

CPPE

COMPREHENSIVE
PARTICIPATORY
PLANNING
AND EVALUATION

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ACRONYMS AND ABBREVIATIONS

ANC	Ante-natal Care
BIDANI	Barangay Integrated Development Approach for Nutrition Improvement
BSFJP	Belgian Survival Fund for the Third World Joint Programme
CHA	Community Health Assistant
CHW	Community Health Worker
CPPE	Comprehensive Participatory Planning and Evaluation
EPI	Extended Immunization Programme
EQ	Evaluation Questions
HIPPOPOC	Inputs, Processes, Outputs, Outcomes
HP	Health Post
ITM	Institute of Tropical Medicine
M&E	Monitoring and Evaluation
MEMISA	Medische Missie Actie (Medical Mission Action)
MOH	Ministry of Health
MPND	Ministry of Planning and National Development
MTR	Mid-Term Review
NGO	Non-governmental Organisation
SCF	Save the Children Fund
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UNOPS	United Nations Office for Project Services
VIP	Ventilated Improved Pit (Latrine)
ZOPP	Ziel Orientierte Projekt Planung (Target-Oriented Project Planning)

INTRODUCTION

Over the last few years, agencies have sought increased stakeholder participation in the planning of development projects and programmes. This brochure describes a participatory approach aimed at guiding collective thinking and ensuring that relevant interventions are developed on the basis of the perceived needs and problems of beneficiaries and on local capacities and lessons from experience.

More than a method per se, comprehensive participatory planning and evaluation (CPPE) is an approach. While emphasis is placed on the logic of each step, CPPE's objectives, planning and evaluation are viewed as a continuum and form a fully integrated, flexible process, specifically designed to help overcome difficulties in planning and evaluating. Whenever a more standardized format is required, such as Logframe, Ziel Orientierte Projekt Planung (ZOOP), etc., the CPPE approach has proved very adaptable, although collective thinking is seen as being central to solving issues in development. Form-filling, however important, cannot replace joint thinking.

This brochure has been written at the request of the Belgian Survival Fund for the Third World Joint Programme (BSFJP) to assist individuals and organizations in planning and evaluating interventions in a flexible, comprehensive and participatory manner.

The authors wish to acknowledge all those who have contributed to the development of CPPE, and they welcome any suggestions and comments that readers may wish to make.

A. BACKGROUND

During the mid-1980s, the Commission of the European Communities (EC) funded the development of methods and tools that would make it possible to evaluate complex nutrition projects in a more comprehensive and participatory manner. Work was initially carried out at the Institute of Human Nutrition and Food at the University of The Philippines, Los Baños, within the context of the Barangay Integrated Development Approach for Nutrition Improvement Project (BIDANI). There, an international team^{1/} of researchers drew up a framework for the evaluation element of CPPE. The results of that research led to a number of publications^{2/} and further applications.

1/ Institute of Tropical Medicine of Antwerp, Belgium; Royal Tropical Institute of Amsterdam, The Netherlands.

2/ Ph.D. dissertation (Ramos, 1991); manuals (Eusebio et al., 1991); field guide (Lefèvre and Beghin), 1991.

In the early 1990s these same institutions and the EC negotiated new research initiatives for the purpose of expanding the evaluation method to allow it to be used also for planning purposes. New partners^{3/} and renewed research efforts resulted in the CPPE approach and to more publications. The research phase was followed by extensive testing of the CPPE approach at the field level on the occasion of consultancies for international organizations and non-governmental organizations (NGOs)^{4/}. This led to the refinement of the CPPE approach as it now stands.

B. OVERVIEW OF COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION

The CPPE approach is both flexible and iterative and is carried out in a series of logical steps. It creates and uses flexible tools to ensure participation and comprehension at all stages of the project cycle. At certain stages, the participatory aspect of the approach necessitates the use of a workshop format.

Comprehensive planning starts with an assessment of the problem(s) at hand. For problems with a multitude of causes pertaining to different sectors (e.g. malnutrition, floods, high mortality levels), users are advised to conceptualize the way factors determine a given problem. It is also important to engage the participation of individuals knowledgeable in different domains (e.g. health, agriculture, social services, local government), while keeping the representation of beneficiaries and donors in the discussion arena well balanced.

The assessment of the problem(s) is organized around the construction of a causal model. During this process, the individuals engaged in the planning of activities participate in the identification of the perceived problem(s). This stimulating activity helps to identify questions that need to be answered by the assessment team. Often the team will be able to answer the questions by using existing data. If necessary, missing data (quantitative and qualitative) will be collected and analysed prior to the resumption of the planning process.

Following problem assessment, possible interventions and objectives are identified. Again, all actors are involved in this process. The selection process uses ranking criteria that reflect various prioritized objectives. These may include factors such as cost-effectiveness, operational feasibility and duration. This stage concludes with a consensual and provisional selection of interventions that respond best to the objectives and ranking criteria.

Once provisional interventions have been selected, operational plans are drawn up for each intervention with the use of a CPPE technical checklist or with one of the broad

3/ Urban Health Study Group, Atma Jaya University of Indonesia; Department of Agricultural Education, University of The Philippines at Los Baños; Nutrition Institute of the Federal University of Rio de Janeiro, Brazil.

4/ International Fund for Agricultural Development (Chad, Ethiopia, Kenya, Mali, Seychelles, Uganda), United Nations Children's Fund (UNICEF), Save the Children Fund (SCF), Medical Mission Action (MEMISA), etc.

range of other techniques created for this purpose. Using a standard format helps in the selection of final intervention and facilitates the conceptualizing of the interventions' technical and operational feasibility aspects. It also helps identify weak points, constraints and even mismatches. At this point it may become clear that certain potential interventions do not correspond well to the chosen objectives and criteria. In this case, the selection process may have to be repeated. It is recommended that a HIPPOPOC (Inputs, Processes, Outputs, Outcomes) table be constructed, especially if difficulties are encountered at this stage in planning. The HIPPOPOC table facilitates the identification of the components of an intervention, offering a schematic representation of inputs, processes, outputs and outcomes. More important, it distinguishes among different levels of project objectives. Following the identification of the interventions, a dynamic model is constructed. Providing a comprehensive view of the project, this model identifies weak links and assists in formulating M&E questions, which in turn enable the building of a data collection system.

Later, an evaluation team, representative of all project actors, identifies evaluation questions. Because they are flexible and adaptable, the instruments developed for planning purposes can be used also during the evaluation process. This approach leads to improving a project not only because it allows for the identification of the project's strengths and weaknesses, but also because it enables solutions to be sought. The resulting blueprint improves the implementation of the project.

C. MAJOR CHARACTERISTICS OF CPPE

Since its inception, the CPPE approach has considered comprehensiveness a prerequisite for the successful design, implementation and evaluation of interventions. In order to achieve a high level of comprehensiveness, CPPE uses models that are designed by all participants during interactive workshops. In addition to organizing, ranking, selecting and evaluating potential interventions, these models also identify relevant issues and data collection needs and assist in the analysis of data. It is precisely this collective aspect of building the causal and dynamic models that secures comprehensiveness and genuine participation by all actors.

The CPPE approach aims to elicit a high level of participation by all those involved in a given project. Within the context of CPPE, participation goes beyond mere provision of data, manpower or assistance. It implies the sharing of responsibilities, negotiating, empowering and emotional commitment. Genuine and sustained participation can work only when free speech is granted. Experiences in the field have shown that participation in the CPPE approach has led actors to enjoy increased levels of self-esteem, expanded abilities to realize capacities and a heightened sense of appropriation towards programmes.

After constructive and in-depth discussions and analyses have taken place, collective decisions need to be made. Participatory workshops help achieve this and lead to a better understanding of a project, increased intersectional collaboration and improved

motivation and communication skills. These cumulative advantages have resulted in CPPE's being a readily accepted approach in the field.

A third characteristic of the approach is that it is implementation oriented, placing emphasis on finding explanations for what was or was not realized during the implementation phase of the project(s). These analytic qualities have led to improved efficiency and effectiveness. Ultimately, CPPE aims to improve the relevance as well as the quality of implementation.

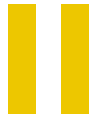
Flexibility, the fourth characteristic of CPPE, is by no means the least important. The CPPE approach has been applied to a wide range of situations, from permanent service delivery systems (e.g. public health, agricultural extension, rural credit) to individual programmes and projects. The approach can and has been used at such widely different levels as the national, regional, district and grass-roots.

Finally, CPPE is fully integrated, covering the whole project cycle, from the identification of perceived problem(s) to the planning of interventions to M&E. The participatory elaboration of all participants allows for the design of very flexible tools, which can be used at each phase of the project cycle.

OVERVIEW OF CPPE CHARACTERISTICS^{5/}

1. It is *comprehensive*. This is ensured by the elaboration of models:
 - *causal model*
 - *dynamic model*
2. It offers a *high degree of participation*:
 - *It leads to an increased sense of self-esteem, self-realization and ownership.*
 - *It requires free speech.*
 - *It requires in-depth collective discussions.*
3. It is *implementation oriented*:
 - *It improves relevance.*
 - *It improves the quality of work.*
4. It is *very flexible*. It can be applied to a wide range of situations and levels:
 - Situations**
 - *permanent delivery systems*
 - *programmes and projects*
 - Levels**
 - *National*
 - *Regional*
 - *District*
 - *grass-roots*

5/ For more details on the techniques of causal model building, see Beghin et al., 1988; Lefèvre and Beghin, 1991; Ramos 1991.



COMPREHENSIVE AND PARTICIPATORY PLANNING

A. PROBLEM ASSESSMENT

Introduction

Prior to planning an intervention, one needs to gain insight into the causes of the problem(s). This will clarify which additional information needs to be gathered. It will also allow for the selection of the problems by setting priorities and relevance. This conceptual activity will involve constructing a causal model.

Steps

Step 1. Prepare. In order to avoid misunderstanding among representatives of different groups, it is important to define the objectives of the assessment in addition to clarifying the scope of the problem(s). It is also very helpful to assess what major constraints are present in a given situation and to identify the general feasibility conditions for the execution of a successful project.

