training programs, for instance, they need to decide how many training programs, for whom (for example, men, women, adolescents boys and girls), when and where these training activities will be carried out. The basic framework of a project action plan includes agreeing on: scope of the activities (for example, number of training programs, number of households, number of women's groups, etc); roles and responsibilities in carrying out the action plan; and timeline.

### **Other issues to be considered include:**

- ✓ How will the activities be carried out – will there be project staff for all the communities or will there be community volunteers who will take responsibility for some of the activities?
- ✓ What will the structure of the project be like – for example, project staff living and working at the community level?
- ✓ Will there be a committee established for the project or will it work through existing institutions, such as the village health committee?
- ✓ Will the project work with groups of people, individuals, or households? How will these be identified and selected?

The planning process includes broad agreement on how the responsibilities will be shared among the different partners. Some of these details can be decided at this meeting. However, there will be other details that will take more time, and can be decided at subsequent meetings.

It is important to remember that project planning is only a participatory process when the people for whom the project is intended take part in the decision-making process. Such a process may seem tedious and time consuming at first, but once the process starts, implementation becomes much easier and has a much higher chance to succeed.

## **INVOLVING THE COMMUNITY IN IMPLEMENTATION**

By carrying out the process described above, an overall plan for the project is created. There is one more level of detail required before implementation can begin: at the community level. Once the project objectives and activities have been decided, this information is shared broadly at the community level. The discussion that follows focuses on how activities are operationalized at the community level. This stage in project implementation can include decisions regarding selection of households, selection of volunteers, and selection of participants for training programs, as well as clearly defining people's roles and responsibilities.

Once planning decisions are made, they should be available to the general public so that all members of the community have easy access to the information. One useful and simple way to do ensure transparency is by preparing a visual that shows the project's planned activities over a certain period of time. For example, if a project has decided to work on raising awareness about HIV/AIDS, it may plan to hold three training workshops over the next year. On a social map depicting all of the households in the community, project staff can indicate which household will participate in which training workshop -- the first, the second or the third. This same map can be used as a monitoring tool to record who from each household participated in each training.

Similarly, in an AIDS home-based care project, a social map can be used to identify households providing care and support to people living with HIV and

AIDS. As above, this same map indicates which households will be supported through the project. The type of support provided to each household (for example, nutritional support, training, supplies) can be added every month. Such a map can also be used for participatory monitoring of the project activities. If it is not possible to depict all the activities on the map, other visuals can be prepared – for example, a calendar of events can also be very useful.

**A participatory planning process:**

- allows for widespread sharing and communicating of decisions that may have taken place outside the community by community representatives;
- ensures that Decisions pertaining to the community are made by community members themselves;
- promotes transparency in the decision-making process, and accessibility of information within the community.

**How does participatory planning relate to PM&E?**

For the planning process to be complete there is one more necessary step. No project plan is complete without a description of how the project is going to be monitored and evaluated. The logical next step, after the group of representatives has decided the project objectives and the activities, is to decide how they will make sure that everything is moving satisfactorily. This discussion can take place at the meeting described above, or it's possible that the group meets again for a separate discussion on monitoring and evaluation. This group may also decide to select a smaller group among themselves who can take the responsibility to prepare the monitoring and evaluation plan. The group responsible for M&E must make sure that the monitoring plan is also prepared in discussion with the community members.

The action plan forms the basis for a monitoring and evaluation plan. Once people know what they want to achieve through a project, they can identify what they need to monitor in order to track progress and ensure that everything is moving according to the plan. Once community members have been directly involved in planning project activities, it's easy for them to take an active role in deciding what needs to be monitored and evaluated, and how that will be done.



## **Remember!**

- ✓ Participatory planning implies that all the key decisions regarding the project (objectives, activities to be implemented, strategies for implementation, and timeframe) are taken jointly by the members of the communities for whom the project is being designed, and the project staff.
- ✓ Participatory planning is based on the results of the participatory appraisal, and reflects the problems and concerns that communities are experiencing as well as the suggestions they provide for addressing these issues.
- ✓ While most of the suggestions and ideas for the project come from the participating communities, project staff and other 'outsiders' can also share their ideas and experiences that may be included in the plan.
- ✓ Participatory planning takes place at the community level, where decisions are made on how selected activities will be implemented for people living in that community
- ✓ Participatory planning precedes the design of a participatory monitoring and evaluation plan.

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# CHAPTER 5

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## SELECTING INDICATORS FOR PARTICIPATORY MONITORING & EVALUATION

*by Lakshmi Goparaju*

'Indicator' is a word that we hear very often in monitoring & evaluation. It's not an exaggeration to say that M&E revolves around indicators. Both in participatory and conventional M&E, indicators play an important role. In this chapter we will learn about: indicators and their selection, and indicators and their use in monitoring.

### **WHAT ARE INDICATORS?**

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The word indicator is indeed a very literal word: indicators **indicate or tell** something about something (National Institute of Public Health Phnom Penh 2000). Indicators are signals: they signal status of something, or change in something; they work as markers like milestones on the roadside, which tell us how far we have gone on, or where we are at a given point.

We discussed earlier in the manual that monitoring is an activity that we all do all the time in our everyday lives even though we don't call it 'monitoring.' We monitor our own activities. We monitor how the rice cooks, whether our children are growing up according to their age, whether our crops are growing as they should—name any activity, we know that there is monitoring involved. Indicators are milestones or markers that show where we are in an activity, that we are making progress, and that we are heading in the right direction. They also show whether we have achieved our objectives. In the example of

cooking rice, the following activities and corresponding indicators can be identified:

<b>Stage</b>	<b>Indicator</b>
Fire ready	Flames
Water boils	Bubbles and steam coming from the water
Rice cooked well	The grain is soft, and the taste is good
Objective accomplished	We have rice to eat!

When we implement projects, we use indicators to check project progress and results. Indicators are ‘measures’ that we use to demonstrate progress and results to ourselves, to the beneficiary community, and to the donors.

## **PROCESS AND CHANGE INDICATORS**

In most projects there are two types of indicators: one type indicate or tell at what stage we are in implementing the project—in other words, they show our progress in completing planned activities. These are called **process indicators**. They indicate how much work we have done. The other type of indicators describes the level of change that we have achieved through our activities. These are called **change indicators**. They are also referred to as results indicators since they indicate the results that achieved through the project’s intervention. Indicators are, therefore, used to track progress and change. Let’s look at the indicators in the example of cooking rice and identify which are process indicators and which are change/results indicators.

<b>Stage</b>	<b>Indicator</b>
Fire ready	Flames ( <i>Process indicator</i> )
Water boils	Bubbles and steam ( <i>Process indicator</i> )
Rice cooked well	Grain is soft; good taste ( <i>Change indicators</i> )
Objective accomplished	Rice to eat! ( <i>Change indicator</i> )

### **Change Indicators/Results Indicators**

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**Indicators that show results of project activities; directly linked to objectives and expected results.**

### **Process Indicators**

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**Indicators that show progress of planned project activities; directly linked to activities.**

In any project, indicators depend on the project's objectives. While objectives tell us what the project plans to achieve, indicators tell us how to measure to ascertain if those objectives are achieved or not.

### **WHAT MAKES A GOOD INDICATOR?**

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A good indicator clearly demonstrates the expected progress or result. It measures the intended change as accurately as possible. It is clearly defined, easily understood and easily measured. For example, in an AIDS orphans project, the objective is to provide 500 AIDS orphans with nutritional supplements. One indicator that measures the success of this objective is to count the actual number of children provided with nutritional supplements. "Number of AIDS orphans provided with nutritional supplements" is a simple and straightforward indicator. At the start of project monitoring, we need to agree on the definition that the project will use to define "AIDS orphan" and "nutritional supplements." Then we are sure that project staff and community members in all of the project sites are recording standardized information on this particular activity.

Sometimes we have to use indirect indicators, which are also called proxy indicators, to measure change. For example, in a project aiming to reduce stigma affecting AIDS orphans, it is difficult to identify direct indicators

because stigma is complex and manifests itself in various forms. In such cases, we use indirect indicators to measure how the level of stigma affecting AIDS orphans is declining. Here are a couple of proxy indicators for community-level stigma reduction: number of AIDS orphans being hosted in extended family households; number of AIDS orphans being admitted into school. Direct or indirect, good indicators measure the achievements of the objectives as closely as possible.

### **The following rules of thumb will help in selecting indicators<sup>2</sup>**

- ✓ **Review objectives carefully.** Try to understand exactly what they are saying.
- ✓ **Avoid formulating objectives in a broad manner;** such objectives are not clear and make it difficult to identify indicators for monitoring and evaluation purposes. For example, “HIV prevention through AIDS education” is a broad objective. Instead, use specifics of the project’s intentions in the objective such as “educate X number of young adults living in village XYZ about HIV prevention within 6 months.” That can lead to specific indicators such as “knowledge of HIV transmission” “knowledge of HIV prevention.” Also define project beneficiaries; for example, is it the entire village, or selected families or individuals? A school, senior class forms or individual students? It’s important to clarify these aspects of project implementation at the objective level because they determine indicator selection and definition and influence analysis. For each indicator, you will need to know what the ultimate unit of analysis should be -- individuals, family, school, community.
- ✓ **Be clear about what type of change is implied.** What does the project expect to change? Knowledge, attitudes, behaviors, situations, laws,

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<sup>2</sup> Adapted from USAID Center for Development Information and Evaluation. 1996. Selecting Performance Indicators. Performance Monitoring and Evaluation TIPS. USAID. Washington DC.

policies, or social atmosphere. And at what level? Individual, household, group, community.

## **FOUR TYPES OF INDICATORS**

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There are four types of indicators generally used in project monitoring and evaluation: numerical; scaling or ranking; classifying; and, descriptive. Each type of indicator is described below.

- **Numerical** provides exact numbers. Numerical indicators are also called quantitative indicators. Examples of numerical indicators are: number of people trained; number of condoms sold; number of orphans served; number of people who come for treatment of sexually transmitted infections; number of people living with HIV and AIDS on antiretroviral treatment. The data for these indicators are counted.
- **Scaling or ranking** provide graduated descriptions of assessment. For example, people can rank sexual satisfaction when using a condom during intercourse on a scale of 1 to 4, where 4 is highly satisfying and 1 is not satisfying at all.
- **Classifying** provides answers in categories: Yes or No; Male or Female; Animist or Catholic or Muslim or Protestant.
- **Descriptive** indicators are qualitative because they describe the state of something in words. Examples of descriptive indicators are: people living with HIV are allowed to attend religious services; HIV-positive children are allowed to attend school; the inheritance rights of AIDS widows are fulfilled.

It is important to define the indicators clearly at the very beginning. This is even more important in the case of qualitative indicators so that everyone has the same understanding, and that they are not interpreted differently by different people. While numerical indicators are easy to adapt, count and report, they are not necessarily the most useful and meaningful indicators.

Indicators that will be monitored over a period of time need to remain relatively stable over time. Sometimes project staff will write a proposal with one set of indicators in mind, and then find better or more practical indicators once they move on to project implementation. This is not unusual, and is acceptable practice. Efforts should be made, however, to maintain the same set of indicators once monitoring begins.

Make sure that the indicators you choose are practical for data which can be collected on a regular basis. Also important is that the data can be collected at a reasonable cost and in reasonable time.

## **WHO SELECTS INDICATORS?**

In the rice-cooking example, our ancestors who figured out how to cook rice identified indicators to describe the cooking process. Perhaps the indicators developed over time, emerging gradually with experience in cooking rice. Once everyone knew the process of cooking rice, everyone could use the same indicators to describe progress. In the same way, people who design projects also develop monitoring plans and indicators.

In PM&E, the community and the implementing organization select the indicators together, with input from the donor, and conduct monitoring. It is helpful to develop a monitoring plan and relevant indicators soon after developing objectives and activities, and before project implementation begins. In addition to the community and the implementing CBO or FBO, donors also select indicators, based on what they need to know about the project's impact. Donor identified indicators focus on whether the project is progressing as planned, what it has achieved, and what effect it has had on the intended beneficiaries.

## **HOW TO SELECT INDICATORS?**

This is an important stage in developing the monitoring and evaluation plan. Selected indicators guide monitoring and evaluation activities. Communities have their own way of looking at expected results. Hence the indicators they choose might differ somewhat from the donor-chosen indicators, and that is fine. For example, in an HIV prevention project, while the donor may focus on number of condoms distributed, the community may be more concerned about who is receiving those condoms. These are basically two aspects of the same expected result. It's important to choose indicators that will serve the project well in proving its value to both the donor and to the community. Find the mix of indicators, both quantitative and qualitative, that achieves this purpose.

