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

Second Edition

September 2006

CORE INITIATIVE

Communities Responding to the HIV/AIDS Epidemic

Support for this communication is provided by the Global Bureau of Health, U.S. Agency for International Development (USAID), under the terms of the CORE Initiative Award No. GPH-A-00-03-00001-00. The CORE Initiative is a USAID-funded global program whose mission 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 worldwide. Leading this initiative is CARE/USA in partnership with the International Center for Research on Women (ICRW), the International HIV/AIDS Alliance, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), and the World Council of Churches (WCC). The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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Graphic Design: Fran Mueller, Multimedia Service Center at the Johns Hopkins Bloomberg School of Public Health/ Center for Communication Programs

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PREFACE

The CORE Initiative is pleased to release the second edition of this participatory monitoring and evaluation manual. We hope that the content, format, and examples will be useful to organizations as they strive to improve the effectiveness of their community HIV and AIDS projects.

This manual has been especially designed for local implementing agencies. Several community- and faith-based organizations provided examples and narrative for inclusion in this manual, 'grounding' the manual in reality.

People often feel overwhelmed and confused by monitoring and evaluation (M&E) due to the many ways to undertake it, and because it is often assumed that only professional M&E experts can undertake such an endeavor. The ideas in this manual are not a mandatory M&E system with which all projects must comply. The manual describes what is considered – and has proven to be – good practice in project M&E, with examples from organizations' 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 the opportunity to apply concepts of monitoring and evaluation.

This manual is about using monitoring and evaluation to improve the impact of community-based HIV/AIDS 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, community members are the ones best placed to assess project impact. The manual suggests ideas for implementing this and other forms of participatory M&E.

No document, including this manual, can provide everything an individual or organization needs to know about M&E. Other supporting measures are needed, including training, technical assistance, and adequate resource allocation.

The CORE Initiative would like to hear about organizations' experiences in using participatory monitoring and evaluation, including how organizations are using participatory methods and tools to monitor and evaluate project activity.

The CORE Initiative is committed to working with organizations to strengthen community responses to the HIV/AIDS epidemic. The CORE Initiative hopes that organizations find this document a useful and powerful tool for improving their work and the lives of individuals in the communities which they serve.

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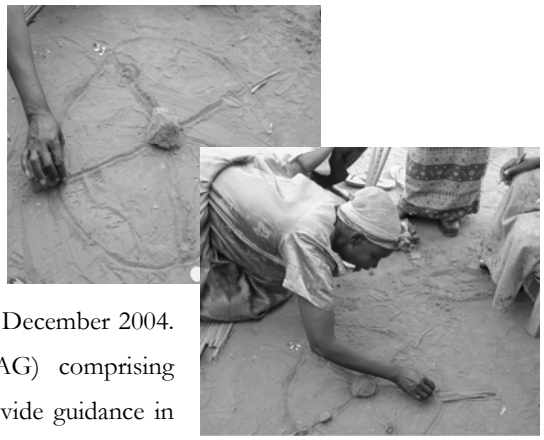
ACKNOWLEDGMENTS



As with any new endeavor, the authors of this participatory monitoring and evaluation (PM&E) manual greatly benefited from consultations and interactions with numerous colleagues working in the field of HIV/AIDS and development. A prototype version was first developed and posted on the CORE Initiative web site in December 2004. At the beginning of 2005, a Technical Advisory Group (TAG) comprising international experts in participatory approaches was set up to provide guidance in the field-testing and review of the prototype version, which was field-tested in Uganda and Malawi. This manual therefore has been positively enhanced by the stimulation, recommendations, and feedback received from the field-testing and from the TAG members, and the authors wish to extend thanks to all individuals and organizations who contributed in this way.

The authors gratefully acknowledge collegial contributions from the following individuals: Jane Gaithuma, Program Officer (Children and HIV/AIDS), WCRP; Daniel Kabira, USAID Office of Evaluation; Ron Kamara, HIV/AIDS Advisor, UCS; Manoj Kurian, Program Officer (Health and Healing), WCC; and Fiona Samuels, Director of Evaluation, International AIDS Alliance. Debbie Humphries, who worked with Melissa Adams during the field-testing of the manual in Malawi and Uganda, is also acknowledged. For editing and graphics support, the editors thank Margo Young and Jennifer Ramsey of ICRW, as well as Antje Becker-Benton and Lori Rosman of the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) for their contributions and endless good will.

In addition, the authors of this manual greatly benefited from discussion and materials developed during a workshop hosted by the Inter-Religious Council of Uganda (IRCU) in Kampala, Uganda and from involving multi-religious faith-based organizations currently implementing community HIV/AIDS programs. These materials have allowed the editors to illustrate the narrative with visual examples from everyday life. The authors 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 authors thank CORE Initiative Director Kathleen Tilford, Deputy Director Moussa Abbo, former Director Kristin Kalla, and former Program Manager Patricia Mechael for their unwavering support and enthusiasm for the manual's development and field-testing.

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
CABA	Children Affected by AIDS
CBO	Community-Based Organization
CCP	Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs
CORE Initiative	Communities Responding to the HIV/AIDS Epidemic
FBO	Faith-Based Organization
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
ICRW	International Center for Research on Women
IDU	Injecting Drug User
IEC	Information, Education, and Communication
KII	Key Informant Interview
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OVC	Orphans and Other Vulnerable Children
PLHA	People Living with HIV/AIDS
PM&E	Participatory Monitoring and Evaluation
PMTCT	Prevention of Mother-to-Child Transmission
PO	Program Officer
STI	Sexually Transmitted Infection
TAG	Technical Advisory Group
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

CHAPTER 1

INTRODUCTION TO THE CORE INITIATIVE

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 International Center for Research on Women, the International HIV/AIDS Alliance, the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), and the World Council of Churches (WCC).

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 CORE INITIATIVE'S MISSION

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

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, and care and support.

THE CORE INITIATIVE APPROACH

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 the risk of becoming infected by promoting behavior change and 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 starting with rights which can reduce individual vulnerability to HIV, and culminating with rights ensuring access to health care 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 toward 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 values 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.

CORE INITIATIVE-SUPPORTED PROGRAMMING

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 and South and Southeast Asia. The CORE Initiative's small grants program emphasizes opportunities for learning and for sharing promising practices and documenting results. As part of good programming practice, the 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 people living with HIV and AIDS beyond being the beneficiaries of services
- Support and active participation of communities that will benefit from project activities in project development, implementation, management, monitoring, and evaluation

PROGRAMMATIC FOCUS AREAS

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 treatment because people living 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 OVC and the long-term mechanisms that must be established in communities to support them and the women and elderly who are increasingly fulfilling the role of caretakers. Children affected by AIDS (CABA) also face both short- and long-term demands that threaten their health, education, and development.

Stigma reduction

Stigma and discrimination are two key barriers to effective community action against HIV/AIDS. The CORE Initiative addresses both primary stigma against people living with HIV/AIDS and secondary stigma against those affected by the disease, including orphaned children, female caregivers, and the elderly. Focused anti-stigma programming includes encouraging the involvement of people living with HIV/AIDS across all areas of program implementation and is critical considering recent evidence suggesting that the Greater Involvement of People Living with HIV/AIDS Guidelines are not fully practiced by many organizations.

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 [e.g. abstinence, delayed sexual debut, faithfulness, partner reduction, correct and consistent condom use, risk reduction for injecting drug users (IDUs), and prevention of mother-to-child transmission (PMTCT)] and addressing the social factors that leave communities vulnerable to risky behavior, such as a lack of information and education, gender inequality, and poverty. The CORE Initiative is addressing individual and community behaviors and norms in order to promote risk reduction and social change. CORE Initiative activities help people address barriers to change by using comprehensive and multi-sectoral approaches. The CORE Initiative also uses advocacy to address the political and economic context.

"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

CHAPTER 2

MONITORING AND EVALUATION AS A PROCESS

MONITORING AND EVALUATION: Definitions

Monitoring is an ongoing activity during the life of a project. It is through monitoring that a project is able to determine what progress has been made in relation to the workplan. Monitoring helps determine whether a project is on track and if any of its strategies or activities need to be changed so that it can be as successful as possible.

Evaluation determines how successful a project has been in meeting its objectives. It also helps assess the impact of project activities on desired outcomes, like knowledge or behavior change. Project evaluation begins with a baseline survey that is conducted before project activity begins; project evaluation concludes when data is collected again through an end-of-project survey and then compared to baseline data. When funds allow, some projects also conduct a mid-term evaluation halfway 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, and monitoring and evaluating project activities. While it is true that a local CBO, FBO, or non-governmental organization (NGO) plays a key role in project implementation, with the conventional approach there is typically limited input from beneficiaries or participants at the initial stages when the project is being developed.

In contrast to conventional approaches, participatory design, monitoring, and evaluation promote and sustain relationships between and involvement of different stakeholders, within and outside the CBO or FBO. Involving the community from the beginning ensures that the project evolves around people's felt needs, and is therefore more responsive 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 behaviors. Participatory monitoring and evaluation is in itself a capacity-building activity – it builds CBO, FBO, and community capacities not only in design, monitoring, and evaluation but also in project management.

THE PROJECT CYCLE: CONVENTIONAL VERSUS PARTICIPATORY M&E

The project cycle refers to the process through which a project evolves, from 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. Once a project is underway, it is desirable to learn from experience and adapt the project's strategies and activities as implementation continues. Typically, a project organized along more conventional lines, that is, with limited involvement of beneficiaries, goes through seven phases as shown in the box on the left.

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

The project cycle for a participatory project is somewhat different from that used in a conventional project. As indicated in the box below, a participatory project builds on the involvement of the community at every stage of the project process. Participatory development is an incremental process that 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. it 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.

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

COMPARING CONVENTIONAL AND PARTICIPATORY M&E

Participatory development is not a new idea. Globally, there has been considerable experience in participatory development processes. The 1990s witnessed an explosion of new ideas, methods, and experiments in participation. There also exists a rapidly growing body of literature on participatory development. However, 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. This section highlights 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 development projects funded with foreign assistance money. 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 defines expected outcomes and designates 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 submitted.

What tends to happen is that CBO and FBO staff who collect monitoring data are not always sure why they are collecting the data, but pass it up the chain of supervisors until it is eventually incorporated into a report for the donor. Monitoring data collected under these circumstances is not often analyzed by field staff and is 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 conducted 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, stakeholders often do not receive a copy of these reports.

Not surprisingly, with such an approach, monitoring and evaluation typically are viewed as an unavoidable burden conducted 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 data when they are asked, and the CBO and FBO play only a passive role in collecting and providing data 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 is 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.

Conventional M&E

Participants representing a range of faith-based organizations in Uganda assisted the CORE Initiative in developing materials for this 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 goes 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.

Participatory monitoring and evaluation differs significantly from conventional M&E in that the community, beneficiaries, and people involved in designing and implementing the project also are involved in monitoring and evaluation throughout the project's duration. In consultation and collaboration with donors, the community, beneficiaries, and implementers decide what will be monitored and how the monitoring will be conducted. Together, they analyze the data 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.

