

Evaluations that make a difference



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AFRICAN DEVELOPMENT BANK GROUP



Introduction

The issue of evaluation use is gaining currency, presuming a positive correlation between evaluation use and evaluation value. But on the fundamental issue of determining the value of evaluation, the literature has been strangely silent. What are the benefits? How are they expressed? Can they be measured? Can they be described in economic or other terms that make sense to citizens and to policymakers? What factors contribute to making an evaluation more or less valuable?

To help answer these questions, we've prepared this collection of short stories about evaluations from around the world that have *made a difference to the lives of people*. These stories collectively represent a range of approaches to evaluation, making it clear that there is no one 'right' way to do evaluation that leads to improvements in people's lives.

This collection is intended for policymakers and other potential evaluation users, as well as for evaluators. The stories are told, to the

extent possible, from the perspective of the users and beneficiaries who have been involved in the profiled evaluations – a perspective that, strangely, has rarely been heard, even in discussions of evaluation utility. It is our hope that the stories will inspire policymakers, managers, and programme staff to use evaluation by demonstrating the potential benefits in a concrete and engaging way.

We have also analysed the factors that contributed to making the evaluations useful, yielding insights about the enablers of a valuable evaluation. We learned about specific actions evaluators, policymakers, managers, and programme staff can take to enhance the benefits of an evaluation. These actions are summarised in the section called *What these stories tell us about how to do evaluations that can make a difference*, and hope that readers will be able to apply these insights to enhance the value of their evaluations.

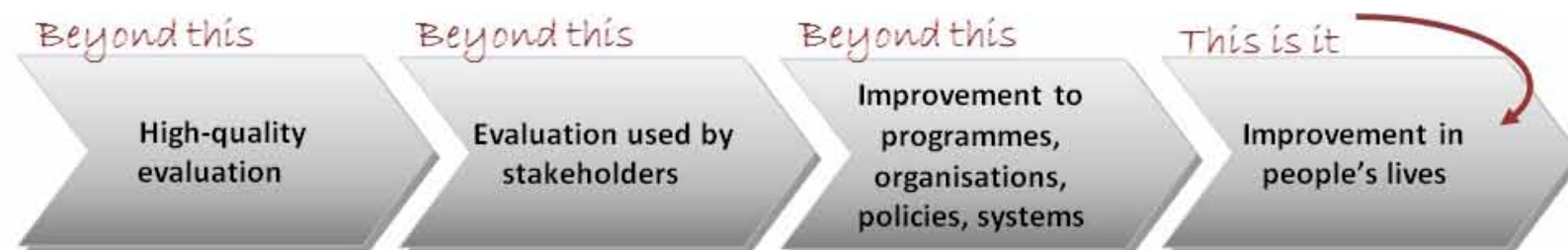
The story of this project

What are evaluations that make a difference?

When we first set out to collect stories, little did we know how challenging it would be to describe what we meant by 'evaluations that made a difference'.

We were looking for examples of evaluations that have contributed to social betterment in some way. Many evaluations use good (even innovative) methods, with participation by important stakeholders. In some cases, those evaluations get used to inform decisions about programmes and policies. But for this collection, we were looking for something more. We were seeking stories describing how an evaluation led to positive changes *in people's lives*.

This proved a difficult concept to grasp, so with the help of Chris Lysy of FreshSpectrum, we made a [short video](#) to explain the concept.



Story selection

Potential stories were solicited through an international call for stories between January and May 2014. There was a high level of interest, with many inquiries and a total of 64 submissions. The Editorial Board then assembled Regional Review Teams to review the submissions.

The main selection criterion used by reviewers was *evaluation impact* – evidence that the evaluation led to positive changes in people's lives. Reviewers also looked for stories that would provide maximum opportunities for learning, as well as submissions that would simply be engaging as stories.

The Regional Review Teams each chose up to three submissions to recommend to the Editorial Board. From these, the Editorial Board agreed on eight submissions to develop into stories, including at least one from each major region of the world.

Story development

The Editorial Board then recruited a professional story writer for each story. The writers reviewed the original submission documents and interviewed key stakeholders in the evaluation (usually about five). This process was piloted with

the North American story, a process that culminated in a set of *story development guidelines*, which were then made available to the other regions.

The completed stories were professionally edited and then translated into English, French and Spanish.

Acknowledgements

Spark and core funding

This project was supported through an EvalPartners-*Innovation Challenge* grant, which aimed to strengthen the demand for and use of evaluation to inform policy making during the International Year of Evaluation (2015).

We are grateful to Martha McGuire for encouraging us to take on this Innovation Challenge, to Jim Rugh for his ongoing support and guidance throughout, and to the European Evaluation Society, and in particular Eva Petrová, its Secretariat Manager, for significant administrative support.

Project partners

This project was a strategic partnership of evaluators from all major regions of the world. The partners were:

- European Evaluation Society (EES)
- Canadian Evaluation Society (CES)
- African Evaluation Association (AfrEA)
- Australasian Evaluation Society (AES)
- Red de Seguimiento, Evaluación y Sistematización en América Latina y el Caribe (ReLAC)
- Sri Lanka Evaluation Association (SLEVA)

Editorial Board

The Editorial Board provided strategic oversight for the project, advising about the selection criteria, the story formats, etc. They leveraged their own networks to get the word out about the project, to solicit submissions, and to oversee the regional review process. As a group, they made the final story selections. They then recruited local story writers and oversaw the writing process. Members of the Editorial Board were:

Burt Perrin (co-chair) – EES

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Rochelle Zorzi (co-chair) – CES

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Soma De Silva – SLEvA
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Regional Review Teams

Each Regional Review Team reviewed the story submissions from their regions and recommended several to the Editorial Board. Members of the Regional Review Teams included:

AfrEA: Serge Eric Yakeu Djiam (chair), Samuel Kouakou, Oussen Kinda, Awuor Ponge, Djelloul Saci

AES: Scott Bayley (chair), Vanessa Hood, April Bennett, Kim Grey, Jessica Kenway

EES: Ramon Crespo (chair), Burt Perrin, Maria Bustelo, Murray Saunders

CES: Rochelle Zorzi (chair), Pierre-Marc Daigneault, Tracy Fiander Trask, Marie Gervais, Kathryn Parker, Hallie Preskill, Liliana Rodriguez-Campos

ReLAC: Pablo Rodriguez-Bilella (chair), Thomaz Chinanca, Ignacio Irarrázaval, Claudia Maldonado, Inka Mattila, Rafael Monterde-Díaz,

SLEvA (Asia): Soma De Silva (chair), Shobhini Mukerji, Ada Ocampo, Mallika Samaranayake

Developing and piloting the story development guidelines

The story development guidelines were created by a subcommittee that included Yasser Ismail (chair), Dayna Albert, Jessica Sperling, and Rochelle Zorzi. This group worked closely with Stephanie Potter and Sara Pederson, members of the North American story team who piloted the project.

Other funders/contributors

The [African Development Bank](#) provided funding for French translation of the evaluation stories, lessons learned and project materials.

The [Inter-American Development Bank](#) provided funding for Spanish translation of the evaluation stories, lessons learned and project materials.

