



# WHO MEASURES CHANGE?

An Introduction to Participatory  
Monitoring and Evaluation of  
Communication for Social Change

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# Summary

**This report is an introduction to establishing a Participatory Monitoring and Evaluation (PM&E) process to assist in the measurement of Communication for Social Change (CFSC) initiatives. It is based on the premise that CFSC practitioners should facilitate the development of Monitoring and Evaluation (M&E) questions, measures and methods *with* those most affected and involved rather than apply predetermined objectives, indicators and techniques to measure CFSC *on* those most affected and involved.**

**The report's primary purpose is to support communication strategies based on CFSC principles when applied to critical social issues such as HIV/AIDS prevention and care. Yet the information contained in this report has broader applications to a variety of development concerns.**

**After defining CFSC and the broad purpose of monitoring and evaluation, the report explains why a participatory approach to monitoring and evaluating CFSC is useful. It goes on to discuss key PM&E principles and "moments" or steps in establishing a PM&E process.**

**Two "tools" are offered to help readers learn more about and discuss: (1) potential monitoring and evaluation questions and indicators; and (2) PM&E data collection techniques.**

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# Part 1 OVERVIEW

*Participation is not simply a fringe benefit that authorities may grant as a concession, but a human being's birthright that no authority can deny... What is a participative society? I must confess that it is easier for me to explain what a non-participative one is. All I have to do is point to our present society, one in which social classes live in separate worlds, in a rigid order of domination, oppression and exploitation.*<sup>1</sup>

We begin Part One by briefly discussing communication approaches used in development and, in particular, the distinctive features of Communication for Social Change (CFSC). We go on to consider CFSC and its importance for HIV/AIDS prevention and care, before outlining the remainder of this document.

## Communication and Participation

Communication and participation have been described as two sides of the same development coin. When communication processes are used: *to inform people, enable them to contribute their points of view, reach consensus and carry out an agreed change or development action together, it can be said that communication is participation.*<sup>2</sup>

Use of formalized communication approaches in development began shortly after the Second World War. Two main trends have dominated since:

1. communication approaches based on modernisation theories and information-persuasion strategies used by Western governments and industrial sectors. Examples include: Diffusion of Innovations, Social Marketing, Information-Education-Communication (IEC), Behaviour Change Communication (BCC);
2. communication approaches based on critical theory, collective learning, information-sharing and dialogic processes forged during social and political struggles against colonial and dictatorial powers imposed on poor communities and countries. Examples include: Participatory Communication, Communication for Social Change.<sup>3\*</sup>

Communication approaches associated with the first trend have tended to be less participatory in terms of design, implementation and measurement.<sup>4</sup>

There have been frequent tensions between each trend, including:

- their differing developmental goals – the first set of approaches aim to tackle the immediate symptoms of poverty (e.g., promotion of discrete products and services), whereas the latter set aim to tackle the underlying causes of poverty (e.g., oppression and injustice);
- the first set are usually owned and driven by “external” agencies (e.g., governments) whereas the second set, while often stimulated by external resources, are owned and driven by “internal” agencies (e.g., families and community groups); and
- practitioners of the first set accuse the latter of taking too long to achieve results, while practitioners of the second set accuse the former of promoting unsustainable approaches.

Distinctions between the two sets of approaches are not so clear in practice. For example, both can be more or less “participatory” depending on the facilitation skills of the change agents involved and the timelines of sponsoring agencies, whether government or non-government.

Over recent years, there have also been important areas of convergence between the two sets of approaches. For example, there is now a fairly universal agreement that communication should focus on change at *both* individual and societal levels, and that “tangible” (e.g., service uptake) *as well as* “intangible” (e.g., community empowerment) outcomes need to be measured.

## Communication for Social Change (CFSC)

Whenever participatory communication approaches are adopted, communication: *changes its role from that of a vehicle for information-persuasion to that of a tool for dialogue and interservice coordination – which is absolutely essential for participation in problem identification, problem articulation and problem solving.*<sup>5</sup>

CFSC in some ways has always been around.<sup>6</sup> It was only in 1997, however, when the Rockefeller Foundation organised a series of meetings to discuss the role of “Communication in Social Change” that the characteristics and theoretical underpinnings of CFSC began to emerge.

CFSC can be defined as a process of public and private dialogue through which people themselves define who they are, what they need and how to get what they need in order to improve their own lives. It utilizes dialogue that leads to collective problem identification, decision-making and community-based implementation of solutions to development issues.<sup>7</sup> Social Change can be defined as: a positive change in peoples’ lives – as they themselves define such change.

CFSC questions an approach to development that: *does not include the population that is directly affected. CFSC promotes a communication process that supports effective community*



participation, particularly of the most impoverished and marginalized sectors of society.<sup>8</sup>

CFSC practitioners use a “bottom-up” approach by placing ownership, access and control of communication *directly in the hands of affected communities*. This shifts control of media, messages, tools and content of communication from the powerful to the traditionally powerless. Ultimately, using such skills, previously powerless communities can become “self-renewing” – able to manage their own communication processes for their own good.

Similar to other participatory communication approaches, the *process* of CFSC is a “product” in and of itself. The process helps individuals and communities build a stronger capacity to communicate in person, through the arts or using media and other communication technologies. CFSC does not attempt to anticipate which media, messages or techniques are better. The participation of social actors, who are in turn communicators, takes place within a process of collective growth that precedes the creation of messages and products such as a radio program, a video documentary or a pamphlet. Messages and their dissemination are just additional elements of the communication process.

CFSC’s focus is on *the dialogue process* through which people are able to identify obstacles and develop communication structures, policies, processes and media or other communication tools to help them achieve the goals they themselves have outlined and defined. Rather than focusing on persuasion and information dissemination, CFSC promotes dialogue, debate and negotiation *from within* communities. Rather than confining dialogue to an airing of grievances or a discussion of information, CFSC supports focused deliberation, collective decision-making and collective action.

The driving forces of CFSC can be synthesized as follows:

- Communication is often designed around projects: specific, time-limited, often externally funded and supported, discretely targeted interventions. Too many communication projects in the context of development have failed due to lack of participation and commitment from the subjects of change. “Access” to mass media has proved insufficient and has often resulted in manipulation by vested interests. Sustainability of social change is more likely if the individuals and communities most affected *own* the process and content of communication. Communities should be the protagonists of their own change and manage their communication tools.
- During several decades development programs were imposed on poor communities and nations in both the North and South. These communication strategies were mostly designed in the industrialised world. The same models, messages, formats and techniques were utilised—and often still are today—in widely varying cultural

contexts. The communication process cannot ignore or deny the specificity of each culture and language; on the contrary, it should support them to acquire legitimacy thereby supporting “cultural renewal.”<sup>9</sup> Cultural interaction, or the exchanges between languages and cultures, is healthy when it happens through critical dialogue within a framework of equity and respect.

- Vertical models of communication for development take for granted that poor communities in developing nations lack “knowledge.”<sup>10</sup> Access to information generated in industrialised countries is seen as the magic path of progress. CFSC rejects the linear model of transmission of information from a central sender to an individual receiver, and promotes instead a cyclic process of interactions focused on shared knowledge from within and outside the culture and collective action. CFSC strengthens local knowledge and promotes exchanges of information in equal terms, learning through dialogue, in a process of mutual growth. CFSC is empowering and horizontal, versus top-down, giving voice to previously unheard social actors.
- Communication cannot be seen as an appendix or a set of specific tasks within an already given project. If development projects are seen as social change projects, and therefore as communication projects, they cannot begin in the headquarters of an outside organization, except as a set of questions: What happens there? Would they want us there? To do what? How? What will we leave behind that can be reused for new purposes? Every project must be planned from this communication perspective from the very beginning. This implies planning in communication with both the involved population and potential allies.<sup>11</sup>
- Communication means links and exchanges between different people, organizations and communities. Communication processes that “target” receivers and isolate themselves within externally defined issues often cannot help establish dialogues and are less likely to grow and be sustainable. CFSC promotes dialogue not only within the community, but also with others engaging in a similar process. Networking contributes to strengthening the process and exchanges add richness to them. CFSC is horizontal (many-to-many) and strengthens the community bonds by amplifying the voices of the poorest.<sup>12</sup>
- The results of the CFSC process must go beyond individual behaviour and consider social norms, current policies, culture and the general development context. CFSC strives to strengthen cultural identity, trust, commitment, voice, and ownership: the communication fabric of community empowerment. CFSC does not look up for answers. It is not wholly dependent on outside

forces. It is hoped that CFSC approaches can be sustained and can be replicated after funding goes away.

**In short, CFSC is concerned with culture and tradition; respect of local decision-making power; the mutual modification of outside information and traditional knowledge; and dialogue between development specialists and communities. CFSC is about *engaging people to want to change, to define the change and required actions, and to carry them out. The overall goal of CFSC is *self-renewing societies.****

## Communication for Social Change and HIV/AIDS

Every minute, 100 people contract HIV/AIDS. Every day, AIDS kills more than 8,000 people. Yet HIV/AIDS is a preventable and manageable condition. Global, national and sub-national communication programs designed by international agencies, governments and non-government organizations have raised awareness about HIV/AIDS, reduced stigma associated with HIV/AIDS, and to some extent, changed behaviours that if left unchanged place people at risk of contracting the HIV virus or being unable to access services such as voluntary testing and retroviral treatment.<sup>13</sup>

But while mass education campaigns aimed at changing individual behaviour play an essential role in HIV/AIDS prevention and care, without deep-rooted social change they are highly unlikely to be sustainable. Social, cultural and political factors underpin the so-called “risk behaviours.” These factors include, but are not limited to: poverty, inequality, prejudice, the status of women, the responsibility of men, marginalization and disempowerment, gender-based violence, community and social cohesion, and many others.<sup>14</sup> Sustaining a change in behaviours or social conditions is fundamentally about fostering and supporting communication in society.<sup>15</sup>

Conventional approaches to HIV/AIDS communication—dependence on mass media and reliance on social marketing and behaviour change communication planning models—have been reassessed in light of the following:

- The ever-increasing scale and severity of the epidemic despite efforts to contain it. We can no longer rely only on the health sector to control HIV/AIDS.<sup>16</sup>
- Major international interventions have sometimes been introduced at the expense of communities and societies, taking the ownership and leadership of the fights against HIV/AIDS on for themselves.<sup>17</sup>
- The need to address individual behaviour as well as social, political and environmental factors that influence behaviour.<sup>18</sup> Because sexual issues are more sensitive for

many people than other public health topics, drama and other entertaining forms of raising the issues can be particularly effective. These forms of “edutainment” can contribute to the CFSC process.<sup>19</sup>

- Issues of sex and sexuality, and the intimate links between HIV and poverty, HIV and discrimination, and HIV and marginalization require much more complex, bottom-up strategies aimed at community empowerment, horizontal forms of communication and less rigid (therefore less easily measurable) sets of interventions.<sup>20</sup>
- The increasing complexity of developing country societies, prompted by greater liberalization, more complex media systems and more complex and horizontal communication patterns in society demand fresh thinking and approaches.<sup>21</sup>

Increased interest and debate has now focused on the field of Communication for Social Change.<sup>22</sup> The principles and approaches associated with CFSC can be summarized as moving communication frameworks on HIV/AIDS:

- Away from people as the objects of change... and on to people and communities as the agents of their own change
- Away from designing, testing and delivering messages... and on to supporting dialogue on the key issues of concern
- Away from the conveying of information from technical experts... and on to sensitively placing that information into the dialogue
- Away from persuading people to do something... and on to negotiating the best way forward in a partnership process
- Away from technical experts in “outside” agencies dominating and guiding the process... and on to the people most affected by the issues of concern playing a central role.

## Evaluating Communication for Social Change

But how do we know Communication for Social Change is working?

This is a central question. It immediately makes us think about “indicators.” Indeed, the question of “what indicators?” tends to grab our attention, whereas the equally important question of “who should develop and use these indicators?” is often overlooked.<sup>23</sup>

While still a funding program of The Rockefeller Foundation, the communication staff retained the Johns Hopkins University (JHU) Center for Communication Programs to further develop the initial set of indicators developed by CFSC network members. A working paper, *Communication for Social Change: An Integrated Model for Measuring the Process and its Outcomes* was produced. Its purpose was to provide a practical resource for community organizations, communication professionals, and social-change activists working in development projects that they can use to assess the progress and effects of their programs.<sup>24</sup>

The JHU report was a work-in-progress and presented an “integrated model” for CFSC in which Community Dialogue and Collective Action work together to produce social change in a community that improves the health and welfare of all its members. The literature and previous experience indicate that if dialogue and action can be stimulated and sustained, individual and social change is more likely to occur. The report proposed a range of indicators to measure community action and dialogue processes, and individual and social change *outcomes* (**Table 1**).

Towards the end of 2002, the Communication Initiative ([www.comminit.com](http://www.comminit.com)) and the Rockefeller Foundation sought feedback on the JHU report via a moderated web-based discussion among communication and development specialists from around the world. Between October 2002 and January 2003, comments from 23 communication and development specialists were posted on the Communication Initiative’s web-based forum (<http://www.comminit.com/majordomo/cfscindicators/threads.html>).

While considered a step in the right direction, most reviewers thought the JHU report contained several theoretical shortcomings and was too complex to be applied in the field without considerable adaptation. To some reviewers, the JHU report also gave the distinct impression that M&E of Communication for Social Change should be *controlled* by community organizations, communication professionals and social-change activists rather than serve as a means by which so-called “project beneficiaries,” particularly the

most impoverished and marginalized sectors of society, could be empowered through their *ownership* of the M&E process. While these organizations, professionals, and activists may be “stakeholders,” they may not be the most important to involve in designing and managing the M&E process. In the words of one reviewer:

*Who will decide that the social change has taken place? Who will listen to the voices of the people involved in the change? Who will bring forward the “silent ones?”*

A new set of principles for measuring CFSC has since emerged. During a December 2004 UNICEF Eastern and Southern Africa meeting on HIV-AIDS communication, the CFSC Consortium was charged with producing a manual for monitoring and assessing CFSC progress. The process for developing this manual (which ultimately became a series of three documents) was to work with an advisory committee of practitioners working globally and with UNICEF staff especially within Africa.

In addition to focusing on process and outcome measures, this working group agreed upon the following principles for CFSC measurement:

- CFSC measurement tools must be community-based and participatory.
- The tools/methods must be SUM: Simple, Understandable and Measurable.
- The tools/methods must be developed with input from people from developing countries.
- M&E must be closely linked to development of the communication plans in each trial country.
- Assessment of CFSC impact should look at impact on the short-term, intermediary and long-term.
- Ultimate users want a menu of tools – not just one set of methods with no other options.
- This M&E work must build upon work done to date. For example: JHU’s Integrated Model of CFSC, UNAIDS Framework for Communication, Behavior Surveillance Surveys.

**TABLE 1: OUTCOMES OF CFSC LEADING TO SOCIETAL IMPACT**

Individual Change	Social Change
<ul style="list-style-type: none"> <li>• Skills</li> <li>• Ideation: knowledge, attitudes, perceived risk, subjective norms, self-image, emotion, self-efficacy, social influence, personal advocacy</li> <li>• Intention to engage in new behaviour</li> <li>• Behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Degree and equity of participation</li> <li>• Information equity</li> <li>• Collective self-efficacy</li> <li>• Sense of ownership</li> <li>• Social cohesion</li> <li>• Social norms</li> </ul>

Source: Figuero, M.E., Kincaid, D.L. Rani, M. and Lewis, G. (2002) *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes*. New York: Rockefeller Foundation and Johns Hopkins University Center for Communication Programs. The Communication for Social Change Working Paper Series: No.1, P.7.



- The process of determining the M&E tools for CFSC must be inclusive and participatory, such as soliciting feedback via the Communication Initiative as was done with the Integrated Model of CFSC.
- The common language of CFSC will be used whenever possible or sensible when describing the communication approach.
- Tools developed must be easy to use by groups with very few resources in resource strapped communities.
- The methods/tools/indicators developed must be immediately useful for HIV/AIDS programs but must also be transferable to any issue requiring Communication for Social Change.
- Measures and evaluation need to be clear about how we assess the communication and the role of communication in helping people create self-renewing societies. Previous work seems to focus more on assessing social change.
- Recommended M&E approaches must be accessible to people “on the ground” and training on how to use such approaches must be detailed, yet simple to apply.