> ***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, is conducted in a participatory manner.

Participatory monitoring enables project participants to generate, analyze, and use information for their day-to-day decision making as well as for long-term planning. In participatory evaluation, just as in participatory monitoring, the beneficiary community and CBOs or FBOs together decide how to conduct the evaluation – its timing, scope, and

methodology. The group also determines what they would like to find out through the evaluation. They decide the issues and indicators that will be covered by the evaluation and 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 is easy to conduct a participatory evaluation at the end.

While conventional monitoring and evaluation focuses on the measurement of results – service delivery, information dissemination, behavior change, etc. – participatory monitoring and evaluation focuses on the 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.

Participatory M&E

In this visual, participants from the materials development workshop held in Uganda show how the flow of information is multi-dimensional with participatory monitoring and evaluation. First, information is generated and shared at the community level through a focus group discussion. Then it is processed by the Program Officer or 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.

The following table, developed by Françoise Coupal, summarizes the differences between conventional M&E and PM&E:

Conventional M&E vs. Participatory M&E

	Conventional M&E	Participatory M&E
Who Initiates?	Donor	Donor and project stakeholders
Purpose?	Donor accountability	Capacity building, increasing ownership over results, and multi-stakeholder accountability
Who Evaluates?	External evaluator	Project stakeholders assisted by a PM&E facilitator
Terms of Reference	Donor with limited input from project	Project stakeholders
Methods	Survey, questionnaire, semi-structured interviewing, focus group discussions	Range of methods such as Participatory Learning and Action, Appreciative Inquiry, and testimonials
Outcome	Final report circulated within the donor institution, with copies to project management at the CBO or FBO	Better understanding of local realities; stakeholders involved in analysis and decision making regarding project information; stakeholders able to adjust project strategies and activities to better meet results

Source: Coupal 2001.

The examples below illustrate the two approaches to monitoring and evaluation. It may be beneficial 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 of reducing 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 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. Therefore, CBOs and FBOs should expect that most donors will include a requirement in grants and contracts

for the regular submission of program and financial reports. It is 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 donors, given their needs, seek 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 is easy to provide this kind of data to a donor, and it is also useful data for the project staff and community members. However, this does not imply that qualitative information is less valuable than quantitative information. Often qualitative data tells the story behind quantitative data. When reporting to the donor, this data allows field staff to explain why things have not progressed as planned; when discussing project progress with the community, this data allows field staff, beneficiaries, and community members to adapt an activity 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, or 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.

CHAPTER 3

PARTICIPATORY APPRAISAL

WHAT IS PARTICIPATORY APPRAISAL?

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 conducted at the village or community level in rural areas or at the neighborhood level in urban locations.

WHY DO WE NEED PARTICIPATORY APPRAISALS?

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?

Someone who works for the CBO or FBO which is 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 community members in analyzing their own situation, and enabling them to take part in deciding the activities that will be implemented, the participating communities 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 CONDUCTED?

Participatory appraisals should be conducted before designing project activities – in fact, a participatory appraisal should be conducted as the first step in the project development process. However, if a project is already in the implementation stage, it will probably not be possible or efficient to start the design process again from the beginning. Nonetheless, it would still be useful to conduct a participatory appraisal, as findings from the appraisal can be used to modify planned activities and the implementation process as needed.

> Even if a participatory appraisal is conducted after a project has already started, it can still successfully introduce a participatory monitoring process.

For CBOs and FBOs that have already conducted 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 is important that the previous appraisal included the community when identifying indicators for monitoring the

planned activities and the process. If these indicators are not already available, it is possible to develop them if there are good records of the previous appraisal.

WHO SHOULD PARTICIPATE IN THE PARTICIPATORY APPRAISAL?

Ideally, participatory appraisals should be conducted in all the communities in which an organization plans to work. However, there may be differences in the way these appraisals are conducted 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 to enlist and train community volunteers to conduct participatory appraisals so that they have the skills to facilitate the process in their own communities and in neighboring communities. This transfer of skills and responsibility is possible if the process is kept simple and if it is demonstrated 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, such as 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 will help planners understand the local situation and will also help to verify the analysis conducted by different groups in the community.

In participatory appraisals and M&E, extra effort should be made to meet the need of certain participants such as working men and women, women with children, and other groups.

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

PLANNING FOR A 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 a participatory appraisal.

1. Refer to the **proposed project objectives** in order to determine potential topics for a participatory appraisal. Be clear on why the participatory appraisal is being conducted. If a project plans to work on preventing the spread of HIV, project participants should select topics that are related to this objective.

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

Community members can play an important part in the success of a project if they are invited to participate in participatory appraisal meetings before the start of the project.

Once these steps are complete, begin preparing to work with individual communities. This involves the following steps:

Step 1: 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 conducted 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 or location in a village or neighborhood). Having different groups analyze the same issues helps in verifying the results and understanding whether there are any differences in experiences and concerns among the different groups within the same community. For example, working with different groups could help identify whether women and men have different views on condom use or if older and younger men receive the same information about how HIV is transmitted. In addition, some topics tend to be personal and sensitive in nature. For example, many people do not feel comfortable discussing their sexual behavior in a group. Therefore, such issues are best discussed at an individual level.

Step 2: 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 the project moves to other communities. New issues may emerge from the discussions that need to be included, or other issues may turn out to be less important and can be dropped from the list. It is also possible that some issues are more important for some communities, while less important for other communities with different experiences and concerns.

Step 3: Begin the participatory appraisal.

Usually an outsider, someone 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 should have good listening skills and should not ask leading questions or closed questions, as these questions imply an answer.

For example, "Do you get information about HIV/AIDS on the radio?" limits the possible responses, leading the respondent to answer "yes" or "no". However, asking, "Where do you get information on HIV/AIDS?" will allow the person responding to list all of the places where he or she receives HIV/AIDS information.

The facilitator's responsibilities include:

- Asking questions that initiate a 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

Facilitation is best done in teams. There should be 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 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 sex to each group.

Step 4: Record all data obtained in the appraisal process.

Taking notes in the field during the appraisal is very important. A lot of data is generated and analyzed during the group discussions. If this data is not recorded, it may 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 data 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 discussions, including what people did or did not agree upon and the reasons for agreement and disagreement, as well as the visual outputs (for example, maps, lists and rankings, or diagrams).

Daily reports are written at the end of the fieldwork each day. This ensures that all members of the facilitation 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 an organization has never conducted a participatory appraisal before, they should practice in a couple of communities before conducting the appraisal in all of the areas in which it plans to work. Testing the process can help in finalizing the

checklist of issues that are important to the community and in generating the confidence needed to facilitate the process in a large number of communities.

Key Elements of Participatory Appraisals

- ***Be flexible:*** 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 important themes for the discussion are not omitted. At the same time, be prepared to discuss any new issues that may come up at the community level. It is 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 is available and with which the groups 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 can be used in participatory appraisal.
- ***Choose the facilitators well*** because 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.

PARTICIPATORY METHODS AND TOOLS

There are a number of methods and tools that can be used in conducting participatory appraisals. Some of the more common methods are focus group discussions, key informant interviews, social maps, listing, ranking, scoring, case studies, and individual life stories.

1. FOCUS GROUP DISCUSSIONS (FGDS)

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, or concerns on the selected topics. This is an important method used in most participatory processes and it has to be used with most of the other methods described in this manual.

Groups of 8-15 people are usually 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. In addition, it often works best to have separate discussions with different sets of people – men, women, adolescents, etc.

Why are FGDs used?

FGDs work best when held with separate groups of similar participants such as men, women, and youth.

Group discussions are important as a means of engaging all 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 will include discussions, but may also include the preparation and discussion of a visual. These group discussions also provide an opportunity to discuss results, including visuals, from other groups. 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 to meet for the discussions. At other times discussions are held spontaneously, whenever an opportunity arises at the community level. For instance, if a group of women are waiting outside the health center, they could be invited for a discussion or a group discussion could 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 at a time by the facilitator. Once the facilitator introduces the topic, s/he allows the group to discuss the issue 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 will emerge during the FGD. The facilitator should be flexible and allow some diversions from the plan, but at the same time, ensure that the overall direction of the discussion is not lost.

2. KEY INFORMANT INTERVIEWS (KIIS)

Who are Key Informants?

Key informants are people in the community who are knowledgeable about social and community issues. Such people might include the chief, village leaders, teachers, health workers, police officers, and representatives of specific community groups.

Key informants provide useful information on issues affecting their communities.

What is a Key Informant Interview?

A key informant interview is a face-to-face meeting between a trained interviewer and a person knowledgeable in the area of interest who is willing to share the information and insight with the researcher. Key informant interviews may include information on community and social services such as education, health, employment, religion, crime, and issues related to women's and children's rights.

3. SOCIAL MAP

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, and the households located there. Social facilities include such structures as schools, health centers, water sources, roads, playgrounds, meeting places, shops, and places of worship. 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. If not prepared on paper, it should be immediately copied on to paper to keep a record for further use. Color markers and symbols can be used to show the different features of households (e.g. female-headed households or households with orphans) and social facilities.

It is the community participants who prepare the social map, not the facilitator. Once the participants start preparing the map, the facilitator observes the process and asks questions, if needed, after they have completed the map.

When is a social map prepared?

A social map should be prepared early on in the appraisal process. This is an easy and fun method to use and it helps in building rapport with the community. It is also a very important tool for planning and monitoring 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 processes. Therefore, it is important that it is recorded properly on paper.

How is a social map prepared?

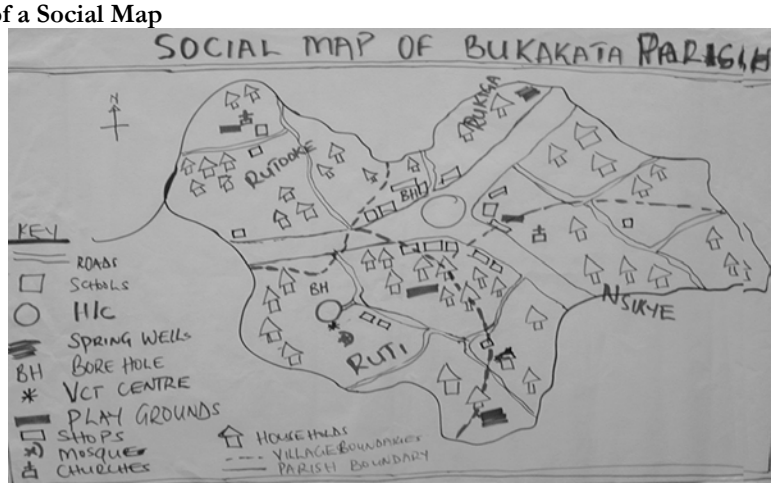
Social map preparation, like most participatory methods, is best conducted in a group. The process starts with a discussion about the neighborhood or village and the facilitators ask the community members to describe the area in which they live. Starting questions can include: How big is the community?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

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, or leaves or to simply draw on the ground with a stick.