Teleconferencing costs were contributed in-kind by [Cathexis Consulting Inc.](#)

Translation

French translation was done by Edmond Kembou and reviewed by a committee of volunteers, including Pierre-Marc Daigneault (chair), Ann Royer, Raimi B. Osseni, Helene Wirzbah, Ruth Chamberlain, Claire Bard, Véronique

Dugas, Nora Habafy, and Alexandre Daoust.

Spanish translation was done by Pablo Rodriguez-Bilella and reviewed by Ramon Crespo.

Project coordination, editing and translation

Finally, we wish to recognize the contributions of two individuals who played key roles in the project. The first of these is our editor, **Eric McGaw** (emcgaw@gmail.com), who took responsibility for the formatting of the final collection of stories (in all three languages), in addition to editing the English version.

Last but certainly not least, this project could not have been completed without the ongoing coordination provided by **Dayna Albert** (daynaalbert@rogers.com), who managed just about everything that needed managing, from the distribution of the call for proposals through to signing off on the last of the translation contracts.

Both Dayna and Eric went above and beyond the call of duty, and their efforts and commitment are very much appreciated.

What these stories tell us about how to do evaluations that can make a difference

These stories collectively have a lot to say about how evaluations can be undertaken so that they are most likely to have a positive impact on people's lives (what Mel Mark, Gary Henry, and George Julnes have described as *social betterment*¹).

As we collected and developed the stories, the Editorial Board had several opportunities for rich dialogue about the factors that enabled these evaluations to make a difference. The following ideas are based on an analysis of themes in these stories, discussions among members of the Editorial Board, and interactive sessions at the 2014 European Evaluation Society conference in Dublin and the 2015 Canadian Evaluation Society conference in Montreal where preliminary stories were shared and discussed.

I. Evaluators and evaluation users both play important roles

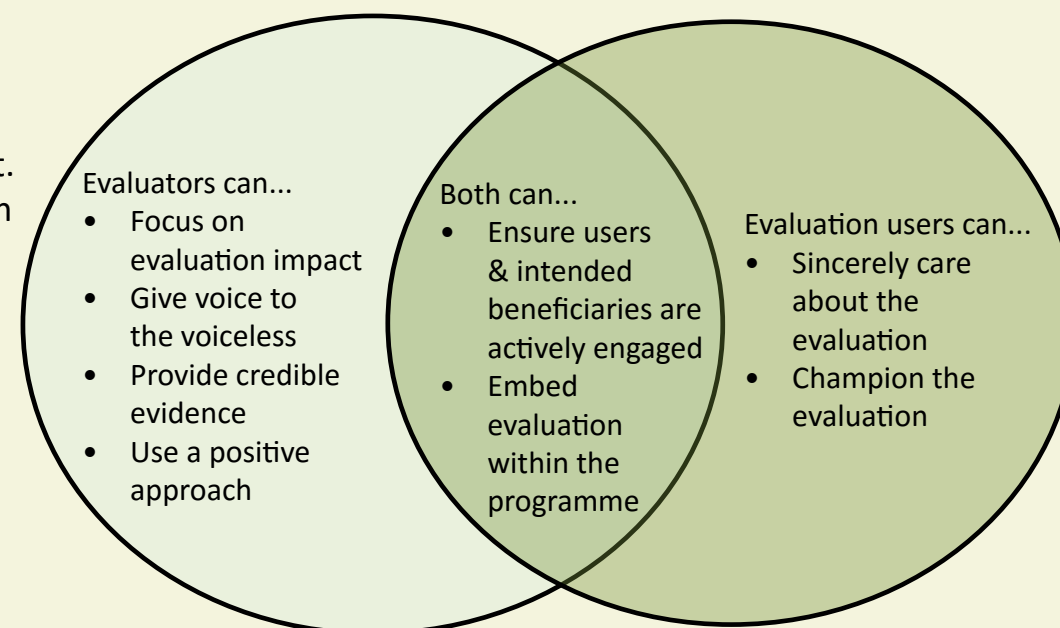
¹ *Evaluation: An integrated approach for understanding, guiding, and improving policies and programs*. Jossey-Bass 2000.

Doing an evaluation that leads to improvements in people's lives is a collaborative effort. How the evaluation is undertaken is a big part of it. As shown in the diagram on the right, there are several things evaluators can do to enhance impact. But a

lot also depends on how users view, support, and engage with evaluation.

In the following sections, we elaborate on what evaluators and evaluation users can do to influence evaluation impact, and how interlinkages between the programme and the evaluation can support evaluation impact. The distilled success factors described here are not intended to represent a definitive list. Instead, they are meant to provide a starting point for

Ways to enhance evaluation impact



discussion as we build a collective understanding of how evaluations can make a difference.

II. What evaluators can do

1. Focus on evaluation impact

The focus of this project, and of the stories included, has been on evaluations that could be shown, in some way, to contribute to changes in people's lives – to 'social betterment' or 'impact' as it is most typically referred to in the evaluation literature. This is the *raison d'être* of evaluation, right? Otherwise, what is its value?

It is important to appreciate that evaluation impact, as we've defined it, goes beyond 'utilisation' and more immediate or intermediary outcomes such

as changes to policies or programmes. While utilisation is, of course, important, it must not be the end goal. In the end, it is important that the changes influenced by evaluation eventually lead to improvements in people's lives, as the diagram on page 2 illustrates.

Nevertheless, a major, indeed startling, finding is how difficult it is for evaluators to think in terms of impact. Even as they exhort programmes to think beyond initial outcomes, evaluators find it difficult to do the same for their own work. Indeed, despite clear guidelines, few of the 64 submissions to the project even attempted to identify a connection between the evaluation and benefits to people.

We found that some evaluators resisted the notion that they *should* think about how, or if, their work has contributed to changes in people's lives. 'That's not my responsibility, that's up to someone else,' they suggested. 'I carried out a "good" evaluation [perhaps one that was methodologically rigorous, or one that influenced what programmes were doing]. I can't be held accountable for anything beyond that.'

Yet as the eight stories in this collection illustrate, evaluation can have positive impacts on people's lives, and there are

things that evaluators can do to enhance (or, on the flip side, to diminish) those impacts. Evaluators can bring to their work *an intention to improve people's lives*, and work with evaluation users and other programme stakeholders to structure the evaluation accordingly. Evaluation users can help by outlining the desired evaluation impact in the terms of reference.

2. Give voice to the voiceless

In many instances, those who make decisions about programmes or policies do not have an opportunity to observe the needs or contexts of the beneficiaries. They are making their decisions, with the best of intentions, based on limited information and assumptions that may be incorrect.

In these situations, evaluation can have a transformative impact on the lives of beneficiaries by giving them a voice, and carrying their words to decision-makers. Many of the stories in this collection used evaluation approaches that enabled beneficiaries to have their voices – and their needs – heard for the first time.

This collection includes some dramatic examples of evaluations that led to significant changes and improvements in the lives of people, simply by letting people who

were typically unheard tell *their* stories.