One CFSC evaluation challenge is to determine how best to measure short-term increases in community communication capacity, and in turn, how to measure the contribution this increasing capacity is making to broad, longer-term social change and more narrowly defined improvements, for example, in HIV/AIDS prevention and care. It is assumed that the CFSC process will work most effectively if the “community” can build—and build on—its capacity for communication at the individual and collective levels. The more capacity for individuals and groups, the more voice can be expressed and heard. The more the dialogue ... The more the stage for collective action. The more a story of success ... the more a community can solve the next problem and continually renew itself. Some of the information that dialogue members might consider as evidence of communication capacity might include strong communication skills and a high degree of “connectedness” (horizontal and vertical).

But who should monitor and evaluate CSFC? Who should decide what evidence is needed and what forms it should take? Who should decide how to collect this information? Who should gather and analyze the data? And who should use this evidence?

## About this Report

Instead of presenting measurement models and indicators divorced from the contexts actually faced by CFSC practitioners, this report introduces readers to Participatory Monitoring and Evaluation (PM&E) and explains how

to establish a PM&E *process* to assist in the identification and use of context-specific indicators and tools to measure Communication for Social Change. Our focus is on HIV/AIDS but the principles and steps may have broader applications.

PM&E is best described as: *a set of principles and a process of engagement in the monitoring and evaluation endeavour*.<sup>25</sup> The *process* is at least as important as the *recommendations* and *results* contained in PM&E reports or feedback meetings. This report is based on the premise that if they adopt PM&E principles (see Part Two), CFSC practitioners should *not* pre-determine objectives, indicators and tools but instead should facilitate their development with dialogue members – all of whom can be considered empowered participants driving the process of social change.<sup>26</sup> CFSC practitioners can suggest and prompt, but any externally-derived objectives, indicators and tools should be debated, negotiated and adapted by dialogue members.<sup>27</sup> Dialogue members include all those with a stake in the outcome. These stakeholders are likely to include, among others: those who will directly benefit and other members of the defined community; program staff and management; researchers; local and central government politicians and technical staff; and funding agencies.<sup>28</sup>

Our purpose in writing this report, then, is to help guide HIV/AIDS communication teams as they negotiate with the stakeholders or dialogue members who share an interest in how the CFSC approach should be monitored and evaluated – and thereby develop new or improved models of M&E most appropriate for their work.

## Literature review

Our writing is based on a review of contemporary published PM&E literature from 1990 onwards. The material is largely but not exclusively confined to the English language. Bibliographical databases for the health and social sciences were searched with a mix of thesauri terms for evaluation and research methodologies combined with key words and key phrases including *participatory evaluation*, *participatory research*, and *participatory monitoring*. The truncated term *participat\** was also used with a range of methodological thesauri terms as were keyword combinations of *participatory* with *evaluat\**, *measur\**, *assess\** or *monitor\**.

Two versions of the Medline databases were used: Medline SilverPlatter for its search functionality and links to full text articles; and PubMed for its currency. Cumulative Index of Nursing and Allied Health (CINAHL – Silverplatter) and PsycINFO (Cambridge Scientific Abstracts) databases were also accessed. Cambridge Scientific Abstracts databases were also searched: BHI (British Humanities Index), Communication Abstracts, Sociological Abstracts and Worldwide Political Science Abstracts. Supplementary

database searches were undertaken on author names where a depth of knowledge in the field by an individual was identified from the literature. Where research monographs and conference proceedings were identified these were located through library catalogue searches and retrieved.

Two Internet search engines, Google and Alltheweb were also used. Key word and key phrase combinations (as explained above) were used to identify major agencies involved with the use of PM&E methodologies. Agencies with a substantial Internet presence in this field included: the World Bank; the United Nations Development Program; the Food and Agriculture Organization (FAO) of the United Nations; the Institute of Development Studies – University of Sussex (including the ELDIS gateway); International Institute for Environment and Development (UK); International Development Research Centre (Canada); Natural Resource Management Programme – Massey University (New Zealand); Integrated Approaches to Participatory Development (IAPAD); Mosaic.net International and the Participatory Development Forum. The websites of these agencies were examined to identify relevant documents and in some cases bibliographies compiled by experts in the field.

The major reports and papers are referenced in this document. An annotated bibliography of the key CSFC and PM&E literature and description of important internet sites is also available (see “Bibliography of Participatory Monitoring and Evaluation of Communication for Social Change,” compiled by Will Parks, 2005, on the CFSC website: [www.communicationforsocialchange.org](http://www.communicationforsocialchange.org)).

### What this document does not contain

We have tried to keep the report relatively straightforward. We, therefore, do not dwell upon theoretical issues associated with CFSC and PM&E. The Bibliography of PM&E (Parks 2005) should assist readers locate more academic literature on these issues. The CFSC Consortium has also produced a shortened version of this document more suitable for quick reference and hands-on training:

- *Measuring Change*, edited by Ailish Byrne, Denise Gray-Felder, Will Parks and Jim Hunt (CFSC Consortium 2005).

To readers who already have experience with PM&E, this document will not contain new information. It may, however, encourage you to share your knowledge and skills with colleagues involved in Communication for Social Change.

Many PM&E manuals have already been written. One in particular would be very useful to keep close to hand:

- Aubel, J. (1999) *Participatory Program Evaluation Manual: Involving Program Stakeholders in the Evaluation Process*. Dakar: Catholic Relief Services.

This is definitely a work-in-progress; a story without an ending, if an ending is indeed appropriate. It is hoped that CFSC practitioners and teams *will document how their*

*PM&E process unfolds and to weave their experiences and voices into a subsequent version of this document.* The value of documenting such experiences lies in the recognition that PM&E actually goes beyond measuring change. PM&E is also concerned with building people’s capacities to improve learning and self-reliance regarding their own development.<sup>29</sup>

We do not provide detailed information on current technical debates surrounding HIV/AIDS. Several important books, guidelines and reports include:

- AIDSCAP (n.d.) *Making Prevention Work: Global Lessons from the AIDS Control and Prevention (AIDSCAP) Project 1991-1997*. Arlington: Family Health International.
- Mantell, J.E. et al (1995) *Evaluating HIV Prevention Interventions*. New York: Plenum.
- Lamptey, P. R. and Gayle, H. D. (Eds) (2001) *HIV/AIDS prevention and care in resource-constrained settings: A handbook for the design and management of programs*. Arlington: Family Health International.
- Lamptey, P. R., Zeitz, P. and Larivee, C. (2000) *Strategies for an Expanded and Comprehensive Response (ECR) to a national HIV/AIDS epidemic: A handbook for designing and implementing HIV/AIDS programs*. Arlington: Family Health International.
- Rehle, T. et al (n.d.) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers*. Arlington: Family Health International.
- Singhal, A. and Rogers, E. (2003) *Combating AIDS: Communication Strategies in Action*. New Delhi: Sage Publications.
- The Synergy Project (2002) *The HIV/AIDS APDIME (Assessment, Planning, Design, Implementation Monitoring, and Evaluation) Programming Toolkit*. (a CD-ROM). To order free copies of the CD-ROM go to: [www.synergyaids.com](http://www.synergyaids.com)
- UNAIDS (2000) *National AIDS Programmes: A Guide to Monitoring and Evaluation*. Geneva: UNAIDS/00.17E.
- UNAIDS/PennState (1999) *Communications Framework for HIV/AIDS: A New Direction*. Geneva: UNAIDS.
- Webb, D. and Elliot, L. (2002) *Learning to Live: Monitoring and evaluating HIV/AIDS programmes for young people*. London: Save the Children Fund.
- World Bank (2003) *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs*. Washington: World Bank.

The remaining parts of this document each answer separate but related questions.

**Part Two** explains what Participatory Monitoring and Evaluation is and why it is useful.

**Part Three** discusses how PM&E is best implemented and some of the challenges that lie ahead.

# Part 2

## PARTICIPATORY MONITORING AND EVALUATION—WHAT IS IT? WHY USE IT?

*Any situation in which some men prevent others from engaging in the process of inquiry is one of violence. To alienate men from their own decision-making is to change them into objects.*<sup>30</sup>

In Part Two, we take a look at the origins of PM&E, explain some of the differences between participatory and conventional approaches to monitoring and evaluation (M&E) and outline some of PM&E's key principles and concepts. To set the stage, we take a look at the basic purposes of monitoring and evaluation particularly as they relate to HIV/AIDS prevention and care programs.

### Demonstrating Change

Traditionally, monitoring and evaluation (M&E) have been viewed as important processes for improving development planning, service delivery, demonstrating results, and for learning.<sup>31</sup> Monitoring is continuous. Evaluation is periodic. Evaluation can be defined as: *any effort to increase human effectiveness through systematic data-based inquiry.*<sup>32</sup> Continual and careful monitoring of relevant indicators

and processes provides the information for evaluation and, more importantly, for the corrections that may be needed when programs are being implemented.<sup>33</sup> It should be remembered that statistical "data" is not the only form of information of potential interest. Stories and other qualitative data may be just as important.

Measuring what impact HIV/AIDS prevention and care efforts are having on the epidemic is difficult. Evaluators must track: *changes in people's most private behaviour, assess program impact in environments where sexual behaviour [and other behaviours associated with HIV transmission] is influenced by a variety of factors, and develop measures that are reliable, valid and meaningful.*<sup>34</sup> Demonstrating value-for-money in HIV/AIDS prevention and care has also become crucial to increase and maintain political and resource commitment. Unfortunately, M&E are often afterthoughts in the process of program implementation, diminishing our ability to ensure the quality and cost-effectiveness of interventions designed to reduce HIV transmission.<sup>35</sup>

One of the greatest challenges in developing a CFSC strategy is determining what contribution the development of communication capacity is making to the achievement of both outcome goals like those discussed above and to longer term goals that sustain the outcomes. Determining whether change has taken place demands that everyone in the dialogue have clear information about where they are as the process begins. They also must make decisions about where they want to go before they can decide if they are accomplishing their goals. They also need widely available, periodic information about how well they are doing.

**TABLE 2: COMPREHENSIVE EVALUATION FRAMEWORK**

Type of Evaluation	Broad Purpose	Main Questions Answered
Baseline Analysis/ <b>Formative Evaluation</b> Research	Determines concept and design	Where are we now? Is an intervention needed? Who needs the intervention? How should the intervention be carried out?
<b>Monitoring/Process Evaluation</b>	Monitors inputs and outputs; assesses service quality	How are we doing? To what extent are planned activities actually realized? How well are the services provided?
<b>Outcome/Effectiveness Evaluation</b>	Assesses outcome and impact	How did we do? What outcomes are observed? What do the outcomes mean? Is the program making a difference?
<b>Future Plans/Cost-Effectiveness Analysis</b>	Value-for-resources committed including sustainability issues	What are our next steps and needed resources? Should program priorities change or expand? To what extent should resources be reallocated?

Adapted from: Rehle, T., Saidel, T., Mills, S. and Magnani, R. (Eds) (n.d.) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Design Makers*. Arlington: Family Health International. P.11.

Bearing these challenges in mind, let us briefly consider the different types of monitoring and evaluation in common use (Table 2).

Table 3 provides examples of program outcome/impact measures including possible (and associated) CFSC short-term outcomes and long-term impacts.

## Participatory Monitoring and Evaluation (PM&E)

Priorities and plans should be determined locally in accordance with particular concepts and conditions.<sup>36</sup> Without local ownership, change is likely to be short-term and limited, and sometimes not even addressing local needs nor building on local assets.<sup>37</sup> M&E constitute an extension of the planning process and, at the same time, should be an area for community involvement. M&E, therefore, should also be carried out locally.<sup>38</sup> *All of the above types of evaluation associated with HIV/AIDS programs can benefit from a participatory approach to their design and application.*<sup>39</sup>

We now take a closer look at Participatory Monitoring and Evaluation: its history; its meaning; the difference between PM&E and conventional M&E; why PM&E is useful; why PM&E is not used as much as it should be and PM&E's key principles and elements.

### What is the history of Participatory Monitoring and Evaluation?

Participatory Monitoring and Evaluation is by no means new. It draws upon more than 20 years of participatory research traditions such as participatory action research (PAR), participatory rural appraisal (PRA), and farming systems research (FSR).<sup>40</sup> During the 1970s, PM&E entered

the policy-making domain of large donor agencies and development organizations such as the Food and Agriculture Organization (FAO), United States Agency for International Development (USAID), the Danish International Development Agency (DANIDA), the UK Department for International Development (DFID), and the World Bank.<sup>41</sup> The beginnings of PM&E can also be traced to the growing appreciation for individual and organizational learning among the private sector.<sup>42</sup> And even though interest in PM&E processes has been growing, it should be noted that many local forms of PM&E still go unnoticed. Communities and Community-Based Organizations (CBOs) have long been monitoring and evaluating their work (without using the label of PM&E). Finding out and building on existing, local forms of PM&E is an important part of the PM&E planning stage (see Part Three).<sup>43</sup>

According to Brisolará, two main streams of PM&E have emerged from quite different historical and ideological roots:<sup>44</sup>

**1. Practical PM&E** – focusing on the pragmatic with a central function of fostering evaluation use. Practical PM&E arose in the 1980s primarily in the US and Canada. Geared toward program, policy or organizational decision-making, Practical PM&E improves planned-change within programs. Within Practical PM&E efforts, evaluation impact is extended to include organizational learning and change. Practical PM&E is similar to “developmental evaluation” (Patton 1997) and “stakeholder-based evaluation” (Mark and Shotland 1985), but the latter is less concerned with implementation-stage process decisions (monitoring) and more with final, end-of-program, summative evaluation questions.<sup>45</sup>

**TABLE 3: POTENTIAL PROGRAM OUTCOME/IMPACT MEASURES (EXAMPLES)**

Program Outcome (short-term effects)	Program Impact (long-term effects)
<ul style="list-style-type: none"> <li>• Changes in HIV/AIDS-related attitudes</li> <li>• HIV/Sexually Transmitted Infection (STI)-related risk behaviours (e.g., condom use during last act with non-regular partner)</li> <li>• Trends in STI rates (e.g., gonorrhoea)</li> <li>• Increase in social support/community</li> <li>• Reduction in HIV/STI/TB related stigma</li> <li>• Increase in community communication capacity (communication skills, horizontal and vertical connectedness)</li> </ul>	<ul style="list-style-type: none"> <li>• Sustaining changes in HIV/STI-related risk behaviours</li> <li>• Trends in HIV/AIDS rates</li> <li>• AIDS-related mortality rates</li> <li>• Reduced individual and societal vulnerability to HIV/AIDS</li> <li>• Sustained changes in societal norms (reduced prejudice, stigma)</li> <li>• Increased community coping capacity</li> <li>• Reduced poverty</li> <li>• Reduced marginalization</li> <li>• Improved status of women</li> <li>• Reduced gender-based violence</li> </ul>

Adapted from: Rehle, T., Saidel, T., Mills, S. and Magnani, R. (Eds) (n.d.) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Design Makers*. Arlington: Family Health International. P.11.



**2. Transformative PM&E** – based on emancipation and social-justice activism and focuses on empowerment of oppressed groups. Transformative PM&E arose in the 1970s, notably in Latin America, India and Africa – in part as a reaction to scientific models of inquiry that were considered exploitive and detached from urgent social and economic problems.<sup>46</sup> Transformative PM&E efforts aim to democratize social change and as such are similar to “empowerment evaluation” (Fetterman 2001) and “democratic evaluation” (McTaggart 1991).<sup>47</sup> Transformative PM&E is underpinned by three key concepts:

- *Who creates and controls the production of knowledge?* Transformative PM&E aims to empower people through participation in the process of constructing and respecting their own knowledge (based on Freire’s notion of “conscientization”) and through their understanding of the connections among knowledge, power and control. Popular knowledge is assumed to be as valid and useful as scientific knowledge.
- *How is the evaluation conducted?* The distance between the evaluator and the evaluated is broken down; all participants are contributors working collectively. *Initiating and sustaining genuine dialogue* among actors leads to a deep level of understanding and mutual respect.
- *Critical reflection.* Requires participants to question, to doubt, and to consider a broad range of social factors, including their own biases and assumptions.