Performing a preliminary appraisal of the situation is an essential step in the assessment of the problem(s). It consists of reviewing relevant documents, interviewing knowledgeable persons and visiting relevant sites and institutions.

The advantages of a preliminary appraisal are that it:

- offers insight into the nature and extent of the problem, its different causes and the different perceptions of these causes (reflecting different realities);
- highlights relevant interventions already present in the field; and
- indicates who the stakeholders should be in the participatory in-depth problem analysis workshop.

After the preliminary appraisal is completed, a team is assembled to participate in the causal analysis workshop and the planning exercise. Generally, this team will be com-

posed of technical representatives of the major sectors involved, local staff of the different levels of organizations, potential beneficiaries and/or other community members and external experts, if required.

The advantage of working with a participatory team is that it improves:

- motivation;
- learning and self-realization;
- feelings of ownership and self-esteem; and
- the possibility that the identified problems and solutions will truly reflect the felt needs of the stakeholders.

Step 2. Organize the causal analysis workshop. At a causal analysis workshop the team will have a chance to identify the problem(s) at hand. Before suggesting solutions to these problems, however, they will need to consider the causes of the problem(s). This is achieved through the construction of a causal model. This device helps partners reach a consensus about the elements affecting the circumstances and the mechanisms that induce the problems. This knowledge allows for an assessment of the relevance of the planned intervention.

The causal model consists of a stepwise decomposition of the problem(s) at hand. It is a visual exercise that works backward, from the problems to their root causes. Identifying these major causes also includes listing influencing factors and determinants. The model does not intend to loop or connect problems/factors. Rather, it encourages the furthest decomposition of a problem into its root causes. Some causes will be identified through common knowledge. In other instances, hypotheses can be suggested that can be verified later, when additional information has been gathered.

The advantages of the causal model are that it:

- shows the complexity of problems and forces people to propose modest solutions to these problems;
- identifies weak links in problems/causes;
- allows for a better understanding of how people perceive realities differently, while encouraging communication, respect and acceptance;
- identifies specific hypotheses to be tested later;
- allows for a more effective selection of additional information, leading to better assessments; and
- saves time and money.

HOW TO CONSTRUCT THE CPPE CAUSAL MODEL

A group of people who have a good understanding of the local situation and who represent diverse perceptions construct the model. First, during a brainstorming session, they identify and list the determining factors of a given problem. Based on this list, they then build hypothetical causal links that respect a hierarchical order. This process is easily understood and enables participants to visualize causal elements and their interrelationships.

The direct causes of a problem are then determined, followed by the factors affecting these causes. At each subsequent step, participants distinguish the nearest or most direct causes. Because the exercise is an attempt to identify specific causes, participants avoid the use of concepts that are too general, such as “socio-economic factors”, etc.

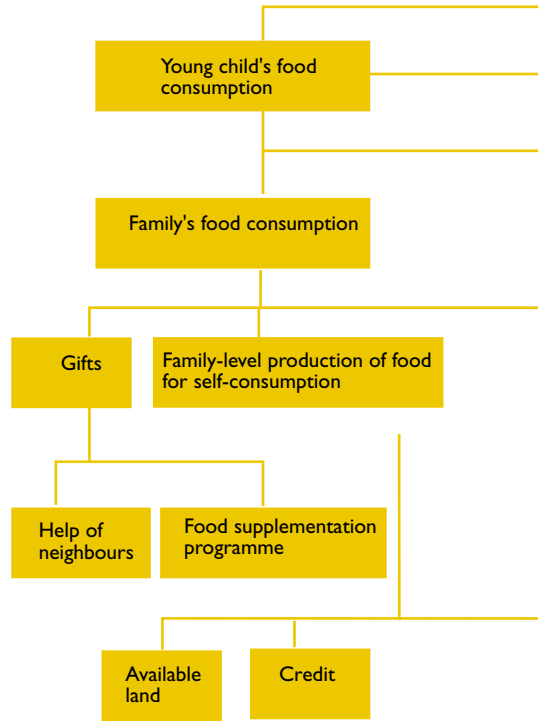
The model is kept simple. Horizontal links are omitted.

Each determinant can be further decomposed into other determinant agents. Although the causal links themselves are hypotheses that can be verified later, common knowledge can also be used to explain perceived problems.

Finally, depending upon the objectives of the analysis, participants can subdivide certain parts of the model for further in-depth analysis.

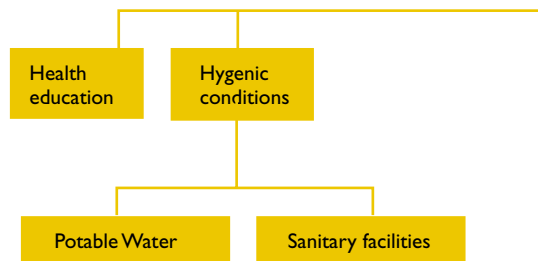
Example of a Causal Model

First Part

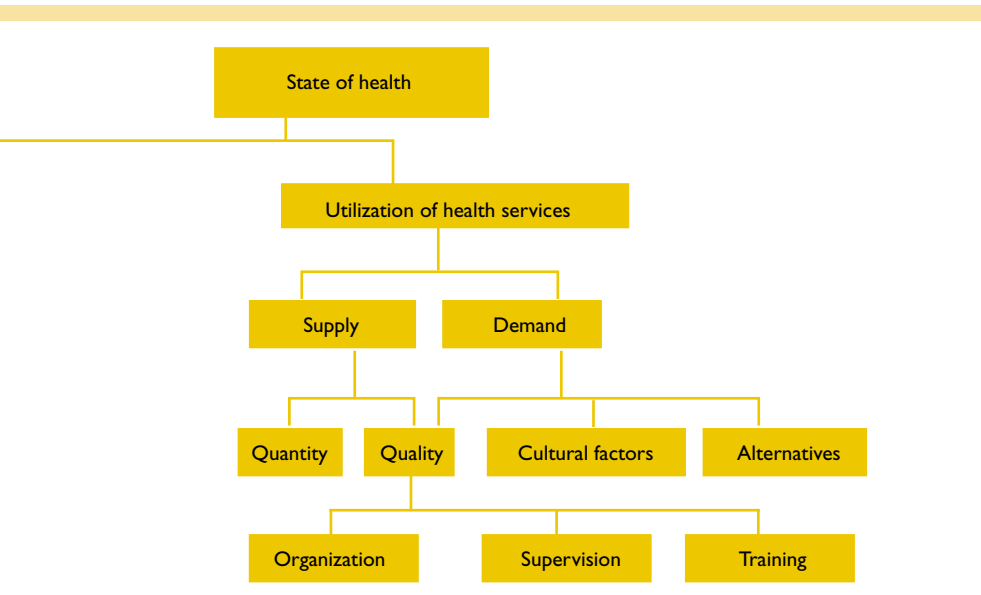
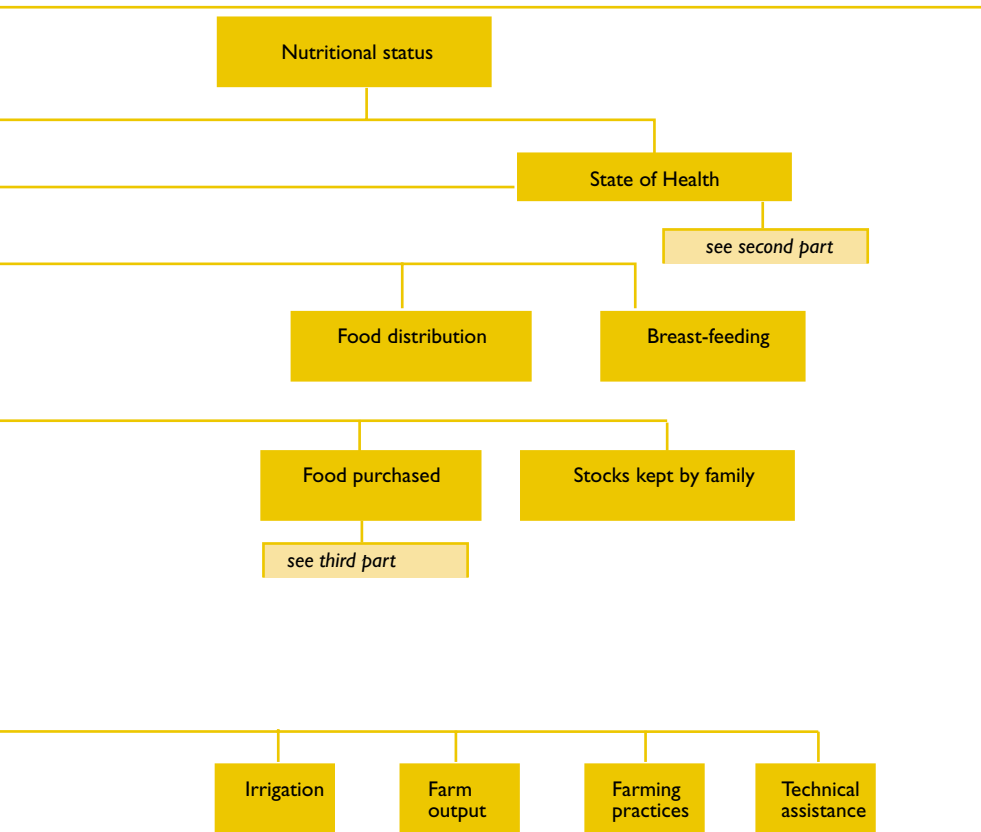


Beghin I., Cap,M, Dujardin, B.A. *Guides to National Assessment*, WHO, Geneva, 1988.