Participants often start by drawing the roads, some houses, and maybe a few important landmarks like a place of worship or the school. The facilitators should ask the group to show all of the settlement features of which they are aware. Labels or symbols can be used on the map to identify different facilities or features.

Once the map is nearing completion, the facilitators should 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, but not prompt answers. It is possible that the group may overlook some features on their map. The facilitators should ask questions after the map has been prepared and the new data should be added as the discussion proceeds.

Example of a Social Map



The above social map 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, voluntary counseling and testing (VCT) centers, bore holes, and spring wells. Participants at a workshop 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 for more VCT centers, and ones that are regionally representative and accessible.

How is the social map used?

The social map can be of great importance in the participatory planning and monitoring process. In addition to showing the physical features of the neighborhood, the social map also can be used to analyze a variety of aspects of the community, such as the number of households headed by women, the number of households with chronically sick people, the number affected by a death in the household in the last six months, or the number caring for orphans. These can be depicted against the houses in different color or symbols. Mapping this data is a critical component of the baseline. This is the basic data on which the project activities will be designed and monitored. Hence, the social map can be a tool for several purposes: appraisal, planning, monitoring, and evaluation. The same map can be used continually to review the progress of planned activities at the community level. Since it is the community members who prepare the map with all this data, it is very easy for them to monitor the progress using such a map.

4. LISTING

What is listing?

Listing refers to gathering and putting together several options, views, types, or experiences 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, the health center, or pamphlets. By preparing a list of all the different responses, the facilitator ensures that a complete picture of the situation is represented and the group does not end up focusing on only one or two issues.

When is listing used?

Listing can be used whenever there is more than one option on a topic or when there are several views on the subject. For example, when discussing sources of information on HIV/AIDS, participants in the FGD may mention several options – radio, friends, magazines, or the health center. Since there can be several sources of information, it is useful to prepare a list in order to discuss each one of them systematically during the group discussions.

Example of Listing

Question	Responses from Participants
In your village, what are the sources of information on HIV/AIDS?	• Radio • Village health workers • Friends • Family members • Health center • Traditional healers
In your village, where do people first go to seek advice if they suspect they might have contracted HIV?	• Health center • Traditional healer • Friends • Priest

5. RANKING

What is ranking?

Ranking is a method which is used to evaluate options in a sequence. It is the same as giving a rank to each student in a class after an exam. All the students take the exam and are given grades for their performance. Based on these grades, 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. The 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 is a very useful method for analyzing people's preferences and how they make choices when faced with several options. It helps in analyzing people's decision-making process and in determining the different criteria people use when making these choices.

How is ranking conducted?

Once the discussion starts on a selected topic, the group will prepare a list of different options available to them under that topic (e.g. sources of information, different types of contraceptives, or preferences for sex partners). Once all the options have been listed (on paper or on the ground), the group should be asked which one is the most preferred, most important, or most prevalent option, depending on what is being discussed. This would be ranked "one". The next most preferred option should be ranked "two", and so on until 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 basis on which the group makes its decisions. All criteria should be positive; otherwise it makes it difficult to compare the rankings. 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 available options. For example, if discussing sources of information on HIV/AIDS, the group may mention four sources: the radio, posters, friends, and the health center. For criteria they may mention easy access, provides answers to my questions, and good information. Then the facilitator would ask them to rank all the four sources for 'easy access'. Once that is done they repeat the process for the remaining factors. Once completed, the result might look like the following sample table.

Ranking of sources of information on HIV/AIDS

Sources of information	Criteria		
	Easy access	**Provides answers to my questions**	**Good information**
Radio	2	2	1
Posters	3	4	4
Friends	1	1	3
Health Center	4	3	2

6. SCORING

What is scoring?

Like ranking, scoring provides an opportunity to evaluate different choices. It is very similar to ranking; however, scoring provides additional analysis. Continuing with the example of students taking an exam, the ranking after the exam indicates who performed the best in the class. However, looking at the students' scores, the difference in levels of performance between the first- and second-ranked students is also apparent. The student who was ranked first might have scored 95 out of 100, the second 93, and the third 83. This indicates that there was a small (two points) difference between the first- and second-ranked students, but there was a big difference between the second- and third-ranked students (10 points). This suggests that student who finished second could easily improve and become the first-ranked student, but that the third-ranked student would have to work much harder to become first in the class.

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 conducted?

The process remains the same as that described under 'ranking'. The only difference is that instead of giving a rank to every option, the group gives a score to indicate its preference. In order to score all the options, the group must decide the maximum score which can be allotted to each option. There are no rules on what the maximum should be. For example, participants could decide to give scores out of 10, 50, or 100, or whatever they prefer.

Scoring of Sources of Information on HIV/AIDS

Sources of information	**Criteria**		
	Access (scores 1 to 10, where 1= low, 10 = high)	**Provides answers to my questions** (scores 1 to 10, where 1= worst, 10 = best)	**Good information** (scores 1 to 10, where 1= worst, 10 = best)
Radio	6	5	8
Posters	5	3	3
Friends	8	6	5
Health Center	2	5	9

7. CASE STUDIES AND INDIVIDUAL LIFE STORIES

What is a case study?

While there are different types of case studies, this section discusses case studies which record an individual's life story, or life history. These types of case studies can be useful tools in monitoring, as the same person can be visited several times over a period of time, which would help project participants understand the changes in the person's life. Individual life stories and testimonies also can be used to support or verify the results from analysis conducted in groups on different topics.

How are individual life histories prepared?

It can be useful to start with an individual timeline, 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 affected the person's life. In addition, a checklist of selected issues to cover during the individual interviews can be prepared in advance. The facilitators need to be sensitive toward the person being interviewed and should not insist on probing issues the person is not comfortable discussing. All the details from the interview are written up as a case study.

Sample topics and appraisal methods

The following table provides an overview of topics that can be included in participatory appraisals. The table also suggests some of the different types of tools and methods that can be used to gather data on these issues. See Annex A for additional information on appraisal methods.

HIV Prevention	
Activities/data needs	**Methods**
Knowledge, attitudes, and practices relating to reproductive health, contraception, sexually transmitted infections, and HIV/AIDS	• FGDs, KIIs • Listing • Scoring, Ranking
Sources of information on reproductive health and HIV/AIDS	• Social map • FGDs, KIIs • Listing • Scoring, Ranking
Sexual behavior and norms: Age of sexual initiation for males and females Types of sexual relations within the community No. of sex partners and condom use by males and females Reasons people engage in risky sexual behavior	• FGDs, KIIs • Listing • Scoring, Ranking • Trend analysis • Cause-impact diagram
Number, location, and availability of community volunteers trained in home-based care for AIDS patients	• Social map
HIV- and AIDS-Related Stigma	
Activities/data needs	**Methods**
Location and composition of households affected by HIV and AIDS (i.e., caring for an infected person and/or fostering AIDS orphans)	• Social map • Trends analysis
Causes, manifestations, and consequences of HIV and AIDS-related stigma and discrimination	• FGDs, KIIs • Listing • Scoring, Ranking • Cause-impact diagram
Location and characteristics of individuals and institutions demonstrating HIV- and AIDS-related stigma in the community	• FGDs, KIIs • Social map • Trends analysis
Care and Support	
Activities/data needs	**Methods**
Type and location of resources available in the community to support caregivers	• Social map • Listing • Scoring, Ranking
Age, sex, and physical location of AIDS orphans and other vulnerable children in the community	• Social map • Listing
Coping strategies of HIV- and AIDS-affected households	• FGDs, KIIs • Seasonality analysis • Listing • Scoring, Ranking

Remember!

Select the topics for the participatory appraisal depending on the specific focus of the project. Add other issues to this checklist as appropriate.

CHAPTER 4

PARTICIPATORY PLANNING AND DESIGN

This chapter will discuss participatory planning in detail and explain how participatory planning and design is conducted.

WHAT IS PARTICIPATORY PLANNING?

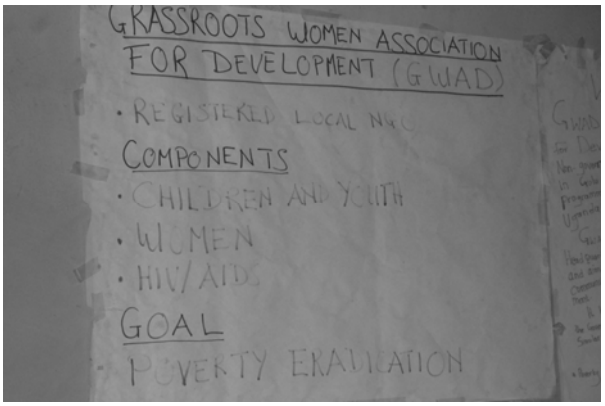
Participatory planning is the process whereby an activity or a project is designed jointly by all the partners – the participating communities (who will be the direct beneficiaries of the activity or project) and the project functionaries. This means that all the key decisions regarding the project will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

- **objective** of the project – what the project hopes to achieve
- **activities** to be implemented
- **implementation process** – e.g. how will trainings be conducted, 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
- **size of the project** – the number of communities, households, or individuals with whom the project will work
- **location** of these selected communities – where will the project work
- **timeline** for the project – how long will the project run and a work plan for implementing each of the activities

HOW TO CONDUCT PARTICIPATORY PLANNING?

The participatory planning process starts with **participatory appraisal** which is described in detail in Chapter 3. At the end of a participatory appraisal process, there should be a detailed analysis on the 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 comes to a close, facilitators should 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 is important to ensure that the community is well represented in the 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 appropriate.



Participatory planning helps in defining the goal, objectives, and activities of a project.

Tips for Planning a Workshop:

- If a big turnout is expected for the meeting, select an appropriate venue. The venue should be well lit, large enough to accommodate everyone comfortably, and have a lot of wall space to display visual outputs.
- Inform everyone well in advance of the meeting. The message should clearly indicate the time and venue for the meeting.
- Provide large sheets of paper, sufficient markers, 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 the meeting is expected to last 3 to 4 hours, it is good to arrange some light refreshments.
- It helps to rotate the responsibility for facilitation. Some community representatives also can be asked to facilitate parts of the workshop.
- Take short breaks during the workshop. This helps maintain the attention 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, concerns, and suggestions generated during the participatory appraisal process

The planning workshop can start with sharing results from the participatory appraisals conducted 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 also can be put together in one list and displayed on the wall.

2. Generate objectives for 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 a few key issues that will form the objectives of the project. The group needs to decide how to prioritize. They could 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. Alternately, they could decide to give scores to all the issues according to their importance and then select the topics that get the highest score.

In project planning, it is important to prioritize and agree on a few key issues that will form the objectives of the project.