The title of the Nepal story: *Listening to the listeners*, says a lot about the approach of this evaluation, which for the first time gave voice to people across the country, many of whom only spoke their local language and could not benefit from the radio programmes until the evaluation identified the need for these to be offered in local languages and tailored to local contexts. The evaluation led to significant changes in the programme, and in turn to improved lives (such as reductions in child labour or girls being forced to marry at a very early age).

The Mexico story similarly indicates how the evaluation identified language barriers that prevented very poor indigenous people from being able to benefit from a programme. Changes to the programme allowed for communication in local languages, which greatly improved people's ability to understand the programme requirements (such as children's regular attendance at school), and thus benefit from the programme's cash transfers.

3. Provide credible evidence

As many of these stories demonstrate,

evidence must be seen as credible in order to bring about necessary changes that result in improvements in people's lives. These stories collectively indicate that there is not just one right way to generate credible and persuasive information. What is seen as 'credible' evidence depends on the situation and the particular actors.

In some cases, it was important to assess programme outcomes with perceived methodological rigour.

In the story from Papua New Guinea, 'hard' data about lives saved by a pilot childbirth emergency phone service was an important factor in convincing the authorities to invest in the continuation of this service on an ongoing basis.

In other situations, a credible evaluation involved capturing the perspectives of important stakeholders.

The Mexico story for example, illustrates how a qualitative evaluation approach was needed to demonstrate how the *Oportunidades* programme, due in large part to language barriers, needed to change to address the needs of very poor indigenous people (something that was not apparent in previous *quantitative* evaluations).

In still other cases, credibility was achieved through active engagement of the users in the evaluation process. For example, in the stories from Canada and the Netherlands, evaluation users' involvement in the evaluation process helped them relate to the findings, making the findings more meaningful and easier for them to act upon.

4. Use an approach that supports positive thinking and action²

These stories also illustrate the value of a positive focus. Documenting what does and *can work* and should be continued, expanded, or modified, rather than focusing mainly on the inevitable glitches and shortcomings, avoids the quagmire of blame and defensiveness and moves the discussion into solutions. The experience of these stories is consistent with the findings from the evaluation literature: evaluation is much more useful when it can provide evidence about approaches that do work and need to be continued, expanded, or adapted. While many of the stories in the collection have documented the need for change, they all have gone beyond this, documenting what form of change is

² This is the theme, for example, of a special section and collection of articles in a recent issue of the *Canadian Journal of Program Evaluation* (vol.29, no.2, 2014).

needed, and why.

For example, the story from Papua New Guinea illustrates the value of documenting the need for an expanded childbirth emergency phone service. The evaluation of the Positive Sisters programme in the Netherlands validated many of the approaches of volunteers and staff, encouraging and indeed energising them to carry on with those approaches that were shown to have a positive impact.

III. What evaluators and evaluation users can do together

5. Ensure users and intended beneficiaries are engaged through a participatory approach to evaluation

Evaluators often try hard to keep their distance in order to guard their 'objectivity'. The danger of evaluation done in this way is that it may become remote from – and irrelevant to – those who would act upon the evaluation findings to make improvements and to bring about change.

By keeping their distance from the programme and its people, evaluators also pass up valuable opportunities to make a difference through *process use*. The evaluation literature demonstrates, very forcefully, that benefits follow as much,

or even more, from how the evaluation is done, as from the evaluation findings.³ By being involved in an evaluation, people can gain insights, get to know others, begin to see things from a new perspective, and strengthen their abilities. The accumulation of these changes, among a group of people, can have a strong positive effect that is quite independent from any evaluation report.

One way to engage users and beneficiaries in an evaluation is by having them tell *their* stories. By sharing stories with one another, people form relationships, strengthen networks, and set up informal knowledge transfer channels that need not go through ‘experts’. In addition, they can also develop a sense of community and a feeling of being part of something larger than themselves.

The evaluation of the Positive Sisters programme in the Netherlands not only provided direction to the project to increase its impact; the process energised its volunteers and participants in a way that

³ For example: J. Brad Cousins, ed., *Process use in theory, research and practice*, New Directions for Evaluation, No. 116, Jossey-Bass, 2007.

For broader consideration about participatory approaches to evaluation: Elisabeth Whitmore, *Understanding and practicing participatory evaluation*, New Directions in Evaluation, No. 80, Jossey-Bass, 1998.

traditional approaches to evaluation rarely can do.

Millie, for example, had been quite shy about her HIV/AIDS status before ShivA, and now recognises that being interviewed was an extremely positive experience. ‘Being interviewed helped me feel important and part of something good.’

For Liako, being interviewed meant becoming more aware of the impact of her work since ShivA: ‘The evaluation had a big impact on me. It was a *Wow!* moment for me. We are really doing a great job.’

Community participation in gathering and using evaluative data is another powerful way of engaging users and beneficiaries. The story from Canada and the Kenya community sanitation story demonstrate the transformative impact of community involvement in data collection. In both cases, the communities felt increasing ownership of their data, which empowered them to take charge of and make use of their results.

As the evaluator in the Canadian story observed, ‘Whose project is it? Whose data? There has to be room for the people who are affected. It’s not just the government’s story.’ In this example, being involved in the

data collection gave nurses the evidence they needed to ‘overhaul the community’s prenatal and postnatal health care, setting the stage for a healthier future.’ Similarly, the collaborative approach taken in the Kenya community sanitation project led to the community taking over the evaluation, reflecting their belief that if positive action was going to take place, it has to ‘come about from the grass roots, not from outsiders.’

Importantly, active engagement in the evaluation process helps develop a better understanding of evaluation, and contributes to commitment and buy-in. Those who have been involved in an evaluation have more commitment to act upon its findings and implications.

In summary, these stories collectively demonstrate that participation yields strong benefits, regardless of what form it takes. This requires an openness by evaluation users to actively engage in evaluation, and it also requires a willingness of evaluators to adopt approaches to evaluation that allow for active engagement and participation.

6. Embed evaluation within the programme

An interesting characteristic of three of

the stories is that evaluation and the programme were so closely linked that it sometimes was difficult to say where the programme stopped and the evaluation began. Both stories from Kenya featured evaluations that were embedded in the programmes.

The Community and Progress Youth Empowerment Institute (CAP YEI) made use of internal and external evaluation to aid in ongoing improvements to the programme, contributing to better employment and financial outcomes for its youth participants.

A more dramatic example is the community sanitation project in the village of Murihi wa bibi in rural Kenya. The evaluation was, in truth, part of the intervention and not a separate activity, and it played a key role in achieving a dramatic reduction in open defecation practices. As part of the project, members of the community gathered to analyse and interpret the data to assess their progress. Their day-to-day interaction with the evaluation findings inspired a spirit of friendly competition, so that people soon wanted to achieve open defecation free status before their neighbouring villages did.

When evaluations are designed to collect

data and feed results back on a regular basis, stakeholders can make changes long before the final report is written (if indeed there even is a final report). As time goes on, evaluation can help users find out what effects the changes had, and further (better-informed) refinements can be made if needed. These stories also illustrate how evaluators often worked very closely with programme staff to support implementation of the findings.