Although these two streams of PM&E are distinguishable from one another on the basis of their central goals, functions, and historical and ideological roots, there is clearly an overlap between the two.

### What is PM&E?

So what exactly is PM&E? There is no single definition or methodology for PM&E due to the diverse range of field experiences and the difficulty in reaching agreement on terms such as “monitoring,” “evaluation,” “community” and “participation.” As noted above, PM&E is best described as: *a set of principles and a process of engagement in the monitoring and evaluation endeavour.*<sup>48</sup> The *process* is at least as important as the *recommendations* and *results* contained in PM&E reports or feedback meetings.

Much literature on PM&E has emerged from the international and community-development fields.<sup>49</sup> Approaches such as rapid rural appraisal (RRA), Participatory Rural Appraisal (PRA), Participatory Monitoring (PM), Participatory Learning Methods (PALM) have been developed for appraising local situations in a participatory manner. Training courses in PM&E are now available in several international institutions and some agencies deliver training courses “off-campus” to agencies, programs/initiatives, and communities requesting PM&E support.

Participatory techniques and methods of data collection—including village mapping, transect and group walks, diagramming, seasonal calendars, matrix ranking and group discussions—have evolved as useful tools for involving local people in developing strategies for learning about their communities and for planning and evaluation.<sup>51</sup> A number of PM&E handbooks and assorted practical manuals have been published.<sup>52</sup>

### How different is PM&E to conventional M&E?

Conventional and participatory M&E are not always distinguishable. “Outside” experts are usually involved in both forms of M&E but assume different roles. In conventional M&E, external specialists often direct the design, data collection, analysis and report writing. In PM&E, external specialists facilitate rather than direct these processes. Conventional and participatory M&E may both use pre-determined indicators for measuring “success,” some may encourage various stakeholders to measure change according to their own criteria and indicators, while others may use a combination of pre-determined and context-specific indicators.<sup>53</sup>

Perhaps what distinguishes PM&E is its emphasis *on the inclusion of a wider sphere of stakeholders in the M&E process* than more conventional approaches. PM&E practitioners believe that stakeholders who are involved in development planning and implementation should also be involved in monitoring changes and determining indicators for “success.”<sup>54</sup> PM&E’s fundamental values are *trust, ownership and empowerment.*

### Why use PM&E?

It is important to regard people as agents rather than objects; agents who are capable of analyzing their own situations and designing their own solutions.<sup>55</sup> Conventional M&E is often based on quantitative, non-participatory surveys designed by evaluators external to the program or project in question.<sup>56</sup> These processes have been increasingly criticized for being “top-down,” serving only the interests of funding agencies and policy makers, and providing little if any opportunities for all stakeholders to voice their opinions and judgments.<sup>57</sup> Information is typically extracted from populations/communities/families/participants and concentrated at the top of organizations (usually far removed from beneficiaries), where it often remains underutilized.<sup>58</sup> Conventional M&E has been viewed largely as a form of “policing.”<sup>59</sup>

The idea of stakeholder participation in evaluation is now widely accepted within the evaluation community.<sup>60</sup> According to Estrella et al (2000), interest in PM&E has grown as a result of several factors, including:<sup>61</sup>



- The trend towards 'performance-based accountability,' focusing results and objectives beyond financial reporting.<sup>62</sup>
- The growing demand for greater accountability and demonstrable impact.
- The move towards devolution of central government responsibilities and authority to lower levels of government, necessitating new forms of oversight to ensure transparency and to improve support to constituency-responsive initiatives.
- Stronger capacities and experiences of Non-Government Organizations (NGOs) and Community-Based Organizations (CBOs) as decision makers and implementers in the development process.<sup>63</sup>
- Mounting evidence that participatory approaches for issue identification and resolution, program design, monitoring and evaluation produce positive results.<sup>64</sup>

PM&E is essential if the purpose of the continuous and periodic evaluation is to understand and respond to local realities and ensure results are used for change.<sup>65</sup> Some of the key functions of PM&E are:

- To facilitate mutual learning.<sup>66</sup>
- To contribute to the building of local capacity for decision-making and community-centered development.<sup>67</sup>
- To help participants gain the abilities to evaluate their own needs, analyze their own priorities and objectives, and undertake action-oriented planning to solve their own problems.<sup>68</sup>

In general, there are three main purposes of PM&E:

- To enhance planning and management.<sup>69</sup>
- To foster organizational learning.<sup>70</sup>
- To shape policy.<sup>71</sup>

These multiple functions and purposes of PM&E often overlap. Determining core functions and purposes of PM&E in a project or program will essentially depend on different stakeholder interests and may well change over time.

In order to identify what is to be monitored and evaluated and for what purpose(s), PM&E uses a process that: *tries to offer fora [for example, meetings and workshops] that allow different stakeholders to articulate their needs and make collaborative decisions... PM&E requires learning about people's concerns, and how different stakeholders look at (and hence, measure) project results, outcomes and impacts. How these differing (and often competing) stakeholder claims and perspectives are negotiated and resolved, especially when particular groups and/or individuals are powerless vis-à-vis others, remains a critical question in building a PM&E process.*<sup>72</sup>

## What are the principles and key elements of PM&E?

Reitbergen-McCracken and Narayan (1998) suggest that true participatory monitoring and evaluation has four key principles:

- Local people are active participants, not just sources of information.
- Stakeholders evaluate, outsiders facilitate.
- The focus is on building stakeholder capacity for analysis and problem solving.
- The process builds commitment to implementing any recommended corrective actions.<sup>73</sup>

Burke presents several additional/alternative principles:

- The evaluation must involve and be useful to the program's end users.
- The evaluation must be context-specific, rooted in the concerns, interests and problems of the program's end users.
- The evaluation methodology respects and uses the knowledge and experience of the key stakeholders.
- The evaluation is not and cannot be disinterested.
- The evaluation favours collective methods of knowledge generation.
- The evaluator (facilitator) shares power with the stakeholders.
- The participatory evaluator continuously and critically examines his or her own attitudes, ideas and behaviours.<sup>74</sup>

King describes lessons (principles) she has learnt that help to make PM&E work in practice:

- Participatory M&E efforts require high levels of interpersonal and organizational trust.
- People taking part in PM&E efforts must create shared meaning of their experiences over time.
- PM&E efforts must address the power structure within which they are working.
- Not only do PM&E processes require volunteers, they require leaders.
- PM&E processes are best done slowly.
- Two incentives are key to fostering PM&E processes: tackling important issues and having appropriate resources.
- Outside facilitators of the PM&E process have an important role.<sup>75</sup>

To ensure these principles are embedded in a PM&E process, the following key elements must be included:

1. The process must be participatory, with the key stakeholders actively involved in decision making.
2. The process must acknowledge and address inequities of power and voice among participating stakeholders.
3. The process must be explicitly “political.”
4. The process should use multiple and varied approaches to collect and codify data.
5. The process should have an action component in order to be useful to the program’s end users.
6. The process should explicitly aim to *build capacity*, especially evaluation capacity, so that stakeholders can control future evaluation processes.
7. The process must be educational.<sup>76</sup>

### Why is PM&E not used as much as it should be?

While participation in situation analyses and program/initiative planning and design is more common now than it was 20 years ago, local people are still rarely involved in the ongoing monitoring or final evaluation of development initiatives.<sup>77</sup> There are several reasons why PM&E is not used as much as it perhaps should be, including:

- PM&E (and participatory appraisal in early stages of program/initiative design) require sustained involvement of stakeholders over a period of time before concrete results are achieved – the pace of change is perceived as too slow for donors and many agencies.
- Defining who stakeholders are, who should be involved and to what extent or depth they can or want to be involved remain uncertain. For instance, the M&E process may include beneficiaries as stakeholders, but still in practice pay little attention to marginalized groups, i.e., women, the poor and non-literate.<sup>78</sup>
- Criticisms that PM&E lacks academic credibility in comparison to external assessment with respect to rigour and validity.<sup>79</sup> More conventional, quantitative M&E approaches claim to be “rigorous,” “objective” and “replicable.” By contrast, participatory approaches are said to obtain more qualitative information that while locally meaningful, readily usable and context-specific, is more “subjective.” In fact, “being participatory” and “doing rigorous monitoring” may not be diametrically opposed. There may be a role for many different types of evaluation within the same program or initiative.
- A specific criticism has been that PM&E cannot answer the “scientific” question: *Does this intervention cause or contribute to the change(s) desired?* PM&E processes “muddy” the water and may themselves influence the impact of the intervention. But conventional assessments

frequently fail to acknowledge political nuances of situations, often fail to identify important gains (intangibles for which no quantitative indicator was created at baseline), fail to report unexpected outcomes and are often based on data provided by people (staff and community members) acutely aware of the ramifications if authorities hear they are dissatisfied. External, “neutral” evaluators may also have personal reasons for conducting evaluations that may bias their “objectivity” (e.g., enhancing future employment).<sup>80</sup>

- Participatory approaches may appear to cost more than non-participatory, externally driven programs – for some agencies this may be a problem. There is often a reluctance to spend upfront investment for eventual greater return. Political will to invest in resource-intensive participatory approaches is often weak or entirely absent.
- Scaling up participatory approaches in institutional settings requires a certain amount of organizational stability and support. Many institutions, especially in resource-poor settings, experience constant staff turnover. Donors and agencies may be reluctant to invest in new approaches that require time and stability to establish.
- Institutional staff need to be willing to accept new roles, responsibilities and approaches. Many staff may be unwilling to accept an approach that could threaten the benefits related to their established positions. Staff may also be reluctant to accept community viewpoints that are counter to their view of local realities, priorities and solutions.
- Staff from organizations that are not themselves participatory in nature may struggle to implement and convince others of a process that is different from their own internal organizational culture.
- Building grassroots participation is a political process – therefore threatening and unpopular for some governments.

We shall examine other challenges to the use of PM&E in **Part Three**.

# 3 Part

## HOW IS PARTICIPATORY MONITORING AND EVALUATION BEST IMPLEMENTED?

*Ultimately, no matter how good the process, to engage beneficiaries of development in judging what works and what does not, what constitutes success and what does not, is to open up much broader questions of whose values are important, of what we want our communities and societies to be and to become. Facing these questions will inevitably involve conflicts of perspective and of interest and may threaten the status quo. Participatory evaluation is one proactive way to create processes in which these important questions can emerge and to address them through a structured learning process.<sup>81</sup>*

*The main thing is not to be under any illusion that there is a right or wrong direction. There are many directions.<sup>82</sup>*

Having discussed the basic purposes of monitoring and evaluation, and explained some of the differences between participatory and conventional M&E approaches, we are now in a good position to explore the steps or stages commonly used to establish a PM&E process.

We begin Part Three by considering the ingredients needed to ensure PM&E works. We then look at the key stages or “learning moments” involved in the PM&E process. We conclude this report by considering some specific challenges for establishing a participatory approach to measuring CFSC.

### The Essential Ingredients

There is mounting evidence that participatory approaches for issue identification and resolution, program design, monitoring and evaluation produce positive results.<sup>83</sup> But it is also clear that PM&E can only be used in certain circumstances and only when the definition of “results” is clearly understood and agreed on by all parties. For this reason, it is not possible to develop a universal framework for PM&E and there is no easy-to-follow formula for establishing a PM&E process. What is to be monitored and evaluated, how it can be monitored and evaluated, when and by whom and why will vary greatly according to the context.<sup>84</sup>

PM&E occurs in many diverse forms. Yet amidst this diversity, there are at least six essential ingredients required to make PM&E work:

1. Receptive context – PM&E works best when the organizational climate and political context is fairly open and democratic.
2. The evaluator’s or evaluation team’s commitment to participation and faith in the inherent capacity of people to contribute meaningfully to the PM&E process.
3. Recognition that PM&E takes time and resources; it cannot be rushed. If there is a manager/management team for the program being evaluated, this individual/team should be freed from his/her/their regular responsibilities in order to enable him/her/them to participate fully in the evaluation. Secretarial and logistical support should be planned far ahead of time.<sup>85</sup>
4. People skills—particularly facilitation—are a key part of the participatory evaluator’s toolkit. Willingness to share experiences, knowledge, insights, and perhaps most difficult, power.<sup>86</sup>
5. Capacity building should be a PM&E objective. Capacity building is consistent with PM&E goals and principles. Capacity building enhances accountability and supports sustainability through community and leadership development, creating a core of participants who are committed to the program/initiative and knowledgeable about it.<sup>87</sup>
6. The process should be structured in such a way that ensures participation of the different interest groups but must be easy to facilitate because local facilitators may be themselves inexperienced in participatory techniques.<sup>88</sup>

### A Spiral of Key Learning Moments<sup>89</sup>

The PM&E process is best described as a “spiral of key learning moments.”<sup>†</sup> The steps or stages described below do not always flow in a smooth, linear fashion but often occur in fits and starts (i.e., “key moments”) – even when an evaluation plan has been carefully designed with stakeholders.

Each PM&E stage is an intense learning experience for stakeholders. And the final stage (using PM&E results) usually reveals that original goals have changed, indicators have been modified, and the knowledge, opinions and evaluation skills of stakeholders have been transformed. Hence we talk about a “spiral” progressing to a new point, rather than a “cycle” returning to the beginning. An essential feature of this spiral is the continuous process of reflection by stakeholders on what is being monitored and evaluated, where the process is leading them and the lessons gained from their own successes and mistakes.<sup>90</sup>

While the PM&E literature reviewed for this document revealed a wide variety of implementation steps, we can summarize the essential stages as follows:

1. Deciding to use PM&E.
2. Assembling the core PM&E team.
3. Making a PM&E plan.
4. Collecting data.
5. Synthesizing, analyzing and verifying the data.
6. Using PM&E results and developing Action Plans for the future.

These moments or steps are no different from conventional M&E but the key questions to remember if you are embarking upon a PM&E process are: What is the range of participating stakeholders in each step? And what is the degree or depth of stakeholder participation in each step?

**Throughout each step, negotiating who should be involved and on what terms is perhaps the critical consideration for sustaining the PM&E process.<sup>91</sup>**

The following points provide a checklist for HIV/AIDS communication teams as they set about establishing a participatory approach to measure the process and outcomes of Communication for Social Change.

## 1. Deciding to use PM&E

Who initiates PM&E and why? Under what conditions? What are the time and other resource constraints? How will these issues be addressed? Who really controls the evaluation?

A PM&E approach is most likely to be chosen when:

- There is an internal PM&E team within the key program organizations/initiative partners with sufficient time, resources and interest to assist outside evaluators in planning and implementing PM&E.
- The program, project or initiative has a clearly identified group of key stakeholders who support the PM&E process, even if initiated by the funder.
- There is evidence that key stakeholders have thought about what they would like to learn from PM&E.
- All stakeholders, especially funders and those holding most power within the organization(s) involved/under review, have an understanding of and are in agreement with PM&E principles and process.
- Resources (both time and money) are sufficient to ensure meaningful participation and capacity building. If the program/initiative is not willing to allocate either time or money, then PM&E is not a desirable option.

## 2. Assembling the core PM&E team

Who should and wants to be involved? How should participants be identified and selected?<sup>92</sup> What should participants' backgrounds and interests be? What constraints will they bring to the task (workload considerations,

educational limitations, motivation)? What type of skills, knowledge, changes in behaviour and attitudes are required in conducting PM&E? Do they understand the possible risks and benefits of the PM&E process so they can make informed decisions about where, when and how they want to be involved?

Establishing a core team with members selected from an appropriate range of stakeholders (self-selection is best) can assist in the overall management and facilitation of the PM&E process. There may be a need to elect a core team coordinator. Training on PM&E may be needed for core team members who do not have the requisite skills as listed below.