Sometimes it is possible that different groups attending the meeting may have differing views and may want to propose different objectives. Such situations can be difficult and need sensitive facilitation. Usually it is best to leave the 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, review 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. The planning meeting is an opportunity to generate ideas for project implementation. This meeting also provides project staff an opportunity to introduce ideas that may not have come spontaneously from the communities. Project staff can introduce 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 are 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 conduct training programs, for instance, they need to decide how many trainings will occur, for whom (men, women, boys, and girls) the trainings will be conducted, and when and where these training activities will take place. The basic framework of a project action plan includes the scope of the activities (for example, the number of training programs, number of households, or number of women's groups), the roles and responsibilities in carrying out the action plan, and the timeline.

Other issues to be considered when planning a project include:

- How will the activities be conducted – will all of the communities have project staff or will there be community volunteers who will take responsibility for some of the activities?
- What will the structure of the project be – for example, will there be 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 will need to be decided at subsequent meetings.

Project planning is only a participatory process when the people the project is intended to benefit 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 better chance of succeeding.

INVOLVING THE COMMUNITY IN IMPLEMENTATION

By carrying out the process described above an overall plan for the project is created. Once the project objectives and activities have been decided, this information should be shared broadly at the community level. The discussion that follows focuses on how activities are operationalized at the community level before implementation begins. This stage in project implementation should 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, the plans should be made available to the general public so that all members of the community have easy access to the information. One useful and simple way to 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's goal is to raise awareness about HIV/AIDS, the project plan may include holding 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 which members from each household participated in each of the trainings.

Similarly, in a 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, the map indicates which households will be supported through the

project. The type of support provided to each household (for example, nutritional support, training, or supplies) can be added every month. Again, the 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 also can 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 representatives of the community
- Promotes transparency in the decision-making process, including 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 activities, is to decide how to ensure the project progresses satisfactorily. This discussion can take place at the meeting described above, or the group can meet again for a separate discussion on monitoring and evaluation. This group may also decide to select a smaller group among themselves to take the responsibility for preparing the monitoring and evaluation plan. The group responsible for M&E must make sure that the monitoring plan is also prepared in consultation 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 implementation occurs according to the plan. Once community members have been directly involved in planning project activities, it is easy for them to take an active role in deciding what needs to be monitored and evaluated and how it 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 should come from the participating communities, project staff and other 'outsiders' can also share ideas and experiences which 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.

CHAPTER 5

SELECTING INDICATORS FOR PARTICIPATORY MONITORING AND EVALUATION

'Indicator' is a word used very often in monitoring and evaluation, because indicators play an important role in participatory and conventional M&E. This chapter presents indicators, their selection, and their use in monitoring.

WHAT ARE INDICATORS?

The word indicator is a very literal word: indicators, "***indicate or tell*** something about something" (National Institute of Public Health Phnom Penh, 2000). Indicators are signals: they indicate the status of, or change in, something. They work as markers like milestones on the roadside which indicate the distance traveled, or the location at a given point.

Monitoring is an activity that takes place throughout everyday life, even though it is not usually referred to as 'monitoring'. Individuals monitor their own activities. They monitor how rice cooks or whether crops are growing as they should. There is monitoring involved with any activity. Indicators show whether progress is being made or whether the activity is heading in the right direction. They also show whether the objectives have been achieved. In the example of cooking rice, the following activities and corresponding indicators can be identified:

Stage	Indicator
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	The rice is ready to eat!

When implementing projects, indicators are used to check project progress and results. Indicators are 'measures' that demonstrate progress and results to project staff and volunteers, to the beneficiary community, and to the donors.

In most projects there are two types of indicators: one type indicates the project's stage of implementation – the progress in completing planned activities. These are called process indicators. They indicate how much work has been completed. The other type of indicators describes the level of change achieved through the activities. These are called change indicators. They are also referred to as results indicators since they indicate the results that are achieved through the project's intervention. Indicators are, therefore, used to track progress and change. The chart in the next section

uses the rice-cooking example to demonstrate which indicators are process indicators and which are change/results indicators.

PROCESS AND CHANGE INDICATORS

Process Indicators
Indicators that show the progress of planned project activities; directly linked to activities

Change Indicators/Results Indicators
Indicators that show the results of project activities; directly linked to objectives and expected results

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 if those objectives are achieved.

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

WHAT MAKES A GOOD INDICATOR?

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 a project for AIDS orphans, the objective might be 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, it is necessary to first agree on the definitions of "AIDS orphan" and "nutritional supplements" to be used for the purposes of the project. This ensures that project staff and community members in all of the project sites are recording standardized data on this particular activity.

Good indicators should be useful in the establishment of "trigger points" for action. Good indicators are sometimes referred to as CREAM indicators:

- **C**lear - precise and unambiguous
- **R**elevant - appropriate to the subject at hand
- **E**conomical - available at reasonable cost
- **A**dequate - provides a sufficient basis to assess performance
- **M**onitorable - amenable to independent validation

Sometimes it is necessary 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. Proxy indicators for community-level stigma reduction activities may include the number of AIDS orphans being hosted in extended family households or the number of orphans admitted to 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:[1]

- **Review objectives carefully.** Try to understand exactly what they are saying.
- **Avoid formulating objectives in a broad manner**. Broad 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 from the project's intentions in the objective such as "educate X number of young adults living in village XYZ about HIV prevention within six months". This will lead to specific indicators such as "knowledge of HIV transmission" or "knowledge of HIV prevention". Also, project beneficiaries should be defined – do the beneficiaries include the entire village or school, selected families or classes, or individual community members or students. It is important to clarify these details of project implementation at the objective level because they determine the selection and definition of indicators and influence analysis. For each indicator, project staff/volunteers need to know what the ultimate unit of analysis should be – individuals, family, school, or community.
- **Be clear about what type of change is implied.** What does the project expect to change – knowledge, attitudes, behaviors, situations, laws, policies, or the social environment? At what level does the project plan to affect change – at the individual, household, group, or community level?

QUALITATIVE AND QUANTITATIVE INDICATORS

Generally, indicators are classified as either quantitative or qualitative.

Quantitative indicators are numeric. Examples of quantitative indicators include:

- number of people trained
- number of HIV/AIDS pamphlets distributed
- number of orphans served
- number of people treated for sexually transmitted infections
- number of people living with HIV and AIDS who are on antiretroviral treatment

Qualitative indicators describe the state of something using words rather than numbers. Examples include:

- people living with HIV are allowed to attend religious services

[1] Adapted from USAID Center for Development Information and Evaluation. "Selecting Performance Indicators". *Performance Monitoring and Evaluation TIPS*. http://www.usaid.gov/pubs/usaid_eval/pdf_docs/pnaby214.pdf.

- HIV-positive children are allowed to attend school
- AIDS widows are allowed to receive inheritance

It is important to define the indicators clearly at the beginning of the project, especially when using qualitative indicators. Defining qualitative indicators clearly is crucial to ensuring that everyone has the same understanding and that the indicators are not interpreted differently by different people.

Indicators that will be monitored over a period of time should ideally not be changed. 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 are practical and that data can be collected on a regular basis. It is also important to ensure that the data can be collected at a reasonable cost and in reasonable time.

Indicators for Faith-Based HIV and AIDS Projects

At a materials development workshop held with faith-based organizations in Uganda, participants brainstormed about the type of information that would be useful to them in monitoring their projects and developed potential indicators for faith-based projects 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:

Capacity Building	Number of religious leaders trained on facts about HIV/AIDS
Pastoral Counseling	Number of people affected by HIV who are accessing pastoral counseling services
Care and Support	Number of people affected by HIV/AIDS who are receiving care and support from FBOs
Awareness	Number of compassionate HIV/AIDS messages offered by FBOs
Advocacy	Number of HIV/AIDS-sensitive advocacy policies approved by FBOs

WHO SELECTS INDICATORS

In the rice-cooking example, 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 was able to use the same indicators to describe the 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, which is fine. For example, in an HIV prevention project, the donor may focus on number of condoms distributed while the community may be more concerned about what group of people is receiving those condoms. These are basically two aspects of the same expected result. It is 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 quantitative and qualitative indicators that achieves this purpose.

STEPS IN DEVELOPING AND SELECTING INDICATORS

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 as a result of the project. Study the intended activities and discuss whether they directly or indirectly lead to intended change.

2. Develop a list of possible indicators by brainstorming among 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 Annex D 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 the list will be narrowed later.

3. Review and discuss each indicator included on the list. Compare it with alternative indicators, and see which best suits the 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 and analyze data.

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 it is to collect, analyze, and interpret the data.

6. There are no rules about selecting quantitative (numeric) or qualitative (descriptive) indictors. The monitoring group should use its own judgment when selecting the type of indictors to be used.

7. If a project continues to implement an activity over a long period of time, the same indicators should be monitored throughout. 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, and condom sales by location.

8. When collecting data on indicators which require counting people, remember to count people by sex and then by age, location, or other characteristics depending upon relevance. This is important because people are not the same, and depending on their sex, age, or other background characteristics, their situations may differ. For example, the 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. When selecting indicators, ensure that it is possible to collect reliable data on a continuous basis. Once indicators are selected, it is necessary to decide how data will be collected. Be sure to consider which methods are best suited to collect data on the different indicators. Refer to some of the participatory methods described in Annex A of this publication.

10. Based on the group discussion, write down each indicator's definition and how data is going to be collected on it, including the sources of data, frequency and timing of data collection (once a month, every two months, etc.), and who will collect the data.

11. Think about all of the information/data needs when setting up recording mechanisms. For example, when measuring condom sales, a sales person could record the number of condoms sold to each male and female client in a sales register.

Note: Many of these steps will be conducted simultaneously. They are listed separately above to help explain the steps in the process.

HOW ARE INDICATORS USED IN MONITORING?

Data that is collected 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 – weekly, bi-weekly, or monthly, depending on the project needs and group availability. It is important to involve project beneficiaries in this group. Remember that the group should divide responsibilities of reporting on indicators among themselves. Monitoring group members should divide themselves into smaller groups of two or three, and each group should take responsibility to report on a few – say

two or three – 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 the meticulous gathering of data. The overall monitoring group should discuss, accept, modify, or strengthen the analysis of the smaller groups. Once this is done, it should be presented to the community and the CBO/FBO who is implementing the project in their monthly or quarterly meetings. During this meeting, participants will discuss the monitoring results and the recommendations and decide whether any changes need to be made in the activities.

Remember!

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

CAN INDICATORS BE ADDED OR MODIFIED AT A LATER STAGE?

While it is important to identify the indicators at the beginning of the project, it is also important to occasionally reassess the indicators to determine whether or not they are measuring what they were expected to measure and whether continued use of those indicators makes sense as the project progresses. If any adjustments were made to the project's objectives or activities, it may be necessary to adjust the indicators to reflect modifications in objectives and/or activities.

Key Learning Points

- Indicators show the status of things, situations, or changes. They also work like markers on the side of the road which indicate the distance traveled or one's location at a given point in time.
- There are two types of indicators: process indicators and change/result indicators.
- A good indicator clearly demonstrates progress towards the expected results. It should measure the intended change as closely as possible.
- Indicators can be numerical, scaling or ranking, classifying or descriptive.
- The communities, beneficiaries, implementing CBO/FBO 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. In general, 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

The following table provides examples of community-level stigma reduction 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 implement activities for one year or less.