## **STEPS IN DEVELOPING AND SELECTING INDICATORS**

The process of selecting indicators involves the following steps.

1. Once a monitoring group is formed with members of the community and staff from the CBO/FBO, they should discuss and develop a monitoring plan and decide what indicators will be monitored. (For details on group formation, see Chapter 2.) In the group meeting, discuss what kind of change is expected out of the project objectives. Study the intended activities, and discuss whether they directly or indirectly lead to intended change.
2. Develop a list of possible indicators by brainstorming amongst members of the monitoring group. Be sure to consult with others involved in the project, and look at lists of indicators that have been developed and used by others. [For ideas, refer to the list of indicators provided in the Annex of this manual.] Consider the objectives from different stakeholders' points of view, and try to think what each type of stakeholder would like to know

about the project. At this early stage, include all possible indicators because you'll narrow the list later.

3. Now review and discuss each indicator you have included on the list. Compare it with alternative indicators, and see which best suits your project. Also consider the effort and cost involved in collecting data on these indicators.
4. Make sure that indicators are clearly linked to specific objectives. This helps even when different people collect data and analyze them.
5. Try to select simple indicators which focus on one dimension or one aspect of expected change. The more complicated an indicator is, the more difficult to collect data on it and analyze and interpret those data.
6. There are no hard and fast rules about whether you should select quantitative (numerical) or qualitative (descriptive) indicators. Use your own judgment.
7. If a project continues to implement an activity over a long period of time, the same indicators should be monitored through out. Distributing/selling condoms is a good example. In a project aiming to increase condom use, project staff and community members can monitor indicators such as, number of condoms sold, characteristics of clients who buy condoms, condom sales by location, and so on.
8. When you collect data on a people-related indicators, remember to separate people at least by sex and then by age, location, or other dimensions depending upon relevance. This is important because people are not the same, and depending on their sex, age, and other background characteristics, their situations change. For example, levels of use of condoms are usually very different across different age groups of men. Similarly, use of condoms differs widely between men and women.

9. Make sure that you are selecting indicators on which you can collect reliable data and that, wherever necessary; data can be collected on a continuous basis. Once you select indicators, you need to decide how you will collect data on them. Consider what methods are best suited to collect data on the selected indicators. Check out some of the participatory methods described in the Annex.
10. Write down each indicator's definition as your group perceived it, how you are you going to collect data on it, from where/whom (source of data), frequency and timing of data collection—once a month, every two months, and so on.
11. We need to think about all of our information/data need in setting up recording mechanisms. When condoms are sold, the sales person can record in a sales register the number of condoms sold to each male and female client.

Note: Many of these steps will be carried out simultaneously. Our intention in providing the detail above is to explain the process step by step – because it's that easy!

## **HOW ARE INDICATORS USED IN MONITORING?**

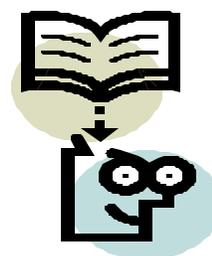
Data that we collect periodically on selected indicators has to be analyzed and discussed in the monitoring group. As described in chapter 2, the monitoring group should try to meet regularly—once a week, once in two weeks or once a month, depending on the project needs and the group availability. We discussed the need to involve project beneficiaries in this group. Remember that the group should divide responsibilities of reporting on indicators amongst themselves. Monitoring group members should divide themselves into smaller

groups of 2 or 3, and each group should take responsibility to report on a few—say 2 or 3—indicators. This will distribute the work burden. Smaller groups can work more efficiently on a few indicators and report the data and their analysis in the larger monitoring group meetings.

**Remember that continuous reflection is more important than meticulous gathering of data.** The overall monitoring group should discuss, accept, modify or strengthen the analysis of the smaller group. Once this is done, it should be presented to the community and the CBO/NGO who is implementing the project in their monthly or quarterly meetings. This meeting will discuss the monitoring results and the recommendations, and will decide whether any changes need to be made in the activities.

### **Remember!**

Collecting data is not useful unless the data are analyzed, discussed and used to assess how the project is going and to make decisions regarding project implementation.



### **CAN WE MODIFY OR ADD INDICATORS AT A LATER STAGE?**

We have discussed how it is important to identify the indicators at the beginning of the project. It is also important that once in a while you reassess the indicators to see whether or not they are measuring what you expected them to measure, and whether those indicators make sense as the project is progressing. If any adjustments were made to the project's objectives or activities, you may need to adjust the indicators to reflect modifications in objectives and/or activities.

## Faith-Informed Indicators for HIV and AIDS Projects

by James M. Matarazzo Jr.

A recent development has been increased willingness of governmental agencies to fund faith-based HIV/AIDS initiatives. In this new environment, FBOs have been confronted with reporting requirements that are often beyond their capacity to fulfil. FBOs are largely implementers of programs; they have not been required in the past to report their activities and outcomes to donors in a structured and periodic manner.

FBOs, however, can be data collectors. With their wide networks and human resources, especially in terms of a large and committed pool of volunteers, they have the capacity to do good reporting on their HIV/AIDS project outcomes. In this context, participatory monitoring and evaluation (P&ME) will be an ideal methodology for FBOs to utilize in monitoring their projects, reporting back to their communities and to donors. PM&E's highly interactive approach will appeal to FBOs by giving staff and community members a concrete role to play in the evaluation of their own programs. This will, in turn, scale up FBO reporting quality and enable them to show positive outcomes, and thus successfully apply for additional donor funding.

At a recent materials development workshop held with faith-based organizations in Uganda, participants brainstormed on the type of information that would be useful to them in monitoring their projects and developed potential faith-informed indicators based on these information needs. The indicators developed by the workshop participants fell into five categories: (1) Capacity Building, (2) Pastoral Counselling, (3) Care and Support, (4) Awareness, and (5) Advocacy. The group was asked to designate the indicators most important to them in their work (one indicator per category) and the following were chosen:

<b>Capacity Building</b>	Number of religious leaders trained on facts about HIV/AIDS
<b>Pastoral Counseling</b>	Number of HIV affected accessing pastoral counseling services
<b>Care and Support</b>	Number of HIV/AIDS affected person receiving care and supported by FBOs.
<b>Awareness</b>	Number of compassionate HIV/AIDS messages offered by FBOs
<b>Advocacy</b>	Number of HIV/AIDS sensitive advocacy policies approved by FBO

## **Key Learning Points**

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- ⇒ Indicators indicate status of things/situations/changes. Indicators are signals: they show status of something, or change in something; they also work as markers like milestones on roadside, which indicate how far we have gone on, or where/at what stage are we at a given point of time.
- ⇒ There are two types of indicators: process indicators and change/result indicators.
- ⇒ A good indicator clearly demonstrates the expected result or progress. It should measure the intended change as closely as possible.
- ⇒ Indicators can be numerical, scaling or ranking, classifying and descriptive.
- ⇒ The communities, beneficiaries, implementing CBO/NGO select indicators, and add theirs to the donor's indicators.
- ⇒ Indicators need to be developed soon after objectives and activities are developed and before the project implementation begins. They should not be changed once monitoring begins.
- ⇒ Indicators may be modified if and when the project objectives or strategies are changed.

## **EXAMPLES OF INDICATORS FOR STIGMA REDUCTION PROJECTS IN LESOTHO**

The following table provides examples of community-level stigma reductions indicators developed by CBOs and FBOs in Lesotho during a CORE Initiative project design workshop conducted in December 2003. All of the projects were small in scope, and planned to be implemented within one year or less.

**Table: Indicators selected for Stigma Reduction Projects in Lesotho**

Objectives	Indicators
Conduct a 3 day training for 10 community leaders from each of the 3 villages on discrimination of people living with HIV/AIDS and affected families by the 3 <sup>rd</sup> month	<ul style="list-style-type: none"> <li>• No. of training workshops conducted ____</li> <li>• Number of community leaders trained ____ Male____ Female____</li> </ul>
Disseminate information on discrimination of infected and affected people by trained 30 community leaders each holding 3 meetings of 50 participants per session in 7 months time	<ul style="list-style-type: none"> <li>• Number of dissemination meetings held ____</li> <li>• No. of people attended Male____ Female____</li> <li>• No. of PLHA attended Male____ Female____</li> </ul>
Train volunteers to conduct 2 two-day) workshops with community leaders, members and support groups in Tsenola on the importance of proper management of personal health records	<ul style="list-style-type: none"> <li>• Number of workshops conducted ____</li> <li>• Number of community leaders trained Male____ Female____</li> <li>• Number of community members attending Male____ Female____</li> </ul>
Train 3 volunteers living with HIV/AIDS and 2 volunteers affected by HIV/AIDS in 6 villages	<ul style="list-style-type: none"> <li>• Number of training workshops conducted ____</li> <li>• Number of PLHA volunteers trained ____ Male ____ Female ____</li> <li>• Number of volunteers HIV-affected trained ____ Male ____ Female ____</li> </ul>
Conduct a 5-day training on stigma reduction and protection of AIDS orphans inheritance rights to 18 care-givers and 27 youth (17 orphans included)	<ul style="list-style-type: none"> <li>• Number of training session conducted ____</li> <li>• Total number of people trained__ Male____ Female____</li> <li>• No. of orphans care-givers trained ____ Male ____ Female ____</li> <li>• Number of youth trained ____ Male ____ Female ____</li> <li>• Number of orphans trained ____ Male ____ Female ____</li> </ul>
Conduct meetings on stigma with secondary and high school teachers and students in 8 schools in Berea and Maseru in 12 months	<ul style="list-style-type: none"> <li>• Number of secondary school teachers trained ____ Male ____ Female ____</li> <li>• Number of high school teachers trained ____ Male ____ Female ____</li> <li>• Number of secondary students trained ____ Male____ Female____</li> <li>• Number of high school students trained ____ Male____ Female____</li> </ul>
Act as a Support Group to 10 people living with HIV/AIDS by visiting them and their families twice a week	<ul style="list-style-type: none"> <li>• No. of people living with HIV and AIDS visited twice a week ____ Male ____ Female ____</li> </ul>

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# CHAPTER 6

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## PARTICIPATORY BASELINES

*by Meera Kaul Shah*

In this chapter, we will discuss the need for baseline data, and processes that allow data to be analyzed and synthesized at the community level.

### **WHAT IS BASELINE INFORMATION?**

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Baseline refers to information describing aspects of communities, households or individuals that help explain the situation before starting project activities. When the project is over, the same information can be collected once again. In comparing the “before” information with the “after” information, you can see what changes, if any, occurred as a result of project activities.

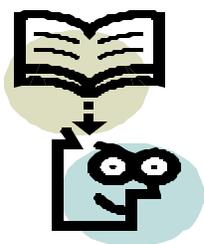
### **WHY DO WE NEED BASELINE INFORMATION?**

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Baseline information serves three important purposes:

1. It helps in defining community needs and priorities before you start. This understanding contributes to designing project activities that are best suited to the community.
2. Once the project ends, baseline data can be used to measure the changes that may have occurred due to the project activities. This makes it easier to carry out an evaluation at the end of the project.
3. Baseline can contribute to the design and establishment of a monitoring system. For example, a random sample of 10 households can be selected in a community during a participatory appraisal. They can be interviewed

individually to ask questions relating to their knowledge of HIV/AIDS, their sources of information, their sexual behavior, etc. These interviews can be continued at intervals of six months during the life of the project. This can become an important part of the project monitoring system.



### **Remember!**

Without baseline data it will be very difficult to carry out an evaluation of the project when it ends.

Baseline data usually includes information that is easily measurable and that can be quantified, such as number of men who report using condoms. However, it can also include information that is not as easy to quantify, but still provides valuable insight into aspects of people's lives or their concerns—such as perceptions about, or behavior related to, stigma. Such indicators can also be included in the baseline. Baseline information can be collected at community, group, household and individual levels.

**For example:** If you are planning on implementing a project around “awareness-raising about HIV/AIDS”, your baseline data should include issues like:

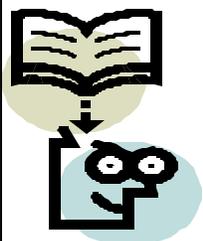
- ⇒ What are the current levels of knowledge regarding HIV/AIDS? Are these different among men and women? Among older and younger people?
- ⇒ What are the gaps in people's information and knowledge? Are there differences among men and women? Among older and younger people?
- ⇒ What are the sources of information? Men's sources versus women's sources? Older and younger people?
- ⇒ What do people know about 'safe sex'? Men's knowledge versus women's knowledge? Older and younger people?
- ⇒ Where do people obtain condoms? Men's sources versus women's sources?