PM&E core team members need:

- personal commitment to an interactive process and the principles of PM&E.
- to be able to work as a part of a team.
- technical expertise and training in a wide variety of research techniques and methodologies, with emphasis on participatory methodologies.
- group facilitation skills, understanding of group process, dealing with tensions and conflict, equalizing participation, running participatory activities, summarizing and being an active listener.
- to be able to communicate with different stakeholders, such as members of grassroots groups, government representatives and representatives of international donor agencies.
- teaching skills, the ability to communicate PM&E methodology and adaptability to a variety of teaching contexts.

Additional questions to ask at this step include: Who really controls the evaluation process? To what extent do core team members have an individual commitment to the dialogue process, not just a role to play based on their title or responsibility? Will the process be based on communication for social change values? How does one account for and deal with variation in power and influence among participants and between participants and the core team? What should be the role of an external/professional evaluator and how much control should this person (or team) have? To what extent does the technical knowledge and background of a professional evaluator (if involved) fit with the culture in question? Can the technical knowledge be adapted or made to fit, and if so, how? How is the training of participants in PM&E to be accomplished? Will training occur prior to the initiative, during it, or by some combination of the two? To what extent do cultural and linguistic differences intrude on training effectiveness? Can evaluators and other professionals assume the role of trainer or facilitator with relative ease?<sup>93</sup> How does one listen for the voices



that have not been heard yet? How can cultural, language or racial barriers be addressed? How much should (or can) an outside evaluator meddle in the affairs of others, especially when these people need to live with the consequences long after the external evaluator has left the scene?

### 3. Making a PM&E Plan

Most practitioners consider the planning stage the most critical for the success of a PM&E process. This is when: *different stakeholder groups first come together to articulate their concerns and to negotiate different interests. Stakeholders will need to determine their objectives for monitoring, and identify what information should be monitored, for whom, and who should be involved... Often, however, stakeholders are left out of this initial planning process.*<sup>92</sup>

Consideration of PM&E is an integral part of the overall communication for social change strategy. The PM&E dialogue is most likely to occur after the change community has been selected or defined, after a preliminary analysis of its capabilities and after initial dialogues about the issues and obstacles the community faces and its goals.

The following steps (to be undertaken during workshops or through stakeholder interviews) can help in the development of a PM&E plan:

#### a) Orient stakeholders to PM&E and set the agenda

Stakeholders can be oriented to a PM&E process during initial planning workshops. Terms of reference for the core PM&E team can be drawn up by stakeholders during these workshops. It is important to share the results of these workshops across all stakeholder groups even if they cannot send representatives. If planning workshops are not possible, background materials can be sent out with questionnaires asking people what they want out of a PM&E system/exercise.

During these initial planning workshops or interviews, clarify participants' expectations of the process (what are their information needs), and in what way each person or group wants to contribute.

Other questions to ask at this point include: Who else should participate? How many participants? How will they participate and at what juncture? How much participation? Depth of participation can range from "shallow" consultation (with no decision-making control or responsibility) to "deep" participation (full involvement in all aspects of an evaluation from design, data collection, analysis and reporting to decisions about dissemination of results and use).

#### b) Clarify the question: who wants to know what and why?

Based on the results of initial workshops and/or interviews, this next step can be achieved through a series of shorter meetings with core team members.

In Part One, we defined CFSC as *a process of public and private dialogue through which people themselves define who they are, what they need and how to get what they need in order to improve their own lives. It utilizes dialogue that leads to collective problem identification, decision-making and community-based implementation of solutions to development issues.* We noted that CFSC helps individuals and communities build a stronger capacity to communicate in person, through the arts, or using media and other communication technologies. CFSC helps people to identify obstacles and develop communication structures, policies, processes and media or other communication tools to help them achieve their own social change goals. It is assumed that the CFSC process will work most effectively if the "community" can build—and build on—its capacity for communication at the individual and collective levels. We also noted that CFSC aims to help previously powerless communities to become "self-renewing" – able to manage their own communication processes for their own good.

Bearing these notes in mind, PM&E core team members might think of several questions that they wish to seek answers. For instance:

1. What difference is the communication strategy making? Does it influence dialogue processes between individuals and between groups in terms of tolerance, respect, social justice and active participation? If so, how? If not, why not?
2. Is the communication strategy strengthening individual and community communication capacity, decision-making and action? If so, how? If not, why not?
3. Have obstacles to social change been identified? What is being done about them?
4. Are CFSC structures, policies, processes and communication tools being developed? What would facilitate their development?
5. Does the communication strategy *enable* previously powerless individuals and communities to take control of the means and content of communication, to achieve their own social change goals? If so, how?

Posing such questions helps in the development of **PM&E objectives** – statements of intent that begin with the words such as: "To assess..." or "To measure..." or "To monitor..." or "To evaluate..."

Ideally, PM&E objectives should be derived from the goals of the CFSC initiative or program – for example, what the CFSC teams are aiming to achieve in relation to HIV/AIDS prevention and care.



### c) Identify indicators that will provide the information needed

Follow-up workshops with all stakeholders provide ideal opportunities to present draft PM&E objectives. Bringing stakeholders together again to identify what information is needed and which information is critical helps to reconfirm the program goals and views on change, information needs, and people's values.

Once stakeholders agree on the PM&E objectives, indicators will need to be identified. The procedures for indicator development are not always clear or straightforward, especially when different stakeholders with different priorities and needs are involved.<sup>93</sup> Selecting indicators is therefore: one of the most difficult steps in setting up a PM&E approach, even if those involved accept that good—rather than perfect—indicators are adequate... [This step] highlights, more than any other, the different information needs and expectations that the different stakeholders have of the monitoring work.<sup>94</sup>

HIV/AIDS communication teams should take particular note of the following:

- Additional flexibility in identifying indicators is required when dealing with projects or programs that are themselves participatory in nature – such as the proposed CFSC applications to HIV/AIDS. These types of projects: *commonly start tentatively with small interventions based on participatory appraisals or with capacity building activities. Only after discussions have created consensus about development activities will more substantial and focused activities be formulated. During the course of such projects, new partners often join, new insights are generated and new development goals emerge. With the change comes the need to review existing indicators.*<sup>95</sup>
- The more groups involved in the PM&E process, the more likely the need to shift from pre-defined and 'objective' indicators to 'negotiated' and context-specific indicators. Knowing how to facilitate the negotiation of indicators amongst stakeholders therefore becomes critical, as different views and priorities need to be reduced to a limited number of indicators. Such negotiations can reinforce a shared vision of social change particularly when working with groups that differ strongly. Decision makers at every level and scale: *from an individual within the household to national and international policy makers, will find very different kinds of indicators relevant to their decisions. Therefore, reaching consensus about objectives and indicators will be less straightforward when more 'layers,' and, therefore, groups are involved.*<sup>96</sup>
- In many cases, different stakeholder groups usually agree on a set of common indicators, while in other cases multiple sets of indicators may need to be identified to address the different information needs of different stakeholder groups.<sup>97</sup>

**Indicators are approximations of complex processes, events and trends.** They can measure the tangible (e.g., service uptake), the intangible (e.g., community empowerment) and the unanticipated (i.e., results that were not planned). Ideally, indicators reveal changes related to a specific phenomenon that in itself represents a bigger question or problem.

As we have noted earlier, indicators need not be "quantifiable." Indeed, quantification may be undesirable if it emphasizes what may be in fact relatively unimportant aspects of the CFSC process, for example, the number of people participating in a new social network rather than the *quality* of the relationships within that network. This has been called the "irony of measurement" – *relatively* important things are measured because the *really* important ones cannot be quantified and are therefore not measured. In such circumstances, qualitative indicators, which may be mainly descriptive, may provide more meaningful measures.<sup>98</sup>

Identification of indicators is best begun after a dialogue about the community's concerns, goals, issues and obstacles and their vision of the change they seek. The indicator-specific discussion begins by asking stakeholders to reflect on their PM&E objectives (what they want to know and why) and consider the information they are already collecting and what methods of information exchange or reporting they are using that may be appropriate. Several indicators or indicator sets for measuring social change (generally) and other development issues have already been created and can serve as useful guides (see **Tool Number One**).<sup>99</sup> But in line with PM&E principles, *externally-derived indicators should only be used to stimulate discussion rather than direct indicator selection.*

Of particular importance to HIV/AIDS communication is the need to develop indicators to measure the processes and outcomes of Communication for Social Change as it is applied to efforts to improve HIV/AIDS prevention and care. Work on measuring HIV/AIDS communication most often has focused on measuring effectiveness from the viewpoint of top-down, centrally-organized programs, with communication professionals interested in discretely targeted interventions or outcomes.<sup>100</sup> CFSC is the opposite of these characteristics.<sup>101</sup>

It is clear that CFSC must demonstrate impact, but it is also clear that this impact will not usually be achieved quickly. Social change can take a long time. But program and policy people need more immediate data that indicates the contribution being made. As CFSC focuses on the dialogue process, *progress toward* long-term social change is at certain times an acceptable measure of effectiveness.

When measured in the short-term, stakeholders need indicators that: indicate a strong likelihood of long-term

change in the issue being addressed and are applicable across issues. This happens in many fields. For example, increased immunization levels predict decreased child mortality. Increasing numbers of girls in school is often cited as a predictor of economic progress. In communication, intent to change has been used as predictor of actual change.<sup>102</sup>

CFSC requires a similar set of agreed indicators both to measure and indicate progress and to drive the nature of the programming. These need to be derived from reliable information and analysis. *But the central argument in this report is that indicators must be developed through a process of dialogue and negotiation with stakeholders on the ground.* Indicator choice for PM&E depends entirely on what stakeholders want to measure (e.g., a reduction in HIV/AIDS-related stigma, an increase use of Voluntary Counseling and Testing, and so on). The objectives and the information needed will depend entirely on context. For PM&E, it is paramount that primary stakeholders are empowered to identify what constitutes success or change.<sup>103</sup>

Table 4 provides a further selection of questions that HIV/AIDS communication teams can use to discuss with stakeholders when identifying suitable CFSC progress markers or indicators to measure the dialogue process itself.

Indicators need not be perfect – only sufficiently relevant and accurate for those who are going to interpret the information to be able to do so. While there are no set rules to select indicators, one guideline is to use the acronym SMART: indicators should be **S**pecific, **M**easurable, **A**ction-oriented, **R**elevant, and **T**ime-bound. The following questions are also helpful to ask when selecting indicators:

- Is the focus of the PM&E objective a parameter that can be measured accurately and reliably?
- Are there alternative measures that need to be considered?
- What resources (human and financial) does the indicator require?
- Are there any additional measures that would help in interpreting the results of the PM&E objective?<sup>104</sup>

Indicators may be pictorial. For example, in Nepal, pictorial indicators promoted greater discussion and therefore better understanding amongst both literate and non-literate stakeholders in a forestry project.<sup>105</sup> Indicators also may be in the form of stories. For example, in a citizen participation and democratization project in The Philippines, PM&E team members recorded stories from project participants. These stories were then analyzed and converted to core indicators by non-government organization staff and village leaders. The analyzed stories and indicators were then presented back to communities for validation: *Community members gave additional input and ascertained whether the clustered information and selected indicators adequately captured*

**TABLE 4: SOME COMMUNICATION FOR SOCIAL CHANGE PM&E QUESTIONS**

- Are meeting times and spaces creating opportunities for poor and marginalized people to speak, be heard and contribute to making decisions?
- How and where does private and public dialogue take place? In relation to the issues of concern, what increase or other changes have there been in:
  - Family discussion?
  - Discussion among friends?
  - Discussion in community gatherings?
  - Problem-solving dialogue?
  - New ways of sharing relevant information?
  - Coverage and discussion in news media?
  - Focus and discussion in entertainment media?
  - Debate and dialogue in the political process?
- Are more people from all community groups involved in dialogue about the issues?
- To what extent do participants listen, evaluate information before they use it, challenge rumor and articulate their voice in private and public? Have there been improvements in these areas?
- Who is creating and telling the stories around the issues? Is that changing?
- What are the cultural norms those stories reveal? Are they changing?
- Has the community created more opportunities for its members to discuss issues other than HIV/AIDS? Are new connections between different groups being established within the community, either through face-to-face encounters or using technology?
- Are members of the community making their views known to those who hold official power? How? Is this changing?
- Are community members connecting with outside allies, communities and groups who support of their efforts?

Source: Hunt, J. (2004) Notes on Communication for Social Change, in process.

*their realities and perspectives. In some cases, even choosing or agreeing on the 'appropriate' word to represent an idea or concept stimulated further group discussion.*<sup>106</sup>

Some PM&E practitioners have begun to look for alternatives to indicators linked to short-term objectives. For example, the Christian Commission for Development in Bangladesh (CCBD) has begun to ask the local credit

groups it supports to report any significant change they have experienced (on a monthly basis) in the form of “facts” (what, when, where, with whom) together with an explanation of why that change was the most significant. Instead of collecting information on pre-determined questions, CCBD now helps its stakeholders to monitor significant, sometimes unanticipated events associated with its long-term development goals.<sup>107</sup> The methodology, known as “the Most Significant Change,” is described in more detail in **Tool Number One**.

#### **d) Choose and adapt data collection methods**

Many of the methods used in PM&E have been drawn from participatory learning methodologies, such as Participatory Rural Appraisal, which comprise a range of audiovisual, interviewing and group work methods. They also include quantitative methods such as community surveys which are made more participatory and accessible to local people. Some PM&E initiatives have adapted methods used in the field of anthropology, including oral testimonies and direct observation. PM&E may use *visual* (charts, maps, calendars, timelines, murals, photovoice – cameras, video) and *dramatic* forms (story telling, songs, dances, sculptures, role plays) of data collection together with more standard methods such as diaries, case studies, interviewing, observation, focus group discussions, workshops and document analysis. **Tool Number Two** describes a sample of these PM&E data collection techniques.

When choosing the methods needed to collect information for each indicator, core PM&E team members should facilitate discussion with stakeholders on:

- The indicator and the kind of data required.
- The technical difficulty and adaptability of the method to a particular level of expertise.
- Cultural appropriateness of the method – will it make people feel comfortable learning, communicating and interacting?
- Facilitation of learning – does the method facilitate learning?
- Barriers to participation – e.g., levels of literacy, command of main language, social class, physical challenge, age and time constraints.

#### **4. Collecting data**

Who will collect data? When? Where?

This “key moment” is usually drawn out over a number of weeks or months (even years). Decisions need to be made regarding the number and location of data collection sites, the sampling processes involved (random or deliberate), the characteristics and sample size of people to be inter-

viewed or invited to meetings, the selection of people or events to be observed, and the scheduling of data collection (e.g., the date and time for site visits, meetings, interviews).

It is highly desirable that data synthesis and analysis (see below) occur **as** the data is collected. In other words, there should not be a distinct period of “data collection” followed by a distinct period of “data analysis” – analysis usually leads to new questions requiring further data collection, and so on.

But does data collection ever “stop?” When a PM&E process is used to measure CFSC, data collection never really ends but fluctuates in its intensity over time. The answer to this question, of course, depends on the local context of the CFSC initiative which in turn determines the PM&E objectives and indicators, which in turn determine the data required to inform the indicators, which in turn determine the collection methods and sample sizes needed, and thus what duration the data collection/analysis period needs to be. PM&E practitioners, however, talk about “data saturation” as being a sign that data collection can be reduced in intensity. **Data saturation** can be defined as the point at which no **new** answers to questions are being recorded and no **new** insights are being generated from the data analysis that suggest further periods of data collection are needed for the time-being.

It is important also to have regular reviews or reflections on the methods. Tools, questions and social processes (e.g., meetings and interviews) may need to be adapted or modified on occasions.

#### **5. Synthesizing, analyzing and verifying the data**

How will data analysis take place?

As information is collected, the next step entails processing and analyzing data. Core team members should organize meetings with relevant stakeholders and facilitate critical reflection on problems and successes, understanding the impacts of their efforts, and acting on what they have learned. *What becomes critical is how stakeholders actually use information in making decisions and identifying future action.* Analysis of data is usually very difficult and requires careful thought, technical support and effective training (on-the-job).