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 against people living with HIV/AIDS and affected families by the 3rd month.	• No. of training workshops conducted ____ • Number of community leaders trained ___ Male___ Female___
Within 7 months, 30 trained community leaders will each hold 3 meetings (50 participants per session) to disseminate information on discrimination against people infected and affected by HIV/AIDS.	• Number of dissemination meetings held ____ • No. of people attending Male_____ Female_____ • No. of people living with HIV/AIDS (PLHA) attending Male_____ Female_____
Train volunteers to conduct two-day workshops with community members, leaders, and support groups in Tsenola on the importance of proper management of personal health records.	• Number of workshops conducted ___ • Number of community leaders trained Male_____ Female_____ • Number of community members attending Male_____ Female_____
Train 3 volunteers living with HIV/AIDS and 2 volunteers affected by HIV/AIDS in 6 villages.	• Number of training workshops conducted ____ • Number of volunteers living with HIV/AIDS trained ____ Male _____ Female _____ • Number of volunteers affected by HIV trained ____ Male _____ Female _____
Conduct a 5-day training for 18 care-givers and 27 youth (17 orphans) on stigma reduction and protection of inheritance rights for AIDS orphans.	• Number of training sessions conducted ___ • Total number of people trained__ Male____ Female____ • No. of orphans' care-givers trained ___ Male _____ Female _____ • Number of youth trained ___ Male _____ Female _____ • Number of orphans trained ___ Male _____ Female _____
Conduct meetings on stigma with secondary and high school teachers and students in 8 schools in Berea and Maseru in 12 months.	• Number of secondary school teachers trained ___ Male _____ Female _____ • Number of high school teachers trained ____ Male _____ Female _____ • Number of secondary students trained _____ Male_____ Female_____ • Number of high school students trained ____ Male_____ Female____
Act as a support group to 10 people living with HIV/AIDS by visiting them and their families twice a week.	• No. of people living with HIV and AIDS visited twice a week _____ Male ____ Female ____

CHAPTER 6

PARTICIPATORY BASELINES

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

WHAT IS BASELINE DATA?

Baseline data describes aspects of communities, households, or individuals prior to starting project activities. When the project is over, the same data can be collected again to compare the "before" and "after" information and determine what changes, if any, occurred as a result of project activities.

WHY DO WE NEED BASELINE DATA?

Baseline data serves three important purposes:

1. It helps in defining community needs and priorities before starting a project. 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 conduct an evaluation at the end of the project.
3. Baseline data 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. Household members can be interviewed individually to ask questions relating to their knowledge of HIV/AIDS, their sources of information, and their sexual behavior. These interviews can be continued at six-month intervals throughout 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 conduct an evaluation of the project when it ends.

Baselines usually include data that is easily measurable and that can be quantified, such as the number of men who report using condoms. However, it can also include data 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 data can be collected at the community, group, household, and individual levels.

For example: When implementing a project to raise awareness about HIV/AIDS, the baseline data should include issues such as the following:

- 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? Do the sources of information vary among men and women or older and younger people?
- What do people know about safer sex? Does this knowledge differ among women and men or older and younger people?
- Where do people obtain condoms? Are the sources different for women and men?

WHEN IS BASELINE DATA COLLECTED?

Baseline data is collected **before** implementing the project. Collecting data after the project has already started means losing an opportunity to measure the project's impact by comparing a "before" and "after" snapshot of the community situation and the changes that occurred as a result of project activities.

Findings from the **participatory appraisals** conducted in the project's communities can be used to help develop the baseline. The results from these appraisals can be reviewed to select indicators (see Chapter 5) that will be used to collect the baseline data. For example, if the participatory appraisals show that safer sexual practices are not very common at the community level, emphasis should be placed on indicators measuring changes in sexual behavior. The selection of indicators should be determined by the activities that the project wants to implement. If the project plans to focus exclusively 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 data needs in a participatory appraisal. Once the indicators for the baseline have been selected, 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 participatory appraisal can help in determining the indicators for the baseline data survey. Subsequent participatory appraisals can also include activities to gather baseline data.

HOW IS BASELINE DATA COLLECTED?

Baseline data can be collected in a number of ways including individual interviews, household surveys, health facility surveys, and record reviews.

Individual interviews are best used when collecting data related to individual behavior, views, and knowledge, such as condom use, number of sex partners, and number of people affected by HIV/AIDS.

Individual interviews are usually conducted with a sample of individuals selected from the community or, in some cases, with individuals selected from among the project participants. This would be the case, for example, when working only with people affected by HIV/AIDS.

Household surveys are useful for collecting data that describes the structure or composition of households in a community. Examples of data collected from a household survey include the number of households that care for orphans or the number of households with adequate food security.

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

The same individuals or 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.

In order to conduct an interview or survey, it is necessary to prepare a list of questions. All the individuals or households selected for the interviews should be asked the same questions. Keep the questions simple, and keep the questions focused on essential data that needs to be gathered given the project's objectives.

Health facility surveys can be conducted to collect baseline data on health service delivery. An example of data collected at health facilities could be the number of days per week in which voluntary counseling and testing services are provided. Another way of collecting data in a health facility survey is **record reviews.** This is when the health facility records or registers are reviewed for data. Record reviews may yield data on the number of clients that were treated correctly and counseled for sexually transmitted infections (STIs) in the month before the survey, for example. The records or registers of CBOs/FBOs can also be reviewed to collect baseline data such as the number of households with orphans that received support from the CBO during a given month.

Focus group discussions can be useful in complementing the quantitative data collected from individual interviews, household surveys, or health facility surveys. The FGDs can help explain 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.

Once the interviews, surveys, and FGDs have been conducted, the results need to be aggregated. Data can be aggregated at the group, community, or project levels.

WHO COLLECTS BASELINE DATA?

Since 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 data, 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 as observers and 'trainees,' and by asking experienced community facilitators to conduct the process in other communities. Project staff should provide support where needed.

Once the indicators for the 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 of the communities involved.

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 conduct the interviews.

DOCUMENTATION

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

Remember!

- Baseline data must be collected before you start implementing project activities.
- Keep the baseline simple and focused on the 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.

CHAPTER 7

PARTICIPATORY MONITORING

This chapter introduces monitoring and its key elements and describes how to conduct monitoring in practice.

WHAT IS PARTICIPATORY MONITORING?

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 conduct any kind of monitoring it is essential to start with a monitoring plan. The monitoring plan indicates what needs to be monitored (the indicators for measuring progress), how to conduct monitoring (who is responsible for collecting data, how often, and by what means), and how this data will be analyzed and used while implementing the project.

Monitoring refers to maintaining records, analyzing data, 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
- whether there are problem areas (for example, activities not progressing as planned or slow implementation in some communities)
- what is working well

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

There is one key difference between participatory monitoring and conventional monitoring. In the case of participatory monitoring, community members – 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 most effective when used by project participants and project implementers to review progress and make day-to-day decisions.

It may not always be possible, or desirable, for everyone at the community level to maintain records and analyze data. In this case, community members should 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. This can be done during regular meetings with the community. Progress for the past period, such as the previous 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 a project staff member should also be present, if possible. Such a process ensures active involvement of all concerned in the review and planning processes.

KEY ELEMENTS OF PROCESS MONITORING

RECORDING DATA AND INFORMATION

Maintaining records is the first step in developing a monitoring system. It is not possible to build a monitoring system without regular updates on key activities and selected indicators. The following issues need to be considered in order to design data recording systems:

What is the unit of analysis?

First, it is important to decide how data related to the project will be recorded. Will the data be recorded at the individual or household level or will the community be used as the unit of analysis? This will vary from project to project. For projects working directly with households or individuals, such as projects providing support to orphans, data 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 data.

Some projects also ask staff, and sometimes representatives from the communities, to maintain diaries. The diary is used to record observations, problems encountered, questions, concerns, or suggestions – anything related to the project. These entries are made on a regular basis (daily, weekly, or monthly), and then these diaries are submitted to the staff member in charge of project monitoring. Someone carefully reads the diaries, compiles qualitative data from them, and then analyzes that data. 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 an 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 and analyzing data for project purposes. If the project is small, this may be the responsibility of 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 an 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 data be gathered?

For all activities, it is critical to collect and record data when the activity occurs, but data can also 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 do not usually conduct field visits on a daily basis, so they will gather the voluntary counseling and testing (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 for maintaining a good information system. Since projects are often required to make immediate decisions regarding implementation, it is 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. However, if this information is available in a timely manner, the project can take action to correct the situation.

QUALITATIVE DATA

Qualitative data refers to how the implementation process is being conducted. Rather than focusing 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; or whether there is transparency in the decision-making process. Some of this data 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, meeting minutes, focus group discussions, in-depth interviews with partners and community members, and review workshops generate qualitative data 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 data on participation in a training program, note that "25 women and 30 men attended the training program", rather than "a total of 55 participants took part in the training". Such data helps the project to determine whether it is maintaining a 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 this data should lead to a discussion with project staff and community members on whether this is appropriate and satisfactory. The data indicates 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 level. The following questions could help project participants analyze participation levels among women and men:

- 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 the results from March?

AGGREGATING DATA

Data aggregation refers to compiling all of the data 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 data from each village and compile the data 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 of how this data will be generated at the community level and shared with the project staff. Some projects may have community representatives sending the data every month through the mail or, in other cases, the project staff may visit the communities on a given date to collect the data. In order to generate comparable data, all of the communities in a project should use the same monitoring report format. Otherwise it will be very difficult to compile and analyze the data.

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

Example of a Training Report for the Month of March 2003

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

The hypothetical example above shows how data can be complied in such a way that it is possible to compare progress across villages and by sex and by activity. Note that the table shows only the physical aspect of the training activity.

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 may be instances where the community participants decide to meet once every month and conduct the data aggregation as well as review the progress.

ANALYZING DATA

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 and whether some communities are progressing better than others. Any deviation from the project implementation plan signals the need to examine the process closely. It is possible that some of the activity planning may have been unrealistic and, therefore, may need to be modified. Monitoring helps in making such changes.

It is important that the analysis be kept simple so that everyone can follow it easily. Timely information is another critical aspect. 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

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 based on the concrete evidence. Most projects hold monthly review meetings which 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.

In participatory M&E, monitoring information is reviewed regularly by all partners and used for decision making.

Reporting to donors

In donor-funded projects, the donors who provide 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 and the analysis and use of that data by project participants 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 with project participants.
- Monitoring should include both qualitative and 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 a timely manner.

CHAPTER 8

REPORTING MONITORING DATA

It is important to report the progress and results of the project to the staff who implemented the project, those who head the organization, to community members, and to the donor. Chapter 2 discussed how participatory monitoring allows continuous discussion of project progress and its benefit to CBO/FBO staff and the community. This chapter focuses on how to report monitoring data.

WHY DO DONORS REQUIRE REPORTING?