## **WHEN IS BASELINE INFORMATION COLLECTED?**

Baseline information is collected **before** you start implementing the project. If you collect this information after the project has already started, you will lose an opportunity to measure your project's impact by comparing a "before" and "after" snapshot of the community situation, and the changes that occurred in between as a result of your project's activities.

You can use findings from the **participatory appraisals** that were conducted in the project's communities to help develop your baseline. The results from these appraisals can be reviewed to select indicators (see chapter 5) that will be used for the baseline data. For example, if the participatory appraisals show that unsafe sex is very common at the community level, emphasis should be placed on indicators measuring change in sexual behavior. The selection of indicators should be determined by the activities that the project wants to implement. If you are planning to work only on providing care and support for the people affected by HIV/AIDS, the community and project staff will select indicators relevant to this activity.

**FOR FACILITATORS EXPERIENCED IN PARTICIPATORY METHODOLOGIES:** If planned well, it is possible to include baseline information needs in a participatory appraisal. Once the indicators for the baseline have been agreed upon, the interviews and FGDs can easily be included in the participatory appraisal process, so that there is no duplication of effort, and the process can be completed within a few days at the community level.



### **Remember!**

Results from the first few participatory appraisals can help in determining the indicators for the baseline data. Subsequent participatory appraisals can include baseline data gathering activities as well.

## **HOW IS BASELINE DATA COLLECTED?**

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Baseline information can be collected in two ways: individual and/or household interviews; Focus Group Discussion (FGD).

**Individual interviews** are best used when collecting information related to individual behavior, views, knowledge, and so on, such as condom use, number of sex partners, and number of people affected by HIV/AIDS. FGDs are useful to help understand community-level information, concerns, and perspectives, such as identifying and assessing the quality of sources of information on HIV/AIDS or community-level support systems to cope with HIV/AIDS, etc.

Usually individual interviews are conducted with a sample of individuals or households selected from the community, or in some cases selected from among the project participants, as would be the case when working only with people affected by HIV/AIDS. The same households can be visited again during the project to monitor its progress, and then again at the end of the project to determine if and how the project activities have affected them.

The selected sample of individuals/households for the interviews should be **representative** of all the participants the project plans to work with in a community. For example, it should include men and women, older and younger people, single parent and “both” parent households, the well-off and the poor, large and small households, etc.

In order to conduct an interview, you need to prepare a list of questions. All the individuals selected for the interviews are asked the same questions. Keep your questions simple, and keep your questions focused on essential information that you need to gather given the project’s objectives.

**Focus Group Discussions** can be held with groups of men and women – or with any other categories of people, e.g. vulnerable children, people affected by HIV/AIDS, single women, young men, grandmothers taking care of orphans, and so on. It is best to have a group of 8-15 people take part in a FGD, so that they can all participate in the discussions. Once again, it is useful to prepare a checklist of issues that will be discussed with the group.

Once the interviews and the FGDs have been carried out, the results have to be aggregated and put together. Information can be aggregated at group, community and/or project level.

## **WHO COLLECTS BASELINE INFORMATION?**

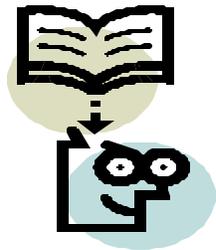
Sine we are interested in developing a participatory monitoring process, the project participants at the community level should be involved in collecting baseline data. Members of the community can facilitate discussions, conduct interviews, document the information, and analyze and use the results. The project should provide training to community level facilitators. This can be done on-the-job, by demonstrating the process in one community with representatives from other communities invited as observers and ‘trainees’, and by asking experienced community facilitators to carry out the process in other communities. Project staff should provide support where needed.

Once the indicators for baseline have been decided upon with the community, it is important to discuss the monitoring plan with them. If the project plans to work with several communities, it may be worthwhile to invite community representatives to a meeting where these decisions can be taken collectively. This will help in building a shared vision of the monitoring process, as well as ensuring that a common set of indicators are used across all the communities that the project plans to work with.

**Note:** Sometimes it may not be possible for members of a community to interview their neighbors regarding sensitive issues, such as sexual behavior. In such circumstances, it may be best to have an ‘outsider’ such as project staff or fieldworkers from another community carry out the interviews.

### **Documentation**

In order to make good use of the baseline data, it is important to record the information in a systematic manner. If the project has computers, you can store the information in data files. Otherwise, file the records on paper, with separate files for each community. Copies of the baseline information should always be available in the communities where the baseline was conducted so that people have easy access to it.



### **Remember!**

- ✓ Baseline information must be collected before you start implementing project activities.
- ✓ Indicators for baseline can be included in the participatory appraisal.
- ✓ Keep the baseline simple and focused on your project purpose.
- ✓ Results from the baseline should be used to design project activities as well as the participatory monitoring system.
- ✓ Store the results from the baseline safely, as these will be used again for monitoring and evaluation.

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# CHAPTER 7

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## PARTICIPATORY PROCESS MONITORING

*by Meera Kaul Shah*

In this chapter we introduce process monitoring and its key elements, as well as describe how to carry out process monitoring in practice.

### **WHAT IS PARTICIPATORY PROCESS MONITORING?**

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As discussed in Chapter 2, monitoring refers to the process of keeping track of progress, and reviewing whether project implementation is progressing according to plan. In order to carry out any kind of monitoring, it is essential that we start with a monitoring plan. The monitoring plan tells us what we need to monitor (the indicators for measuring progress), how we carry this out (who is responsible for collecting information, how often, and by what means), and how this information will be analyzed and used while implementing the project.

Process monitoring, therefore, refers to maintaining records, analyzing information, and sharing the results with all the project partners on a regular basis. This information and its analysis should provide a clear picture regarding:

- ✓ whether the project and its various activities are being implemented as planned;
- ✓ identify problem areas, if any, (for example, some activities are not moving as planned, implementation is slow in some communities, and so on); and,
- ✓ what is working well.

This type of analysis is possible only when information is regularly collected, recorded and analyzed. Therefore, it is critical that everyone involved be clear about which indicators are being monitored, as well as how the information will be collected and used.

**There is one key difference between participatory process monitoring and conventional monitoring.** In the case of participatory process monitoring, community members, that is, the direct beneficiaries of the project, play an active role in monitoring. They maintain records at the community level, analyze progress, and use this information to make decisions about project implementation.

Very often monitoring is considered to be a donor requirement, and therefore all monitoring activities are geared towards producing reports for the donors. While timely reporting to the donors is important, monitoring plays a key role within a project, and it is the most effective when used by project participants and project implementers to review progress and use the information to make day-to-day decisions.

It may not always be possible, or desirable, for everyone at the community level to maintain records and analyze information. In this case, community members can select a person or a small group of people to take on this responsibility for the community. However, all beneficiaries should have access to monitoring information, and this information should be shared periodically with the community so that community members are fully informed when decisions regarding project implementation are taken collectively. This can be done during regular meetings with the community; progress for the past period, for example, a month, is discussed, and decisions are made for the subsequent time period. While these regular meetings can be run by community volunteers associated with the project, if possible, a project

staff member should be present. Such a process ensures active involvement of all concerned in the review and planning process.

## **KEY ELEMENTS OF PROCESS MONITORING**

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### **RECORDING INFORMATION**

Maintaining records is the first step in developing a monitoring system. Unless there is a regular update on key activities and selected indicators, it is not possible to build a monitoring system. The following issues need to be considered in order to design data recording systems:

#### ***What is the unit of analysis?***

To start we need to decide how we are going to record all of the information related to the project. Shall we record information at the individual/household level or should we keep the community as a unit of analysis? This can vary from project to project. For projects working directly with households or individuals, for example, projects providing support to orphans, information has to be recorded for each individual receiving support. Other activities, such as peer education for youth, may require records at the community or school level.

#### ***Who maintains records?***

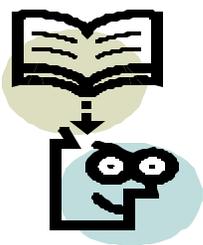
Since most of the implementation takes place at the community level, data recording starts in the community. With assistance from project staff, community members should devise a mechanism for data collection and recording. They can either select a person to take on this responsibility, or they can organize a group of volunteers to rotate responsibility for data collection and recording. If the project is very small, and works with only two or three households in a village, it can provide notebooks or diaries for the participants to record their own information.

Some projects also ask staff, and sometimes representatives from communities, to maintain diaries. The diary is used to record observations, problems encountered, questions, concerns, suggestions – anything related to the project. These entries are made on a regular basis (daily, weekly, monthly), and then these diaries are submitted to the staff member in charge of project monitoring. Someone carefully reads the diaries, compiles qualitative information from them, and then analyzes that information. The findings are shared and discussed with project staff, project partners and community members. Using diaries as a monitoring tool is most useful when there is immediate response to the issues raised. Diaries are also useful in recording the history of the project.

At the project level, a staff member will have clear responsibility for collecting information and analyzing the same for project purposes. If the project is small, this responsibility may be taken up by one person. Larger projects usually have at least one person dedicated to monitoring, and some projects may even have a separate monitoring unit with two or three staff. Whether it is a single individual carrying out monitoring along with other responsibilities, or it is a project monitoring unit, the function remains the same. Their challenge is to ensure that quality project information reaches them in a timely manner.

### ***How often will information be gathered?***

For all activities, it is critical to collect and record data when the activity occurs, but data will probably be gathered for the purposes of project monitoring after the activity has occurred. For example, counselors at a Voluntary Counseling and Testing Center necessarily record client visits on a daily basis. Project staff don't usually conduct field visits on a daily basis, so they will gather the VCT Center's monitoring data on a weekly or monthly basis.



## **Remember!**

Information can be put to good use only when it is collected and analyzed in a timely manner.

It is critical that the frequency of data collection and its analysis be decided at the project's beginning. Timely information is crucial in evolving a good information system. Since projects are often required to make immediate decisions regarding implementation, it's critical that information be available to inform these decisions. In a food project for AIDS orphans, there is little value in learning that food stocks ran out three months ago. If this information is available in a timely manner, the project can take action to correct the situation.

## **QUALITATIVE INFORMATION**

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Qualitative information refers to how the implementation process is being carried out. Rather than focus on project outputs, it focuses on the quality of the implementation. This includes issues such as whether village meetings are being held regularly; who attends these meetings; whether men and women are getting an equal opportunity to participate in the project; whether there is transparency in the decision making process; and so on. Some of this information can be quantified (for example, the number of women and men taking part in activities), however, most qualitative monitoring comes from observations and discussions. Diaries, minutes from meetings, focus group discussions or in-depth interviews with partners and community members, and review workshops generate qualitative information about a project. Hence, it is important to maintain minutes and reports properly.

## **SEPARATING DATA ON THE BASIS OF GENDER**

Wherever possible, data should be recorded separately for men and women. For example, when recording information on participation in a training program, we should note “25 women and 30 men attended the training program”, rather than “a total of 55 participants took part in the training”. Such information helps the project to determine whether it is maintaining gender balance across activities, and if not, to take corrective measures.

Continuing with the example of training, a monitoring report for the month of March 2003 showed that an NGO trained 10 women and 7 men in Village #2. The reporting of these data should lead to a discussion with project staff and community members on whether this is appropriate and satisfactory. On the face of it, it would appear that fewer men than women participated in training. If the project wants to train men and women in equal numbers in all categories of project activity, then it is important to carry the analysis to the next step. Questioning could begin along the following lines: Why did fewer men than women take part in training during March? Were there critical production activities that occupied the men during the month? What was the representation of men and women in the different types of training offered? Are men and women attracted to different types of activities based on social roles and cultural norms? Does the project need to increase the number of men taking part in training programs? How should project staff plan training activities scheduled for April, given results in March?

## **AGGREGATING INFORMATION**

Data aggregation refers to compiling all of the information on various indicators and activities from all of the households and communities where the project intervenes. For example, if the NGO described above is working in three villages, process monitoring will take place in all three villages. The NGO will

collect information from each village, and compile the information in order to prepare one monthly report for the project.

In order to compile such a report, the NGO needs to have a clear understanding on how this information will be generated at the community level and shared with the project staff. Some projects may have community representatives sending the information every month by post, and in other cases, the project staff may visit the communities on a given date to collect the information. In order to generate comparable information, all of the communities in a project use the same monitoring report format. Otherwise it will be very difficult to compile and analyze the information.