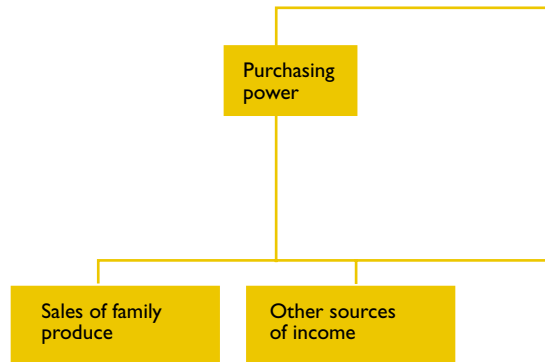
Second Part



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Third Part



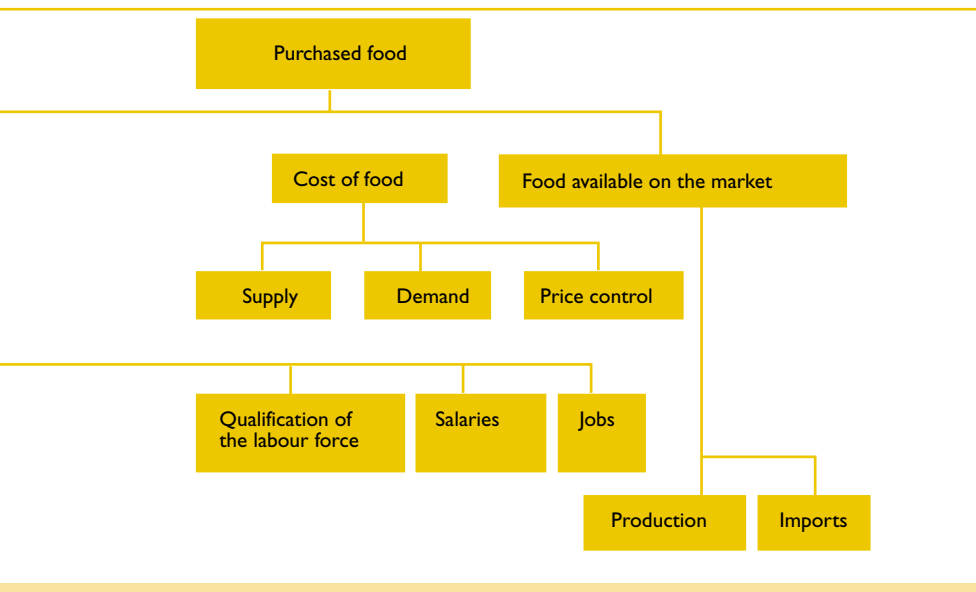
WHO 871391

Step 3. Collect Data. Once the workshop is finished, additional information is gathered to validate the hypotheses formulated during the workshop and estimate the importance of the determinants identified by participants.

Not all information needs can be represented by quantitative indicators alone. This is especially the case when attitudes are involved. For example, if it is perceived as a problem that the central hospital is overburdened with patients because the population in surrounding villages hesitate to use their local dispensaries, it may be necessary to perform a qualitative assessment to arrive at the root causes of this problem.^{6/}

At times it may be difficult to identify which indicators should be used for data collection. It is therefore recommended that all the terms and concepts of the analysis are fully clarified prior to information collection. For example, if malnutrition in children under five is identified as a problem at the workshop, it will be necessary to clarify not only what is malnutrition, but also which form of malnutrition is intended, which group of children under five are meant (e.g. boys, girls, demographic area, social level, ethnic group), etc.

^{6/} For information on collecting qualitative data, see Patton, 1995; Pope and Mays, 1995.



Once it is clear which information is needed, existing data should be used as much as possible, except when their quality is poor. Additional information gaps may be filled with the conducting of smaller studies. Qualitative methods especially are essential for exploring complex issues that cannot be quantified. Useful qualitative methods are semi-structured interviews, observation, focus groups and in-depth interviews. The accuracy and usefulness of the information should be balanced against the time and expense required to accomplish the task.

Step 4. Conduct a data analysis workshop. When additional data have been collected, a new participatory workshop is organized to analyse this data. This step is important for clarifying the full extent of existing problems and their determinants. It also helps identify what could happen if nothing were done about the problem(s), aids in clarifying priorities, allows for the formulation of suggestions for relevant solutions and assists in ranking those solutions.

The complete information from the causal analysis is then made available to all those involved in the project. The resulting findings will influence the actions of decision-makers. It will also stimulate general awareness and learning and validate the original results of the problem analysis.

B. IDENTIFICATION AND SELECTION OF INTERVENTIONS

Introduction

After completing the causal analysis, the team uses a flexible procedure to identify the most appropriate actions to take to solve the problems. It is important that persons knowledgeable in every level of project work participate in this workshop. The assistance of experts is particularly important at this stage, to provide technical information to the team.

Steps

Step 1. Formulate and prioritize broad objectives of the intervention(s). The broad objectives will be determined by a combination of different factors, such as:

- the severity, nature and causes of the problem(s), which groups are affected and the prognosis for the future;
- the felt needs and priorities of the participants;
- whether the government, executing and/or funding agencies have already made decisions; and
- the existence of policies and the availability of resources.

After formulating the objectives, it will be possible to prioritize the main problems to be tackled or the main groups that need help, etc.

Step 2. Identify what has been done in the past. In order to avoid duplication of interventions, it is useful to check what has been executed in the field. By briefly reviewing the strengths and weaknesses of past interventions one can avoid making the same mistakes twice and/or elaborate on successful interventions.

Step 3. Identify vulnerable chains and boxes in the model(s).

- Exclude parts, chains or sub-models when they do not fit the framework or mandate of intervention planning.
- Identify boxes for which different actions can be taken that would lead to the same results.

Step 4. Identify the most relevant interventions. Look at the cause(s) of the problem(s) and use consensus as the basis for selecting interventions.

Step 5. Discuss and select relevant interventions. When participants have unanimously agreed on a list of possible interventions, they will construct a ranking table. This table will allow for a critical discussion of each possible intervention and its prioritization.

Participants then choose criteria for selecting interventions. These criteria must be clarified, explicitly agreed upon by all participants and ranked prior to the participants' discussing possible courses of action.

The most appropriate interventions are then selected.

Examples of appropriate criteria for selecting interventions are those that:

- affect the majority of the community members or a specific target group;
- reduce inequalities in the community;
- are in line with the government's or funding agency's mandate and policies;
- allow for participation;
- empower the community;
- are sustainable;
- are efficient;
- produce short or long-term impact; and
- offer possibilities for integration into existing services.

HOW TO CONSTRUCT A RANKING TABLE

1. Draw the x and y axes of a table.
2. In the first column, list the criteria for selecting interventions in order of descending value.
3. Across the rows, list possible interventions useful for attaining a desired outcome. These axes must be set up prior to participants' proceeding with the rest of the exercise.
4. Fill in the rest of the rows and columns, beginning with the highest ranked criteria (top of column 1). Ask participants which of the interventions listed in row 1 would best satisfy the highest criteria. Give that intervention a rank of H (for "high"). The intervention that least satisfies the highest criteria will get an L (for "low"). Efforts should be made to assign an H and L to only one or two criteria in the same row. This improves the discrimination power of the ranking tool. All other interventions will get an M (for "medium").
5. When all the cells in the first row of the table have been filled in, cover up the table and discuss the next row. The rows should be analysed independently from one another.

TABLE 1: Example of a Ranking Table

Criteria ranked in order of decreasing importance	Relevant interventions				
	Nutrition education at health centre	Credit/combined with nutrition education	Market Information System	Training of CHW* on nutrition	Installation of boreholes
Reduction of inequalities	L	H	M	M	M
Empowering food insecure	L	H	M	M	M
Cost (cheap)	H	M	M	M	L
Short-term impact on nutritional status	M	M	L	M	H

* Community Health Workers

Once the table is completed, it will be used to select the most appropriate interventions. Since there is no quantitative basis from which to make selections, judgement and common sense must therefore be applied. Participants will initially consider only the first two rows since those reflect the highest ranked prioritized items. Subsequent rows will then be considered. Some interventions will be discarded although no final decisions will have been made. In practice, participants may need extensive discussion time before reaching a consensus on which interventions they wish to keep. The final selection of interventions will be made during the actual planning process.

The importance of selecting the most appropriate criteria can be illustrated best with the example in Table 2. Assume that a considerable amount of funding is provided by an external agency. The planning team wishes to create a short-term impact on the nutritional situation. In the long term the team wishes to empower the food insecure in the communities. In this instance, the order of criteria would be different to that in Table 1.

TABLE 2: Example of a Ranking Table

Criteria ranked in order of decreasing importance	Relevant interventions				
	Nutrition education at health centre	Credit/combined with nutrition education	Market Information System	Training of CHW* on nutrition	Installation of boreholes
Short-term impact on nutritional status	M	M	L	M	H
Empowering food insecure	L	H	M	M	M
Reduction of inequalities	L	H	M	M	M
Cost	H	M	M	M	L

The advantages of using a ranking table are that it:

- ensures a coherent approach for selecting possible interventions;
- achieves consensus among participants on a manageable number of proposals;
- streamlines ideas and offers a clear overview of potential interventions; and
- ensures a better distribution of available resources, because decisions are made in a participatory and comprehensive way.

TABLE 3: Health Interventions

	Reinforce communication means at the district level	Sensitization/ education of populaation	Training/ recycling of personnel
Technical Feasibility	L	H	M
Management at the National level	L	H	H
Acceptability by the population	M	M	L
Financial feasibility	L	M	M
Acceptability by personnel	M	M	H
Community participation potential	M	H	L
Operational feasibility	L	H	M
Sustainability/effectiveness	L	H	H
Promotes women's involvement	L	H	L
Complementarity with other projects	H	M	M

* Technical Assistance

Note: Whether it is in the pre-selection or in this table, the costs of recovering and the operationalization of the Bamako Initiative are not pr

TABLE 4: Other Interventions

INTERVENTIONS CRITERIA	Access to drinking water	Construction of latrines	Construction of waste containers
Technical feasibility	L	M	M
Manageable at the National level	H	M	L
Acceptable by the population	H	L	L
Financial feasibility	L	L	L
Acceptable by personnel	H	M	L
Potential for community participation	H	L	L
Operational feasibility	L	L	L
Sustainability/effectiveness	H	M	M
Potential for women's involvement	M	M	M
Complementarity with other projects	M	H	H

Notes:

1. Although the "weaning foods availability" scores better, the boreholes meet three important criteria (national management, participation
2. The interventions "environment protection" and "groups support" are foreseen in the IFAD-financed Ouadis of Kanem Agricultural Develk
3. "Alphabetization" remains a desired intervention that scores quite well. The alphabetization problem was raised frequently in the workst
4. The construction of latrines and waste containers scores very weakly.