IV. What users can do

7. Really care about the evaluation

Sometimes, people do evaluations only to fulfil accountability requirements. They go through the motions, get the findings, and submit the report to their funder. The report sits on a shelf unused, and the programme continues on undisturbed.

That is not what happened with the evaluations in this collection of stories, where someone really wanted the evaluation for the learning and guidance that it could provide. Each evaluation was valued because it enabled users to make better decisions or advocate for change. Here are just three examples from among many.

In Papua New Guinea, Billy Naidi had

heard positive things about the emergency phone service, but he 'needed some hard evidence that the emergency line was working. For an initiative to become sustainably funded by the provincial health authority Naidi headed, he needed proof.'

In the story from the Netherlands, we heard that 'Inga was hungry for insights and feedback and quick to apply them.'

And in the story from Mexico, the coordinator of the *Oportunidades* programme, Salvador Escobedo, despite having intimate knowledge of the indigenous communities and their reality, knew that without evidence that both the language barrier and the targeting procedures were serious impediments to successful implementation of the programme, he would be unable to make and sustain the needed changes in the programme.

This wanting of the evaluation, we believe, made it possible for the evaluation to make a difference in people's lives. As Michael Patton⁴ has indicated:

The personal factor is the presence of an identifiable individual or group of people who personally care about the evaluation and the findings it generates. Where such a person or group was present, evaluations were

⁴ *Developmental evaluation: applying complexity concepts to enhance innovation and use*, Guildford Press, 2011, p.56.

used; where the personal factor was absent, research on evaluation use consistently shows a correspondingly marked absence of evaluation impact.

8. Champion the evaluation with decision makers

Programme staff and managers who have been involved in the evaluation might be committed to making changes to the programme. But often, the decision makers with real authority are external to the programme and haven't been engaged in the evaluation process.

What happens when evaluation users need to convince other stakeholders that a change should be made?

Well, that's when it's helpful to have a champion who can influence key decision makers and push for the needed changes. We can see the power of champions in several of the stories.

In Sri Lanka, the secretary of the small enterprise ministry 'seized on the findings... He took the evaluation to all relevant cabinet ministers to secure their support. With the cabinet on side, there was no way the issues raised by the evaluation could be ignored.' This paved the way for significant changes to the Industrial Estates, which

improved conditions for small and medium businesses.

In Kenya, monitoring committees brought their progress data to forest authorities to request timber to build latrines for impoverished households. The story tells us that it is 'nothing less than astonishing' that they were successful. 'Never before had this government body granted permission to anyone to access timber.' Such is the power of having committed evaluation champions.

The champions in these stories were people who cared passionately about the families and communities affected, and who had influence with those who could make decisions. And they clearly played an instrumental role in getting changes made. The stories do not suggest that the evaluators deliberately cultivated these champions, but it may well be worthwhile for evaluators and users to identify and nurture such champions more intentionally.

V. Moving forward

These stories are just the beginning of understanding how evaluations can make a difference. Beyond the 2015 International Year of Evaluation, it will be important to continue the research and test some of the theories that have emerged through the

stories in this collection.

We pose two questions to provide inspiration for future efforts:

1. What is needed to create enabling environments where high-quality credible evaluations influence decisions at all levels? Future work in this area might build on what is already being done with parliamentarians⁵ as well as the efforts of evaluation associations to educate both evaluators and users.
2. What are the expected competencies evaluators need to make a difference in people's lives? For example, maybe it is time for the discipline to make an effort to better describe what is really meant by *upholding democratic values in conducting and reporting evaluations* (a widely recognized disposition for an evaluator collected in several 'evaluation capability frameworks') that goes beyond but certainly includes the need for evaluators to take an impact orientation to their work and to facilitate good communication and indeed engagement of stakeholders throughout the evaluation process.

⁵ For example, through the Global Parliamentary Forum for Evaluation that is being formally launched in November 2015 at the EvalPartners Global Forum (www.pfde.net).

Salvaging Sri Lanka's small and medium businesses: how an evaluation led to rapid change

Since the end of Sri Lanka's long civil war in 2009, the nation's economy has recovered at a startling rate. GDP growth now hovers between 6% and 8%. Peace has certainly brought dividends – tourism has rebounded, China has made large investments in infrastructure, and trains once again run the length of the pearl-shaped island in the Indian Ocean, just off the southern coast of India.

But it's not all good news. As peace returned, small and medium enterprises (SMEs) found to their chagrin that China, India, and Bangladesh had all but cornered the world's export markets in mass manufacturing and textiles – at their expense. To add to their woes, the national government had paid little attention to the sector over the years. For the hundreds of business owners renting land in the 18 government-owned industrial estates managed by the Industrial Development Board (IDB), the economic boom seemed to have all but passed them by.

The list of complaints was long and detailed. Rents were out of control, with

some more than doubling year after year. And even when rents were paid, there seemed to be no correlation to the quality of infrastructure. Roads were more potholes than asphalt, electricity was unreliable, and coordinated marketing simply lacked focus. Although the government was investing heavily in national infrastructure, smaller businesses appeared to have been overlooked.

R.S. Balanathan, the managing director of handloom silk exporter Ko Lanka, says all the industries in the estates were undeveloped. 'The roadways were bad, and the rents were very high,' he says.

In 2013, the situation began to change. The Ministry of Traditional Industries and Small Enterprise Development commissioned a comprehensive evaluation of the sector in



Handloom industry at Pallekelle Industrial Estate



rural poor – who provided much of the workforce in the estates – also suffered.

The evaluation report gave voice to longstanding grievances and recommended sweeping changes. What was needed, argued Ekanayaka, was direct intervention by the national government. The secretary of the small enterprise ministry, Velayuthan Sivagnanasothy, seized on the findings. He asserts:

The evaluation showed that the IDB was a mere rent collector and not improving the estates. With an evaluation like this, change would be far easier to generate. The evaluation process was a platform serving to carry the voices of the voiceless to the highest level of policy makers.

He took the evaluation to all relevant cabinet ministers to secure their support. With the cabinet on side, there was no way the issues raised by the evaluation could be ignored.

And so it came to pass. The ministry drafted a national policy on SME development, consulting widely and drawing on the expertise and advice of other ministries and agencies. But even before the policy could be adopted, change began to ripple outwards. The evaluation's actionable recommendations had buy-in. Why?

2013. A team of independent evaluators led by Ajith Ekanayaka began travelling to each of the 18 estates across the country to examine the issues plaguing the sector and to suggest direct solutions. Ekanayaka made it clear that this evaluation would not be relegated to a filing cabinet but would be put to immediate use.