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 is important to understand why donors ask for reports. Below is an example from everyday life:

> Parents send a child to school. They buy a uniform, books, school supplies, and may even hire a tutor to help their child with homework. The government provides a trained teacher, classroom furniture, and a curriculum. Given all of this investment, the parents expect their child to learn. The teacher's assessment report of their child's progress is useful to the parents in terms of deciding whether their investment has been well spent and whether they should invest further in their child's education.

For any activity that individuals do, they 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 is a saying that 'information is power'. Monitoring information is power for donors' 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 a government body.

WHAT TO REPORT?

The project should report on the progress of the planned project activities and their results. Project activities depend upon the objectives that were identified. For example, a project objective may be to improve the skills of family members caring for people living with AIDS. Project participants will first develop an action plan with details of key activities and an expected timeline as to when those activities will be conducted. Based on this action plan, the project will report on the progress of these activities. When the objective is achieved, in this case enhanced family skills, the report will include the number of trainings conducted for family members and the number of people trained (disaggregated by gender). If pre- and post-tests of participants' skills are conducted, these findings should also be

reported. Periodic reports should also describe what is going well, what is not going well, and whether the project needs any technical support. These periodic reports are called ***monitoring reports***.

When the project is completed, project participants will prepare a brief report describing how the project went, how it was received, the challenges faced in implementing activities, and, based on the experience of the project, recommendations for future projects. It is always useful to include a section that discusses lessons learned. This final report is called the ***end-of-the-project report***. This report need not be long. For small grants and grants for individual events, a two-page report may be enough; however, 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, the number of people trained, number of people reached with services, or the number of people reached with messages on prevention. Depending upon the objectives, project participants 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 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 information sharing should be organized according to a frequency that is mutually 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 the format. One important issue to negotiate with donors is the choice of language for the report. If the report is in a local language, the community members have more ready access to it. However, it may be necessary to also prepare a short summary of the report in the donor language so that everyone has access to the information.

Reports may be typed or handwritten – the decision should be based upon the available resources and what is convenient for project participants. If the organization is small and does not have access to typewriters or computers, reports may be handwritten. Donors are more interested in receiving the information, rather than whether it is typed or not.

REPORTING QUANTITATIVE DATA

As discussed in the chapter on indicators, project indicators could be a combination of both quantitative (numbers) and qualitative (narrative) indicators. Relatively speaking, reporting quantitative data, such as the number of training

workshops conducted or the number of people trained, is often easier. It is also possible to report the number of awareness-raising events held in the community; however, it may be difficult to report the exact number of people who attended such events. If three to four hundred people attended a community awareness-raising meeting, it may be difficult to count the exact number of people present. Therefore, it is acceptable to report approximate numbers as long as the estimate is conservative.

If the project involves service delivery, this can also be reported in terms of quantitative data. For example, if the project's objective is to provide counseling services to people living with HIV and AIDS, the number of HIV-positive people, disaggregated by sex, who received counseling can also be reported. As the quantitative data is being collected, there may also be important observations about counseling sessions which cannot be reported with numbers, such as the needs and concerns of HIV-positive people. This qualitative information should appear in the report as part of the narrative description.

REPORTING QUALITATIVE DATA

Often, numbers do not describe fully the story. Words are one way to explain what is seen, heard, or learned. Alternatively, certain things could be explained through diagrams. When focus group discussions are being conducted, project participants should summarize the key points and write a brief explanation of their importance to project implementation. All of these examples can be classified as qualitative data. Donors normally encourage recipients to use both qualitative and quantitative data for their own analysis as well as for reporting purposes. Together, they help to tell the story.

CHAPTER 9

PARTICIPATORY EVALUATION

This chapter discusses the process of participatory evaluation in detail, including timing, process, and tips on implementation.

WHAT IS EVALUATION?

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, it is possible to ascertain:

- Whether the project was implemented according to plan
- Whether the project achieved the desired results
- Whether the project achieved more than what 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 conducted 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 conduct 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 conduct the evaluation
- Process, indicators, and analysis
- Sharing, reporting, and using the findings

Participatory evaluation is most effective when the project design and implementation have also been conducted 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 all project partners have been involved from the beginning 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 conducted.

Very few projects, however, follow a complete participatory process. While it is possible to conduct 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 'participatory evaluation' exercises only involve community members in answering questions framed by outside evaluators or in analyzing issues determined by outside evaluators. However, 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. The process starts with participatory design, continues with participatory project implementation and monitoring, and 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, including what questions to ask and whom to ask.

A good, and useful, evaluation should include the perspectives of all concerned – community participants, project staff, donors, and outside 'experts'. Their perspectives on the same project may be very different and the complete picture emerges only when all of these perspectives are brought together. For example, a donor may feel that a project has been very successful because it has conducted all of its planned training programs and it 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 this was the most important achievement of the project. While both groups may be looking at very similar issues, their process of analysis is very different.

If designed and conducted by outsiders, the evaluation process may be of limited value to the people for whom the project is intended. Participatory evaluation ensures that communities are involved in not only the design and analysis of the data, but also in the process of evaluating the activities that they designed and in which they took part.

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, it is possible 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 TO CONDUCT 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. For example, project participants may schedule a final evaluation of the awareness-raising activities at the end of year one and a final evaluation of support to AIDS-affected households at the end of year three.

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

HOW DO WE CONDUCT A PARTICIPATORY EVALUATION?

Participatory evaluation is conducted 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 about the following:

- When to conduct the participatory evaluation
- How to conduct the evaluation
- Who will participate in the process and how
- How will the data be analyzed

- How will this analysis be shared and used by the project partners

Once everyone has agreed to a timeframe for the evaluation, it is important to decide precisely what to evaluate. This will help guide data collection and will inform the selection 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 conducted to determine the project's level of achievement, a good starting point is with the project objectives. Each objective also has a list of 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.

At this stage, it is time to review the results from the baseline conducted at the beginning of the project. Project partners need to decide whether the indicators selected for the baseline will suffice for conducting the evaluation or whether additional indicators are necessary to capture the complete picture.

It should be clear from the beginning how results from the 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 set aside for the participatory evaluation. A budget can be prepared beforehand for this purpose.
- It also helps to clearly plan for the logistics required for the evaluation – dates for visits or meetings, venue, travel, materials, and supplies.

COLLECTING INFORMATION FOR PARTICIPATORY EVALUATION

Implementing a Participatory Evaluation

Once project partners have decided what to evaluate, they need to decide how to collect information for the evaluation. There are four ways to conduct an evaluation:

- **Use monitoring data** from the project to analyze the project implementation process – whether all the planned activities were actually conducted; whether the funds were spent as planned; whether all the projected linkages were established; etc. This data and information can be obtained from the project monitoring system – records, routine monitoring reports (monthly and annual reports), meeting minutes, workshop reports, training reports, or any special studies that project partners may have conducted.

- **Repeat the baseline survey** in order to determine change, as measured by the selected indicators. Repeating this survey demonstrates the impact of the project on its participants. This repeat survey will take considerable time and resources and requires good planning and budgeting.

- **Conduct focus group discussions with project participants and project staff** to gauge different people's perspectives about 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 DATA

Data analysis can be conducted in three stages:

Stage 1

Collect all data from the different sources (monitoring reports, baseline, repeat survey, or workshops), 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 available data. 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 or in rural versus urban sites?
- **Project activities**: Were some activities more effective than others?

Determine the type of comparison needed based on the dimensions of the project. The analysis will determine the effectiveness of the project, and the type and extent of impact from the different activities.

Stage 3

The final step is to document the 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

Sharing information is key to the participatory evaluation process. Sharing is conducted 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 actions
- 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 project partners to understand 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.

Sharing information with community members is key to the participatory evaluation process.

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

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 by those making policy decisions.

Information booths are an innovative way of disseminating information.

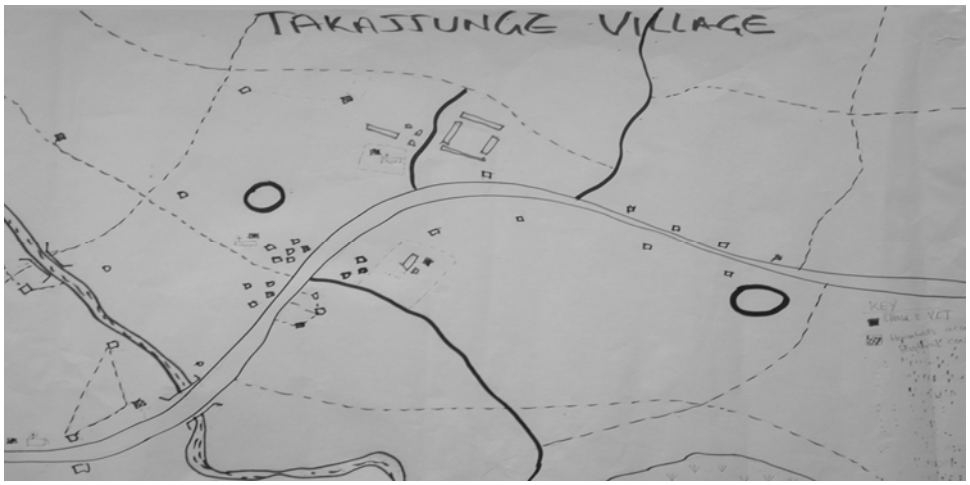
Remember!

- Participatory evaluation is usually conducted at the end of the project.
- Participatory evaluation is jointly conducted by all project partners.
- Key decisions regarding the evaluation are made jointly by all project partners.
- Plan well in advance and ensure that sufficient resources are available.
- Be clear and ensure agreement among all partners about 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 or between different sexes, ages groups, locations, or different project activities.
- It is important to document the results and share them widely.
- It is important to keep in mind that an evaluation is not simply to determine success or failure, but it is also an effort to find ways of doing things better and to learn from the process.

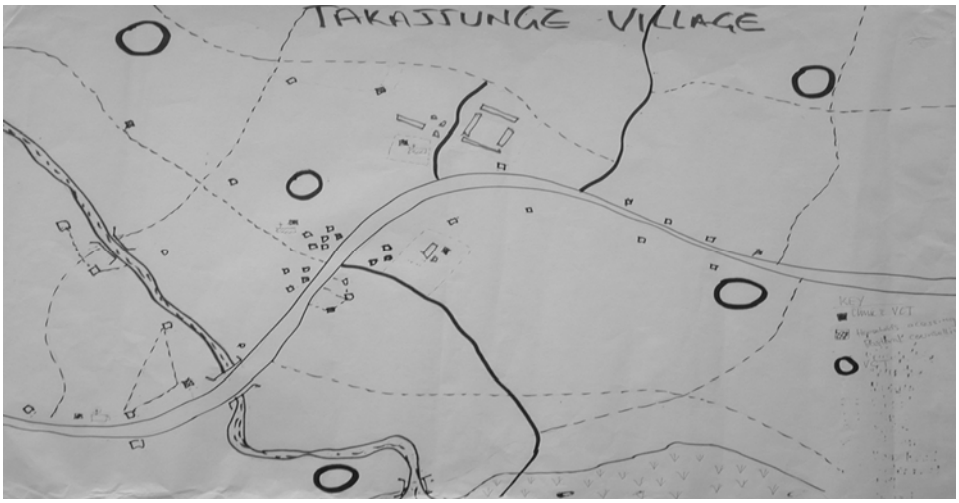
Social Mapping as an Evaluation Tool

Social maps can be used in a variety of ways. They are useful for conducting participatory appraisals and baselines and are also a great tool for 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 counseling and testing centers (PVCT) in an imaginary settlement. First, a map was constructed of what the settlement looked like before the intervention. The map depicted the roads, water sources, households, trading centers, churches, mosques, schools, clinics, bridges, and swamps. The black circles symbolize existing pastoral voluntary counseling centers. As the project advanced, new PVCT centers were plotted onto the map.