Secure availability of drugs	Constructio/rehabilitation	Equipment CS/Hospitals	Motivation of personnel	Training of TA*	Nutrition education	Cost recovery
M	L	L	M	M	H	M
M	M	L	L	M	H	M
H	H	H	L	M	M	L
L	L	L	L	H	M	L
M	M	M	H	M	M	L
M	M	M	L	M	M	L
L	L	L	L	M	H	L
M	L	M	L	M	H	M
L	L	L	L	M	H	L
M	M	M	M	H	M	L

priorities. This reflects the lack of sensitization for these fields.

Environment al protection	Alphabetiza aation	Support of women's groups	Availability of weaning foods (promotion)
L	M	H	H
H	H	H	M
M	M	H	M
L	M	M	H
M	M	H	H
M	M	H	M
L	M	M	H
M	M	H	H
M	H	H	M
M	M	M	M

and acceptability).
 opment Project.
 hop. Low alphabetization appears to contribute to low project adoption rates.

C. PLANNING

Introduction

After a consensus has been reached on the most appropriate interventions for a particular problem, the team can proceed with planning the interventions. However, some basic considerations need to be kept in mind:

- Clearly formulate the objectives of each intervention.
- Describe how each intervention will meet the desired objectives.
- Identify the roles and responsibilities of the participants in the project.
- Estimate which resources are needed.
- Establish a time frame.
- Establish an M&E system.

The advantages of using the CPPE models and tables are that they:

- allow for the early identification of solutions when obstacles are encountered at the planning stage;
- result in a better understanding of the interventions;
- result in a better understanding of the roles of participants, which in turn leads to higher motivation levels;
- facilitate integration of interventions into existing structures; and
- facilitate the creation of an M&E system.

Constructing a HIPPOPOC Table

The people involved in a project do not always clearly understand its whole design, especially when that design is complex. The HIPPOPOC table is a simple descriptive tool that provides a clear, global and coherent picture of the main components of a project. In four successive columns the team will fill in information on inputs, processes, outputs and outcomes. The obtained information will help participants gain insight into the project and its components. It will also facilitate the forming of a global picture of the project and promote the formation of clear project objectives. Finally, it will also serve as the basis for building the dynamic model. Details on information required and on how to fill the HIPPOPOC table are given further down.

- Inputs: elements necessary for the implementation of the intervention (e.g. budgets, resources). This column should be filled out last.
- Processes: list of actions (i.e. what participants want to see done, such as iron deficiency anaemia treated among infants and women of childbearing age). This column should be filled out first.
- Outputs: immediate results of actions (i.e. what will be the direct result if the actions are successful, such as an increase in haemoglobin levels). This column should be filled out as second.
- Outcomes: changes induced by the project. These may also be influenced by external factors beyond the control of project activities. For example, infants and women will be healthier if their iron deficiency anaemia is treated, but they will also need access to health facilities. This column should be filled out as third.

HOW TO COMPLETE THE HIPPOC TABLE

1. Fill out the column that lists **Processes**. It is usually the *easiest task*.
2. In the **Outputs** objective column, list the immediate results of the intervention.
3. There should be no horizontal correspondence among items in the different columns. This would be misleading.
4. Fill out the **Outcomes** objectives and include confounding factors.
5. Fill in the **Inputs** column and cross-check all entries.

TABLE 5: Example of a HIPPOPOC Table

INPUTS

Community health posts
 Finance
 Finance for educational material
 Trainers
 Incentives for trainers
 Potential CHAs^{7/}
 Health personnel
 Training material
 Administrative personnel
 Transportation
 Time of health personnel
 Running costs
 First aid kits
 Delivery kits
 Hand pumps
 Spare parts (pumps)
 Computers
 Computer skills
 Local government support
 Social workers
 Intersectoral collaboration
 Construction material (project)
 Construction material (community)
 Selection criteria
 Tools
 Trained managers
 Available budget (timely)
 Available purchases
 Storage facilities
 Information
 EPI^{8/} material
 Baseline survey on sample areas
 "Built-in" evaluation scheme
 Water
 Chlorine
 Referral system
 Reporting scheme
 Growth monitoring material

PROCESSES

Training of CHAs
 Training of TBAs^{9/}
 Training of trainers
 Refreshment training of CHAs & TBAs
 Construction of small water sources
 Protection of springs
 Construction of wells
 Conducting of surveys
 Social mobilization
 Organization of village committees
 Water source maintenance
 Training of hand pump contractors
 Provision of spare parts
 Provision of essential drugs, medical supplies & furniture to Hs^{10/} and HCs^{11/}
 Selection of CHAs & TBAs
 Supervision of CHAs & TBAs
 Construction of VIP^{12/}
 Training of artisans for VIP
 Selection of artisans for VIP
 Provision of materials (project)
 Provision of materials (community)
 Purchase of materials
 Storage and transportation of materials
 Preparation of project proposal
 Selection of sites
 Provision of EPI materials
 Provision of logistic support
 Construction of demonstration VIP
 Health education for HP^{13/}
 Monitoring and evaluation
 Quality control of water
 Provision of chlorine
 First aid treatment
 Attendance of deliveries
 Referral of at-risk pregnancies
 Health education (communities)
 Assessment of EPI (defaulters)
 General management
 Birth & death registration
 Conduct of ANC^{14/}
 Nutritional education
 Epidemiological surveys
 Accident prevention
 Housing and sanitation education
 VIP maintenance

7/ Community health assistants

8/ Extended immunization programme

9/ Traditional birth attendant

10/ Hospitals

11/ Health centres

12/ Ventilated improved pit

13/ Health post

14/ Ante-natal care

OUTPUTS

Trained CHAs
Trained TBAs
Community informed on health issues
Community informed on nutrition
At-risk pregnancies identified
Reduced complications of delivery and pregnancies
At-risk pregnancies referred
Qualified trainers
EPI
Safe water available
Information on project
Project proposal
Sites selected
Village committees
Drugs, equipment, furniture applied
VIP constructed
Materials provided
Community informed on:
- VIP
- accident prevision
- sanitation
Vital statistics

OUTCOMES

Health services strengthened
↑ Health status (↓ mortality and morbidity)
↑ Nutritional status
↓ Nutritional diseases
Food habits improved
↓ Mortality of mothers
↑ Utilization VIP
↑ Utilization safe water
↑ Quality of environment
↓ Water-borne diseases
↑ Involvement of community in health and environmental sanitation activities
↑ Quality of health care
↑ Use of health services
↑ Rational use of drugs
↓ Faecal-borne-related diseases

The advantages of using a HIPPOPOC table are that:

- participants obtain a full perspective of the interventions;
- it is a communication tool for the community;
- it helps distinguish outputs from outcomes hence clarifying the hierarchy of the objectives;
- it serves as the basis for setting up the M&E system;
- it serves as the basis for drawing up detailed project documents; and
- it is used as the basis for the operational plan and the dynamic model.

Building the Dynamic Model

The dynamic model graphically represents the theory of action of the project (i.e. how it is supposed to work). The model is constructed on the basis of the HIPPOPOC table and the causal model. It discloses linkages among the various activities and allows for the identification of crucial and vulnerable points in the implementation plan. The latter makes the model useful also for fine-tuning the planned activities, coordinating management needs and installing the M&E system.

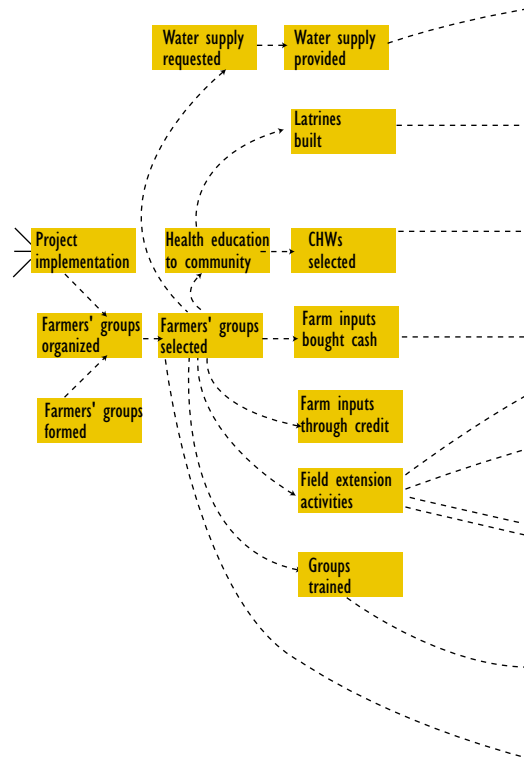
The dynamic model illustrates how a project acts on problems, what results might be expected and what else can happen (confounding factors). In other words, it links together inputs, processes, outputs and outcomes.

HOW TO BUILD THE DYNAMIC MODEL

The dynamic model is built from right to left. The causal model and the HIPPOPOC table can be used as templates.