For five months, the evaluators gathered their material, forming focus groups for industrial associations and interviewing managers and district officers. The three

broad problems that came up again and again were decaying infrastructure, exorbitant rents, and expensive loans. Some had special concerns. Metal industrialists, for instance, could not lay their hands on raw materials because almost all scrap metal was being exported. The evaluation also found that some estates were being used to build housing by the owners of failed SMEs. The long-term weakness of the sector meant that employment for ethnic minorities and the



Shoes at Baddegama Industrial Estate



Aluminium ware at Kaludwela Industrial Estate

Because policymakers had given frequent input through scoping sessions, and the evaluation was built on a broad, credible base of evidence and data as well as strong connections to stakeholders. According to Sivagnanasothy, a great deal has come from this single evaluation. He recalls:

When the rents went up, industrialists used to shout and cry *How can we afford it?* We were able to convince the central government to cap rent increases at 7% annually. That's a predictable environment, which is an enabling environment. Not only that, but the introduction of targeted loans with lower interest and longer grace

periods meant that SMEs could now expand their operations more easily. In each of the estates, factory production is up, and with it, SME profits, leading to more jobs. It's trickled down to the rural villages.

A tangible shift in attitude amongst IDB management towards the SMEs was confirmed by Ratnamalala, who praised the evaluation for what it revealed. 'We expanded our service delivery and created a shift in mindsets of our officers to be more development oriented.' The shift for the IDB was significant, with the agency undergoing a restructure

in order to shift from a reactive to a proactive stance. The IDB now focuses on training, access to raw materials (such as previously scarce scrap metal), and access to credit. Not only that, but the rental income earmarked for infrastructure improvement around the estates was increased tenfold, from as little as 2–3% percent to 20–30% of the rent paid.

To address the problem of access to credit, the government rolled out a special scheme with concessionary rates to boost access. Joint marketing schemes were introduced to give potential buyers a

streamlined way of examining the range and quality of products. Ailing SMEs can now gain access to a 'nursing programme' to bring them back to health, while the rules for gaining entry have been made more stringent to cut down on residential use of industrial estates. And the metal industries were given a lifeline at the expense of the scrap merchants, with a ban on the export of scrap. The amount injected into infrastructure upgrades immediately following the evaluation was 305 million Sri Lankan rupees (US\$2.3

million), with more on the way. For IDB director general Ratnamalala, another benefit of the evaluation is simply being heard. 'We have direct access to central government,' he says. 'Now, with these improvements, we will see growth in our industrial estates.'

On the ground, results of these rapid evaluation-led changes have been impressive. The voices of small and medium industrialists have been heard, and the lines of communication with government are open.

For silk exporter Balanathan, the result has been more cash in his pocket – and that means expansion into his key markets in Europe and the Middle East. From 100 employees in 2013, he now employs 130. 'We have strong competition with China and Bangladesh,' he says, 'but these changes make us more competitive. Now, we have higher silk production than they do. We can beat them!'



Newly constructed road at Pallekelle Industrial Estate. No potholes!

Velayuthan Sivagnanasothy, Secretary, Ministry of Traditional Industries and Small Enterprise Development (sivagnanasothy@hotmail.com) commissioned the evaluation of the SME Industrial Estate Programme and used the evaluation recommendations that led to policy changes and programmatic actions that made changes in people's lives.

Ajith Ekanayake, Independent M&E Consultant, led the evaluation team.

Vaidehi Anushyanthan, Assistant Director, Ministry of Finance, co-chaired the evaluation as focal point of the Government's National Evaluation Department.

Story writers: **Jessica Kenway** and **Doug Hendrie**.

Tumekataa kula mavi tena! We refuse to eat shit!

Of the world's seven billion people, only 4.5 billion have access to toilets or latrines. The remaining 2.5 billion, most of whom live in rural areas, lack proper sanitation. And nothing spreads disease faster than open defecation. Indeed, Millennium Development Goal Number 7 is to halve the population of people living without adequate sanitation. Hence the idea for World Toilet Day, which takes place on 19 November each year.



CLTS follow-up in Mazumalume village, Kwale county. Kingi Mapenzi is on the far left.

Let us step back a few years to World Toilet Day in 2011. We're in Murihi wa bibi, a village in the highlands of Kwale county along Kenya's low-lying coastal strip. Small children chase cockerels, which in a few hours will form part of the meal for the celebrations. Excitement is in the air. Why are the villagers of Murihi wa bibi celebrating? Quite simply, they are proud and exultant that there are no longer heaps of human excrement in the bushes. The community here, convinced that their age-old tradition of shitting in the bush can no longer be tolerated, has achieved a new

level of freedom – freedom from disease.

The practice had to stop; there was no way it could continue. Not with such champions as Kingi Mapenzi, Peter Mwambaka, and Josephine Mbith, who went from household to household reminding residents of the need to stop eating shit, which is what happens in communities that



Field monitoring at Ngerenya village, Kilifi county. Njoroge (in striped polo shirt) with Prof Robert Chambers of IDS Sussex and other colleagues.

practice open defecation in areas used for living and farming. Kingi and Mbith are local community health workers while Mwambaka is the local government administrator. The three of them are typical of the network of local volunteers who work tirelessly to convince villagers to stop open defecation.

Not that they are the first to do this. Sanitation has long been recognised as



Sanitation Monitoring Committee, Kafuduni village, Kwale county

a serious health problem in Kenya. For years, dozens of local and international organisations have attacked the scourge of open defecation from a variety of directions. The results have been varied, but more often than not, the daunting task confronting these organisations put paid to their good intentions.

Realising that the task was simply beyond the reach of any single organization, a number of concerned individuals decided to pool their efforts – and more importantly, to position themselves as partners, not leaders, of the target communities. The idea was to lead from

a legal entity with the government, but from the beginning the idea was to eschew branding and notoriety. The thinking was: If sanitation is going to work, it has to come about from the grass roots, not from outsiders. After all, villagers don't care about the names of organisations. To emphasise the primary role of the community in this venture, the alliance adopted the term community-led total sanitation (CLTS) from a project in Bangladesh, where CLTS had proved successful in addressing open defecation.

behind – to let the communities themselves guide the efforts to solve their common problem.

Ten of these concerned individuals decided to call themselves the Health Advocates Alliance. They registered as

The Alliance raises funds from a membership of 10 core individuals. These individuals are regular employees of various organisations and agencies. Although their expertise ranges from monitoring and evaluation to epidemiology, the common denominator is community health. Acting as individuals, each of the 10 members takes on remunerated consultancies from which they donate time and funding to Alliance activities. And since they work through and with community groups, the costs are minimal.

It all started in 2007. An international NGO had triggered the project at Jaribuni village in Kilifi, a neighbouring county north of Mombasa. During the triggering session, a skilled facilitator, using various



Aperture cover



Usinye msituni – 'Do not shit in the bush'



achievement, the residents and volunteers organized a simple ceremony. They invited local health officials, who were extremely impressed by the simplicity of the approach – empowering communities to analyse their own sanitation profile and to make decisions based on the realisation that they were literally eating each other's shit due to open defecation. And the cry went up: *Tumekataa kula mavi tena!* ('We refuse to eat shit any longer!' in Swahili).

As the CLTS movement spread across Kenya, especially the coastal region, communities remained at the forefront. It doesn't work any other way. Passionate community workers like Kingi, Mbith, and Mwambaka, who tirelessly monitored the situation every day, provided the spark that ignited the process. But they knew that to achieve total sanitation the community had to truly embrace the idea. By explaining why ODF was necessary, they provided the spark. But once the engine was running with the community in the driver's seat, their job was confined to monitoring.