Analysis of data should include **data validation** among stakeholders. Data should be presented back to participants for verification and collective analysis. Ways to ensure feedback and validation occurs include workshops and meetings, distribution of reports (with follow-up interviews), transcripts of interviews returned to interviewees, and so on (see The Philippines example on page 18).

## 6. Using PM&E results and developing Action Plans for the future

How is the data being used and for whose benefit?

This step serves as an important means of disseminating findings and learning from others' experiences. This can be a major problem in some countries.<sup>108</sup> Core team members should seek agreement with stakeholders (through meetings) on how the findings are to be used and by whom. Several versions of PM&E reports may be required, each tailored to different requirements and capacities of different stakeholders. Possible areas of future work should be discussed for follow-up. At this key moment, core PM&E teams should also clarify with stakeholders if the PM&E process needs to be sustained, and if so, how. The PM&E process may need to be adjusted accordingly.

## Conclusions and Challenges

This report is not an end, it is but a moment in an ongoing process. It is intended to support communication strategies following CFSC principles in HIV/AIDS prevention and care programs. The report responds in part to a number of criticisms leveled at an earlier effort to develop CFSC indicators – the JHU report.<sup>109</sup> One of the major criticisms was that the JHU report implied monitoring and evaluation of CFSC should be *controlled* by organizations, professionals and activists who may not be the most important program stakeholders. A new set of M&E principles for CFSC (the “Nairobi principles”) were developed during an HIV/AIDS communication planning meeting at the end of 2003 attended by representatives from a range of national programs and organizations, together with staff from UNICEF and other international organizations.

These critiques and principles formed the backdrop to this report – the process, indicators, and tools used to identify, collect and analyze information to measure CFSC must be: simple; community-based; participatory; relatively inexpensive; and context-specific.

We have analyzed a broad range of literature in order to highlight the rationale for using a participatory approach to monitoring and evaluating Communication for Social Change. The literature reinforces the notion that **CFSC practitioners should facilitate the development of M&E questions, indicators and tools *with* stakeholders rather than apply pre-determined objectives, measures and methods *on* stakeholders.**

Our aim in writing this report, therefore, is to help guide HIV/AIDS communication teams as they themselves negotiate with stakeholders how CFSC should be monitored and evaluated, and thereby develop new or improved models of M&E most appropriate for their work. The initial CFSC evaluation challenge is to determine how best to measure

short-term increases in community communication capacity, and in turn, how to attribute this increasing capacity to broad, longer-term social change and more narrowly defined improvements in HIV/AIDS prevention and care. But there are other challenges that the teams will need to address.

### a) Maintaining flexibility while ensuring information can be generalized

How best can micro-level data generated from flexible PM&E be generalized and used to inform national and macro-level strategies and policies? This question is extremely challenging and one that has yet to be answered by PM&E studies.<sup>110</sup>

### b) Institutionalizing PM&E

Some HIV/AIDS programs have adopted PM&E approaches but most still rely on conventional, extractive, quantitative M&E procedures and systems.<sup>111</sup> Knowledge, Attitudes, Behaviours, and Practices (KABP) surveys, “extractive” forms of social research such as rapid assessment procedures, Sexually Transmitted Diseases (STDs) Service Assessments, Condom Audits, and Behavioural Surveillance Surveys are still very much the “norm.”<sup>112</sup> Improving data quality and building local M&E capacity also preoccupy the managers of existing M&E systems in many HIV/AIDS and other development programs.<sup>113</sup>

We have presented the rationale and methodology of Participatory Monitoring and Evaluation. One of the major challenges will be determining how to add or integrate PM&E approaches into conventional M&E systems already challenged by data quality and resource constraints. At what pace and on what scale should PM&E be institutionalized into HIV/AIDS programs? Can PM&E be built into the standard operating procedures of formal institutions? What type of capacity building in PM&E is needed, for whom, and at what level (personal/individual, organizational/institutional, etc.)? How will PM&E capacity be maintained in HIV/AIDS programs?

*Measuring the impact and institutionalization of CFSC is a PM&E challenge. Institutionalizing PM&E is a CFSC challenge!*



### c) Measuring CFSC and determining its contributions

Finally, there are fundamental methodological challenges associated with the measurement of CFSC itself.<sup>114</sup> What is the optimum methodology for developing CFSC indicators? Who sets the criteria for indicator development? Who is involved and who holds influence in deciding what types of information will be collected, how information will be used, for whom, and for what purpose? What is the best way to analyze contributions of CFSC?

Learning *to* change involves learning *from* change. PM&E literature advocates that learning from change involves *changing who learns*.<sup>115</sup> This report may help us think more carefully about **who should measure change**.

*The bottom line is that the evaluation process should also integrate dialogue as an essential tool. The whole concept of evaluation is to be reassessed. During the past decade, we have finally moved towards the concept of people-centered development and towards a people-centered communication model. It is time to move towards people-centered evaluation methods.*<sup>116</sup>

\* Bordenave has defined Participatory Communication as: "that type of communication in which all the interlocutors are free and have equal access to the means to express their viewpoints, feelings, and experiences." Bordenave, J.D. (1994) 'Participative Communication as a Part of Building the Participative Society.' In White, S.A. with Nair, K.S. and Ascroft, J. (eds) Participatory Communication: Working for change and development. New Delhi: Sage Publications. Pp.35-59. (P.43).

‡ Aubel (1999) describes seven phases and 20 steps for participatory evaluation. See Aubel, J. (1999) Participatory Program Evaluation Manual: Involving Program Stakeholders in the Evaluation Process. Dakar: Catholic Relief Services.

§ Stakeholder selection can be limited to "primary" stakeholders (program beneficiaries) or include all legitimate groups – selection depends on nature of power relationships within the context of the program.

\*\* Control of PM&E as an engagement process can be exercised entirely by an external evaluator, at one end of the continuum, or by practitioners (communities) at the other end (in this situation, the evaluator's role is facilitator).

†† The skills needed for PM&E go way beyond the technical expertise of "standard" evaluation training. Additional skills needed include facilitation, group dynamics, negotiation and teaching in the evaluation context. Learning this set of skills can be extremely demanding.

‡‡ Patton, M.Q. (Ed.) (1990) Qualitative evaluation and research methods. Second Edition. Newbury Park (CA): Sage Publications; Amelga, M. (1994) A Review of Beneficiary Assessments Conducted by the Bank. ENVSP Consultant Report. Washington, D.C.: The World Bank; IIED (1997) 'Valuing the hidden harvest: methodological approaches for local-level economic analyses of wild resources.' Sustainable Agriculture Programme Research Series 3(4); Shah, A. (1997) 'Process documentation research.' PLA Notes 28: 14-17.

§§ Flick, U. (1992) 'Triangulation Revisited: Strategy of Validation or Alternative?' Journal for the Theory of Social Behaviour, 22 (2), 175-197.

\*\*\* Estrella, M. and Gaventa, J. (1998) Who counts reality? Participatory monitoring and evaluation: A literature review. Brighton: IDS. Working Paper 70. P.42.

††† Other methods include: Knowledge, Attitudes, Behaviours, and Practices (KABP) surveys; Behavioural Surveillance Surveys; Tracking surveys – examining the reach and understanding of key messages; Media coverage analysis – analyzing the amount and content of particular issues; Policy change analysis – monitoring changes to government policy and legislation on particular issues; and Cost-Benefit and Cost-Effectiveness analysis. See for example: Abramson, J.H. (1990) Survey Methods in Community Medicine. Edinburgh: Churchill Livingstone; Bernard, H.R. (1994) Research Methods in anthropology: qualitative and quantitative approaches. Second Edition.

Thousand Oaks, CA: Sage Publications; Seigel, M. and Doner, L. (1998) Marketing public health: strategies to promote social change. Gaithersburg, MA: Aspen Publications, Inc.; World Bank (2002) Monitoring & evaluation: some tools, methods & approaches. Washington, D.C.: World Bank.

‡‡‡ After: Estrella, M. and Gaventa, J. (1998) Who counts reality? Participatory monitoring and evaluation: A literature review. Brighton: IDS. Working Paper 70.

§§§ See: Estrella, M. and Gaventa, J. (1998) op.cit.

\*\*\*\* The work of Dart and Davies is described in more detail in **Tool Number One**.



# Tool 1

## MONITORING & EVALUATION METHODOLOGIES, INDICATORS AND QUESTIONS OF POTENTIAL USE FOR CFSC INITIATIVES

### Introduction

This Tool provides background materials intended to foster debate and negotiation among CFSC stakeholders about what they envisage will be achieved by CSFC in relation to HIV/AIDS and thus what might be measured. The reader's attention is drawn also to the Johns Hopkins University report:

• Figuero, M.E., Kincaid, D.L. Rani, M. and Lewis, G. (2002) *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes*. New York: Rockefeller Foundation and Johns Hopkins University Center for Communication Programs. The Communication for Social Change Working Paper Series: No.1.

Valuable information on possible indicators and questions contained in this report are not repeated here.

A number of assessment criteria, domains of interest and indicator frameworks are also provided. The collection is not intended to be exhaustive but to act as a step in the longer-term process of compiling a more comprehensive set of approaches, indicators and questions. One provision would be that PM&E core teams only "dip into" this Tool when stakeholders are struggling to determine what should be measured. Discussion over the range of frameworks presented here may result in a selection of indicators that supplement locally created measures of dialogue, community communication capacity, and ownership of communication processes.

Many of the frameworks included here refer to measurements of "participation in" existing, externally driven interventions. CFSC on the other hand should be focused on self-determined, self-organized, emergent, culturally-grounded initiatives that have their own unpredictable dynamics. The key will be for particular approaches or indicators, if considered suitable, to be adapted to local situations.

It may well be that combinations of locally generated measurements and PM&E processes and externally derived indicators and M&E approaches are at times the most appropriate way of monitoring and evaluating CFSC initiatives. Chris Roche of Oxfam, for example, proposes the following elements of a PM&E framework:

- A multi-level approach including annual judgments of impact by stakeholders, including facilitated peer reviews, independent evaluations and infrequent long-term impact research.

- Tracking and correlating change occurring at the level of individuals (especially changes in people's lives), at the level of organizations (changes in capacities and skills as well as in policies and practices), and at the level of communities or societies as a whole (particularly changes in ideas and beliefs, values and ethics) and relating these to the costs involved in achieving them.

- Expanding the possibilities for collecting evidence of what is changing in people's lives (and why) from other actors, including partners but also from a wider range of actors, possibly using the Internet.<sup>117</sup>

Nevertheless, **we should be wary of forcing CFSC initiatives into existing or pre-determined monitoring and evaluation frameworks and systems.** As Jennifer Chapman and Amboka Wameyo rightly note: *frameworks... are useful for giving an overview of areas to look at but should be seen as tools for facilitating creative thinking. The challenge is to remain open to unintended outcomes that fall outside the framework of assessment that may have been adopted.*<sup>118</sup>

The following M&E approaches and indicator frameworks are presented:

1. Most Significant Change Technique
2. Monitoring and Evaluating Networks
3. Measuring Community Capacity Domains
4. Measuring Community Participation
5. Monitoring and Evaluating Health Promotion
6. Measuring Social Change Communication
7. HIV/AIDS Social Change Indicators
8. Monitoring and Evaluating Advocacy.

**N.B.** Questions applied to various indicators, criteria, domains, and stages in many of these frameworks are written in the present tense to assist with monitoring. The use of these indicators for evaluation would involve a change from the present to past tense in each question.

### 1 Most Significant Change (MSC) Technique

The Most Significant Change (MSC) Technique was developed by Rick Davies in Bangladesh in 1994.<sup>119</sup> MSC is a systematic methodology in which all stakeholders in a program or initiative are involved in deciding the sorts of change to be recorded. MSC is systematic in that the same questions are asked of everyone and resulting stories are rigorously and regularly collected. These stories are then subject to analysis, discussion and filtering, verification and documentation.

There are at least four differences between MSC monitoring and conventional monitoring practice:

- MSC focuses on the unexpected – it draws meaning from actual events, rather than being based on indicators.
- Information about unexpected events is documented using text rather than numbers. The stories capture changes in the lives of ‘beneficiaries,’ their colleagues and in the character of their participation. The method also helps to identify why change happens.
- Analysis of that information is through the use of explicit value judgments made by stakeholders in a participatory process of review and debate.
- Aggregation of information and analysis takes place through a structured social process.

MSC involves at least three stages (the latest MSC guide describes ten steps): (1) establish domains of interest; (2) set in place a process to collect and review stories of change; and (3) secondary analysis of the stories and monitor the process. Teams may move backwards and forwards between each stage.<sup>120</sup>

### **Stage One: Establishing domains of change**

This stage of the process involves dialogue members identifying the “domains” of change that they think need to be monitored at the CFSC initiative level; for example, changes in community communication capacity. The process of identifying the domains of interest can be through interviews, group discussions, meetings, workshops or short questionnaires. For example, in the People’s Participatory Development Programme (PPDP) in the Rajshahi zone of western Bangladesh, the domains of interest decided upon by *shomiti* (association) members working with the Christian Commission for Development in Bangladesh (CCDB) were phrased as follows:

- “Changes in people’s lives”
- “Changes in people’s participation”
- “Changes in the sustainability of people’s institutions and their activities.”

Initially field level staff of CCDB were left to interpret what issues (in the stories that they subsequently collected from *shomiti* members) they felt was a change belonging to any one of these categories. One additional type of change was included – “*any other type of change.*” The intention was to leave one completely open window through which field level staff could define what was important and report accordingly.

### **Stage Two: Collecting and reviewing the stories of change**

The next stage involves the collection and review of stories of significant change (according to the defined ‘domains’ of change that had been nominated in stage one).

#### **Generating stories**

Stories are generated by asking a simple question in the following form: “During the last [time period, e.g., month], in your opinion, what do you think was the most significant change that took place in the lives of people participating in [the project/initiative]?”

Answers are usually recorded in two parts. The first part is *descriptive*: what happened, who was involved, where did it happen, when did it happen? The intention should be to gather enough information so that an independent person could visit the area, find the people involved and verify that the event took place as described.

The second part of the answer is *explanatory*. The respondent explains why they thought the change was the most significant out of all the changes that took place in that time period. In particular, what difference did it make already, or will it make in the future?

#### **Collecting and reviewing stories**

The stories can be collected by PM&E core team members or a group of key stakeholders. Stories can be collected from diaries, interviews or group discussions. A series of review fora are then arranged and facilitated by PM&E core team members to allow key stakeholders to select those stories that they think represent the most significant accounts of change. Story selection may take the form of an iterative voting process, where several rounds of voting occur until consensus is achieved. At the various review fora, participants are required to document which stories they selected and why. This information is then fed back to the original storytellers and wider networks of stakeholders. It is intended that the monitoring system should take the form of a slow but extensive dialogue throughout the networks of stakeholders involved in the CFSC initiative.

Annually, all the stories that have been selected over the year are circulated amongst stakeholders. The stories are accompanied by the criteria that the review fora used in selection.

### **Stage Three: Secondary analysis of the stories**

In addition to the production of a document containing selected stories and readers’ interpretations, the story process itself is monitored and additional analysis is carried

out. Jessica Dart reports that monitoring of a 12-month MSC process implemented by agriculture extension staff and dairy farmers involved in a statewide dairy extension project in Victoria, Australia revealed several outcomes beyond the identification of significant changes. For example, extension staff felt that they gained a better understanding of impact and a more fully shared vision between all the project collaborators. Feedback from the project committees suggested that learning also occurred in terms of increased skill in conceptualizing and capturing impact; over the year, the storytellers became better at capturing impact and responding to the suggestions that were provided in the feedback from the story review process.

Based on Dart's insights, the aims of the MSC process applied to CFSC might be to:

- Move *towards* a better understanding between all the various initiative stakeholders as to what is occurring for the individual dialogue members.
- To explore and share the various values and preferences of the initiative stakeholders.
- To gain a clearer understanding (as a group) of what *is* and *is not* being achieved by the initiative and to clarify what dialogue members are *really* trying to achieve, so that the project can move *towards* what is desirable and move *away* from what is undesirable.