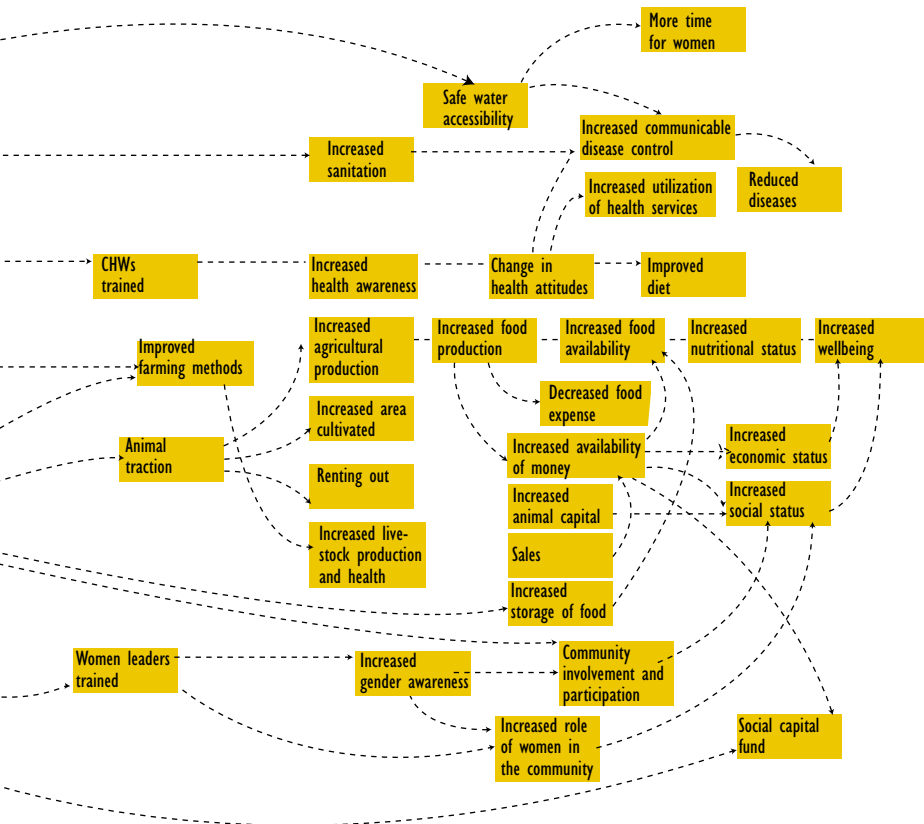
1. Start with the final outcome of the interventions, i.e. the problem(s) that need to be solved.
2. Consider which mechanisms will achieve the final outcomes. Using a blackboard, draw arrows to show the main outputs and processes leading to the final outcomes.
3. List the inputs and draw connecting lines.
4. Consider what confounders may complicate the interventions. List and connect the different linkages.
5. For complex interventions, split the model into sub-models.

Example of a Dynamic Model



The advantages of the dynamic model are that it:

- permits users to visualize a project in a comprehensive way;
- enables users to distinguish among the key processes (i.e. interrelationships among the different interventions become clear);
- helps to identify new interventions that may be integrated into existing projects;
- is a good communication tool, allowing interdisciplinary planning and evaluation;
- uses visualization, which allows participants to ponder the relevance, effectiveness and interrelationships of planned and ongoing interventions and to discuss their different perceptions or get clarification of concepts that are unclear;
- allows participants to become more motivated for further participation;
- helps bring into focus questions for evaluation and leads to the creation of a list of pertinent questions on the performance of project activities and their quality, effectiveness, etc;
- identifies major confounding factors, which helps participants view the project in a global context;
- leads to the identification of the kind of information needed to answer the evaluation questions and how monitoring should proceed effectively; and
- provides a framework for the correct interpretation of available data.



D. SETTING UP AN M&E SYSTEM

The M&E system is an important management tool. Although actual monitoring begins only after project initiation, ideally, the design of the M&E system should be in place prior to project execution. The timing of evaluation also should be considered in the project's initial planning stages.

E. WRITING THE PROPOSAL

The final phase of a planning exercise consists of writing up a project proposal. Crucial points that can greatly influence implementation are often overlooked at this phase. Therefore, the CPPE approach includes a checklist as a framework for discussion of operational aspects and to ensure that the feasibility conditions are taken into account before the write-up is done. Assistance on completing such a checklist is provided in Annex III.

When possible, existing documents should be used as a starting point for discussions, as their technical content might include operational information applicable to the intervention under consideration.

At this point, the construction of the various tools of the CPPE approach should have produced a clear outline of interventions. Prior to defining the final selection of interventions, however, it is recommended that participants review all the steps that have led to this stage. Prior to the execution of a project, it is important to verify the consistency in CPPE's materials and models. After such an analysis one can then proceed with the final selection of interventions.

THE CPPE TECHNICAL CHECKLIST

The CPPE technical checklist presents the various points that need to be considered and discussed before finalizing a project proposal (see Annex III).

All the points of the checklist can be discussed with different types of project actors. The guide in Annex III describes in detail what is meant by the points covered in the checklist and the problems that might be experienced with them.

Following the standard checklist model ensures that the most important aspects will be discussed. However, other rubrics can be added as necessary for a given situation.

Ideally, a HIPPOFOC table and dynamic model are used as part of such a planning process.

The checklist

1. Title
2. Definition of the intervention
3. Justification and relevance
4. Objectives
 - 4.1. In terms of results (OP = outputs)
 - 4.2. In terms of effects (OC = outcomes)
5. Target groups
6. Strategies
 - 6.1. What
 - 6.2. Who
 - 6.3. Where
 - 6.4. When
 - 6.5. With what (resources)
7. Acceptability
 - 7.1. By community
 - 7.2. By personnel
8. Feasibility
 - 8.1. Of technical aspects
 - 8.2. Of participation
9. Participation
 - 9.1. Opportunity for participation
 - 9.2. Opportunity for empowerment
10. Effectiveness
 - 10.1. Long term
 - 10.2. Short term
11. Sustainability
12. Monitoring and evaluation
 - 12.1. Evaluation questions
 - 12.2. Monitoring system
 - 12.3. Evaluation method
 - 12.4. Feasibility of evaluation
 - 12.5. Possible secondary effects
13. Conclusion



COMPREHENSIVE AND PARTICIPATORY EVALUATION

A. INTRODUCTION

The importance of evaluating a project cannot be overstated. The main purpose of an evaluation is to enable project participants to make decisions that will help the project reach the desired results rather than solely to assess the impact of an intervention or the lack of it.

Evaluation involves an in-depth, comprehensive analysis of an intervention and its operations with the objective of adapting strategies to the circumstances.^{15/} It questions the relevance of initial choices and looks at performance. Further, it attempts to assess the role of non-controllable and non-predictable factors and tries to provide explanations for what is observed.

Although most evaluations are held with the above objectives in mind, they often fail to live up to those expectations. Factors have often been mentioned as being responsible for obstructing evaluations are:

- poorly identified objectives, purpose and uses of the evaluation;
- the mixing of different purposes;
- a lack of comprehensiveness;
- a lack of participation and interest;
- a lack of credibility for project managers and implementers;
- the results being interesting only to sponsors and evaluators;
- the evaluation being perceived as a tool for controlling or judging project performances;
- difficulties in identifying project objectives;

^{15/} Casley and Lury, 1982.

- exclusive emphasis placed on measuring impact, and therefore a failure to provide a clear picture of a project's implementation processes;
- a failure to explain why problems are encountered;
- poor reporting style, presentation and dissemination of results; and
- the presence of overly technical overtones.

Although CPPE should not be viewed as a recipe for solving all the above-mentioned problems, its participatory and comprehensive nature often advances an improved evaluation quality and the use of evaluation results.

B. MAJOR CHARACTERISTICS OF EVALUATION WITH CPPE

- It focuses on processes and outputs because project managers are accountable for them. By doing so, it places less emphasis on outcomes that are affected by confounding factors.
- It is comprehensive as it is based on a systematic review of a project.
- It enlists a high degree of participation.
- It ensures the participation of all categories of actors through the use of workshops. Within CPPE, evaluation is the responsibility of a team composed of representatives of all project actors (projects managers, staff involved in the implementation of the project, representatives of the community, consultants, donors). The same team should be in charge of the supervision of the whole evaluation process, including feedback on the results.
- It uses models.
- It ensures that the concerns of different stakeholders are covered.

C. EVALUATION PHASES

There are four phases of evaluation:

- 1.. the preparation phase;
2. the conceptualization phase (during which CPPE tools, described previously, are constructed or revised, culminating in the formulation of evaluation questions);
3. the data collection phase; and
4. the analytical phase (which entails answering evaluation questions and making recommendations).

Since the CPPE approach was designed for evaluation purposes, CPPE tools can be used for evaluation, even if CPPE is not adopted at the outset of the project.

The best way to introduce CPPE into an ongoing project is through the organization of a participatory workshop (for example, before the annual planning phase or during mid-term reviews). It is not recommended that CPPE be introduced at the end of an intervention, unless the intervention is likely to be extended, as with pilot projects.

If CPPE is used from the beginning, all the models should be made available and an M&E system set up. Thus, time spent on phases 1 and 2 will be reduced.

Phase 1. Preparation

Preparation is essential. Good evaluations possess^{16/}:

- clear objectives;
- resources;
- a work plan;
- a time frame; and
- a budget.

Good planning will save time when evaluation workshops need to be organized. However, projects change continuously, and a revision of initial plans will be necessary to ensure adaptability to contextual changes.

Prior to starting an evaluation, it is advisable that the team:

- revise the evaluation objectives established during the setup of the M&E system, if any;
- identify the actors who need to be involved in the evaluation workshop; and
- draft the terms of reference for the evaluation. These should be based on a provisional list of questions elaborated during the setup of the M&E system and based on issues raised during implementation. In addition, responsibilities of all those involved should be clearly stated.

Phase 2. Conceptualization

Once preparation is finished, conceptualization takes place in a participatory workshop.

Step 1 Build models.

One of two situations will be encountered:

- CPPE was not used at the planning stage. In this case, the causal model, the HIP-POPOC table and the dynamic model will need to be built.
- CPPE was built in from the beginning. In this case, the previously built models will need to be revised prior to proceeding with the next phase.

Step 2 Formulate evaluation questions.

According to Patton (1986), an evaluation is only as good as the questions asked and the hypotheses posed. The formulation of evaluation questions is therefore of primary importance. In general, three categories of questions need to be asked:

- Questions that assess the relevance of project objectives. Project objectives need to be clearly stated (using the HIPPOPOC table) and/or adapted to evolving circumstances. Hence, the first question should be whether or not the objectives were adequately formulated and if the intervention is still relevant (dynamic model).

The dynamic model is the central element of the whole evaluation approach. It provides a dynamic and comprehensive overview of the project, showing the flow from

16/ Lefèvre and Beghin, 1991.

inputs to outcomes, including confounding factors that may obstruct that flow. The model also assists participants in focusing on evaluation questions and in identifying information needs and performing data analysis.