Monitoring is essential if a triggered village is to attain ODF status. This is a lesson that CLTS practitioners in Kwale and Kilifi counties learned the hard way. Initially, they thought that a triggered village would automatically translate into ODF status. With time, the importance of monitoring – and monitoring committees – gained recognition. NGO workers designed monitoring tools that the committees could use to gauge progress and identify which households required special attention.

Through this process, female-headed households and households with very old people or people living with disabilities were identified. In many places, the monitoring committees mobilised young people to contribute labour by constructing toilets for households with occupants who

participatory methodologies, led the villagers to understand the terrible consequences of open defecation. The residents of Jaribuni collectively resolved to stop open defecation by building and using latrines in a time-bound campaign led by a local committee. They gave themselves 90 days to have everyone in the village using a latrine and the local monitoring committee went around documenting the progress. The village achieved open defecation free (ODF) status just 67 days after the triggering session. To showcase this



Recognizing the monitoring team.

lacked mobility. In cases where a household could not afford construction materials, the committee approached forest authorities with the progress data to show that these few households required special support to access such construction materials as logs. That they were successful in this endeavour is nothing less than astonishing. Never before had this government body granted permission to anyone to access timber. Such is the power of placing data in the hands of aggressive community members!

Once a village attained ODF status, the residents, to show pride in their achievement, erected signposts proclaiming their achievement to the whole world and warning visitors that open defecation would not be tolerated in their turf.

Villages even started competing with one another. To outdo each other, they kept raising the bar. They said that the monitoring indicators put together by hygiene promotion experts were not comprehensive enough to truly stop residents from eating shit. They pointed out that merely building and using a latrine was inadequate. One community fabricated aperture covers to prevent flies from breeding in the pits. Another community, to ensure the users did not

forget to wash their hands after latrine use, introduced hand washing facilities with soap or ash next to the latrine. Rival villages insisted on assigning participants in the verification missions sent out to inspect communities for ODF status. They even visited the bushes previously used for open defecation to verify the absence of faeces. In one case, where all households in a Penda Nguo, a village in Kilifi county were found to have latrines, the sanitation and hygiene promotion experts had decided amongst themselves to confer ODF status on the village. But when a member of the committee from a rival village discovered a pile of fresh faeces in the bush, the committee was left powerless to act. The villagers eventually decided to build a public latrine and they were eventually declared ODF when no more signs of fresh faeces were found. These are not the actions of complacent people.

Without the active participation of communities in monitoring total sanitation, the hard work and dedication of health workers would result in nothing but tired bodies and disillusionment.

Which brings us back to World Toilet Day 2011. A total of seven villages of Kwale county agreed to meet in Murihi wa bibi to



Administrator Peter Mwambaka addressing ODF celebrations at Murirhi wa Bibi village.

celebrate their collective achievement. It was the first time that such a large number of villages would celebrate collectively. CLTS practitioners call it 'strategic noise'. When a village – in this case seven villages – come together to formalise their refusal to eat shit, their neighbours have no option but to follow suit – to come and hear about the achievement and join in the strategic noise of celebration.

No less than the regional director of health is invited to witness their joy of saying no to unsanitary living. The strategic noise includes testimonials from villagers. Mzee

Hamadi recalls how squatting out in the bush robbed him of his dignity. The fear of stepping on snakes at night and the nightmare of finding a dry spot in the grassy patch during the rainy season was too much for him. When the movement swept his village, he was more than glad to join and stop open defecation.

His neighbour, Yusuf Ali, tells a different story. 'At first,' he said 'I was not so glad. I didn't see the importance of wasting effort and resources to build a house for shit.' However, his wife noticed that their 2-year-old daughter Fatuma, who suffered chronic diarrhoea before Yusuf reluctantly built the family latrine, was now active and healthy. For the last 3 months, she informs the cheering gathering, Fatuma has not had diarrhoea. Even the health workers in the Mazumalume dispensary say they miss her because she no longer has to visit them. *Siku hizi, twaenda hospitali kwa chanjo za kakake mdogo.* ('These days, we only visit the clinic for immunising Fatuma's little brother.')

The ceremony ends up with awarding of certificates to the ever-committed monitoring committee. Expressing his excitement, Kingi exclaims 'Even my most troublesome set of villages are finally ODF!'



Celebrating ODF achievement

As a roving community health worker he knows his energy will be tested in Katangini, a village on the other side of the hill. But for now, he can relax and enjoy a sumptuous meal of pilau and chicken stew. Remember those cockerels?

The revelry is well deserved. And what's more? Unlike the last 2 years when Kingi had to travel to the next county, this year's World Toilet Day celebration is happening right here in his village. What an honour, what a great way to put the finishing touches on a successful year – and to look forward to an even better one!

Redempta Muendo, Kwale
County Public Health Officer
Haron Njiru, Programs
Director, HEADS Alliance

**Kingi Mapenzi, Peter Mwambaka, and
Josephine Mbithi**: on the ground

Story writers: **Njoroge Kamau
and Eric McGaw**

Evaluation in action

The Milne Bay emergency phone service

For expectant mothers in the mountainous Pacific nation of Papua New Guinea (known popularly as PNG by its inhabitants), giving birth is an exercise in luck. If your labour is short, and you experience no complications, luck is in your favour. But if luck is against you, if your labour is difficult, if the baby is stuck, if you bleed too much – you can only hope that you and your baby will survive. Because you are very, very far from the nearest hospital.

For the tens of thousands of mothers who go into labour in remote villages each year, babies are born at home or at the local clinic. Almost all of the country's population



Alice Siwawata pauses to catch her breath at Alotau Provincial Hospital.

of 7 million, a third of whom are females of child-bearing age, are isolated from the major population centres. Rural health care workers do their best, but if something goes wrong, they may not know what to do.

The seriousness of the situation is illustrated by PNG's maternal mortality rate, which is among the highest in the world. For every 100,000 live births, 733 women die. By comparison, in Australia – the country's nearest neighbour – the death rate is only 6.8.

The Childbirth Emergency Phone programme was designed to tackle this grim problem. In 2007, PNG had only 50,000 phone lines for the entire country – one phone for every 140 persons. Seven years later, 2.7 million people had mobile phones – one for every 2.6 persons.

This was real progress. It meant that for the first time rural health workers could be reliably connected to specialists in the labour wards of major towns. A previous initiative to link rural clinics to major centres via radio had achieved some success, but this became unreliable when the radios broke down because the parts



Amanda Watson and Gaius Sabumei being interviewed about the project at the local radio station in Alotau.

and expertise to repair them were lacking. These were uncharted waters for PNG. Could the promise of mobile technology really transcend the tyranny of distance? To find out, a pilot project was paired with a rigorous evaluation.

The idea for the project began with a medical specialist at the University of Papua New Guinea named Glen Mola. Professor Mola believed that the best place to run and evaluate a time-limited pilot project would be Milne Bay Province, where the maternal mortality rate was even higher than the national average. Because the province constitutes the mountainous eastern peninsula of PNG's



Alotau Provincial Hospital labour ward staff practising answering calls.

main island, as well as hundreds of remote islands, health care workers faced the challenge of extreme isolation.