MSC is a valuable way of “dignifying the anecdote” – creating a legitimate space for storytelling and giving these stories validity. MSC has already been applied in developed and less-developed economies, in participatory rural development projects, agricultural extension projects, educational settings and mainstream human services delivery. PM&E core teams, however, should note the following concerns:

- Well-written stories invariably may have more power and influence, preventing those less able to write or tell stories to have their voices heard, leading to the question: significant change for who?
- The method could slip into being one more approach to distilling a consensus around institutional or donor agendas;
- How to handle contradictory stories – there needs to be a systematization of both negative and positive stories;
- The process of “winnowing” the stories down to a smaller number is not straightforward and needs to be well-planned and thoroughly agreed upon – there may be a reinforcing circle, so that people essentially get a distillation of “received wisdom” rather than what is actually happening;
- Positive stories in one context could be negative in another;

- Triangulation remains important (see **Tool Number Two**); and
- Feeding the stories back needs to be a vital part of the process.<sup>121</sup>

## 2 Monitoring and Evaluating Networks

Recent research work by Rick Davies, Madeline Church and others has advanced ways in which “networks” or, in the case of this report, “CFSC initiatives”—which may well involve networks or develop into networks—can be monitored and evaluated.<sup>122</sup> A network consists of nodes and links between those nodes. The nodes may be people, groups and organizations. The links may be social contacts, exchanges of information, political influence, money, joint membership in an organization, joint participation in specific events or many other aspects of human relationships.

Church *et al* have started to develop and work with some monitoring and evaluation tools for networks:

- Contributions Assessment
- Weaver's Triangle of Networks
- Channels of Participation
- Monitoring activity at the edges
- Leadership and Trust
- Participatory Story-telling (similar to Most Significant Change).

Each method has elements that overlap with others. We illustrate two of these methods: “Monitoring activity at the edges” and “Leadership and trust.”

### Monitoring activity at the edges

One of the main aspects that networks wish to monitor is the level of networking that has been stimulated by the network structure and what it has to offer. Capturing a sense of the level of this ‘activity’ should provide some idea of how vibrant and alive the network is. For example, a network coordinator could keep a simple log of how often they put people in touch with others. This need not be done all the time but could be sampled over a period of time (e.g., for a period of three months).

## Leadership and Trust

This set of criteria provides a broad checklist of characteristics that networks tend to share and some potential questions you might like to ask.

CRITERIA	QUESTIONS
<b>Participation</b>	<ul style="list-style-type: none"> <li>• What are the differing levels or layers of participation across the network?</li> <li>• Are people participating as much as they are able to and would like?</li> <li>• Is the membership still appropriate to the work of the network? Purpose and membership may have evolved over time.</li> <li>• Are opportunities provided for participation in decision-making and reflection?</li> <li>• What are the obstacles to participation that the network can do something about?</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• What is the level of trust between members? Between members and the network coordinating group?</li> <li>• How do members perceive levels of trust to have changed over time?</li> <li>• How does this differ in relation to different issues?</li> <li>• What mechanisms are in place to enable trust to flourish? How might these be strengthened?</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Where is leadership located?</li> <li>• Is there a good balance between consensus-building and action?</li> <li>• Is there sufficient knowledge and analytical skill for the task?</li> <li>• What kind of mechanism is in place to facilitate the resolution of conflict?</li> </ul>
<b>Structure and control</b>	<ul style="list-style-type: none"> <li>• How is the structure felt and experienced? Too loose, too tight, facilitating, strangling?</li> <li>• Is the structure appropriate for the work of the network?</li> <li>• How much decision-making goes on?</li> <li>• Where are most decisions taken? Locally, centrally, not taken?</li> <li>• How easy is it for change in the structure to take place?</li> </ul>
<b>Diversity and dynamism</b>	<ul style="list-style-type: none"> <li>• How easy is it for members to contribute their ideas and follow-through on them?</li> <li>• If you map the scope of the network through the membership, how far does it reach? Is this as broad as intended? Is it too broad for the work you are trying to do?</li> </ul>
<b>Democracy</b>	<ul style="list-style-type: none"> <li>• What are the power relationships within the network? How do the powerful and less powerful interrelate? Who sets the objectives, has access to the resources, participates in the governance?</li> </ul>
<b>Factors to bear in mind when assessing sustainability</b>	<ul style="list-style-type: none"> <li>• Change in key actors, internally or externally; succession planning is vital for those in central roles.</li> <li>• Achievement of lobbying targets or significant change in context leading to natural decline in energy.</li> <li>• Burn-out and declining sense of added value of network over and above everyday work</li> <li>• Membership in networks tends to be fluid. A small core group can be a worry if it does not change and renew itself over time, but snapshots of moments in a network's life can be misleading. In a flexible, responsive environment members will fade in and out depending on the 'fit' with their own priorities. Such changes may indicate dynamisms rather than lack of focus.</li> <li>• Decision-making and participation will be affected by the priorities and decision-making processes of members' own organizations.</li> <li>• Over-reaching or generating unrealistic expectations may drive people away.</li> <li>• Asking same core people to do more may diminish reach, reduce diversity and encourage burn-out.</li> </ul>



### 3 Measuring Community Capacity Domains

Terms such as community development, community empowerment and community capacity describe a process that increases the assets and attributes which a community is able to draw upon in order to improve their lives. The work of Gibbon, Labonte and Laverack focuses on an approach to building community capacity by enhancing the relationships between government or non-government

organizations, community workers (practitioners) and community members. The authors believe the measurement of capacity building domains (described below) capture the 'half-way' steps between desired program changes, whether such changes involve individual behaviours or broader social policies and practices, and what actually happens or should happen in effective community work. Community capacity should be seen as both a means and an end itself.

DOMAIN	DESCRIPTION
<b>Participation</b>	<ul style="list-style-type: none"> <li>Participation is basic to community empowerment. Only by participating in small groups or larger organizations can individual community members better define, analyse and act on issues of general concern to the broader community.</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>Participation and leadership are closely connected. Leadership requires a strong participant base, just as participation requires the direction and structure of strong leadership. Both play an important role in the development of small groups and community organizations.</li> </ul>
<b>Organizational structures</b>	<ul style="list-style-type: none"> <li>Organizational structures in a community include small groups such as committees and religious and youth groups. These are the organizational elements which represent the ways in which people come together in order to socialize, and to address their concerns and problems. The existence of and the level at which these organizations function is crucial for community empowerment.</li> </ul>
<b>Problem assessment</b>	<ul style="list-style-type: none"> <li>Empowerment presumes that the identification of problems, solutions to the problems and actions to resolve the problems are carried out by the community. This process assists communities to develop a sense of self-determination and capacity.</li> </ul>
<b>Resource mobilization</b>	<ul style="list-style-type: none"> <li>The ability of the community both to mobilize resources from within and to negotiate resources from beyond itself is an important factor in its ability to achieve successes in its efforts.</li> </ul>
<b>“Asking why”</b>	<ul style="list-style-type: none"> <li>The ability of the community to critically assess the social, political, economic and other causes of inequalities is a crucial stage towards developing appropriate personal and social change strategies.</li> </ul>
<b>Links with others</b>	<ul style="list-style-type: none"> <li>Links with people and organizations, including partnerships, coalitions, and voluntary alliances between the community and others can assist the community in addressing its issues.</li> </ul>
<b>Role of the outside agents</b>	<ul style="list-style-type: none"> <li>In a program context, outside agents are often an important link between communities and external resources. Their role is especially important near the beginning of a new program, when the process of building new community momentum may be triggered and nurtured. The outside agent increasingly transforms power relationships between her/himself, outside agencies, and the community, such that the community assumes increasing program authority.</li> </ul>
<b>Program management</b>	<ul style="list-style-type: none"> <li>Program management that empowers the community includes the control by the primary stakeholders over decisions on planning, implementation, evaluation, finances, administration, reporting and conflict resolution. The first steps toward program management by the community is to clearly define the roles, responsibilities and line management of all the stakeholders.</li> </ul>

But what does “community capacity” look like?

At least nine organizational domains have been proposed on the basis of wide ranging literature reviews and field-testing in Fiji and Nepal. The creators of these domains are reasonably convinced that they adequately capture the essential qualities of a “capable community.”

Practical indicators for each domain can be developed through stakeholder consultations in order to measure whether capacity is being progressively built within each domain. The resulting indicators can be used in group discussions or workshops to stimulate dialogue, critical reflection, and, in the case of the work in Fiji and Nepal, to facilitate ranking or scoring (from low to high) of the indicators in order to make comparisons of the domains at different times in the life of the program.

The indicators and the scores can be placed together to form an **evaluation matrix** as shown below.

Visualization of results from these stakeholder discussions can be produced in the form of diagrams such as “spider webs” or “spoke diagrams.”

The purpose of presenting the statements to stakeholders is to stimulate discussion and critical appraisal. Reaching consensus among a group as to which particular statement best matches their situation need not be the ultimate goal of this methodology.

The range of an individual indicator (from narrow to open) is, of course, not limited to four stories or ranks. Some indicators may require more than or less than four stories to achieve a satisfactory or comprehensive ranking scale, and the eventual scale will depend on local conditions. The indicators and associated stories, however, do not in themselves reveal people’s perceptions and experiences and should only be used alongside other qualitative techniques such as unstructured group discussions, key informant interviews and observations.

<b>MATRIX SHOWING THE “ORGANIZATION” DOMAIN OF COMMUNITY CAPACITY</b>				
<b>Indicator Questions</b>	<b>Rank</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Does the core group meet regularly?</b>	No, almost not at all	Irregular meetings	Regular meetings low participation of members (<50%)	Regular meetings high participation of members (>50%)
<b>How does the core group make decisions?</b>	No decisions made	Decisions are made mainly by one or two members	Decisions are made by few members, but supported by majority of members	Decisions are made with the consensus of all members
<b>How does the core group communicate with general members?</b>	No messages conveyed to members; no contact between the core group and general members	Irregular, verbal communication with general members (<50% informed)	Regular verbal communication with general members (>50% informed)	Good interaction between the core group and the general members all are informed
<b>What is the understanding of the role of the group?</b>	No perception of role	Few members have a clear idea about the role	Majority of members have a vague idea of the role	Majority of members have a clear perception of the role

These statements in the “rank” cells above can be either used by a PM&E core team to analyze notes from stakeholder meetings or interviews when the indicator questions are asked, or can be presented as a series of short stories for group discussion. Work in Fiji suggested that numbering the statements (thereby suggesting which statement is better or worse) did not allow an independent assessment by stakeholders. In a subsequent field-test, the short statements were presented only without any marking or numbering. The wording in the statements can be amended to better reflect local situations.

## 4 Measuring Community Participation

A framework originally proposed by Susan Rifkin and colleagues for measuring community participation in health programs may be suitable for adaptation to CFSC initiatives.<sup>124</sup> This framework has been used in Nepal, Cameroon, Indonesia, Sweden, Philippines, Fiji, Papua New Guinea and the United Republic of Tanzania.<sup>125</sup> Like Community Capacity Domains, a ranking for each indicator has to be elaborated which will determine the scores and ranks assigned to describe each of the five categories. The findings also rely on visualizations (such as the spoke diagram illustrated on the previous page) to help make various dimensions of the assessment more clear.

It is important to note that the framework must be used from the beginning of an initiative, so as to establish a very clear picture of the initial situation. The indicators should then be used over time to monitor changes in events and performance and to ensure that communities and outside agencies have an up-to-date understanding of the situation. So far this framework seems to have been used only with external support. The challenge remains to extend its use more widely. Amongst other issues, translation of these questions to include appropriate local concepts also remains problematic.<sup>126</sup>

INDICATOR	QUESTIONS
<b>Needs Assessment</b>	<ol style="list-style-type: none"> <li>1. How are needs identified?</li> <li>2. Does identification relate only to health service needs?</li> <li>3. Is the community involved in needs identification and assessment?</li> <li>4. Does the assessment strengthen the role of a broad range of community members?</li> </ol>
<b>Leadership</b>	<ol style="list-style-type: none"> <li>1. Which groups does the leadership represent and how does it do so?</li> <li>2. Is the leadership paternalistic and/or dictatorial, limiting the prospects of wider participation for various groups in the community?</li> <li>3. How does the leadership respond to the needs of poor and marginalized people?</li> <li>4. Are most decisions by the leadership resulting in improvements for the majority of the people, for elites only or for the poor only?</li> </ol>
<b>Organization</b>	<ol style="list-style-type: none"> <li>1. Are new organizations being created to meet defined needs, or are the existing ones being used?</li> <li>2. Are the organizations flexible and able to respond to change, or are they rigid, fearing a change in control?</li> <li>3. What changes have taken place in the organizations since the introduction of health programs, and do changes benefit professionals or community members?</li> </ol>
<b>Resource mobilization</b>	<ol style="list-style-type: none"> <li>1. What is the community contributing, and what percentage is this of the total program costs?</li> <li>2. Are resources from the community being allocated for the support of parts of the program that would otherwise be covered by government allocations?</li> <li>3. Whose interests are served by the mobilization and allocation of resources?</li> </ol>
<b>Management</b>	<ol style="list-style-type: none"> <li>1. Are decisions solely in the hands of professionals, or are they made jointly with community members?</li> <li>2. Are the decision-making structures changing in favour of certain groups? If so, which groups?</li> <li>3. Are management structures expanding to broaden decision-making groups?</li> <li>4. Is it possible to integrate non-health needs?</li> </ol>

## 5 Monitoring and Evaluating Health Promotion<sup>127</sup>

INDICATOR	QUESTIONS
<b>Planning and priorities</b>	<ol style="list-style-type: none"> <li>1. How are priorities for action being arrived at?</li> <li>2. What information is being collected to inform the process? Is it appropriate?</li> <li>3. Who is involved? Do all groups feel satisfied with the say they have? If not, why not? What would enable them to have more say?</li> <li>4. What process is there for reviewing and revisiting priorities?</li> </ol>
<b>Project management</b>	<p>Describe the management structure of the project and consider the following questions:</p> <ol style="list-style-type: none"> <li>1. What sectors are represented on the management bodies? Which are not represented? Why not?</li> <li>2. What form does the community representation take? Do the community representatives make a genuine contribution? What are the constraints to them doing so?</li> <li>3. Who holds most power in decision making? Is this appropriate?</li> <li>4. What connection does the management group have to the key decision makers in the setting (e.g., village, health centre, workplace, city)?</li> <li>5. What is the strength of political support for the project?</li> </ol>
<b>Characteristics of the project activities</b>	<p>List and describe all the initiatives that are part of the project, noting whether they were pre-existing and subsequently developed by the project or whether they are new initiatives.</p> <ol style="list-style-type: none"> <li>1. Document the specific details of the contribution each initiative of the [project] is making to address inequalities in health; broadening local decision making; changing the way in which organizations respond to problems; changing the social and physical environment; ensuring innovation in the form of practice; involving a variety of sectors.</li> <li>2. Document how change is being achieved.</li> <li>3. Document the problems being encountered in implementing the project.</li> <li>4. Consider whether there are alternative ways in which the project could be implemented.</li> <li>5. Determine whether the initiative is value for money.</li> </ol>
<b>Cross-sector activity and collaboration</b>	<p>Document the extent of inter-sectoral collaboration in the project management and specific project activities by posing the following questions:</p> <ol style="list-style-type: none"> <li>1. Which sectors appear most supportive of the [project/initiative] and why?</li> <li>2. Which sectors are not supportive of the [project/initiative] and why?</li> <li>3. What are the most successful cross-sector initiatives? What factors appear to account for their success?</li> <li>4. Are there any cross-sector activities that are not successful? Why does this appear to be the case?</li> </ol>
<b>Promotion of human and environmental health</b>	<ol style="list-style-type: none"> <li>1. How are local organizations better suited to promoting human and environmental health?</li> <li>2. Is community participation becoming structural? What are the indications of this?</li> <li>3. What successes are being achieved through specific projects?</li> <li>4. Are human health and environmental concerns becoming more prominent in decision making?</li> <li>5. What is different as a result of the [project]?</li> </ol>
<b>Future of the project</b>	<ol style="list-style-type: none"> <li>1. How is innovation being maintained once the initial impetus is over?</li> <li>2. Is political support for the project continuing? If not, how can it be revived?</li> <li>3. Are the project successes sustainable?</li> <li>4. Is the project continuing to generate new ideas?</li> </ol>



Several other indicator frameworks associated with evaluating health promotion might contain useful questions to spark debate among CFSC stakeholders. For example:

### **SOCIAL CONNECTEDNESS<sup>128</sup>**

1. As a result of the intervention, is the community better able to deal with other problems?
2. Does the intervention build effective collaborative networks?
3. Does it contribute to the community's capacity to deal with issues it faces?
4. Is the community being rendered more able to meet its health promotion needs or solve current health problems?
5. Are organizations and work sites in intervention communities demonstrating increased activity in health promotion delivery more generally?
6. Is 'social connectedness' or an increase in 'social connectedness' among community organizations being created as a consequence of the intervention?