Before Intervention



After Intervention



Three years later, by looking at the map above, it is possible to 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.

CHAPTER 10

USING OTHER DATA SOURCES

This chapter discusses the use of other sources of data, types of data sources, and types of data useful for conducting participatory monitoring and evaluation.

WHY USE OTHER DATA SOURCES?

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

TYPES OF DATA SOURCES

There are two types of data sources - ***primary*** and ***secondary***.

Primary data sources refer 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 sources refer to data that has been altered in some way – such as through synthesis or analysis. Examples of secondary data sources include project and research reports, books, and newspaper articles. Many international organizations such the United Nations and non-profit development and health organizations release annual reports on global, regional, and national HIV/AIDS-related behavioral and epidemiological trends. If previous projects with similar themes have been conducted in the same region or community, the reports from these projects could serve as a good source of secondary data. Past academic and research study reports can be very useful in obtaining pre-existing findings on selected topics.

TYPES OF DATA

Structural Data

Structural data describes a population in terms of its size, geographic distribution, and composition (Friis and Sellers 1999). Structural data can be collected at both the local and national level. It is useful to gather such data at both levels in order

to make comparisons between community and national averages on selected indicators. This data can also be important in gaining a better understanding of the 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 data about a population's fertility, mortality, and migration (Friis and Sellers 1999). A population's fertility rate is its number of live births, its mortality rate refers to the number of deaths, and migration is movement in and out of an area. Demographic data can be useful in identifying key characteristics of a community and can assist 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, or NGOs which examine attitudes and behaviors relating to HIV/AIDS, sexuality, religious and cultural practices, and gender dynamics. In conducting a community appraisal, such data can be useful in identifying groups of people who are vulnerable to infection with HIV or who are affected by it (Beaulieu 1992).

Examples of social behavior information include:

- Knowledge, attitudes, practices, and behavior studies
- Information, Education, and Communication/Behavior Change Communication interventions
- National behavioral surveillance data
- Crime rates
- Family instability indicators
- Alcohol and drug use 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 and national census and statistical services usually compile such data. In addition, organizations such the World Health Organization and the Joint United Nations Program on HIV/AIDS also have both primary and secondary sources of surveillance data. At the local and community level primary health care facilities and voluntary counseling and testing centers may serve as primary data sources.

Health Statistics Data

Health statistics provide data about the well-being of people. Types of health statistics of interest when conducting participatory monitoring and evaluation include morbidity or sickness rates due to HIV/AIDS or opportunistic infections such as tuberculosis (TB). Statistics which demonstrate the burden of a particular disease, or which indicate life expectancy loss from a particular illness are also useful indicators of a community's well-being. At national levels, both primary and secondary sources of such data 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 data can be obtained from local hospitals and health centers or through morbidity surveys conducted by local organizations or health authorities.

ANNEXES

A. Other Participatory Methods and Tools

B. The CORE Initiative's Support for Networking and Exchange – Online Technical Resources

C. Example of a Logical Framework – CORE Initiative

D. Useful Indicators for HIV/AIDS Projects

ANNEX A: OTHER PARTICIPATORY METHODS AND TOOLS

TIMELINE

What is a timeline?

The timeline method refers to the systematic recall of critical events and/or changes that may have taken place at the community level, in an individual's life, or during a project's lifespan. 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 timeline is a simple method and can be introduced early on in a discussion. It helps in opening up the discussion with participants as they try to recall events that have impacted their lives. This analysis provides an overview of the community's or an individual's history and explains how life has been changing. It also helps in understanding what types of events are important for the members of the community.

When is a timeline used?

Since a community timeline 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 make everyone comfortable in the group and allows everyone to join the discussion without feeling overwhelmed.

An individual's timeline is usually prepared when having a one-to-one discussion with the person. Since an individual's personal information is being discussed, it is not advisable to use this method in a group setting.

How is a timeline prepared?

The facilitator first starts by asking the group or individual to recall some of the main events that have taken place at the community level or in an individual's life. Once the person or group mentions a few events, these can be plotted on the ground or on paper. The timeline should show 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 should go as far back in time as they can. People may even go back a few hundred years if they feel that there was a significant event that changed people's lives. An individual's timeline, on the other hand, starts from the day the person 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 should be recorded next to the events.

SEASONALITY ANALYSIS

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 may include: availability of food, prevalence or outbreak of diseases, levels of sexual activity, stress in livelihoods, indebtedness, or travel outside the village. 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 of the year. If the answer is yes, ask the group to decide how they want to divide the year (months, seasons, or quarters). 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 colored markers. Divide the year as decided by the group. Then ask them to show how the levels of sexual activity vary at different times in the year. This can be done by using stones - placing more stones for the months when sexual activity is higher, or by using color on paper. Next the facilitator should ask why is it that sexual activity varies from one month to another. The group may put forth several reasons – e.g. harvests, cold weather, or the marriage season. Since these too have a seasonal pattern, they can also be depicted on the visual. The process continues until the community has listed and plotted the seasonal patterns of several related factors.

TREND ANALYSIS

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 of initial sexual activity, condom use, use of the health center, or certain practices (e.g. widow inheritance, initiation ceremonies, or injecting drug use). 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 conducted?

The first step is to start with a discussion of 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 conduct 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. The facilitator may also want to ask some of the following questions to help participants process the activity:

- 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?

CAUSE-IMPACT DIAGRAMS (FLOW DIAGRAMS)

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 their impacts. 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.

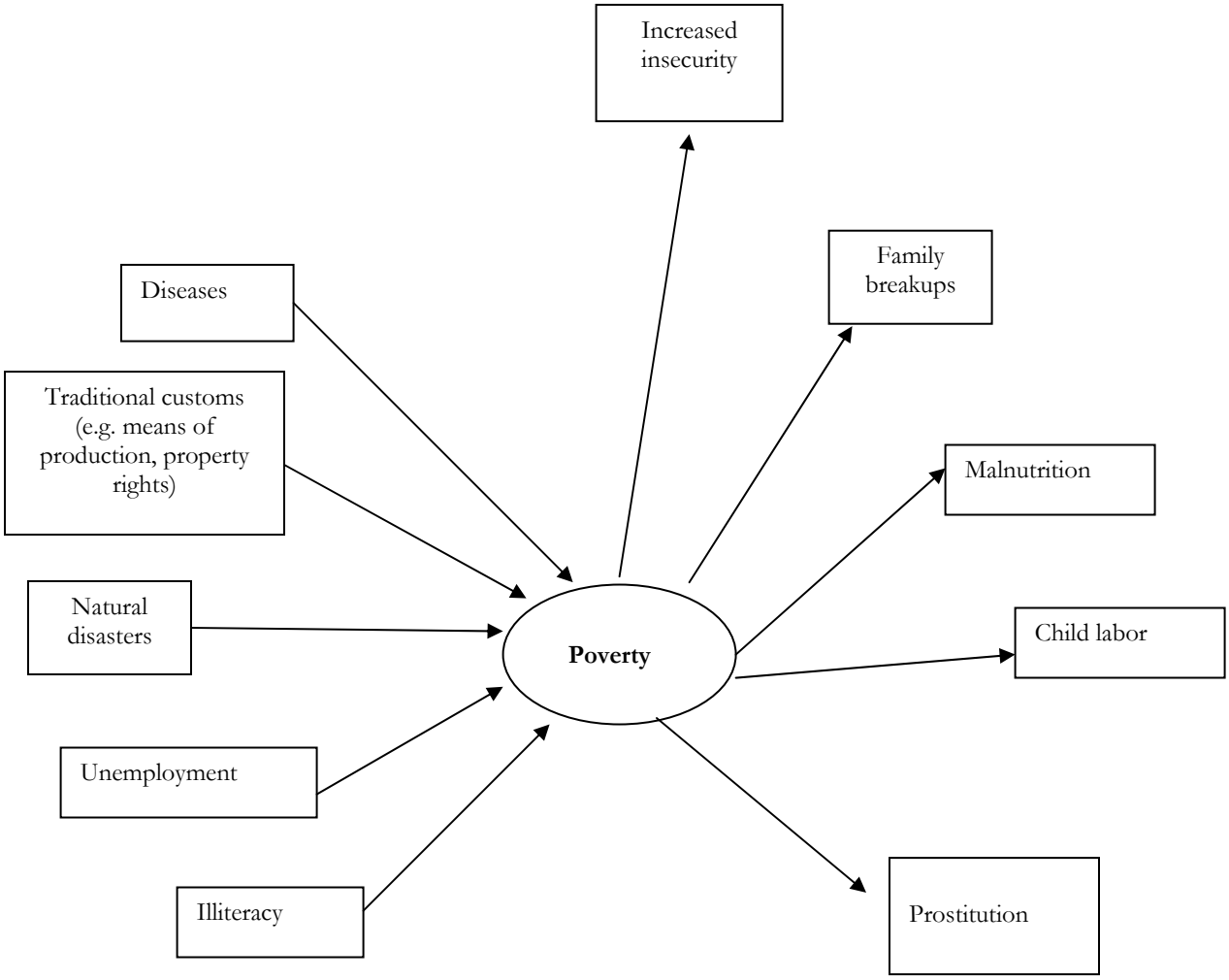
How is a cause-impact diagram prepared?

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

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. Causes and impacts 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.



ANNEX B: THE CORE INITIATIVE'S SUPPORT FOR NETWORKING AND EXCHANGE – ONLINE TECHNICAL RESOURCES

The CORE Initiative Clearinghouse is the main mechanism to facilitate virtual networking and exchange among CBOs and FBOs in order to increase the community-level application of promising practices when programming HIV/AIDS prevention, care, and stigma reduction activities. 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 E-Forum: The CORE Initiative provides a unique forum for members to share news and views on HIV/AIDS as they pertain to community- and faith-based organizations globally. Members are encouraged to exchange information about grant opportunities, information resources, projects and programs, and 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 E-Forum, please visit the link below and follow the instructions: http://www.coreinitiative.org/Resources/Networking/Eforum/subscribe.php.

CORE Initiative Selected Tools List: The Selected Tools List is a collection of online resources that have been chosen by 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.