After discussion with Mola, Australian researcher Dr Amanda Watson set up the pilot project in the labour ward of the Alotau Provincial Hospital in the provincial capital in late 2012. She and Billy Naidi, the chief executive officer of the province's health authority, set up a dedicated landline phone in the middle of the bustling labour ward and sent the toll-free number to rural health care workers in remote locations. Importantly, solar panels

were also provided to recharge the mobile phones. Calls started coming in almost immediately. Reports of breach births, excessive bleeding, eclampsia, ectopic pregnancies, retained placentas – all potentially lethal without the right information at the right time – could now be addressed in response to isolated, stressed health workers who needed

help in managing difficult deliveries. Each month, an average of 17 calls were being made – each concerning a potentially life-threatening issue.

‘This project is saving two lives, mother and child, and we are thankful,’ says one rural health worker.

‘Once, I saw a mother die in front of me, simply because of lack of communication,’ says another. ‘Today, I can call anywhere, and it’s free.’

Alotau health extension officer Alice Siwawata fielded many of these

calls. ‘It was very difficult previously, communications-wise,’ she says. ‘During emergencies now, it’s like having a labour ward doctor in the rural clinics.’

The Australian government made a comprehensive evaluation part of the pilot. ‘That’s not common in development work,’ says Watson. ‘But for this one, evaluation was very important. Australia wanted to know what could be taken from it.’

While the initial anecdotal feedback was positive, Billy Naidi needed some hard



Billy Naidi and Rob Brink mark the handover of the project from Australia to the local health authority.



Gaius Sabumei interviewing rural health worker Rose Elliot at Omarakana Health Centre.

evidence that the emergency line was working. Ever since Watson had pitched the idea to him, he'd become interested in the health care possibilities opening up with the rapid expansion of PNG's mobile phone network. Australia's aid programme was funding the pilot project, but these funds would soon dry up. (Aid from Australia, PNG's former colonial overseer, still accounts for around 13% of the nation's revenues.) But for an initiative to become sustainably funded by the provincial health authority Naidi headed, he needed proof –

proof that would come through a detailed evaluation of the pilot. With a thorough evaluation of the project in his pocket, he could justify taking over the funding of the phone line. 'We wanted to see what has happened,' says Naidi. Watson understood his position and agreed to switch roles and evaluate the project she'd set up.

Watson began the evaluation process by hiring a local field officer and evaluator named Gaius Sabumei, who came to know Milne Bay Province well. For months,

Sabumei travelled across the province, interviewing rural health workers, recent mothers and village leaders in remote areas, as well as the labour ward staff at Alotau Provincial Hospital where the phone line was based. He returned from his foray through the province with 44 interviews in his pocket. These interviews almost universally praised the pilot.

One rural worker heard of the free call service just before a woman presented with a retained placenta. 'If this project was not here and I didn't have any means to communicate, we could have lost this mother because she was already septicaemic,' said the worker. 'From anywhere, at any point, I can seek advice and help the patients.'

Almost all the interviews reflected positive responses. And even when a few of the respondents had something critical to say, they readily admitted that things were working better than before. For example, one labour ward staff member said 'Answering an emergency call when you are busy attending to a mother in delivery is sometimes frustrating, but it's part of our work.' Beyond that, criticism was muted. Another labour ward member said that the initiative helped build relationships



Rose Elliot of Omarakana Health Centre is delighted that she can charge her mobile phone with a solar charger provided by the project.

between the metropolitan staff and the rural areas.

In addition, Watson sought external validation from a health professional from a different province. Dr Derick Bintol, a PNG national, listened to a sample of recorded phone calls and analysed the clinical notes from a sample of 68 calls.

The evaluation found that despite the challenges of phone network downtime

and distaste for seeking help from clinics amongst some cultures on outlying islands, the phone line had saved lives. Dr Bintol wrote: 'There is very good evidence from the cases that lives of both mothers and babies have been saved. It was also evident that information exchanges in the phone calls were very educational, especially for the rural health staff who may encounter a similar problem in the next event.' The evaluation also demonstrated that the advice given over the phone was useful and appropriate in most cases, and inappropriate (and thus potentially harmful) in 16% of

the cases. This led Watson and Sabumei to recommend follow-up training to address the types of cases where bad advice had been given.

When the evaluation was given to Naidi, he examined it carefully. 'From the beginning, I liked the idea. I was excited,' he says. What he wanted to know, though, was whether the line worked as well as the anecdotal feedback suggested, and whether the

phone line was superior to the ailing radio network. While it was impossible to estimate how many lives had been saved, it was clear from the clinical evaluation that some women would have died without the service, and that rural health care workers felt the initiative reduced their isolation. 'I wanted to know that it was effective. Eventually we were convinced, and we made a commitment to sustain it.'

And with that, the phone line's future was secured. After two handover ceremonies, in Alotau and in the nation's capital of Port Moresby, the Childbirth Emergency Phone line at last became an ongoing, sustainable reality.

What has surprised Watson has been the unexpected spin-offs from the evaluation. The lengthy report led to national and Australian media attention on maternal mortality. Newspapers, radio, and television all reported the evaluation's findings. 'The evaluation gave people ideas for the use of phone lines in health more broadly,' she says. In the mountainous Western Highlands Province, for example, a broader scheme is now up and running – a call centre staffed by trained nurses who answer health questions from the general public.



Performance group celebrating project launch in Alotau.

For Billy Naidi, the value of the evaluation has also been demonstrated by proving the effectiveness of breaking down Papua New Guinea's millennia-old isolation using modern technology. 'With this phone number, you can be in a remote area,

confronting a challenging situation, and you can be in an intimate conversation – as if you're standing next to someone in the labour ward,' he says. 'After the evaluation, we were overwhelmingly happy!'

The Childbirth Emergency Phone is a project of the Milne Bay Provincial Health Authority. Establishment and the evaluation were funded by the Government of Australia.

This story was written by **Jessica Kenway** and **Doug Hendrie**. Drafts were reviewed by **Billy Naidi**, Chief Executive Officer of the Milne Bay Provincial Health Authority, and **Amanda Watson**, Mobile Communications Research Consultant, Economic and Public Sector Program.

Photographs were taken by **Rawena Russell** and **Amanda Watson**.

More information on the project is available at www.pngepsp.org/our-activities/mobile-4-development/maternal-hotline/maternal-hotline-overview.php.

Positive Sisters: a transformative journey

When you find the right direction in life it can be contagious. Inga didn't realise it though. To her, she was doing what was right, but little did she know how many people would blossom from being in contact with her. Her clarity of purpose also helped build the support she needed.

Inga Mielitz is an atypical Christian minister in the Netherlands who works with people affected by HIV. 'I'm a dyke,' she says with unabashed candour. Her razor-short bleached hair and assertive demeanour

surprise people who first meet her over the phone. 'I started doing this work in 1996 when my gay friends, all white men, were dying from the disease. I felt a sense of responsibility.'

After working with various religious organisations for a few years, Inga felt that the restrictions and expectations placed on her diluted her sense of purpose. She felt a need to choose her work based on what was important to her.