### **COMMUNICATION FOR HEALTH DEVELOPMENT: THE SOUL CITY EXPERIENCE**

Soul City believes that behaviour and social change is complex and results from interactions between the individual, his or her community and the broader society. The Soul City 4 evaluation looked at each of these aspects and measured indicators of social change taking place in all three arenas.

#### **Within society:**

- Impact on public debate as reflected in the national media
- Impact on policy implementation (e.g., Domestic Violence Act)

#### **Within the community:**

- Connecting people to local services
- Impact on community structures and organizations including impact on local organizational policy and practice
- Community mobilization
- Collective efficacy, the belief held by people in a community that they can as a community, impact on their collective well being

### **COMMUNICATION FOR HEALTH DEVELOPMENT: THE SOUL CITY EXPERIENCE (cont'd)**

#### **At individual level:**

- Awareness, knowledge and attitudes
- People's perception of social norms/subjective social norms
- People's perception of their risk relating to a particular behaviour
- Self-efficacy, i.e., people's belief that they are able to effect change
- People's intention to change
- Intermediate practice, i.e., information-seeking and support-seeking behaviour
- Practice – actual behaviour change

Additional health-related frameworks of potential interest would include performance monitoring of health services, ecological sustainability, the RE-AIM framework (assessing reach, efficacy, adoption, implementation, and maintenance of public health interventions), social mobilization and indicators for women's health and participation.<sup>130</sup>

## 6 Measuring Social Change Communication<sup>131</sup>

INDICATOR	QUESTIONS
<b>Expanded public and private dialogue and debate</b>	What increase has there been in: <ul style="list-style-type: none"> <li>• Family discussion?</li> <li>• Discussion among friends?</li> <li>• Discussion in community gatherings?</li> <li>• Coverage and discussion in news media?</li> <li>• Problem solving dialogue?</li> <li>• Focus and discussion in entertainment media?</li> <li>• Debate and dialogue in the political process?</li> </ul>
<b>Increased accuracy of the information that people share in the dialogue/debate</b>	<ul style="list-style-type: none"> <li>• 5 pieces of data over which there is general consensus</li> <li>• 4 different perspectives on the issue.</li> </ul> Test the extent to which these are accurately reflected in the locations for dialogue and debate mentioned above among friends, within the family, etc.
<b>Supported the people centrally affected by issue(s) voicing their perspective in the debate and dialogue</b>	<ul style="list-style-type: none"> <li>• Which groups in relation to the issue of concern are most disadvantaged?</li> <li>• How were they supported to give voice to their perspective?</li> <li>• What happened?</li> </ul>
<b>Increased leadership role by people disadvantaged by the issues of concern</b>	<ul style="list-style-type: none"> <li>• Who makes the major decisions concerning the priorities and activities of the communication intervention?</li> <li>• How are the people centrally affected by those issues engaged in the decision making process?</li> <li>• What are some specific examples where the involvement of that group has influenced strategic or fine tuning decisions?</li> </ul>
<b>Resonates with the major issues of interest to people's everyday interests</b>	<ul style="list-style-type: none"> <li>• Which were the issues that provided the focus?</li> <li>• To what extent were people energized by these issues?</li> <li>• What actions followed?</li> </ul>
<b>Linked people and groups with similar interests who might otherwise not be in contact</b>	<ul style="list-style-type: none"> <li>• Which groups are involved?</li> <li>• What are their interests?</li> <li>• Have they been linked together?</li> <li>• How does that linking take place?</li> <li>• Is there an alliance?</li> <li>• How does the alliance work?</li> </ul>

## 7 HIV/AIDS Social Change Indicators

Arvind Singhal and Everett Rogers, in their important book *Combating AIDS: Communication Strategies in Action* suggested a range of social change indicators associated with HIV/AIDS:<sup>132</sup>

- Workplaces in the community implement HIV/AIDS prevention programs.
- The community initiates home-based care programs.
- Local health services offer HIV/AIDS testing and counseling.
- Local health services ensure, and provide access to, a safe blood supply.
- Local brothels insist on condom use and an HIV testing policy.
- Local prisons and military establishments institute HIV/AIDS prevention programs.
- Local schools adopt an HIV/AIDS education curriculum.
- The dropout rate among AIDS orphans at local schools decreases.
- People living with HIV/AIDS are part of “mainstream” society (employed in regular jobs, working as counselors, etc.).
- Individuals living with HIV/AIDS are protected by laws designed to uphold their rights.
- The quality of life of those living with AIDS, and those caring for them, is enhanced.
- Community members openly discuss HIV/AIDS issues in public meetings.
- New community-based programs are launched to address HIV/AIDS prevention, care and support.
- New coalitions emerge among community organizations to address HIV/AIDS issues.
- Community members collectively make decisions or pass resolutions to combat HIV/AIDS.
- Grassroots leadership emerges from within the community to tackle HIV/AIDS issues.
- Religious organizations and spiritual leaders are involved in HIV prevention, care and support programs.
- The community engages with the local administration, service delivery organizations, NGOs and others on HIV/AIDS issues.
- The community’s cultural activities (sports, folk media, festivals, celebrations, songs, etc.) engage with HIV/AIDS issues.

- The most vulnerable groups at risk for HIV/AIDS in the community are empowered to take greater control of their external environment.
- Media coverage and media advocacy for HIV/AIDS increases.
- The overall rate of STDs and new HIV infections decreases.
- The community becomes AIDS-competent in terms of prevention, care and support.
- Multi-sectoral involvement exists at the national level for HIV/AIDS control.

## 8 Monitoring and Evaluating Advocacy<sup>132</sup>

According to Jennifer Chapman and Amboka Wameyo, the monitoring and evaluation of advocacy and influencing work is highly underdeveloped.<sup>133</sup> So too is the ability to monitor or evaluate the role of civil society in bringing about sustainable change through its influencing and advocacy activities. Chapman and Wameyo recently conducted a scoping study to identify and document how various agencies and institutions have approached the assessment of advocacy. The following are two of the approaches to monitoring and evaluating advocacy examined in their study:

- USAID Conceptual Framework.
- Integrated framework on policy, civil society and political space.

## USAID conceptual framework

This framework identifies three different components of a comprehensive advocacy strategy, conceived of as loosely correlated with stages ranging along a continuum, moving from citizen empowerment (transformational), to civil society strengthening (developmental), and concluding with policy influence (instrumental). A long list of indicators for each of these stages can be found in *Advocacy Strategies for Civil Society*.<sup>134</sup>

STAGE	QUESTIONS
<b>Transformational</b>	To what extent are the marginalized or disadvantaged able to challenge the status quo? Are they gaining a sense of their own power, including the capacity to define and prioritize their problems, and then acting to address and resolve them?
<b>Developmental</b>	To what extent are citizens able to organize themselves collectively to alter the existing relations of power? Are they providing themselves with a lasting institutional capacity to identify, articulate and act on their concerns, interests and aspirations, including the ability to achieve specific and well-defined policy outcomes?
<b>Instrumental</b>	To what extent is a group or are groups able to apply a set of skills and techniques for the purpose of influencing public decision-making?

## Integrated framework on policy, civil society and political space

Ros David has proposed four dimensions and associated indicators of advocacy work: policy change; strengthening civil society; enlarging democratic space; and supporting people-centered policy making.<sup>135</sup>

DIMENSION OF WORK	INDICATORS OF PROGRESS	INDICATORS OF CHANGE AND LONGER TERM IMPACT
<b>1. Policy Change</b> e.g. Legislative change Policy change Change in law	<ul style="list-style-type: none"> <li>• Increased dialogue on an issue</li> <li>• Raised profile of issue</li> <li>• Changed opinion (whose?)</li> <li>• Changed rhetoric (in public/private)</li> <li>• Change in written publications</li> </ul>	<ul style="list-style-type: none"> <li>• Changed policy</li> <li>• Change in legislation</li> <li>• Policy/legislation change implemented</li> <li>• (and in the very long term) positive change in people's lives as a result of the policy/legislation change</li> </ul>
<b>2. Strengthening Civil Society by working with:</b> NGOs Movements/networks Community based Organization Popular organizations Partner organizations	<ul style="list-style-type: none"> <li>• Change in individual members' skills, capacity, knowledge and effectiveness?</li> <li>• Change in individual civil groups' capacity, organizational skills, effectiveness?</li> <li>• Greater synergy of aims/activities in networks/movements</li> <li>• Change in collaboration, trust or unity of civil society groups</li> </ul>	<ul style="list-style-type: none"> <li>• Increased effectiveness of civil society work</li> <li>• Civil groups active in influencing decision-makers in ways that will benefit poor people.</li> </ul>
<b>3. Enlarging democratic space or the space in which civil society groups can effectively operate in society</b>	<ul style="list-style-type: none"> <li>• Greater freedom of expression</li> <li>• Greater acceptance/recognition of civil groups</li> <li>• Existence of fora for civil groups to input into a wider range of decisions</li> <li>• Increased legitimacy of civil society groups</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation of civil society groups in influencing decisions</li> <li>• Change in accountability and transparency of public institutions</li> </ul>
<b>4. Supporting people-centered policy making</b>	<ul style="list-style-type: none"> <li>• Greater awareness of individual rights and the power systems that withhold rights.</li> <li>• Change in local people's skills, capacity and knowledge to mobilize and advocate on their own behalf.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to basic rights such as health, housing, water and food.</li> </ul>



# Tool 2

## A SAMPLE OF DATA COLLECTION TECHNIQUES FOR PARTICIPATORY MONITORING & EVALUATION

### Introduction

PM&E practitioners use a range of different methods, depending on the nature of the program, the context and the stakeholders. This Tool describes a few of the well-known PM&E data collection techniques that may be particularly useful to CFSC (especially in relation to HIV/AIDS).

Each technique generates particular kinds of data and requires different resources and skills. The importance of combining different methods is well recognized in the literature.\*\* **Data triangulation**—the comparison of data on one topic generated by different techniques (and/or different sources and/or different evaluators)—is an important benefit gained when PM&E techniques are used in combination. Proving or disproving similarities in data from different sources, techniques or evaluators strengthens the “rigour” of PM&E. The triangulation “rule of thumb” is that at least three sources must be consulted or three methods must be used to investigate any particular objective, indicator or question.<sup>55</sup>

Considering the range of PM&E data collection techniques of potential use, some criteria should be used to decide which techniques would be most suitable to the CFSC initiative. Estrella and Gaventa (1999) suggest that PM&E data collection techniques, in general, should:

- Complement the approach and philosophy of the CFSC initiative;
- Be perceived by stakeholders or dialogue members as a way to help them address their questions and problems, not simply as information about them gathered by or for outsiders;
- Involve end-users in both data gathering and in analyzing data;
- Match the skills and aptitudes of participants;
- Adapt to fit peoples’ day-to-day activities and normal responsibilities;
- Provide timely information needed for decision making;
- Produce results which are reliable and, even if not quantitative, credible enough to convince others;

- Be consistent in complexity and cost to match the level of evaluation called for (e.g., simple and routine versus more comprehensive, major evaluations);
- Reinforce community solidarity, cooperation, communication and involvement;
- Be gender-sensitive with special efforts to include women;
- Only obtain the information needed.”

All the techniques listed in this Tool can be used in a number of different combinations and sequences depending on the PM&E objectives, indicators, or topics. Some can be used as pre- and post-data collection tools, before and after program interventions have been carried out, though as we have noted, only certain CFSC indicators (short-term progress markers) are likely to lend themselves to clear-cut pre- or post-intervention measurement.

In terms of more specific sequencing, experience has shown that mapping and modeling are good techniques to begin community-based PM&E since they are usually non-controversial, allow involvement of several people, stimulate much discussion and enthusiasm, and provide the PM&E core team and facilitators with a broad overview of the setting or group involved. Transects walks, seasonal calendars, vignettes, pocket charts and timelines might follow. Wealth-ranking is often one of the last techniques to be used since it touches on potentially sensitive issues.

More broadly, the literature suggests that the more quantitative PM&E data collection techniques are best preceded by qualitative methods so that local language nuances, potential responses to questions, and interview dynamics can be understood before implementing less flexible surveys. Sometimes, analysis of quantitative survey data may indicate the need for further qualitative data collection to help explain confusing results.

It should also be noted that more conventional (less participatory) M&E methods used to measure communication impacts, and in this report’s case, HIV/AIDS program results, should not be excluded from the PM&E “mix.” Methods like inventory tracking (where are medicines, materials and products going?), condom audits and Sexually Transmitted Diseases (STDs) Service Assessments—among others—may be useful.<sup>†††</sup>

These M&E methods are often important sources of secondary data for PM&E. For example, PM&E teams might obtain valuable information from previously published documents and reports based on these conventional methods. Results from these conventional methods can also help to strengthen the rigour of PM&E. For instance, specific data from a local PM&E process might be further substantiated in regional or national surveys.

One aim of this report, however, is to promote the use of PM&E in light of the limitations associated with conventional, less participatory M&E (see Part Two). Capacity building is one of the key goals of PM&E and through the use of simple data collection techniques, all program staff and stakeholders can be actively involved in the measurement process and can develop basic data collection skills. The eventual selection of methods, of course, depends on the information required—as determined by the PM&E objectives and indicators—as well as by the availability of resources including time and local PM&E skills. Even within one CFSC initiative, the range of techniques used may alter over time depending on political, cultural, economic and social changes.

The methods listed below can all be used to collect information at individual, group, community, and organizational levels. References are provided should the reader wish to obtain further information on these techniques and the many others described elsewhere.

We have categorized PM&E techniques as follows:

1. PRA/PLA and PRA/PLA-related
2. Audio-visual
3. Techniques derived from the ‘anthropological’ tradition.\*\*\*

Many of these techniques can be used during workshops and in less structured, everyday settings or with specific stakeholder groups.

Practical advice on training in the use of these PM&E techniques, including data collection and data analysis can be found in:

- Feuerstein, M.T. (1986) *Partners in Evaluation: Evaluating Development and Community Programmes with Participants*. London: MacMillan.
- Gosling, L. (2003) *Toolkits: A practical guide to monitoring, evaluation and impact assessment. New Edition*. London: Save the Children Fund UK.
- Pretty, J., Guijt, I., Scoones, I. and Thompson, J. (1995) *A Trainer’s Guide for Participatory Learning and Action*. London: IIED.
- Srinivasan, L., (1993) *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques*. Washington, D.C.: PROWESS/UNDP-World Bank Water and Sanitation Program.

Useful examples of how to develop interview guides and create specific questions on issues such as poverty, vulnerability, social cohesion, institutional capacity and gender relations can be found in:

- Aubel, J. (1999) *Participatory Program Evaluation Manual: Involving Program Stakeholders in the Evaluation Process*. Dakar: Catholic Relief Services.
- World Bank (1999) *Consultations with the Poor: Methodology Guide for the 20 country study for the world development report 2000/01*. Poverty Group, Washington D.C Poverty Reduction and Economic Management Network, World Bank.