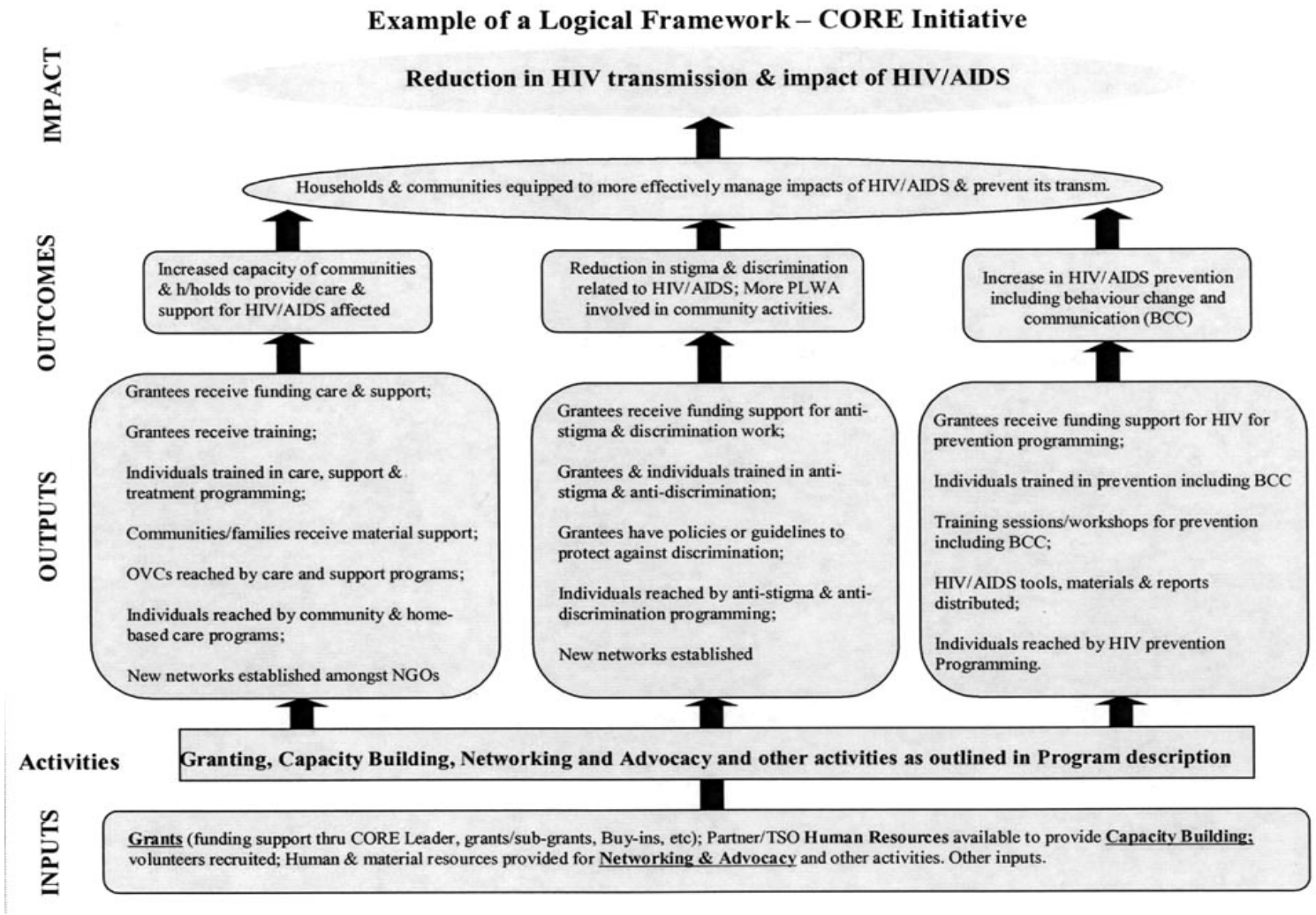
Health Communication Materials Database: The Health Communication Materials Database, at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, provides access to the world's largest, most comprehensive, and rapidly growing collection of HIV/AIDS health communication materials. 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 Materials Database can be accessed via the following link: http://www.coreinitiative.org/Resources/Materials/.

List of Electronic Periodicals: The CORE Initiative has created this list of free, online, peer-reviewed biomedical journals and newsletters for those interested in 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. In addition, there are newsletters from a variety of governmental, non-governmental, and community- and faith-based organizations. Users need an e-mail address to subscribe. The list of free online journals can be found at: http://www.coreinitiative.org/Resources/Eperiodicals/.

List of web links: The CORE Initiative provides links to the web sites of a variety of organizations working in the area of HIV/AIDS. Links are sorted into topics such as: general information, databases, people affected and infected, community responses, faith-based responses, advocacy, prevention, care, support and treatment, stigma reduction, research, monitoring and 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/Resources/Networking/Links/.

Links to all of these resources are available on the CORE Initiative web site: http://www.coreinitiative.org.

ANNEX C: EXAMPLE OF A LOGICAL FRAMEWORK – CORE INITIATIVE



Example of Project-Level Output Indicators – CORE Initiative

Care, Support, & Treatment

Output Indicators:

No. of grantees receiving support to care for OVC

No. of OVC reached by care and support programs

No. of grantees receiving support for community & home-based care projects

No. of individuals reached by community & home-based care programs

No. individuals trained in care, support, & treatment programming (community-level service providers)

Stigma & Discrimination

Output Indicators:

No. of grantees receiving support for stigma & discrimination projects (grantee)

No. of grantees with policies or guidelines to protect against discrimination (grantee)

No. of individuals reached by anti-stigma & anti-discrimination programming (individuals)

No. of individuals trained in anti-stigma & anti-discrimination programming (community-level service providers)

Prevention

Output Indicators:

No. of grantees receiving support for HIV prevention projects (grantees)

No. of HIV/AIDS tools, materials, & reports distributed

No. of individuals reached by HIV prevention programming

No. of individuals trained in HIV prevention programming (community-level service providers)

Example of Community & Household-Level Outcome Indicators
CORE Initiative

Care, Support & Treatment

Proposed Outcome Indicators:

Ratio OVC vs non-OVC with minimum basic material needs for personal care

Ratio food-secure OVC households vs non-OVC households

Ratio of proportion of OVC vs non-OVC who have positive connection with adult caregiver

Proportion all children 0-17years living outside family care

% OVC whose households received free basic external support

% Orphans not living in same households with siblings under 18years

% households receiving help in caring for chronically ill young adults

Stigma & Discrimination

Proposed Outcome Indicators:

% people expressing accepting attitudes towards PLHA

% people expressing fear of contracting HIV from non-invasive contact with PLHA

% people who judge or blame PLHA for their illness

% people who would feel shame if they associated with a PLHA

% people who have had someone they personally know disclose their HIV-positive status to them

Prevention

Proposed Outcome Indicators:

% respondents 15-24 years who both correctly identify ways of preventing sexual transmission of HIV & who reject major misconceptions about HIV transmission

Population requesting an HIV test, receiving a test, & receiving test results

Condom-use at last incidence of higher risk sex

Age of sexual debut amongst 15-19 years

Occurrence of unprotected sexual intercourse with non-regular partner

% VCT centres with minimum conditions to provide quality services

ANNEX D: USEFUL INDICATORS FOR HIV/AIDS PROJECTS

Category	Indicators
Human capacity building	Number of training sessions conducted
	Number of people trained
Prevention	Number of condoms sold/distributed
	Number of people served
	Number of service providers trained
	Number of people referred for diagnosis and treatment of STIs
Policy development	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
Prevention: IEC/BCC/BCI	Number of IEC materials developed
	Number of IEC materials disseminated
	Number of IEC events conducted
	Number of people reached
PMTCT	Number of women who attended PMTCT sites for a new pregnancy
	Number of infants receiving drugs
	Number of service providers trained
VCT	Number of counselors trained
	Number of clients seen at VCT centers
	Number of new VCT sites established
	Number of VCT centers

Injecting drug user	Number of people reached
	Number of service providers trained
Clinic-based care	Number of people served
	Number of service providers trained
Home-based care	Number of households served
	Number of people trained in home-based care
	Number of individuals reached by community- and home-based care programs
Reducing stigma and discrimination	Number of people trained through stigma and discrimination courses
	Number of people reached by anti-stigma and anti-discrimination messages
	Number of OVC reached by anti-stigma and anti-discrimination initiatives
Children affected by AIDS	Number of OVC reached
	Number of service providers/caretakers trained in caring for OVC
Nutrition	Number of people receiving food assistance
	Number of people receiving nutritional care and support
Mitigation of household food security	Number of households reached through livelihood activities

President's Emergency Plan for AIDS Relief Program-Level Indicators

Program/Service Area	Number of service outlets/ programs	*Number of faith-based service outlets/ programs*[2]	*Number of abstinence and faithfulness-focused programs*[3]	*Number of abstinence-only programs*[4]	Number of clients served	*Number of new clients served*[5]	*Number of current clients in continuous services for more than 12 months*[6]	Number of people trained
Prevention	x (total)	x (total)						x (total)
Behavior Change								
Community outreach	x		x	x	*			x
Mass Media	x		x	x	x[7]			x
Medical Transmission								
Blood safety	x							x
Injection safety					□			x
Management of STIs	x				*			x
PMTCT	x (total)	x (total)			x (total)			x (total)
ARV prophylaxis within PMTCT[8]					x			
Counseling and testing	x (total)	x (total)			* (total)			x (total)
Treatment (ART)	x (total)	x (total)			* (total)			x (total)
ART	x				*†	*†	*†	x
PMTCT+	x				*†	*†	*†	x
Palliative Care (non-ART care)	x (total)	x (total)			* (total)			x (total)
Basic health care and support (excluding TB/HIV)	x, x[m9]				*			x
TB/HIV	x				*			x
OVC	x	x			*			x
Labs	x							x
Strategic information								x
Other: Policy and systems strengthening (capacity building)	x	x						x

[2] Number of faith-based service outlets/programs is a subset of the number of service outlets/programs
[3] Number of abstinence and faithfulness-focused programs is a subset of the number of programs
[4] Number of abstinence-only programs is a subset of the number of programs
[5] Number of new clients is a subset of number of clients
[6] Number of clients in continuous service is a subset of number of clients
[7] Mass media programs will need to estimate program coverage of clients served
[8] Number of PMTCT clients receiving ARV prophylaxis is a subset of the total number of PMTCT clients
[9] 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

LIST OF RESOURCES

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For more information about the CORE Initiative as well as HIV/AIDS-related information resources, visit:

www.coreinitiative.org

The CORE Initiative Consortium

CARE USA (Prime)

International Center for Research on Women (ICRW)

International HIV/AIDS Alliance

Johns Hopkins University Bloomberg School of Public Health, Center for Communication Programs (CCP)

World Council of Churches (WCC)

CORE INITIATIVE

Communities Responding to the HIV/AIDS Epidemic

September 2006