Information should be aggregated in such a manner that it is easy to understand and use the data. For the NGO working in 3 villages, the compiled report for training activity could look like the following:

**Example of a Training Report for the Month of March 2003**

<b>Indicator</b>	<b>Village 1</b>		<b>Village 2</b>		<b>Village 3</b>		<b>Total</b>	
	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>
Number of participants attending Village Health Committee training	2	5	3	5	5	6	<b>10</b>	<b>16</b>
Number of participants attending adolescent HIV awareness-raising workshop	5	2	6	1	5	5	<b>16</b>	<b>8</b>
Number of participants attending monitoring workshop	0	2	1	1	0	2	<b>1</b>	<b>5</b>
Total number of participants trained	<b>7</b>	<b>9</b>	<b>10</b>	<b>7</b>	<b>10</b>	<b>13</b>	<b>27</b>	<b>29</b>

The hypothetical example above shows how information can be compiled in such a way that it is possible to compare progress across villages as well as by gender, that is, male and female, and by activity. Note that the table shows only the physical aspect of the training activity. Each activity would also involve the use of resources and supplies. There should be a separate format for monitoring these aspects of project implementation which is usually available from the project office and is monitored by the accounts-in charge.

### ***How often should data be aggregated?***

Frequency of data aggregation depends upon the type of activities being implemented. Monthly aggregation works well for most projects. Waiting longer than a month to review progress may not have much value for the project.

### ***Who takes responsibility for data aggregation?***

Data aggregation is usually done by the project staff. However, there can be instances where the community participants decide to meet once every month and carry out the data aggregation as well as review the progress.

## **ANALYZING INFORMATION**

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Data analysis refers to converting raw data into information, and then reviewing the information in order to ascertain whether the project is running on course. As discussed in the earlier example, someone needs to look at the information and determine: whether activities are running as planned; whether some communities are progressing better than the others, and so on. Any deviation from the project implementation plan signals the need to examine the process closely. It is possible that some of the activity planning had been unrealistic and needs to be modified. Monitoring helps in making such changes.

One important point to keep in mind here is that the analysis should be kept simple so that everyone can follow it easily. The second important point is the importance of timely information. When information is available on time, it has a lot of value and can be put to use by the project. Late information is of little use to anyone.

## **SHARING INFORMATION**

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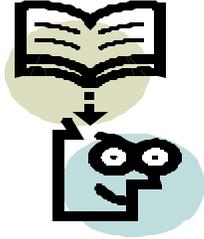
Information is useful when it is used. Monitoring information can be used only when it is regularly shared and reviewed by all the project partners.

### ***Sharing information within the project***

Once the monitoring report is ready, it should be shared with all project staff so that progress can be reviewed with concrete evidence. Most projects hold monthly review meetings, and are conducted in two steps. The first review meeting is held with project staff. The monitoring information is discussed at this meeting and decisions at a project level are taken. The second meeting is held with representatives from the communities, so that they also get a chance to review progress and present their views. This provides an opportunity to take joint decisions for community-level activity. A copy of the monthly monitoring report should be shared with the community representatives.

### ***Reporting to donors***

In all donor-funded projects, the donors who provided the funding ask the CBOs/FBOs to report on their progress and achievements. This information also helps the donors to plan for future funding and technical support activities. Refer to Chapter 8 for guidance on reporting.



## **Remember!**

- Regular and timely data collection, that is analyzed and used by the project are the key features of a good monitoring system.
- Keep the monitoring process simple, so that everyone can participate in it, and use the information
- Monitoring starts at the community level, by the project participants themselves
- Monitoring should include both, qualitative as well as quantitative information
- Monitoring is useful when the information it generates is used by the project beneficiaries and the implementing agency on a regular basis
- Information can be put to good use only when it is collected regularly and in time.

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# CHAPTER 8

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## REPORTING MONITORING DATA

*by Lakshmi Goparaju*

It is important to report the progress and results of the project to the staff who implemented the project, those who head your organization, to community members and to the donor. In Chapter 2, we discussed how participatory monitoring allows continuous discussion of project progress and its benefits among CBO/FBO staff and the community. In this chapter, we will focus on how to report monitoring data.

### **WHY DO DONORS REQUIRE REPORTING?**

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In all donor-funded projects, the donor who provides the funding asks the recipient CBOs and FBOs to report on their progress and achievements. It's important for us to understand why donors ask for reports. Let's consider an example from every day life.

Suppose you send a child to school. You buy a uniform, books and school supplies; you may hire a tutor to help your child with homework. The government provides a trained teacher, classroom furniture and a curriculum. Naturally, given all of this investment, you expect your child to learn. The teacher's assessment report of your child's progress is useful to you in terms of deciding whether your investment has been well spent and whether you should invest further in your child's development.

For any activity that we do, we expect a result. Similarly, when donors provide funding and technical support for project activities, they expect measurable results. Reports are a means by which donors follow project implementation. This information also helps the donors in planning future funding and

technical support activities. There's a saying that 'information is power.' Monitoring information is power for donor program officers who need to report to their supervisors, who need to report to the head of the agency, who needs to report to either a board of directors or government body.

## **WHAT TO REPORT?**

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You should report on the progress of your project-planned activities and their results. As stated elsewhere in the manual, your activities depend upon your objectives. For example, a project objective is to improve the skills of family members caring for people living with AIDS. You will first develop an action plan with details of key activities and expected timeline as to when those activities will be done in order to achieve this objective. Based on this action plan, you will report on the progress of these activities. When the objective is achieved, in this case conducting the skills training, you will report the number of trainings conducted, and the number of people trained disaggregated by gender. If you conducted a pre- and post-test of participants' skills, you should report on those findings as well. In your periodical reports, you will also describe what is going well and what is not going well, and whether you need any technical support. These periodical reports are called **monitoring reports**.

When the entire project is completed, you will write a brief report describing how the project went, how it was received, the challenges you faced (if any) in implementing the project activities, and, based on the experience of the project, what recommendations you might make for future projects. It's always useful to include a section that discusses lessons learned. This final report is called **end-of-the-project report**. This report need not be long. For small grants and one-off-event grants, a two page report may be enough; for larger grants, longer reports are usually expected, depending upon the scope of the project.

There are certain minimum requirements in reporting. These are often related to the results of the objectives such as number of training programs conducted, number of people trained, number of people reached with services, number of people reached with messages on prevention, and so on. Depending upon your objectives, you will report on related results.

## **REPORTING FREQUENCY**

The donor determines the project's reporting frequency. Often, the reporting schedule is noted in the agreement between the donor and the recipient. Many donors require a progress report on a quarterly basis, but some may only require a semi-annual reports. As stated above, grantees normally submit a final report at the end of the project.

Sharing information with the community happens on a continuous basis. More formal report backs should be organized according to a frequency that is mutual agreeable to project staff and community members. In principle, communities should receive a copy of the donor report once it is submitted to the donor.

## **REPORTING FORMAT**

Some donors have their own reporting format. Others leave it to grantees to decide upon format. One important issue to negotiate with donors is the choice of language of the report: is it in English or local language? If it's in local language then community members have more ready access to it. On the other hand, it may not be possible for expatriate program officers to read the reports. In either case, it may be necessary to prepare a short summary of the report in a second language so that everyone has access to the information.

In writing the report, you can use pen or pencil or type it up. Your decision depends upon your resources, and what is convenient to you. If your

organization is small and you do not have access to typewriters or computers, don't worry about it. Donors are more interested in the information that you send rather than whether it is typed or not.

## **REPORTING QUANTITATIVE INFORMATION**

As discussed earlier in the chapter on indicators, your project indicators could be a combination of both quantitative (numbers) and narrative (qualitative) indicators. Let's first talk about reporting quantitative data. Relatively speaking, it is easier to report numbers: for example, the number of training workshops conducted or the number of people trained. It is also possible to report the number of awareness-raising events held in the community. On the other hand, it may be difficult to report the exact number of people who attended such an awareness-raising meeting. Perhaps 300 to 400 people attended your community awareness-raising meeting; since it's so difficult to count people at large meetings, it's fine to report approximate numbers as long as you are conservative in your estimate.

If your project involves service delivery, that also can be reported in terms of quantitative data. For example, if your project's objective is to provide counseling services to people living with HIV and AIDS, you can report how many HIV+ people received counseling, and of those people, how many of them are men or women. As you're collecting this qualitative data, there may be something important that you learn through observing counseling sessions regarding the needs and concerns of HIV+ people which cannot be reported with a number. That information appears in the report as a narrative description. Such information is called qualitative information.

## **REPORTING QUALITATIVE INFORMATION**

Often, we find that numbers do not describe fully the story that we want to tell. Words are one way to explain what we have seen, heard or learned. Alternatively, you might want to explain certain things through diagrams, since

there is a saying that ‘a picture is worth a thousand words.’ If you’ve conducted focus group discussions during the reporting feedback, you should summarize the key points and write a brief discussion on their pertinence to project implementation. All of these examples can be classified as qualitative information. Donors normally encourage you to use both qualitative and quantitative information for your own analysis as well as reporting purposes. Together, they help to tell the story.

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# CHAPTER 9

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## PARTICIPATORY EVALUATION

*by Meera Kaul Shah*

In this chapter, we discuss the process of participatory evaluation in detail. This discussion will include: a detailed description of participatory evaluation; timing; process and tips on implementation.

### **WHAT IS EVALUATION?**

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Once a project, or a project activity, is completed, an evaluation determines whether and to what extent the project or activity was able to achieve its objectives. By carrying out an evaluation, we can ascertain:

- Whether the project was implemented according to plan;
- Whether the project achieved the desired results;
- Whether the project achieved more than was planned;
- What worked well, and what did not work well;
- What could have been done differently.

This analysis further helps in determining:

- Whether such projects or activities should be extended for more time in the same geographic area;
- Whether the same or similar types of activities should be replicated elsewhere;
- Whether the project requires major modifications in strategy and approach in order to be effective ;

- What needs to be different in terms of strategy and approach when replicating the project elsewhere.

While regular monitoring keeps track of progress and provides information on the above-mentioned issues, evaluation goes beyond routine monitoring data. For example, some evaluations include special surveys or data collection processes so that additional data and insight are available. Another difference between monitoring and evaluation is that, while monitoring is carried out by community participants and project staff, evaluation usually involves outsiders.

Note that an evaluation can provide valuable information for planning new activities within the same project, or in designing new projects.

## **WHAT IS PARTICIPATORY EVALUATION?**

Participatory evaluation refers to the process of evaluation where all project partners – community participants and project staff — are involved. Instead of having a team of outsiders visit the project to carry out the evaluation, the project partners themselves conduct the evaluation. If an outsider is involved, her or his role should be to facilitate the process and serve as a technical resource.

In participatory evaluation, all key decisions regarding the evaluation are made by the project partners. These include:

- Timing, when to carry out the evaluation;
- Process, indicators and analysis;
- Sharing and reporting and using the findings.

Participatory evaluation is most effective when the project design and implementation have also been carried out in a participatory manner.

Participatory design of the project implies that all the partners jointly decided the project scope and activities, and share the same vision regarding the project objectives and expected results. This ensures that from the very beginning all project partners have been involved in deciding the indicators on which the project will be monitored and evaluated. Likewise, when it is time for the evaluation, all partners should be clear about why and how the evaluation will be carried out.

Very few projects, however, follow a complete participatory process. While it is possible to carry out a participatory evaluation even when project design and implementation have not followed a participatory process, this requires more time, and has to be planned differently. The process should start with a discussion among participating community and project staff about designing such an evaluation process. Sometimes we hear examples of 'participatory evaluation' where community members are involved in answering questions framed by outside evaluators, or where community members are asked to analyze issues determined by outside evaluators. Please note that this is NOT the definition of participatory evaluation used in this manual.

## **WHY DO WE NEED PARTICIPATORY EVALUATION?**

Participatory evaluation is the logical culmination of a participatory process. Starting with participatory design, and continuing with participatory project implementation and monitoring, leads to the stage of participatory evaluation at the end of the project. Just as involving communities was critical in designing an appropriate project, their involvement is critical in understanding the effectiveness of the project once it is over. This means not just involvement in terms of answering questions posed by outside evaluators, but involvement in designing the evaluation – what questions to ask, who to ask, etc.

A good, and useful, evaluation should include the perspectives of all concerned – community participants, project staff, donors, and outside ‘experts.’ These perspectives on the same project may be very different, and the complete picture emerges only when we are able to bring together all of these perspectives. For example, a donor may feel that a project has been very successful because it has carried out all of its planned training programs, and provides evidence of positive change in people’s attitudes towards people living with HIV and AIDS. Community participants may feel that the training led to a series of community actions that strengthened their community’s collective response to HIV/AIDS, and that that was the most important achievement of the project. While both may be looking at very similar issues, their process of analysis is very different.