- Questions about aspects of project implementation. These questions focus on the quality of the implementation and the immediate results of the interventions (outputs). In addition, one needs to evaluate how the intervention is functioning as a whole (dynamic model), from desired to not-so-desired effects and unforeseen events.
- Questions that serve project performance. With the CPPE approach, emphasis is placed on process evaluation rather than on impact evaluation.^{17/} CPPE assesses processes first, because the operational side of the project usually needs improvement. Second, previous experience with the approach has shown that process evaluation can show the underlying reasons for the success or failure of interventions. Impact measurements can be initiated only after a process evaluation indicates that the activities were implemented as planned. Adopting this strategy prevents the spending of time and money on measuring impact when none can be expected.

Phase 3. Data collection

The purpose of an evaluation is not only to ask the right questions but also to ensure that adequate responses are given.

To answer evaluation questions, both quantitative and qualitative information needs to be collected. In fact, the quality of the answers, and hence the evaluation, will to a great extent depend on the quality of the information available.

In general, the CPPE approach uses three sources of data:

- quantitative and qualitative data produced routinely by the M&E system for the purpose of monitoring and progress reporting;
- qualitative information, which is generated through discussions and interactions in participatory workshops; and
- qualitative and quantitative data not routinely collected but generated through surveys and special studies (focus groups, participant observation).

With the CPPE approach, emphasis is placed on the optimal use of existing data, particularly the kind of information provided by the M&E system and qualitative data gathered by participants during the workshops. Experience has shown that a large number of questions can be answered during workshops, which results in a reduced need for extra data collection. However, based on the information needs, new sources of data may be identified. The decision to go ahead with the collection of additional data will be based on:

- the feasibility of collecting new data;

^{17/} Beghin, 1988; Lefèvre and Beghin, 1991.

- the quality of the data required;
- budget constraints; and
- time constraints.

Data collection is the most time-consuming and expensive stage in evaluation. Time and effort spent in the CPPE approach on discussions and model-building, therefore, will be largely compensated for by a reduction in cost and time. This is especially true where M&E systems have been built in from the beginning of the project.

The advantages of data collection in the CPPE approach are that:

- only relevant data are collected;
- data quality is improved;
- time spent on data analysis is reduced (because the volume is reduced); and
- the extensive use of existing data is favoured.

In situations where available data at the workshops are inadequate for decision-making, it may be necessary to break up the workshop to allow intermediate data collection prior to continuing the seminar:

Phase 4. Analytical phase

The fourth phase is dedicated to answering questions and formulating recommendations based on the availability of quantitative and qualitative data. Factual data should be used to answer evaluation questions. In the absence of factual data, assumptions will have to be made. The dynamic model supports assumptions, while the continual interactions between the different stakeholders provide additional validations.

During the process of answering questions, judgements will need to be made. At times, controversial viewpoints will emerge, and it will become important to negotiate answers and recommendations. This part of the CPPE approach will be made easier if enough time is allowed for adequate problem-solving and compromising. Planning and evaluation are closely linked as a continuous process. In many instances evaluation will involve re-planning certain parts of an intervention. This should be done immediately after the evaluation session and by the same evaluation team, unless the re-planning process requires the participation of new people.

D. SETTING UP AN M&E SYSTEM

Information needed for monitoring and evaluating projects can be obtained through installing an M&E system. Such a system implies that data are collected continuously and at different levels of operation.

In order to improve performance, it is important to monitor not only outputs but also the quality of processes. For example, the number of training courses provided combined with the number of participants only provide factual data (x number of courses given, with x number of participants) and do not reveal anything about the possible effects of the course, which mainly depend on the quality of the course. Questions such as “How did participants evaluate the course?” or “What problems occurred?” could reveal that attendance was irregular because the course was organized during harvest time, or that course participants complained that the content was too technical or did not address their problems, etc. These types of questions would serve as the basis for designing the M&E system (what information to collect, how, by whom, when, etc.). Participation by all stakeholders in setting up the system helps to raise awareness of the benefits of the data and information generated. In addition, different groups of stakeholders need specific information for management, according to their interest, involvement and role in the intervention^{18/}.

Experience suggests that within the context of CPPE, a preliminary design of the M&E system should be carried out during planning, while the actual setting up of the system should occur shortly after project initiation. The identification of information needs, the roles of the project participants in data collection and the flow of information to the various decision-making points involve the construction or revision of CPPE tools, particularly the dynamic model.

Depending on users' needs, a scheme of information flow can be set up in accordance with decision-making structures. This scheme, involving a flow of information in both directions (information for decision/feedback), should be agreed upon by all those concerned. M&E systems, even when built in from the beginning, need to be reviewed and reshaped regularly in order that they satisfy the constantly changing needs of the contextual environment.

As with evaluation, setting up an M&E system is done through a participatory workshop. This is the key to correct and more focused data collection. The combination of selection of relevant data and a better understanding of the processes by all participants contribute to ensuring that the information will be made available.

18/ Gohl, 1996.

Quality of the Questions Formulated

Answering the wrong question or no questions at all is widespread (Patton, 1986). According to the author, an evaluation is only as good as the questions asked and the hypotheses posed; thus the identification of questions to be answered becomes of primary importance.

Through the participatory construction of a number of models, the participants attain a better understanding of the situation (causal model), how the intervention will affect that situation and to what extent (distinction between output and outcome objectives) and what other external factors may influence performance (causal model, HIPPOPOC table and dynamic model). This knowledge enables the stakeholders to define more focused evaluation questions.

The combination of a systematic review of the project within its global context through the construction of models and a high degree of participation in the formulation of evaluation questions ensures that:

- n no important processes and problems affecting them are overlooked; and
- n the different concerns of all stakeholders are covered.

Quality of the Answers Formulated

The quality of the answers is primarily determined by the information available to answer the questions.

- n One important source of information is the data provided by the M&E system.
- n Following the participatory construction of CPPE tools at the planning stage improves the resulting M&E system, generating high-quality, focused and relevant data (quantitative and qualitative).
- n Through discussion and interaction during model-building, the CPPE allows for a wealth of other qualitative information related to local perceptions, traditions, culture, capacity, etc., to transpire.

Participation in the analysis of information and in the formulation of recommendations allows for a better interpretation and greatly diminishes the risk of reaching wrong conclusions and decisions.

Increased Actor's Motivation

Increased participation in evaluation workshops permits communication, exchanges of information and view-points which often leads to changes in the understanding and perception of the project's role and responsibilities. All this can in turn lead to a more motivated team, a strengthened feeling of collective responsibility, increased coordination, increased project ownership and improved implementation of evaluation results.

IV

CONCLUSIONS

The CPPE approach provides a set of guidelines and tools for flexible, process-oriented, comprehensive and participatory project planning and evaluation. Practical applications of the approach vary according to levels of planning, which aspects of the project get emphasized and the context of the intervention. In addition, because of contextual changes over time, some parts of the projects may be changed or adjusted. Consequently, the approach is very flexible, and for this reason it is hard to draw up a rigid blueprint of its applications. Rather, CPPE is used mainly but not exclusively through the organization of sequential workshops. The timing and frequency of these workshops depend on project needs. However, it is advisable to fix firm dates for some workshops at crucial stages within the project cycle.

The participation of stakeholders in a workshop at the initial planning stage increases the relevance of project development in that it allows for the expression of the needs and requirements of all those involved. This results in increased project feasibility, stakeholder motivation, self-esteem, self-realization and appropriation of the project.

Through the building of tools (causal model, HIPPOPOC table, dynamic model) the participants are able to formulate clearly the objectives of the intervention, which activities need to be performed and what major inputs are needed in order to execute and evaluate projects. After they agree on the terms of project implementation, participants will formulate a comprehensive project document.

With the CPPE approach, the dynamic model serves as a basis for setting up the M&E system in the planning stages of the intervention. Because of the ever-changing nature of the environment, revisions of the M&E system are needed prior to its implementation.

Finally, the CPPE approach can be used for evaluation purposes at any time during the project cycle. However, since planning and evaluating are regarded as continuous processes, the earlier an evaluation is built in, the better.



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ANNEX I CASE STUDIES

The logo for CPPE (Community Planning and Project Evaluation) is displayed in a yellow rectangular box. The letters 'C', 'P', and 'P' are white, while the 'E' is grey.

CASE STUDY 1
An application of CPPE
in Project Planning,
The Socio Health Project
in Kanem, Chad

CASE STUDY 2
An Application of CPPE in
Evaluation
The Kenyan Farmers' Groups and
Community Support Project

CASE STUDY I

An application of CPPE in Project Planning, The Socio Health Project in Kanem, Chad

Introduction

In 1995, the BSFJP was interested in initiating a new project in Kanem, the northern part of Chad, where other projects were already in operation. The project was to complement the Projet de Développement des Ouadis du Kanem (PDAOK), an ongoing project financed with an IFAD loan.

The CPPE approach was implemented during the planning phase of the project. At the beginning of December 1995, an eight-day workshop was organized in Mao, Chad. About 30 local people attended the workshop, including:

- potential project beneficiaries, who were mainly illiterate women from an ongoing UNICEF project;
- members representing different levels of the local health care delivery system (nurses, nursing assistants, district medical officers);
- members representing other projects in the area;
- representatives of local authorities;
- two experienced CPPE facilitators;
- two facilitators knowledgeable in causal models;
- two local interpreters (since two dialects were spoken in the area);
- one expert in public health; and
- one expert in hydraulics.

Objectives of the CPPE workshop

The workshop had two objectives:

- The consensual identification of interventions suited for the new project. Interventions had to be identified within the realm of health, nutrition and sanitation, to correspond to the needs of the local population and to complement existing projects.
- The generation of information with regard to the technical, operational and financial feasibility of the proposed interventions, taking into account the socio-cultural acceptability.