## PRA/PLA and PRA/PLA-Related Techniques

Participatory Reflection and Action (PRA) or Participatory Learning and Action (PLA) are labels for a growing set of participatory approaches and methods used to stimulate learning on the part of both dialogue members and external agencies involved in a CFSC initiative. PRA/PLA tools have proven valuable in a variety of settings to enable people to express their views, share information, uncover their realities and priorities, and stimulate discussion and reflection.

PRA/PLA techniques are designed for various purposes and can be used in PM&E activities at different times. For example, at the beginning of a CFSC initiative’s implementation; during a communication program based on CSFC principles; and at the end. These various techniques require that dialogue members take considerable responsibility for recording their own ideas, for analyzing them and for drawing their own conclusions. Facilitation skills among the PM&E core team must be of the highest quality.

PRA/PLA techniques can themselves be divided into at least two sub-categories:

- (a) visualized analysis; and
- (b) interview and sampling methods.

There are other PRA/PLA techniques that can be used to develop skills within the PM&E core team itself and include: team contracts; team review sessions; interview guide development; rapid report writing; presentations; and work diaries.<sup>595</sup>

Only a few of the available PRA/PLA techniques are listed here. Many other PM&E techniques can be found in:

- Deepa, N. and Srinivasan, L. (1994) *Participatory Development Tool Kit*. Washington, D.C.: The World Bank;
- Srinivasan, L., (1993) *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques*. Washington, D.C.: PROWESS/UNDP-World Bank Water and Sanitation Program; and
- *Participatory Learning and Action (PLA) Notes and Rapid Rural Appraisal (RRA) Notes*.

## a) Visualized analysis

In general, visualization techniques stimulate creative reflection by enabling people to represent their own ideas in a form that they can discuss, modify, and, over time,

examine changes. Many of these techniques are best used with groups encouraging wider participation from people and permitting almost immediate cross-checking of information (data triangulation).

TECHNIQUE	BRIEF DESCRIPTION
<b>Modeling</b>	<p>Use of ready-to-hand materials (cards, paper, sticks, string, stones, etc.) to construct scale models of settings (e.g., villages) or to represent processes (e.g., communication between groups). Group construction of the model and lively debate about how it should appear, usually generate rich insights and enthusiastic participation.</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Deepa, N. and Srinivasan, L. (1994) <i>Participatory Development Tool Kit</i>. Washington, D.C.: The World Bank.</li> </ul>
<b>Mapping</b>	<p>Establishes connections and local insights into what is “useful” and “significant” in order to understand community perceptions of the local environment, natural and human resources, problems and resources for dealing with them. There are several different types of maps including: spatial maps; social maps (depicting social relationships); temporal maps (showing changes over time); aerial maps (aerial photographs or standard geographic maps); and organizational maps (venn diagrams depicting institutional arrangements or networks).</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Greene-Roesel, J. and Hinton, R. (1998) ‘Gender, participation and institutional organization in Bhutanese refugee camps.’ In Guijt, I. and Shah, M.K. (Eds.) <i>The Myth of Community: Gender Issues in Participatory Development</i>. London: Intermediate Technology Publications.</li> <li>• Howes, M. and Roche, C. (1995) ‘A participatory organizational appraisal of ACORD’ <i>PLA Notes</i>, 22: 69-73.</li> <li>• Jones, C. (1996) <i>Venn diagrams: participatory appraisal “methods” paper</i>. Brighton: IDS.</li> <li>• McKnight, J.L. and Kretzmann, J.P. (1999) ‘Mapping Community Capacity’. In Minkler, M. (Ed.) <i>Community Organizing and Community Building for Health</i>. New Brunswick: Rutgers University Press. pp.157-172.</li> </ul>
<b>Problem ranking/sorting</b>	<p>Cards with words or pictures are sorted into piles or ranked according to local criteria in order to understand how dialogue members rank problems (e.g., communication obstacles) in terms of frequency, severity, and so on. Ranking provides a systematic analysis of local terms, perceptions or evaluations of local issues. A disadvantage is that ranking can force participants to structure their knowledge in artificial ways unless the ranking criteria are themselves developed through a participatory process. Can be used in pre- and post-intervention evaluations to measure change in particular rankings.</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Bletzer, K.V. (1993) ‘Perceived severity: Do they experience illness severity as we conceive it?’ <i>Human Organization</i>, 52:1, pp.68-75.</li> <li>• Weller, S.C. and Romney, A.K. (1988) <i>Systematic Data Collection</i>. Newbury Park: Sage Publications.</li> <li>• Deepa, N. and Srinivasan, L. (1994) <i>Participatory Development Tool Kit</i>. Washington, D.C.: The World Bank.</li> </ul>
<b>Preference ranking</b>	<p>People identify what they do or do not value about a class of objects (e.g., communication resources, social relationships). The process of actual ranking is similar to problem ranking (above).</p>
<b>Problem tree or casual diagram</b>	<p>A tree-like diagram is used to organize information about a key issue, relevant factors, and influences and outcomes of these factors. Such diagrams can be used to uncover underlying causes of a particular problem or to rank and measure objectives in relation to one another.</p>
<b>Seasonal calendars</b>	<p>Ways of illustrating seasonal changes in subjects of interest, e.g., harvests, labour availability, fever, seasonal transmission of HIV, communication resources. Months, religious events, seasons and other local climactic events, etc., are used to illustrate time periods. Issues of interest are then discussed (sometimes using stones, sticks, or marks on paper in relation to these periods). Discussions usually highlight periods of maximum stress, constraints (no time or resources available) or the best time when new initiatives could be undertaken.</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Srinivasan, L., (1993) <i>Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques</i>. Washington, D.C.: PROWWESS/UNDP-World Bank Water and Sanitation Program.</li> </ul>

TECHNIQUE	BRIEF DESCRIPTION (cont'd)
<b>Vignettes</b>	Generates an understanding of how dialogue members would deal with or judge various hypothetical problems or situations which are described to them in short stories (vignettes) or case studies. Can also be used in a "likert scale" format, in which short stories on a particular topic are presented in a graded or ranked fashion, with dialogue members choosing which story out of the ranked set that best represents their situation. See Tool Number One, Sections 3 and 4.
<b>Narrated observation walks/ transect walks</b>	Usually a straight walk through a community (e.g., urban neighbourhood, rural village). Throughout the walk, PM&E team members facilitate discussion with local residents about what they are seeing. Provides an understanding of how local inhabitants view both the resources and problems in their environment.  For further information, see: <ul style="list-style-type: none"> <li>• Ahluwalia, M. (1997) 'Representing communities: the case of a community-based watershed management project in Rajasthan, India' <i>IDS Bulletin</i>, 28(4): 23-24.</li> </ul>
<b>Daily/weekly activity profiles</b>	Using a simple grid with pictures (e.g., sun-rise, noon, sunset, night or clock-based categories), information is gathered through individual or group discussion on what activity occurs when.  For further information, see: <ul style="list-style-type: none"> <li>• Deepa, N. and Srinivasan, L. (1994) <i>Participatory Development Tool Kit</i>. Washington, D.C.: The World Bank.</li> </ul>
<b>Historical profiles and trend analyses</b>	Similar to seasonal calendars but focusing on longer periods of time, diagrams are drawn (on paper, boards or on the ground) depicting key events or stages in an organization's or community's history. Changes in capacities, resources, staffing, administration, or problems are then described (using pebbles, markers, etc.). The reasons for any obvious trends are then discussed by participants.  For further information, see: <ul style="list-style-type: none"> <li>• Cooper, L. and Gelezhamstin, N. (1994) 'Historical matrices: a method for monitoring changes in seasonal consumption patterns in Mongolia.' <i>RRA Notes</i>, 20: 124-126.</li> <li>• Cross, N. and Barker, R. (1998) 'The Sahel oral history project.' In Perks, R. and Thomson, A. (Eds.). <i>The Oral history reader</i>. London: Routledge.</li> </ul>
<b>Internal/ external organization charts</b>	Allow community members and PM&E teams to identify local level and more remote institutions that the CFSC initiative intends to build upon. The charts produced (through group discussion) allow community members to rate their satisfaction with these institutions, providing a means by which change in community capacity and organizational networking can be assessed over time.  For further information, see: <ul style="list-style-type: none"> <li>• World Bank (2002) <i>Sleeping on our own mats: An introductory guide to community-based monitoring and evaluation</i>. Washington D.C: World Bank Community-Based Monitoring and Evaluation Team.</li> </ul>
<b>Pocket charts</b>	Helps people to assess and analyze their situation in a new way using pictures and a "voting" process based on a simple grid-sheet with rows of pockets, pictures and markers (clothes pegs, pebbles, etc.). Can be used in group or individual (confidential) situations. Dialogue members place their "vote" (pebble) in a pocket underneath or corresponding to picture they agree with or prefer.  For further information, see: <ul style="list-style-type: none"> <li>• Srinivasan, L., (1993) <i>Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques</i>. Washington, D.C.: PROWESS/LINDP-World Bank Water and Sanitation Program.</li> </ul>
<b>Force-field analysis/Story with a Gap</b>	Engages people to define and classify goals, and to make sustainable plans by working on "before and after" scenarios. A variety of pictures depicting present problems and future possibilities are presented. Dialogue members consider possible reasons for differences in the contrasting pictures, create stories to explain the "gap" between pictures, and identify community solutions to local problems. Can be used in one-to-one interviews, but best in group situations.  For further information, see: <ul style="list-style-type: none"> <li>• Srinivasan, L., (1993) <i>Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques</i>. Washington, D.C.: PROWESS/LINDP-World Bank Water and Sanitation Program.</li> </ul>



TECHNIQUE	BRIEF DESCRIPTION (cont'd)
<b>Task Analysis</b>	<p>A gender analysis tool that raises community or organization awareness about the distribution of activities according to gender and familiarizes dialogue members with the degree of role flexibility that is associated with different activities. Pictures of everyday tasks and culturally appropriate images of men, women and children are used to stimulate discussion.</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Deepa, N. and Srinivasan, L. (1994) <i>Participatory Development Tool Kit</i>. Washington, D.C.: The World Bank.</li> </ul>
<b>Journals and diaries</b>	<p>As well as written journals, pictures can be used in diaries, allowing textually-illiterate people to record information on changes over time. A set of recognizable images depicting everyday activities, issues, resources, capacities, etc. are printed and used to record events and changes over time.</p>

## b) Interviewing and sampling methods

TECHNIQUE	BRIEF DESCRIPTION
<b>In-depth individual interview</b>	<p>A semi-structured interview using a flexible interview guide consisting mainly of open-ended questions (questions that cannot be answered with a “yes” or “no” or any other single word or number). The aim is to collect detailed information on the individual’s beliefs and attitudes related to a particular topic.</p>
<b>Key informant interview</b>	<p>A “key informant” is someone who has extensive experience and knowledge on a topic of interest to the evaluation. Often key informants are community or organization leaders. The interviewer must develop a relationship of confidence with the individual so that his/her experience and insights will be shared.</p>
<b>Group interview</b>	<p>There are several different types of group interview such as consensus panels (local experts debate to reach a consensus on a series of issues), structured group interview (participants are asked the same questions as individuals), focus group discussions (a facilitator guides 10-15 participants through a series of issues, with the group interacting with each other rather than just with the facilitator – reaching consensus is not the main aim), community meetings (formal discussions organized by the local group or agency at which the PM&amp;E team or facilitator ask questions and/or make observations), spontaneous group discussions (everyday meetings e.g., a sports event, at which groups of people gather around to chat and in which the PM&amp;E team or facilitator participate)</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Coreil, J. (1995) ‘Group interview methods in community health research.’ <i>Medical Anthropology</i>, 16: 193-210.</li> <li>• Dawson S, Manderson L and Tallo VL.(1993) <i>A manual for the use of focus groups</i>. Boston: International Nutrition Foundation for Developing Countries</li> <li>• Morgan, D.L. (1997) <i>The focus group guidebook</i>. Newbury Park: Sage Publications.</li> </ul>
<b>Observation</b>	<p>While an activity is going on, an observer records what he/she sees either using a checklist or by taking descriptive notes. The observation can include information on: the setting (the actors, context, and surroundings); the actions and behaviour of the actors; and what people say, including direct quotations.</p>
<b>Analysis of secondary data</b>	<p>Reports and other written documents that provide information on the activities planned and carried out.</p>
<b>Well-being and wealth-ranking</b>	<p>Uses perceptions of local inhabitants to rank households, families or agencies within a social network or village/neighbourhood according to wealth, well-being or social contacts. For example, names of household heads are written onto cards. These cards are then sorted into piles by at least three PM&amp;E participants (ideally interviewed separately) according to criteria that they describe to the PM&amp;E team member. The resulting classifications are often at odds to conventional socio-economic surveys, revealing locally important well-being or wealth criteria that can be used to measure more subtle and usually important social changes than can be measured in quantitative methods.</p> <p>For further information, see:</p> <ul style="list-style-type: none"> <li>• Grandin, B.E. (1988) <i>Wealth Ranking in Smallholder Communities: A field manual</i>. London: Intermediate Technology Publications.</li> </ul>

## Audio-Visual Techniques

These include a range of methods such as using video documentaries/films, stories, local forms of theatre, songs, poetry and role plays used to stimulate group dialogue and reflection on issues depicted in the audio-visual materials. Many of these methods actively involve local participants developing the stimulus material. For further information, see:

- Slim, H. and Thomson, P. (1993) *Listening for a change: oral testimony and development*. London: PANOS Institute.
- Hussein, K. (1998) *Conflict between farmers and herders in the semi-arid Sahel and East Africa: a review*. IIED Pastoral Land Tenure Series No.10.
- Dart, J. (1999) 'A Story Approach for monitoring change in an agricultural extension project.' Paper presented at the Conference of the Association for Qualitative Research, Melbourne, July, 1999.

- The writings of Rick Davies in: Mosse, D., Farrington, J., and Rew, A. (1998) *Development as Process: Concepts and Methods for Working with Complexity*. London. Routledge/ODI, Pp.68-83; and in Impact Assessment and Project Appraisal, 16(3): 243-250.\*\*\*\*

Photo novella (or Photovoice) is another recent PM&E innovation in which local people themselves produce visual images through the use of video or instamatic camera. The images then serve as a catalyst to depict, reflect on and discuss social conditions affecting their lives and future possibilities. For further information, see:

- Wang, C., Burris, M. A. and Ping, X. Y., 1996. 'Chinese village women as visual anthropologists: A participatory approach to reaching policymakers.' *Social Science & Medicine*, 42 (10), 1391-1400.

## Tools from the 'Anthropological' Tradition

TECHNIQUE	BRIEF DESCRIPTION
<b>Participant observation</b>	Observation techniques when studying the lifestyle and behaviours of communities in different cultural contexts while taking part in day-to-day activities. In the context of PM&E, participant observation should take place with the knowledge of the people being observed, and may even be undertaken as a group activity, with dialogue members themselves functioning as participant observers.
<b>Oral testimonies</b>	Allow people to articulate their own perspectives and present their own accounts about the history of a place or a particular event, or about their own lives. Personal testimonies help build a picture of what has happened over time, or illuminate problems, differing perspectives and interests for discussion. Testimonials can help to reveal the degree of empowerment, how decisions are made or issues tackled, and help to substantiate information gathered from other sources and methods. For further information, see: <ul style="list-style-type: none"> <li>• Slim, H. and Thomson, P. (1993) <i>Listening for a change: oral testimony and development</i>. London: PANOS Institute.</li> <li>• PANOS (2003) <i>Giving voice: practical guidelines for implementing oral testimony projects</i>. London: PANOS Institute.</li> <li>• Gosling, L. (2003) <i>Toolkits: A practical guide to monitoring, evaluation and impact assessment. New Edition</i>. London: Save the Children Fund UK.</li> </ul>

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5. Bordenave, J.D. (1994) op.cit., p.40.
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12. Gumucio-Dagron, A. (2004) op.cit.
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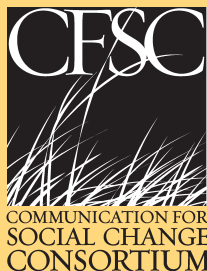
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