If we depend on an evaluation designed and carried out by outsiders, the process will have limited value for the people for whom the project was intended. Participatory evaluation ensures that communities are involved in not only the design and analysis of the information, but in controlling the process of evaluating activities that they designed and took part in.

Participatory evaluations are also by nature more flexible than conventional evaluations. Conventional evaluations are externally determined and are usually designed on the basis of information available in project documents. During a participatory evaluation, we have an opportunity to go beyond the stated objectives in the project document, and to include issues and indicators from people’s experience with the project. Sometimes there are issues that were not foreseen before project implementation began. These can be determined during a participatory evaluation.

## **When is the best time to carry out participatory evaluation?**

Evaluation is integral in every stage of project development. Larger projects may include several clusters of project activities that are implemented over different lengths of time. For example, a project could implement an awareness-raising activity for one year, and provide support to AIDS-affected households for three years. Such a project may decide to evaluate each activity cluster when it comes to an end; in terms of the example, a final evaluation of awareness-raising would be scheduled at the end of year one and final evaluation of support to AIDS-affected households at the end of year three.

Some projects with large budgets, and implemented over a long period of time (for example, 4-5 years) could plan a mid-term review. Such a mid-term review can also be designed as an evaluation – with a key objective of determining whether the project is on course and/or whether it requires changes in strategy.

## **HOW DO WE CARRY OUT A PARTICIPATORY EVALUATION?**

Participatory evaluation is carried out in stages as described below.

### **Planning a Participatory Evaluation**

Good planning is central to the success of a participatory evaluation. The planning process begins with discussions among the project partners on the following:

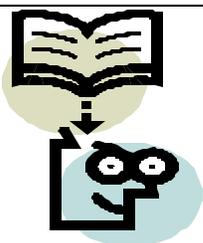
- When to carry out the participatory evaluation?
- How to carry it out?
- Who will participate in the process, and how?
- How will the information be analyzed?
- How will this analysis be shared and used by the project partners?

Once everyone has agreed to a time frame for the evaluation, it will be important to decide precisely what to evaluate. This will help guide data collection and will inform selections of data collection methods. If possible, all project partners should come together to discuss and decide upon the scope of the evaluation.

Since an evaluation is carried out to determine the project's level of achievement, a good starting point is with project objectives. Each objective also has a list of expected indicators. This list forms the basis of the evaluation process. This is the project partners' first opportunity to add new items which had not been foreseen beforehand.

At this stage, it is time to have a look at the results from the baseline conducted at the beginning of the project. You need to decide whether the indicators selected for the baseline will suffice to carry out the evaluation, or whether additional indicators are necessary to capture the complete picture.

It should be clear from the very beginning how results from your evaluation will be used. Often, evaluations are seen as a donor requirement, and the evaluation ends with sending a report to the donor. However, participatory evaluation should be of equal value to all project partners – participating communities, project staff, and donors. Results should be shared with other development agencies in the region so that they can learn from the project's experience as well.



## Remember!

### When planning an evaluation, keep these two points in mind:

- ✓ It is important that resources be kept aside for the participatory evaluation. A budget can be prepared beforehand for this purpose.
- ✓ It also helps to have clear planning on the logistics required for the evaluation – dates for visits/meetings/discussions, venue, travel, stationery and material, etc.

## COLLECTING INFORMATION FOR PARTICIPATORY EVALUATION

### Implementing a Participatory Evaluation

Once we know what we are evaluating, we need to decide how to collect information for the evaluation. We basically have four ways to carry out an evaluation:

- ✓ **Use monitoring data** from the project to analyze the project implementation process – whether all the activities that were planned were actually carried out; whether the funds were spent as planned; whether all linkages that were to be established have been established; etc. All this information can be obtained from the project monitoring system – records, routine monitoring reports (monthly reports, annual report, etc), special reports like minutes of meetings, workshop reports, training reports, special studies that the project may have carried out, and so on.
- ✓ **Repeat the baseline survey** in order to determine change in indicators. By repeating this survey, you will clearly see the impact experienced by the

project participants. This repeat survey will take considerable time and resources, and so requires good planning and budgeting.

- ✓ **Conduct focus group discussions with project participants and project staff** to gauge different perspectives on their experience with the project. Such discussions go beyond the baseline survey mentioned above, and provide in-depth analysis on project results and lessons learned.
- ✓ Sometimes it is useful to have **focus group discussions with non-participants** of the project as well. This provides perspectives from those who were not involved in the project activities, but may have been positively or negatively affected by the project.

## **ANALYZING INFORMATION**

Data analysis can be carried out in three stages:

### **Stage 1**

Collect all data from different sources (monitoring reports, baseline, repeat survey, workshops, etc.), and arrange it in a comparable format. This means putting together data on the same indicator for before and after the project. To ensure that the comparison is accurate, the same indicator and the same units of measurement must be used.

### **Stage 2**

The second step is to compare all data available. One obvious axis of comparison is over time (for example, behavior patterns before and after the project). There can be other types of comparison:

- **Gender:** are results different for women as compared to men?

- **Age groups:** are results different for youth as compared to older people?
- **Location:** are results different across different villages or neighborhoods? Rural versus urban sites?
- **Project activities:** were some activities more effective than others?

You can determine the type of comparison needed based on the dimensions of the project. Your analysis will determine the effectiveness of the project, and the type and extent of impact the different activities have had.

### **Stage 3:**

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The final step is to document your analysis. A report is usually prepared at the end of an evaluation. Unless the data and its analysis are properly documented, it will be difficult to put together such a report.

## **SHARING INFORMATION AND KEY FINDINGS**

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Sharing of information is key to the participatory evaluation process. Sharing is carried out with partners, and with others not directly involved with the project. Such a sharing process helps in several ways:

- Communicating the different perspectives among the partners;
- Developing an output that is acceptable to all;
- Enabling joint decisions on future action;
- Sharing experiences with others who may be implementing similar projects.

Hence, there is 'sharing' both during and after the evaluation process. Sharing and communicating during the evaluation process enables understanding issues from different perspectives. Sharing and discussing results from the repeat baseline survey will allow project partners to discuss findings that were not adequately explained in the survey report.

Any discussion of evaluation results should focus on gathering suggestions for future projects, or on the future of the project, if the donor is willing to consider funding a new phase. This includes discussing why some activities worked better than the others, why some activities failed, which activities need further testing, whether some of the activities could have been done differently, and so on.

Such sharing and discussion create an output that is owned by all partners. It is important to remember that evaluation is not simply to determine success or failure, but to determine ways to do the same things better, and to learn from the process.

It is useful to share these results more widely – with local and national policy makers, for example – so that experiences generated at the community level can be considered while making policy decisions.



## **Remember!**

- ✓ Participatory evaluation is usually carried out at the end of the project.
- ✓ Participatory evaluation is jointly carried out by all project partners.
- ✓ Key decisions regarding the evaluation are made jointly by all project partners.
- ✓ Plan well in advance, ensure that resources are available.
- ✓ Be clear, and get agreement among all partners, on what is being evaluated.
- ✓ Use the baseline survey to develop a repeat survey that will reveal changes experienced over the life of the project in relation to selected indicators.
- ✓ Comparisons can be made over time, gender, age, location, different project activities, etc.
- ✓ It is important to document the results and share them widely.
- ✓ And finally, it is important to keep reminding ourselves that an evaluation is not simply to determine success or failure, but an effort to find ways of doing things better, and to learn from the process.

## Social Mapping as an Evaluation tool

Social maps can be used in a variety of ways. They are useful for conducting participatory appraisals and baselines and can also be a great tool in participatory evaluation. The social maps below were developed during a Participatory Monitoring and Evaluation workshop held in Kampala, Uganda. Participants were interested in tracing the number of pastoral voluntary and counseling centers (PVCT) in an imaginary settlement. First, a map was constructed of what the settlement looked like before the intervention depicting the main roads, water sources, households, trading centers, feeder roads, churches, mosques, schools, clinics, bridges and swamps. The black circles symbolize existing voluntary pastoral counseling centers. As the project advances, new PVCT centers are plotted onto the map.

### Before Intervention



### After Intervention



Three years later, by looking at the map above, one can see that there are more PVCT centers, and that there is an increase in the number of centers located in remote areas, contributing to greater access of services by the community.

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# CHAPTER TEN

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## USING OTHER DATA SOURCES

*by Melissa K. Adams*

In this chapter we discuss the following: using other sources of data; types of data useful when conducting participatory appraisals; and types of data sources.

### **WHY USE OTHER SOURCES OF DATA?**

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Alternative sources of data can be a good way of complementing information collected through participatory methods. Obtaining data from different sources, observers, and/or through multiple methods is referred to as *triangulation*. Using a combination of data sources such as key informant interviews, focus group discussion, document analysis, and pre-existing data sets, increase the likelihood that the phenomenon under study is being understood from various points of view (Ary, Jacobs et al. 2002).

### **TYPES OF DATA**

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#### **Structural Data**

Structural information describes a population in terms of its *size, geographic distribution, and composition* (Friis and Sellers 1999). Structural information can be collected at both the local and national level. It can be useful to gather such information at both levels in order to make comparisons between community and national averages on selected indicators. This information can also be important in gaining a better understanding of contexts in which specific risk behaviors are occurring.

**Examples of structural types of information include:**

- Education level;
- Male and female literacy levels;
- Income;
- Rural/urban residence;
- Age distribution;
- Ethnicity;
- Religious beliefs.

## **Demographic data**

Demographic data refers to information about a population's *fertility, mortality, and migration* (Friis and Sellers 1999). A population's fertility rate consists of the number of live births, its mortality rate refers to the number of deaths, and migration is movement in and out of an area. Demographic information can be useful in identifying key characteristics of a community and assists in formulating a more targeted response to the AIDS epidemic.

## **Social Behavior Data**

In many countries there already exist studies that have been conducted by governmental agencies, academic institutions and/or NGOs that examine attitudes and behaviors relating to HIV/AIDS, sexuality, religious and cultural practices, and gender dynamics. In conducting a community appraisal, such information can be useful in identifying groups of people who are vulnerable to infection with the HIV virus or who are affected by it (Beaulieu 1992).

**Examples of social behavior information include:**

- Knowledge attitudes and behavior (KAP/B) studies
- IEC/BCC interventions
- National Behavioral Surveillance Data
- Crime rates
- Family instability indicators
- Alcohol and drug abuse rates
- Condom use rates
- Financial vulnerability data

## **HIV/AIDS Surveillance Data**

Surveillance data can help to identify what is known about patterns of infection and disease trends in a population (Beaulieu 1992). At national levels, ministries of health usually compile such information and organizations such as the U.S. Census Bureau, the World Health Organization, and UNAIDS also have both primary and secondary sources of surveillance data. At the local and community level blood banks and Voluntary Counseling and Treatment (VCT) centers may serve as primary data sources.

## **Health Statistics Data**

Health statistics provide information about the well-being of people. Types of health statistics of interest when conducting a participatory appraisal include morbidity or sickness rates due to HIV/AIDS and/or opportunistic infection such as tuberculosis (TB). Burden of disease and life expectancy loss due to various types of illnesses is also a useful indicator of a community's well-being. At national levels, both primary and secondary sources of such information can be obtained from Ministries of Health and Labor as well as from international organizations such The World Health Organization and The World Bank. At the local and community levels, such information can be obtained from local hospitals, health centers, and morbidity surveys conducted by local organizations or health authorities.

## **TYPES OF DATA SOURCES**

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There are two types of data sources - **primary** and **secondary**. The term primary data source refers to original documents, records, and data that have been directly collected by the researcher and are in their raw form (that is, no analysis has occurred). Examples of primary data sources are death certificates, hospital records, diaries, and survey data. Secondary data on the other hand are data that have been altered in some way such as through synthesis and/or analysis. Examples of secondary data sources include project and research reports, books, and newspaper articles.