The Workshop

The first day was dedicated to introducing the participants, explaining the BSFJP mandate, presenting the broad objectives of the workshop, introducing CPPE and distributing a provisional workshop calendar:

During the first phase of the workshop, the participants identified health-related problems affecting the area, the causes of these problems and the perceived health needs of the local population. They also listed the constraints faced by existing projects or delivery systems, in particular, the health care delivery system. They used the causal model

to accomplish this, building the model in six hours. Employing the health status of women and children as the starting point, they identified three areas of concern: (i) the utilization of health services; (ii) the nutritional status of women and children; and (iii) the absence of disease. The participants split up into three different groups to work on each of the three issues. Later, in a two-hour plenary session, they met as a whole group and discussed and refined the models.

The second phase of the workshop was aimed at ranking and prioritizing potential interventions. Splitting up again into their groups, the participants distinguished interventions that had been pre-selected in the earlier exercise. Each group was allowed to designate up to ten interventions and they were required to rank the interventions in the order of their importance as identified in the models and by the perceived needs of the community. Since several groups proposed the same interventions, only 17 interventions were retained in the end. The interventions were then prioritized, and each potential project received a brief justification. This took a little more than six hours.

The participants then split up into two groups and, dividing the material between the groups, used a ranking table to select interventions. The groups then reunited and, after final negotiations, retained four interventions. These were nutrition and health education; sanitation around watering holes; support to health services; and support to women's groups.

The last phase of the workshop involved identifying technical aspects of the four proposed interventions.

Discussion

Overall, the workshop was extremely successful. Participation was high, and the participants were highly motivated. A provisional calendar was filled out and adjusted as needed. The workshop provided an essential framework on which the mission experts could elaborate. Since very little information was available locally, several pieces of data had to be obtained from the capital. The two mission experts also actively participated in the workshop, thereby further enhancing the quality of the work. During the workshop, constraints had been identified that might have obstructed the successful implementation of the proposed interventions. This led to a request for additional research, which the experts conducted after the morning workshops. The information gathered during the workshops was also useful for the experts in adapting their terms of reference. At the termination of the workshop, additional data were collected in order to identify the persons to be involved in the interventions. In January 1996, the final report of the workshop was completed at IFAD's headquarters.

The advantages of having used the CPPE models for planning purposes were that they:

- generated many ideas for the design of the project interventions/activities;
- allowed for the identification of positive and negative factors influencing project execution;
- resulted in the identification of the felt priority needs of the community;
- resulted in a consensus on selecting and ranking these priorities;
- were an excellent opportunity for the exchange of information across levels and disciplines;
- reinforced mutual understanding about the mandate and philosophy of the BSFJP, how projects would fit in with future endeavours and how ongoing projects would be reinforced in this manner;
- gave project staff a clear understanding of their role in the proposed interventions; and
- allowed local participants to gain a feeling of being capable of, and having a hand in, planning their own future.

CASE STUDY 2

An Application of CPPE in Evaluation

The Kenyan Farmers' Groups and Community Support Project

Introduction

In October 1991, IFAD/BSFJP launched a project involving a district-based rural development proposal covering seven districts in Western Kenya. The projects were aimed at reducing the morbidity and mortality levels of the rural poor.

Specific Objectives of the Project

The four objectives of the project were to:

- improve the health of the local population by providing cost-effective primary health care, safe drinking water and improvements in the local diet;
- improve farmers' incomes by increasing agricultural production and productivity;
- provide the poor with more agreeable and cost-effective services by strengthening the local capacity of the districts, implementing development activities and monitoring those activities; and
- ensure project sustainability by promoting beneficiary participation in planning and implementation in addition to enhancing matching local government services to the perceived needs of the poor.

Broad Project Components

The project had two broad components: an agricultural development portion and a health and social services portion. These two areas were then subdivided as follows:

Agricultural development:

- farm and crop development;
- agricultural extension;
- adaptive research;
- rural credit.

Health and social services:

- health services;
- water and sanitation;
- institutional support.

The overall coordination of the project was executed by the Office of the Vice President of the Ministry of Planning and National Development (OVP/MPND). In line with the Kenyan mandate of concentrating efforts at the district level, the interventions were implemented in each of the seven districts while each local district officer was responsible for practical implementation.

A mid-term review was conducted in the fourth year of the project, from 31 March to 2 May 1995. The CPPE approach was used to perform this evaluation.

Objectives of the Mid-Term Review

The four objectives of the mid-term review were to evaluate project achievements, assess project constraints, provide advice on the potential redesign/adjustments of project implementation and make needed corrections on policy and institutional actions.

Introduction

The CPPE participatory workshops were attended by:

- four CPPE facilitators;
- Kenyan experts, including a mission leader; a deputy mission leader; and technical experts in the fields of livestock production, social development, hydromechanics, financial analysis, agriculture, primary health care, rural poverty assessment, agricultural extension and project administration; and
- beneficiaries.

A total of 149 participants attended the workshops. Four separate five-day seminars were conducted in two districts. After completing a workshop, the experts were given one week to perform complementary fieldwork and to investigate the issues raised during the workshop. The participants had been carefully selected, and beneficiary participation was exceptionally high.

The Workshops

The workshops all followed the same basic pattern. The first three days were devoted to constructing HIPPOPOC tables and dynamic models for individual projects in each of the seven districts. The HIPPOPOC tables were built in roughly four hours; the

dynamic models in about five. The models and tables were then presented and discussed in a half-day plenary session. When necessary, these discussions led to further modifications of the HIPPOPOC tables and dynamic models.

The second phase involved formulating evaluation questions. This took three hours. The participants split up into four groups depending on their backgrounds:

- institutional representatives (programme officers, M&E officers, OVP/MPND staff);
- agriculture and livestock experts; and
- health and water experts.

Officials from social-service sectors were distributed throughout the groups. At the end of the day, each group had generated a fairly long list of questions. The CPPE facilitators grouped those questions into related topics to make it possible for the participants to answer questions relevant to their group. The participants then used documents and progress reports to answer the questions, which took a whole day. The last day of the workshop consisted of a plenary session during which all the evaluation questions and final recommendations were presented. The recommendations were then analysed and compiled into a draft report, providing immediate feedback by end of the final session. The experts continued investigating conditions in the field the week following the workshops.

The advantages of having used the CPPE evaluation method were that:

- It provided many opportunities for exchanging ideas and experiences among the participants (leading to a comprehensive understanding of the project and the participants' specific situations).
- Formulating evaluation questions was very efficient and geared toward the speciality of the participants.
- All the participants had an opportunity to express their particular concerns.
- The participants discussed, and gained useful information, which in turn created more awareness and motivation toward the projects.
- The information generated could be used as a guide for further fieldwork.
- Interaction among the participants led to increased intersectional collaboration.
- Consensus was reached.
- The approach led to useful changes in the projects.

Organizational Constraints

Due to time constraints, the building of the causal model was omitted. This resulted in a loss of comprehensiveness in identifying confounding factors and in assessing the relevance of the various interventions.

The time allocated for the workshop was inadequate for building all the models, formulating all the questions and providing all the answers and recommendations.

The overall number of participants per workshop was too high, which resulted in reduced participation. More representatives of the agriculture extension should have been included.

Despite these constraints, the CPPE workshops were an important input to the overall evaluation of the projects. Their objectives were largely met.

ANNEX II

CPPE

PRACTICAL SUGGESTIONS
FOR PLANNING
WORKSHOPS

THE FACILITATORS

For an optimal progression of the workshops, the presence of one or two facilitators is essential. The facilitators should be external to the project or agencies involved. In this way they can be neutral, and be perceived as such by stakeholders. The facilitators should restrict themselves to methodological support. If necessary, they can act as moderators for the discussions. They should be thoroughly familiar with the CPPE approach and tool-building, and with the local culture/language.

WORKSHOP PREPARATION

- In order to ensure participation and comprehensiveness, the planning/evaluation team must set forth the terms of reference for the various planning and evaluation sessions.
- The terms of reference need to include a description of the responsibilities of the participants, including external experts, if any.
- The workshop should be organized well in advance to ensure participation by all stakeholders. The participants should be well informed about the objectives of the workshop, its participatory nature and their role in the process.
- In order to ensure the availability of information at the workshops, participants are requested to bring useful data with them (e.g. data collected through the M&E system, reports, proposals).

SELECTION OF PARTICIPANTS

- Ideally, all sectors should be represented. Special attention should be given to the presence of field technicians and beneficiaries. Participation should not be limited to community officials, but should include a range of community members with different backgrounds.
- To the greatest extent possible, persons who share the same rank should not work together.
- Representatives of donor and supervising agencies and, if needed, external experts should be included. They should not be given preferential treatment or status; their roles should be similar to those of the other workshop participants.

TIMING AND DURATION OF THE WORKSHOPS

- The timing of a workshop depends on the project's overall planning and on the availability of participants.
- The duration of a workshop depends on that workshop's objectives. As a rule, the earlier an approach is built into the project cycle, the less time is needed for subsequent workshops, since the tools will already have been derived. Participatory processes are time consuming, but the investments of time are largely compensated for when the potential of the participants is exploited fully and when consensus is reached on the future of interventions.
- If problems are encountered with the timing of a workshop (e.g. not all the important stakeholders can be present), the best solution may be to spread the sessions out over several workshops of shorter duration. This also allows more time for the collection of additional data, which, if used, may result in better-informed decisions.

EXAMPLES OF WORKSHOP CONFIGURATIONS

The following examples illustrate the lessons that have been learned in recent years from experiences with the BSFJP with IFAD.

Assessment Workshops

Initially, a workshop needs to be organized for the assessment analysis.

If sufficient data are available, conducting one workshop will suffice for selecting the main problems, performing the causal analysis, identifying information needs, performing a data analysis, identifying possible interventions and pre-selecting possible interventions. (Duration: 12 days.)

If the available data are insufficient or if problems are encountered with gathering the stakeholders, it is recommended to plan two smaller workshops:

- Workshop 1: selecting the main problems, performing causal analysis, identifying information needs, screening existing data and elaborating on additional information needs. (Duration: seven days.)
- Workshop 2: performing data analysis, identifying possible interventions and pre-selecting interventions. (Duration: four days.)

Planning Workshops

Once the assessment has been completed, a workshop is needed for the selection of interventions.