## **ONLINE PRIMARY AND SECONDARY DATA SOURCES**

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### **Online Primary Data Sources:**

The International Data Base (IDB) is a source of demographic and socio-economic statistics for 227 countries and areas of the world. The major types of data available in the IDB include:

- Population by age and sex
- Vital rates, infant mortality, and life tables
- Fertility and child survivorship
- Migration
- Marital Status
- Family planning
- Ethnicity, religion, and language
- Literacy
- Labor force, employment, and income

**Website:** U.S. Census Bureau, International Data Base (IDB):

<http://www.census.gov/ipc/www/idbnew.html>

WHO Statistical Information System is a guide to health and health-related epidemiological and statistical information available from the World Health Organization. Most WHO technical programs make statistical information available and they are linked from this site. You also have the possibility to search for statistics by region, country, or topic. Types of statistics available on this site include:

- Disease statistics
- Population statistics
- Maternal Mortality
- HIV/AIDS statistics
- Immunization statistics
- Global Alcohol Database

**Website:** World Health Organization: WHO Statistical Information System (WHOIS): <http://www3.who.int/whosis/menu.cfm>

The Demographic and Health Surveys are nationally representative household surveys from several countries that contain information on health, population, and nutrition. Up to seven data sets may exist for each country. The standard Demographic and Health Survey includes questionnaires for households and women, although additional modules cover specialized topics. While this USAID-funded project is tailored to providing information for monitoring and evaluation purposes, the data are also useful for assessment and/or appraisals. Users can examine in-country trends for specific indicators or compare indicators regionally or across countries. Online instructions are available in English and French.

**Website: Demographic and Health Surveys (DHS):** [www.measuredhs.com](http://www.measuredhs.com)

### **Online Secondary Data Sources:**

- **Reports from International Organizations:** Many international organizations such as UN Agencies and non-profit development and health organizations release annual reports of global, regional, and national HIV/AIDS-related behavioral and epidemiological trends. Below are a list of annual reports from international organizations that could provide useful synthesis and analysis regarding this disease.
- **Program or Project Reports:** There is a possibility that a project has been carried out in your region or community that touches upon similar themes to your own project or interest. Project Reports can be a good source of secondary data.
- **Academic studies or research reports:** Past academic and research study reports can be very useful in obtaining pre-existing findings on selected topics.

# **ANNEXES**

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# PARTICIPATORY METHODS AND TOOLS

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*by Meera Kaul Shah*

This annex describes the participatory methods that have been mentioned in the previous chapters. Each method is explained in detail, along with illustrative examples.

## **FOCUS GROUP DISCUSSIONS (FGD)**

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### ***What are FGDs?***

Focus group discussions are meetings held with small groups of participants to discuss a few selected topics. These discussions are conducted in an informal setting, and all participants are encouraged to present their opinions, experiences, views, and/or concerns on the selected topics. This is an important method used in most participatory processes, and it also has to be used with nearly all the other methods described in this chapter.

Usually a group of 8-15 is a good size for these discussions. However, it is common to have large turnouts at the community level during a participatory process. While it is possible to have a visual analysis, like a social map, prepared in a large group, it is preferable to break up in smaller groups for the discussions and analysis.

Often it works best to have separate discussions with similar sets of people – men, women, adolescents, women in childbearing age, etc.

### ***Why are FGDs used?***

Group discussions are important as a means to engage all the community participants in the monitoring process. FGDs also provide an opportunity for the group to use various visual methods that help in focusing the discussions and analysis on a particular topic. Therefore, a FGD can include discussions, as well as the preparation, and discussion of a visual. These group discussions also provide an opportunity to discuss results, including visuals, from another group. This is often an important means of verification, i.e. understanding whether results from one group are any different from another, and why.

### ***When are FGDs used?***

FGDs can be used at any point in the monitoring or evaluation process. Sometimes these are planned well in advance, and the participants decide when and where they will be able to meet for the discussions. At other times discussions are held spontaneously, whenever an opportunity arises at the community level, e.g. if a group of women are waiting outside the health centre, they could be invited for a discussion; or a group discussion can be held at the local church after the weekly service.

### ***How to conduct a FGD?***

A list of topics for discussion should be prepared beforehand. These are introduced one by one by the facilitator. Once the facilitator introduces the topic, s/he allows the group to discuss the issue among themselves without too much interruption. The facilitator's role is of critical importance in conducting a FGD. This person should be able to listen attentively, ask probing questions, observe the participants and ensure that no one dominates the discussion. Open-ended probing questions often begin with: why, when, how, where, how much, who, or what.

While the facilitator should try to ensure that the list of topics is covered during a discussion, it is possible that new issues emerge during the FGD. The facilitator should be flexible and allow some diversions from the plan, and at the same time ensure that the overall direction of the discussions is not lost.

## **SOCIAL MAP**

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### ***What is a social map?***

A social map is a visual representation of a residential area – villages, or in the case of urban areas, neighborhoods. It depicts the boundary of the settlement, the social facilities available in the area, as well as all the households that reside there. Social facilities include: school, health centre, water sources, roads, playgrounds, shops, places of worship, etc. All the houses in the area are also drawn on the map.

The social map can be prepared on the ground, on paper, or on a chalkboard. It should be immediately copied on to paper to keep a record for further and future use. Color markers and symbols can be used to show the different features of households (female headed households, households with orphans, etc) as well as the social facilities.

### **Should we use the ground or paper to prepare the maps?**

Using the ground to prepare a social map, or any other visual, has several benefits:

- ✓ Preparing a visual on the ground enables more people to take part in its preparation and the discussions that follow.
- ✓ It is easier to make correction on the ground as compared to paper
- ✓ Using locally available materials

It is best to copy the map on paper as soon as it is ready. This map on paper will be used many times for planning and monitoring as the project activities are implemented.

It is the community participants that prepare the social map, and not the facilitator. Once the participants start preparing the map, the facilitator observes the process, and can ask questions after they have completed the map.

### ***When is a social map prepared?***

A social map can be prepared early on in the appraisal process. This is an easy and fun method to use, and helps in building rapport with the community. It is also a very important tool for planning and monitoring the project activities. While the map may be prepared in the beginning, it will be added to, and used, many times in the planning and monitoring process. Therefore it is important that it is recorded properly on paper.

### ***How is a social map prepared?***

Social map, like most participatory methods, is best prepared in a group. The process first starts with a discussion about the neighborhood or village, and the facilitators ask the community members to describe the area they live in. Starting questions can include: How big is your community? How many households reside here? What are the facilities available here? Etc.

Once the participants start describing their settlement, the facilitator asks them to show the details on a map. This map can be prepared on the ground or on large sheets of paper. It is best to start the map on the ground using locally available material like seeds, twigs, stones, leaves, etc, or by simply drawing on the ground with a stick.

The participants may start by drawing the roads, some houses, and maybe a few important places like the mosque and the school. The facilitators should ask the group to show all the features of the settlement that they can think of. Labels or symbols can be used on the map to identify different facilities or features.

Once the map is nearing completion, the facilitators can probe further and ask whether all the houses in the community have been drawn; or whether they can think of any other facility in their area. The facilitator should ask questions, and not prompt answers.

It is sometimes possible that the group may overlook some features in their map. The facilitators can ask these questions after the map has been prepared and new information can be added as the discussion proceeds.

### ***How is the social map used?***

The social map can be of great importance in the participatory planning and monitoring process. Apart from showing the physical features of the neighborhood, the social map can also be used to analyze differences among the community e.g. how many of the households are headed by women? How

many households have chronically sick persons? How many households have been affected by death in the household in the last six months? How many households are looking after orphans? Etc. These can be depicted against the houses in different color or symbols. Mapping this information is a critical component of the baseline. This is the basic information on which the project activities will be designed and monitored. Hence social map can be a tool for several purposes: appraisal, planning, monitoring and evaluation. The same map can be used over and over again to review progress of planned activities at the community level. Since it is the community members who prepare the map with all this information, it is very easy for them to monitor the progress using such a map.

### Example of a Social Map



The above social map was developed by participants at a Participatory Monitoring and Evaluation workshop in Kampala, Uganda. It depicts the boundaries of an imaginary settlement, its houses, and social facilities. The social facilities featured in this map include playgrounds, schools, shops, churches, mosques, VCT centers, bore holes, and springs wells. Participants created this map to demonstrate how social mapping could be used as a participatory appraisal and baseline tool. By plotting all of the VCT centers in the settlement area, participants were able to determine that of the four parishes in the settlement, only one has VCT services and these services are located in an area that is difficult to access. Thus, participants were able to use this tool as a means of advocating and planning more VCT centers that are regionally representative and accessible.

## LISTING

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### **What is listing?**

Listing refers to gathering and putting together several options, views, types, experiences, etc that a group may have on a particular topic. For example a group of women may have been receiving information on HIV/AIDS from a variety of different sources – the radio, their friends, health centre, pamphlets, etc. By preparing a list of all the different responses we ensure that we get a complete picture of the situation and don't end up focusing on one or two issues alone.

### **When is listing used?**

We can use listing whenever there is more than one option on a topic, or when there are several views on the subject. For example, when we are discussing sources of information on HIV/AIDS, the FGD participants can mention several options – the radio, friends, magazines, health centre, etc. Since there can be several sources of information, it is useful to prepare a list, so that we can discuss each one of them systematically during the group discussions.

### **Example of Listing**

#### **Knowledge of Sexually-Transmitted Infections**

Prepared by a group of 10-19 year old boys M'tendere Compound, Lusaka, Zambia.

<b>Sexually Transmitted Infection</b>	<b>Symptoms</b>
<b>Leaking</b>	⇒ Pus coming out from the penis or vagina ⇒ Sores around the penis or the vagina
<b>Bola Bola</b>	⇒ Swelling around the testicles ⇒ Swelling around the groin for man or woman ⇒ <i>Kuyenda dangaza</i> (moving with the legs far apart) ⇒ The body of an affected person becomes abnormal, i.e. limbs become very small and the chest remains big
<b>Syphilis</b>	⇒ Sores on the penis and the vagina ⇒ Gave the same symptoms as leaking
<b>Gonorrhea</b>	Rash on the body
<b>Kalionde-onde (HIV/AIDS)</b>	⇒ Eyes turn yellow ⇒ Diarrhea ⇒ Cough/fever/sneezing ⇒ Great appetite ⇒ Weight loss
<b>Kaswende</b>	⇒ Pain in the groin (male and female) ⇒ Sores on the surface of the sexual organs ⇒ Ulcers on the sexual organs

Source: Shah, 1999

## **RANKING**

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### ***What is ranking?***

Ranking is a method, which is used to evaluate options in a sequence. It is the same as giving ranks to all students in a class after an exam. All the students write the exam, and are given marks for their performance. Based on these marks, the students are given a rank in the class. The first rank is given to the student who performs the best, second to the next best, third to the next best and so on. Same ranking can be used to understand how people make choices in their daily lives. For example, men may list six different sources of information on HIV/AIDS. They can rank these six sources according to which is the most useful source, which provides the most information, or which one they like the best.

Ranking (and scoring) is a very useful method in analyzing people's preferences, prevalence, and how they make choices when faced with several options. It helps in analyzing people's decision making process when they have a list of different options to choose from. This method also helps in determining different criteria that people use while making these choices. Ranking can also be used in analyzing people's sexual behavior and attitudes.

### ***How is ranking carried out?***

Once the discussion starts on a selected topic, the group will prepare a list of different options available to them under that topic (sources of information, different types of contraceptives, preferences for sex partners, etc). Once all the options have been listed (this can be on paper or on the ground), the group can be asked which one is the most preferred option (or the most important, the most prevalent, etc, depending on what is being discussed). This can be ranked one. The next most preferred option can be ranked two, and so on till the list has been exhausted. For the next step, the facilitator asks why one option is preferred over the other, and what the differences are. These differences and reasons provide the criteria on the basis of which the group makes its decisions. All criteria should be positive; otherwise it would be difficult to compare the ranks. For example, if one of the criteria is 'expensive', change it to 'affordable' or 'inexpensive, or 'cheap'. At this stage prepare a table with the options on one side and the criteria on the other. Then ask the group to carry out the ranking process for each of the options available. For example, if we are discussing sources of information on HIV/AIDS, the group may mention four sources: the radio, posters, friends, and the health centre. For criteria they may mention easy access, provides answers to my questions, and good information. Then we would ask them to rank all the four sources for 'easy access'. Once that is done they repeat the process for "cheap" and so on. Once completed the result could look like the following table (hypothetical example).

**Example: Ranking of sources of information on HIV/AIDS**

<b>Sources of information</b>	<b>Criteria</b>		
	<b>Easy access</b>	<b>Provides answers to my questions</b>	<b>Good information</b>
<b>Radio</b>	2	2	1
<b>Posters</b>	3	4	4
<b>Friends</b>	1	1	3
<b>Health Centre</b>	4	3	2

## SCORING

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### ***What is scoring?***

Like ranking, scoring provides an opportunity to evaluate different choices. It is very similar to ranking, however scoring provides some additional analysis. Continuing with the example of students sitting for an exam, we know that the ranking after an exam tells us who performed the best in the class. However, if we look at the students' scores, we will know the difference in levels of performance between the first and second ranks as well. The student who stood first could have got a total of 95 marks out of 100. The second 93, and the third 83. This tells us that the difference between the first and the second was small (two marks) but there was a big difference between the second and third positions (ten marks). This tells us that student who came second can easily make it to first position, but the third position will have to work much harder to beat the second position.

While ranking and scoring both provide us with the sequence of choice, scoring also gives the depth of difference between two options. When using scoring, the group gives a score for each of the options, rather than a rank.

### ***How is scoring carried out?***

The process remains the same as described under 'ranking'. The only difference here is that instead of giving a rank to every option, the group gives a score to indicate their preference. In order to score all the options, the group must decide the maximum score an option can get. There are no rules on what the maximum should be. They could decide to give scores out of 10 or 50 or 100, or whatever they feel comfortable with.

### ***Scoring of sources of information on HIV/AIDS***

<b>Sources of information</b>	<b>Criteria</b>		
	<b>Easy access (scores out of 100, 100 =best)</b>	<b>Provides answers to my questions (scores out of 100) 100 =best)</b>	<b>Good information (scores out of 100) 100 =best)</b>
<b>Radio</b>	60	50	75
<b>Posters</b>	55	25	25
<b>Friends</b>	80	60	55
<b>Health Center</b>	20	48	72

### **Example of Pair-wise Ranking and Scoring**

By Peter Muyingo, Monitoring and Documentation Officer, GOAL Uganda

At a Participatory Monitoring and Evaluation Workshop in Kampala, Uganda in a small group exercise, one group was faced with the task of answering the following question:

Based on your experience in the field, what is the number one reason women engage in risky sexual behaviors?

In order to answer this question, the group members first brainstormed and identified eight issues contributing to women's sexual risk-taking behaviors. In the interest of simplicity, each issue was assigned a letter to represent it.

**Note:** The community should always be left to decide on the letters, symbols, pictures, etc. to represent the variables in a pair-wise ranking matrix.

The following issues and codes were selected:

The environment = A  
Ignorance = B  
Illiteracy = C  
Peer influence = D  
Traditional cultural beliefs, attitude and practices = E  
Poverty = F  
Moral decay = G  
Drug abuse = H

The group then constructed a matrix putting the letters representing each issue on both the horizontal and vertical axis (as shown in the matrix below).

For each box in the matrix, the group compared the issue on the horizontal axis with that on the vertical axis and discussed which issue was more important in influencing women's sexual risk-taking behaviors.

For example, in the matrix below, the first box is examining H (drug abuse) and A (the environment) as issues contributing to women's sexual risk-taking behaviors. After some discussion, the group chooses A (the environment) as playing a more important role in contributing toward women's sexual risk-taking behaviors than H (drug abuse). Thus A is written into the first box. This process continues until all the issues have been compared with each other.

**Note:** It is important for the group note-taker to capture the reasons and justifications for each ranking as the members discuss.

Once all the issues have been compared with each other, the number of times each issue is chosen is counted. The issue with the highest number ranks number one, the issue with the second highest number ranks number two, and so on.

In this example: F (Poverty) was chosen the greatest number of times and was therefore selected by this group as the number one reason contributing to women's sexual risk-taking behaviors.

**PAIR-WISE RANKING OF ISSUES**

<b>Reasons</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
<b>H</b>	A	B	H	D	E	F	G	X
<b>G</b>	A	G	G	D	E	F	X	
<b>F</b>	F	F	F	F	F	X		
<b>E</b>	E	E	E	E	X			
<b>D</b>	A	D	D	X				
<b>C</b>	A	B	X					
<b>B</b>	A	X						
<b>A</b>	X							

<b>Reasons</b>	<b>SCORES</b> (depending on frequency of the letter in the matrix)	<b>RANK</b>
<b>A</b> ( <i>Environment</i> )	5	<b>3</b>
<b>B</b> ( <i>Ignorance</i> )	2	<b>6</b>
<b>C</b> ( <i>Illiteracy</i> )	0	<b>8</b>
<b>D</b> ( <i>Peer influence</i> )	4	<b>4</b>
<b>E</b> ( <i>Traditional cultural beliefs, attitudes, practices</i> )	6	<b>2</b>
<b>F</b> ( <i>Poverty</i> )	7	<b>1</b>
<b>G</b> ( <i>Moral decay</i> )	3	<b>5</b>
<b>H</b> ( <i>Drug abuse</i> )	1	<b>7</b>

## **TIME LINE**

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### ***What is a time line?***

Time line refers to a systematic recall of critical events and/or changes that may have taken place at the community level or in an individual's life. As the participants recall the major events, these are listed chronologically (i.e. events are arranged in a sequence, according to when they occurred).

A time line is a simple method and can be introduced early on in a discussion. It helps in opening up the participants as they try to recall events that have impacted their lives. This analysis provides an overview of the community's/individual's history and explains how life has been changing for them. It also helps in understanding what types of events are important for the members in the community.

### ***When is time line used?***

Since community time-line is a simple method that allows the group to discuss events of a general nature, it can be used at the start of a focus group discussion. This helps in making everyone comfortable in the group, and allows everyone to join the discussion without feeling overawed.

An individual's time line is usually prepared when having a one-to-one discussion with a person. Since it is an individual's personal information that is being discussed here, it is not advisable to use it in a group setting.

### ***How is a time line prepared?***

The facilitator first starts by asking the group/individual to recall some of the main events that have taken place at the community level or in an individual's life. Once they mention a few events, these can be plotted on the ground or on paper showing time on one axis, and the events on the other. As events are mentioned, the participants are asked to recall the dates when these occurred, so that these can be plotted in a sequence.

The participants can go as far back in time as they can. Sometimes for a community time line, people even go back by a few hundred years (i.e. a time before they were born) if they feel that there was a significant event that changed people's lives. An individual's time line on the other hand, starts from the day s/he was born and continues to the present day.

Once the dates and the events have been listed, the participants can be asked to narrate the impact these events had on their lives. This can be recorded next to the events.

## **SEASONALITY ANALYSIS**

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### ***What is seasonality analysis?***

This method is used to analyze the seasonal patterns of some aspects of life. Activities, events, or problems that have a cyclical pattern (i.e. occur regularly at around the same time every year) can be analyzed using this method. These include: availability of food, prevalence/outbreak of diseases, levels of sexual activity, stress in livelihoods, indebtedness, travel outside the village, etc. By analyzing several factors on one visual, it is possible to analyze the relationship between them, and how they impact people's decisions and lives.

### ***How is seasonality analyzed?***

The first step in this process is selecting a topic that will be analyzed. For example, the group could be discussing levels of sexual activity. The first question would be whether there are differences in levels of sexual activity at different times in a year. If the answer is yes, we ask the group to decide how they want to divide the year (they can decide months, or seasons, quarters, etc.). The facilitators should not impose their own calendar, as different communities may have their own local calendars.

The calendar is then prepared on the ground or on large sheets of paper using color marker pens. Divide the year as decided by the group. Then ask them to show how the levels of sexual activity varies at different times in the year. This can be done by using stones - placing more stones for the months sexual activity is higher, or using color on paper. Next the facilitator can ask why is it that sexual activity varies from one month to another. The group may come out with several reasons - e.g. harvests, cold weather, marriage season, etc. Since these too have a seasonal pattern, they can also be depicted on the visual. The process continues till we have listed and plotted the seasonal patterns of several related factors.

## **TREND ANALYSIS**

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### ***What is trend analysis?***

Trend analysis is used to understand people's perceptions on how some selected indicators have been changing over the last 30-50 years. These indicators could include: number of sex partners, age at first sex, condom use, use of the health centre, certain practices (e.g. 'widow inheritance' in Southern Africa, initiation ceremonies, or injectable drug use elsewhere), etc. This method is more useful with older people who can analyze how these changes have been taking place over a long period of time.

### ***How is trend analysis carried out?***

The first step would be to start with a discussion on major changes that have taken place on a selected topic. The group decides how far back in time they would like to go for this analysis. They are asked to identify the years or period when significant changes were witnessed. These changes are plotted on the visual.

The visual can be prepared as a drawing, like graphs (showing when the indicator moved up or down). The participants could also carry out the same analysis using numbers or color to indicate the pattern of change.

Once the visual has been prepared the facilitator should ask what prompted the changes they have depicted. Which of the changes are considered positive and which are negative? Why? Can any of the negative changes be reversed? How is the trend likely to continue in future? Etc.

## **CAUSE-IMPACT DIAGRAMS (FLOW DIAGRAMS)**

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### ***What is a cause-impact diagram?***

Cause-impact diagrams, as the name suggests, are very useful for understanding the causes and impacts of an event, problem, or activity on people's lives. This method also helps in identifying links between different causes and impact. Such an analysis helps in initiating a discussion on how the problem can be approached and the types of activities that can improve the situation.

### ***When is a cause-impact diagram used?***

It helps to use this method during later stages of analysis, after a group has identified some key issues. If there is an issue that keeps coming up in all the discussions, this can be selected for an in-depth analysis using a cause-impact diagram.

### ***How is a cause-impact diagram prepared?***

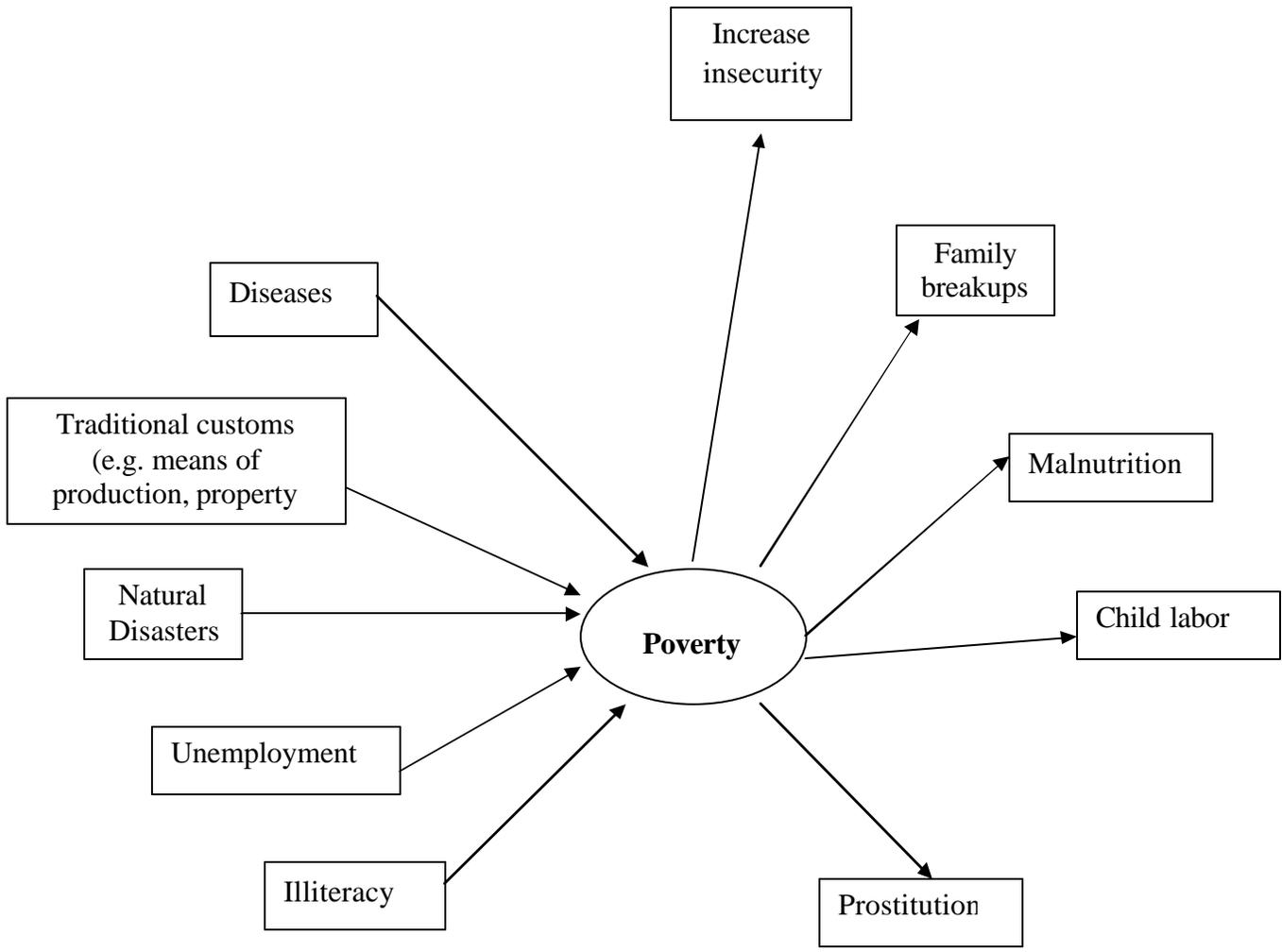
Once the topic has been selected, this can be written on a piece of paper and placed at the centre of the diagram. The same can also be done on the ground using a stick and/or symbols. The group can be asked to list the causes that lead to that problem or activity. These can be drawn and arrows can be drawn from these causes towards the problem listed in the centre. Similarly the impact or different events can be listed on the other side with arrows leading towards them. Different colors can also be used for the causes and the impact.