Finalize the selection of interventions based on the dissemination and analysis of additional data, if this was indicated. If this was not indicated, proceed with the construction of the HIPPOPOC table and the dynamic model, drawing up a work plan, indicating the time frame and resources and establishing an M&E system. (Duration: seven days.)

Evaluation Workshops

Plan a workshop to evaluate the project. The workshop participants should discuss if CPPE was introduced from the beginning, if an M&E system is in place and if regular evaluations are foreseen (e.g. annually).

- Workshop: revising the causal model, HIPPOPOC table and dynamic model, formulating evaluation questions, analysing data, negotiating answers and formulating recommendations. (Duration: four-to-five days.)

If CPPE was not introduced from the beginning, plan two smaller workshops:

- Workshop 1: model-building, formulating evaluation questions and identifying information needs. (Duration: five days.)
- Workshop 2: collecting intermediate data, disseminating information, analysing data analysing the project, formulating recommendations and re-planning, if necessary. (Duration: five to eight days.)

CONCLUSION

A genuine participatory approach is possible only if the stakeholders are willing to participate and respect the rules of the approach. This method should not be imposed on governments or programme staff that are unwilling to accept the inclusion of beneficiaries and operational staff in workshops. However, there is a need to remain flexible. Sometimes governments will be reluctant to accept the CPPE method because the benefits of the participatory approach have not been fully explained to them. In this case, it may be worthwhile to offer a CPPE workshop as an eye-opener.

ANNEX III

CPPE

COMPLETION OF THE
TECHNICAL CHECKLIST

1. TITLE

The title must be as explicit and precise as possible. It needs to reflect the interventions' definition.

2. DEFINITION OF THE INTERVENTION

The definition must be brief, precise and unambiguous. It should summarize the important elements of the intervention while avoiding being too general. If necessary, this section of the checklist may even point out what the intervention is not about in order to avoid misunderstanding. A good definition will identify the level of application of the intervention (e.g. national, regional or local; urban or rural).

When the title and/or definitions of an intervention are too broad, it is better to break them down into several subproject descriptions. For example, it would not be possible to elaborate a project description for an intervention as broad as "nutrition education in Zimbabwe". Instead, it would be better to describe subprojects, such as "nutrition education at the health care centres of Harare" or "nutrition education needs at the elementary schools of Harare".

Example

Title: *The promotion of home gardens in rural areas*

Definition: *A home garden is a limited cultivated surface close to the house. It is used mainly for the cultivation of vegetables and fruit-trees in order to provide a family with food year-round. In some cases it may contain a little rice paddy, or specific infrastructures such as a pond, or it can be used for small animal production. It serves primarily to provide the family with the necessary food complement during the whole year, although it could secondarily lead to economic gain. The promotion of home gardens consists mainly in agriculture, combined with nutrition education.*

3. JUSTIFICATION AND RELEVANCE

An intervention is justified when it meets each of the following three conditions:

- There is a recognized problem. It is helpful to describe the magnitude of the problem (e.g. goitre prevalence among school children is >5%).
- The intervention is relevant; in other words the problem is partially or totally affected by the proposed intervention.
- There is a real possibility that the intervention will positively influence the determinants of the problem.

4. OBJECTIVES

The CPPE approach discourages use of terms such as specific objectives or general objectives. Rather, it distinguishes between objectives expressed in terms of effects (outcomes) and objectives expressed in terms of operational results (outputs).

Outcome Objectives

These are those objectives or effects to which the intervention wishes to contribute but that also depend upon external factors (confounding factors) that are not under the control of the intervention. For example, "promotion of latrine construction and utilization" has as an outcome objective of reduced excreta-related infections. However, disease prevalence is also very dependent on the quality and amount of the water supply.

Outcome objectives generally are split up into three categories: (i) improvements in health, nutrition or economic status; (ii) behavioural change (e.g. increased intake of iodized salt); (iii) change in some qualitative value (e.g. increased opportunity for participation in education sessions, reduction in social inequality).

Output Objectives

These completely depend on the intervention (e.g. families were informed about the utilization of iodized water in order to prevent iodine deficiency, or community wells were outfitted with an iodization system).

Experience has shown that intervention objectives are often poorly expressed or remain too general. This presents problems for evaluating the project, and therefore special attention should be paid to this section. In addition, many organizations will have their own standard forms on how to formulate objectives.

5. TARGET GROUPS

In the document write-up, distinction should be made among three categories of people:

- Risk groups: The beneficiaries usually belong to this category. However, not all persons at risk become beneficiaries.
- Target groups: The intervention should have a direct benefit for them. In some instances, several sequential target groups exist (e.g. in health education programmes, primary health care providers will first be targeted for health education, and then the trained health care providers will target mothers to teach them, in turn, about health education issues).
- Beneficiaries: These are those persons on whom the intervention has an effect, directly or indirectly. They do not necessarily belong to the target group (e.g. in the tetanus vaccination project, pregnant women are the targets and beneficiaries, and their babies are also beneficiaries).

It is helpful to describe the characteristics for the identification of each group as much as possible. In the document, one should also include the feasibility of reaching the desired coverage for each group.

6. STRATEGIES

Who

This section describes all the persons and organizations involved in the intervention and their roles. In general, four different roles need to be considered:

- Sponsors: the organization or persons who provide financial backup.
- Managers: the persons with decision-making power. This group is further subdivided into planners, administrators, etc.
- Peripheral implementers: the persons who deliver the interventions in the field (e.g. nurses, engineers).
- Target groups: see above.

One group can play more than one role. If necessary, define the difference between individual and institutional actors, whether they are public or private, whether they are co-operators or true implementers. Specify the qualifications of the persons involved. The document should also point out the importance of identifying project actors early on in the process. Doing so will highlight that the target group is an equally important partner in the intervention.

What

This section is concerned with providing an inventory of all the planned activities and their main characteristics, preferably in chronological order, except when they overlap. This section also shows how the intervention works and who will be involved in its implementation.

- Operational levels and, if necessary, the links between various levels need to be defined. While elaborating this section, a list of needs can be established, such as training needs, supervision, instructions and standards.

Where

This implies where the intervention is to be carried out. One might have to distinguish between two divisions:

- Territorial divisions: these correspond to precise geographical locations.
- Operational levels: these indicate at which level the intervention is to be implemented. They are not necessarily linked to a geographical location.

When

This explains the time frame for the intervention. This aspect is particularly important if the planned intervention is to be absorbed into an existing one. Indicate the starting points, follow-up, termination, check-ups, etc.

With what

This lists the resources needed for the successful operation of an intervention. Included in this section are the financial, material, technical and human resource requirements and the resources required for training, supervision, follow-up, etc. This section will serve as the basis for calculating costs.

7. ACCEPTABILITY

Acceptability is a key ingredient for a successful intervention. Hence, it is important to highlight how readily the target group and the implementers will accept an intervention. If an intervention has limited levels of acceptability it might be necessary to redesign some parts of it in order to make it more acceptable. The conditions of acceptability are central in this section.

8. FEASIBILITY

This section offers a description of factors that influence the technical and operational feasibility of an intervention.

- **Technical feasibility:** This lists the feasibility of the proposed activities with respect to technical details (e.g. in the latrine intervention, one would indicate the soil conditions needed for the construction of the latrines and what could be accomplished despite obstacles such as sandy or rocky soil, a terrain prone to flooding, etc.).
- **Operational feasibility:** In this section, describe the feasibility of reaching the target group and of implementing the intervention. To aid with the description, it is useful to list which factors will facilitate the intervention (training, supervision, and information). In some instances it is important to list major factors that may hamper or obstruct the planned intervention. This section may also refer to other sections, such as participation in and acceptability of the intervention by the target group, and the role of a particular group in successfully implementing the intervention.

9. PARTICIPATION

The term participation is understood here in its broadest meaning: it implies a role in the analysis of the problems, decision-making, the actions themselves and their evaluation. While this section should include all the main aspects of decision-making, it should not become a description of tasks. Try to include how the intervention would strengthen community self-determination and self-sufficiency, the conditions for such participation, etc. Always indicate which level of participation is being aimed for (e.g. direct participation in the construction of latrines or the formation of a committee to provide advice). Include all persons, especially the front-line personnel, such as agricultural extension workers, teachers and nurses.

10.EFFECTIVENESS

Effectiveness refers to the extent to which the objectives of the intervention were met. It is important that the terms and indicators used here match the terms and indicators used in the outcome and output objectives. This part will list the conditions that ensure or improve on the intervention in the short and long term. If necessary, they will be distinguished from one another. It is important to describe the objectives within a time frame where effectiveness is assessed at intervals.

Interventions demonstrate their effectiveness in different ways. An intervention can sometimes meet objectives other than the main ones. For example, teaching a group of women on the use of oral rehydration salts may have only moderate results, but getting the women together for those sessions may result in an intervention's strengthening their sense of empowerment. It may also lead to mutual encouragement and the sharing of tasks and responsibilities. If possible, provide cut-off points for what can still be considered effective.

If cost is an important element of the intervention, outline the terms for cost-effectiveness. Some effects can be negative or unfavourable, and some favourable effects can negatively influence an outcome. List such possible effects.

11.SUSTAINABILITY

This section lists the conditions and elements necessary for ensuring the continuity of an intervention, the ongoing participation of community members, etc. Here one may also outline the conditions that could lead to continuous dependence on outside help or even to the collapse of a project. The measures for success and failure should be described.

12.EVALUATION

Here, provide information on the evaluation method: the timing of evaluations, their frequency, who should participate, what data will be collected and how. Include the conditions that optimize the feasibility of evaluations, what constitutes a good evaluation and what elements in planning will favour it. Indicate how monitoring should proceed and if follow-ups are desired. If they are, specify the conditions, indicators, frequency, participants, analysis of data, etc.

13. SYNTHETIC CONCLUSION

This section should provide a global judgement of the intervention. It may contain some or all of the following elements: a summary of the document, highlights of the most important aspects of the intervention, a list of common errors that could arise during implementation and their possible effects on the project. A qualified judgement should be made on the intervention, but it should be one that does not attempt to promote that intervention.