Once the main causes and impact have been drawn, the facilitator can ask whether there are any links between the causes and impact. Additional causes and impact can also be added as the discussion proceeds.

Both, the causes and the impact, can be given ranks or scores to analyze their intensity.

**Example of a Cause-Impact Diagram:**

Participants attending a Participatory Monitoring and Evaluation workshop in Kampala, Uganda developed the following cause-impact diagram to explore the issue of poverty after identifying it as one of the main contributors to sexual risk-taking in women.



## **CASE STUDIES AND INDIVIDUAL LIFE STORIES**

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### ***What is a case study?***

Individual life histories or the description of a significant event in a person's life can be recorded as a case study. This can be a useful tool in monitoring, as the same person can be visited several times over a period of time, in order to understand the changes in their lives. Individual life stories and testimonies can also be used to support/verify the results from analysis carried out in groups on different topics.

### ***How is a case study prepared?***

It can be useful to start with an individual time line, where the person recalls the main events in his/her life. This can then be expanded by asking details of what happened and how it impacted their life. In addition, a checklist of some selected issues can also be prepared that will be covered during individual interviews. The facilitators need to be sensitive towards the emotions of the person being interviewed, and should not insist on probing issues the person is not comfortable with. All the details from the interview are written up as a case study.

# Useful Indicators for HIV/AIDS Projects

Category	Indicators
<b>Human Capacity Building</b>	Number of training sessions conducted
	Number of people trained
<b>Prevention</b>	Number of condoms sold/distributed
	Number of people served
	Number of service providers trained
	Number of people referred for STI diagnosis and treatment
<b>Policy Development</b>	Number of Capacity building training sessions
	Number of new organizations involved in advocacy efforts
	Number of people trained
	Number of advocacy activities implemented
	Number of policies developed/revised
	Number of networks, NGOs, and coalitions formed
	Number of people reached
<b>Prevention: IEC/BCC/BCI</b>	Number of IEC materials developed
	Number of IEC materials disseminated
	Number of IEC events conducted
	Number of people reached
<b>PMTCT</b>	Number of women who attended PMTCT sites for a new pregnancy
	Number of infants receiving drugs
	Number of service providers trained
<b>VCT</b>	Number of counselors trained
	Number of clients seen at VCT centers
	Number of new VCT sites established
	Number of VCT centers

<b>IDU</b>	Number of people reached
	Number of service providers trained
<b>Clinic-based care</b>	Number of people served
	Number of service providers trained
<b>Home-based Care</b>	Number of households served
	Number of people trained in home based care
	Number of individuals reached by community and home-based care programs
<b>Reducing Stigma and Discrimination</b>	Number of people trained in stigma and discrimination courses
	Number of people reached by anti-stigma and anti-discrimination messages
	Number of OVCs reached by anti-stigma and anti-discrimination initiatives
<b>CABA</b>	Number of orphans and/or vulnerable children (OVC) reached
	Number of service providers/caretakers trained in caring for OVC
<b>Nutrition</b>	Number of people receiving food assistance
	Number of people receiving nutritional care and support
<b>Mitigation of household food security</b>	Number of households reached (livelihood access activities)

## President's Emergency Plan for AIDS Relief (PEPFA ) Program Level Indicators

Program/Service Area	Number of service outlets/ programs	Number of faith-based service outlets/ programs <sup>3</sup>	Number of abstinence and faithfulness-focused programs <sup>4</sup>	Number of abstinence only programs <sup>5</sup>	Number of clients served	Number of new clients served <sup>6</sup>	Number of current clients in continuous services for more than 12 months <sup>7</sup>	Number of people trained
<b>Prevention</b>	x (total)	x (total)						x (total)
Behavior Change								
Community Outreach	x		x	x	*			x
Mass Media	x		x	x	x <sup>8</sup>			x
Medical Transmission								
Blood safety	x							x
Injection safety					?			x
STI Management	x				*			x
<b>PMTCT</b>	x (total)	x (total)			x (total)			x (total)
ARV prophylaxis within PMTCT <sup>9</sup>					x			
<b>Counseling and Testing</b>	x (total)	x (total)			* (total)			x (total)
<b>Treatment (ART)</b>	x (total)	x (total)			* (total)			x (total)
ART	x				*†	*†	*†	x
PMTCT+	x				*†	*†	*†	x
<b>Palliative Care (non-ART care)</b>	x (total)	x (total)			* (total)			x (total)
Basic Health Care and Support (excluding TB/HIV)	x, x <sup>m10</sup>				*			x
TB/HIV	x				*			x
<b>OVC</b>	x	x			*			x
<b>Labs</b>	x							x
<b>Strategic Information</b>								x
<b>Other: Policy and Systems Strengthening (Capacity Building)</b>	x	x						x

<sup>3</sup> Number of faith-based service outlets/programs is a subset of the number of service outlets/programs.

<sup>4</sup> Number of abstinence and faithfulness-focused programs is a subset of the number of programs.

<sup>5</sup> Number of abstinence only programs is a subset of the number of programs.

<sup>6</sup> Number of new clients is a subset of number of clients.

<sup>7</sup> Number of clients in continuous service is a subset of number of clients.

<sup>8</sup> Mass media programs will need to estimate program coverage of clients served.

<sup>9</sup> Number of PMTCT clients receiving ARV prophylaxis is a subset of the total number of PMTCT clients.

<sup>10</sup> Number of all Basic Health Care and Support (excluding TB/HIV) service outlets/programs providing malaria care and/or referral; this is a subset of the number of all Basic Health Care and Support service outlets/programs

## Other sources for HIV/AIDS Program Indicators

### **USAID Expanded response guide to core indicators for monitoring and reporting on HIV/AIDS programs**

This guide focuses on the new areas of USAID's Expanded Response to HIV/AIDS including care, support, and treatment for people infected and affected by HIV/AIDS with a special focus on women and children.

It describes the motive and need for an expanded response to existing monitoring and reporting systems; targets for the expanded response; country priorities for the expanded response; indicator framework; and reporting requirements for core indicators and additional indicators<sup>11</sup>.

The following themes are covered in this guide:

- ⇒ Care, support and treatment:
- ⇒ Mother-to-child transmission of HIV
- ⇒ Orphans and other vulnerable children
- ⇒ Multisectoral HIV/AIDS programmes:
- ⇒ Human capacity development:
- ⇒ Stigma and discrimination

**Website:** [www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/monitoreval/expandedresponse.pdf](http://www.usaid.gov/our_work/global_health/aids/TechAreas/monitoreval/expandedresponse.pdf)

### **The HIV/AIDS Survey Indicator Database (UDSAID, UNAIDS, UNICEF, WHO, CDC, ORC MACRO):**

This database provides a comprehensive source of information on HIV/AIDS indicators that is easily accessible and derived from a variety of sample surveys. The database also allows the user to produce tables for specific countries by selecting background characteristics or creating cross-country or cross-region comparison tables.<sup>12</sup>

**Website:** [www.measuredhs.com/hivdata](http://www.measuredhs.com/hivdata)

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<sup>11</sup> <http://www.eldis.org/static/DOC13354.htm>

<sup>12</sup> <http://www.measuredhs.com/hivdata>

## **AIDSQuest: The HIV/AIDS Survey Library:**

The objectives of Horizons AIDSQuest are to:

- Create a resource for researchers and others who are developing standardized questionnaires and other instruments related to HIV/AIDS research;
- Bring together information on the development and prior use of surveys as available;
- Offer methodological tips on developing AIDS-related questions;
- Provide a forum for new and innovative surveys or scales; and
- Encourage the widespread use of similar questions in surveys worldwide, to facilitate comparison and validity of results.

In addition to the collection of surveys, the survey library provides methodological advice on how to measure key topics for HIV-related research. This section of the library highlights different ways that key topics—such as “self-efficacy” or “condom use”—have been asked in a variety of surveys. The section is organized into topic areas to facilitate comparison and selection of the questions you may want to include in your survey. The topics range from psycho-social issues, to community-based issues, to structural and demographic issues. Some of the issues could be included in more than one topic area—to simplify the library, they have been included only once. Links to the survey instruments used as sources for the questions can be found in the "[Instruments](#)" section.

Website: <http://www.popcouncil.org/horizons/aidsquest/description.html>

## List of Resources

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Friis, R and T Sellers. 1999. *Epidemiology for Public Health Practice*. Gaithersburg, Aspen Publishers Inc.

International HIV/AIDS Alliance and KHANA. 2000. Participatory Monitoring Workshop Minutes.

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USAID Center for Development Information and Evaluation. 1996. Selecting Performance Indicators. Performance Monitoring and Evaluation TIPS. USAID. Washington DC.

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# ABOUT THE EDITORS

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**Meera K. Shah.** Ms. Shah is a development consultant and trainer. She has been working in the development field for over twenty years and has been involved in developing and promoting participatory approaches and processes in natural resources management, local institution development, sustainable livelihoods, post-conflict and disaster rehabilitation, policy research and advocacy including participatory poverty assessments, gender analysis, and monitoring and evaluation. Previously she was with the Aga Khan Rural Support Programme (AKRSP), India, where she helped pioneer, with others, participatory rural appraisal methodology. Meera has co-authored *Voices of the Poor: Crying Out for Change* (2000), co-edited *The Myth of Community: Gender Issues in Participatory Development* (1998) and *Embracing Participation in Development: Wisdom From the Field* (1999).

**Sarah Degnan Kambou, Ph.D.** Dr. Kambou is Director of the HIV/AIDS and Development team at the International Center for Research on Women (ICRW) in Washington, DC. Her work is centered on influencing policy and practice relating to gender, sexuality and HIV/AIDS. Prior to joining ICRW, Dr. Kambou worked with CARE, serving across sub-Saharan Africa in various field positions. While with CARE, she introduced participatory approaches into CARE reproductive health and HIV/AIDS programs in Togo, Zambia, Rwanda, Somaliland, Sudan, Mali and Côte d'Ivoire. Before CARE, Dr. Kambou held the position of Deputy Director of the Center for International Health at the School of Public Health at Boston University. While at BU, Dr. Kambou worked extensively in South and Southeast Asia. She holds an M.P.H. in Health Services Delivery and a Ph.D. in International Health Policy from Boston University.

**Lakshmi Goparaju, Ph.D.** Dr. Goparaju has many years of experience in applied research, monitoring & evaluation and capacity building. Dr. Goparaju's experience spans over HIV/AIDS, reproductive health, family planning, sexuality, gender, youth, and women's development. She has also developed and delivered training modules on and participatory monitoring & evaluation and sexuality & gender. Dr. Goparaju has worked with community-based organizations, NGOs and international NGOs as well as serving as a M&E Advisor to the CORE Initiative. Currently, Dr. Goparaju is working as a consultant.

**Melissa K. Adams.** Ms. Adams is a Program Associate in the HIV/AIDS and Development team at the International Center for Research on Women (ICRW) in Washington DC. As Program Associate, Ms. Adams provides technical support to the HIV/AIDS team and the CORE Initiative in the areas of monitoring and evaluation, capacity development, needs assessment, and research design. She has experience with participatory action research with mobile populations and has conducted international trainings on stigma sensitization and participatory research methods and tools. Ms. Adams holds a B.A. in Psychology from the University of Virginia, and an M.P.H. in Behavioral Sciences and Health Education from the Rollins School of Public Health at Emory University.

**James M. Matarazzo, Jr.** Mr. Matarazzo, has been seconded by the World Council of Churches to work as Faith Advisor to the CORE Initiative. As Faith Advisor, he provides support around key faith perspectives concerning the HIV/AIDS pandemic. He received his BA from Bates College and undertook graduate theological studies at the University of Edinburgh, Scotland and the University of Cape Town, South Africa. He received his Master of Divinity degree from Union Theological Seminary in New York. He has over eight years of HIV/AIDS program management experience, including serving as Senior Project Director and Administrator of the Lifespan/Tufts/Brown Center for AIDS Research, a dual campus, National Institutes of Health (NIH) funded, university based research institute. As a licensed minister in the United Church of Christ, he has bivocational background with over ten years of congregational leadership experience, including serving churches as interim pastor.