They didn't want to hear that discrimination of people with HIV has its roots in the negative way our churches talk about sexuality; they didn't like my openness. But



Volunteers receive their certificates from project leader Inga Mielitz.

life is precious, and I wanted to do what I consider important in my life instead of doing what others expect from me. I believe that God wants every person to be who they are instead of pretending to be someone else. I still wanted to work with HIV-positive people, but I wanted to do it my way. Put together, sexuality and faith make a connection to something bigger than oneself.

Shortly thereafter, Shiva – an abbreviation for Spirituality, HIV, and AIDS – was born. The aim of this Netherlands organisation was to improve the quality of life of HIV-positive people and their loved ones



Taking a break on the beach during a training workshop.

through empowerment and by supporting people seeking meaning and spirituality. The idea was to provide a ready response for people asking *Where do I find the strength to go on?* Positive Sisters is a Shiva programme that provides support for HIV-positive people, especially migrant African and Caribbean women. Most of the women are referred to Shiva by hospitals where they've gone for treatment.

The gift of evaluation

After 4 years working with African and Caribbean women and 2 with the Positive Sisters project, having enrolled more than 150 women and trained 18 Positive Sisters, Inga met two staff members of an evaluation firm called Results in Health at National AIDS day in Amsterdam. Aryanti Radyowijati and Maaïke Esselink, impressed by Inga's story and touched by Shiva's apparent impact, offered a pro-bono evaluation using the Most Significant Change technique, as an opportunity for their team to gain experience in that methodology. Given the powerful stories and small sample size, Most Significant Change would be perfect.

Maaïke's team interviewed the women and then facilitated a collaborative workshop where different stakeholders reviewed



Getting the participants together with zumba dancing.

the stories to identify the ones that felt most meaningful to them. The evaluation team then analysed the data and compiled a report. Finally they shared results and recommendations. Inga hoped the evaluation would help them secure funding going forward.

In an interview, Liako, a Positive Sister from Lesotho, shares her first conversation with Inga: 'I explained to Inga how my life is and how open I am about HIV. Inga said, "Vive la Vie [one of Shiva's early projects serving Afro-Caribbean women] is not for you, it's for women who are closed and who don't know other women.'"

Liako is a lively speaker and wears a broad smile. Her hands and body move rhythmically with her words as she speaks. Her dark skin looks translucent. She exudes positivity and joy. Inga offered Liako her newly started Positive Sisters volunteer training. Liako was enthusiastic, inspired to find a kindred spirit in Inga, and eager to help support others to live positive lives.

After Liako had been a Positive Sister for Shiva for 11 months, she met a young woman named Millie, aged 30 and recently diagnosed with HIV. Knowing that Liako was HIV-positive, Millie expected a thin, weak woman, her face creased in pain.



My body is my best friend, I will take care of her – even with HIV.

Millie says:

I was shocked that she looked so beautiful. It was reassuring for me to talk with her; she motivated me to push forward. She told me how she found out when she was my age that HIV/AIDS shouldn't stop her from doing

whatever she wanted to do with her life, and neither should I. I should go on and do it... [You] need a doctor or a nurse when you're sick, [but you also] need someone who has been through that pain, who knows what it feels like. Without Liako I would not be who I am today.

Clearly, being at Shiva had positive effects on the women's lives. So did the evaluation, but in different ways.¹

Storytelling snowballs

Each of the five women interviewed for this article (two positive sisters, a project coordinator, a lead evaluator, and a referring nurse) spoke about different aspects of the evaluation process, but they all mentioned the positive impact it had on them and on the project as a whole. In the evaluation interviews, the women reflected on their experience with HIV/AIDS and how much they had changed since Shiva came into their lives. Millie had been quite shy about her HIV/AIDS status before Shiva, and now recognises that being interviewed was an extremely positive experience.

Whenever people talk about HIV they talk about how many people are infected in the world and how many people are taking medication, but it's never the voice of those

¹ Judgments about the impact of the evaluation are based on the perceptions of the five respondents interviewed.

who are affected by it. This evaluation was the voice of the people infected.... Being interviewed made me want to be involved more. I didn't want to only be a patient after that. Being interviewed helped me feel important and part of something good.

After the interview, Millie decided to become a Positive Sister, and she is now enrolled in university.

For Liako, being interviewed meant becoming more aware of the impact of her work since Shiva: 'The evaluation had a big impact on me. It was a *Wow!* moment for me. We are really doing a great job.'

Maaiké's team prepared the interviews into stories so they could be read at a half-day workshop to see which stories were more individual and which represented shared experiences.

The nurse, Lia, and the evaluator, Maaiké, described the collaborative workshop day as a lively experience. The atmosphere that Positive Sisters brought was one where 'the floor felt like it was vibrating.' The environment was joyful: good food, laughter, music. The women talked, laughed, and sang spontaneously despite the intense sadness of their stories.

Lia remembers a shy, somber woman she supported. At the evaluation workshop, she

was pleased to see this woman stand up and share her perspective:

When Positive Sisters are in the room, it is alive; I saw women become empowered. One woman transformed in front of me when she got up to speak. With Positive Sisters, women are finding meaning in life. Everyone searches for meaning but when you are diagnosed with HIV, you face it more.

With the collaborative workshop, the individual stories started to blend into a collective story. After the workshop, Inga told Maaike, 'It is amazing that the women

from the project, by hearing other stories, can now talk about the project as a whole.'

The stories grew from individual narratives, to project stories, and finally to a national dialogue. Inga says that the evaluation empowered African and Caribbean women to speak up on the national stage: 'It was a snowballing process. Once it got started there was no stopping it. Policy makers are now contacting our women to contribute to their research, and there is a group of African women contributing who never spoke up before.'

Liako agrees. 'We did short videos online. They are being shown on the internet and at conferences on HIV. Mine is about having a husband and a daughter who are negative. Healthy. And people get interested in who we are and what we do.'

Evaluation spurs action

As a result of the evaluation, Positive Sisters was invited to deliver a workshop at a National AIDS conference. Inga says:

Positive Sisters present themselves at World AIDS Day.



Many Positive Sisters became more confident. There was a very small woman from Ethiopia. She was very quiet but there was a deep inner power in her.... She did an Ethiopian coffee ceremony, sitting on that little low chair just by herself. But she raised her head and contributed. Her voice was not loud, but her confidence shone through and everyone paid attention to her because they were hearing the voice of a free woman!

Although most of the stories collected by Results in Health were positive, they also offered insights into where improvements could be made. One suggestion was that Inga was doing too much. 'The project was leaning too strongly on me,' Inga recognises. 'If I wasn't there, nothing happened.' But having more coordinators meant investing more money and Inga knew money was tight.

The evaluators suggested she assume a coordinator role to help mediate interactions with participants (now numbering several hundred) and Positive Sisters (now 31). Two Positive Sisters offered to take on a coordinating role without pay, including Liako, who with Shiva's help is now pursuing a professional vocation as a counsellor and a coach. At the time Liako was interviewed, this new coordinating role had just begun. She explains: 'The evaluation made me want to

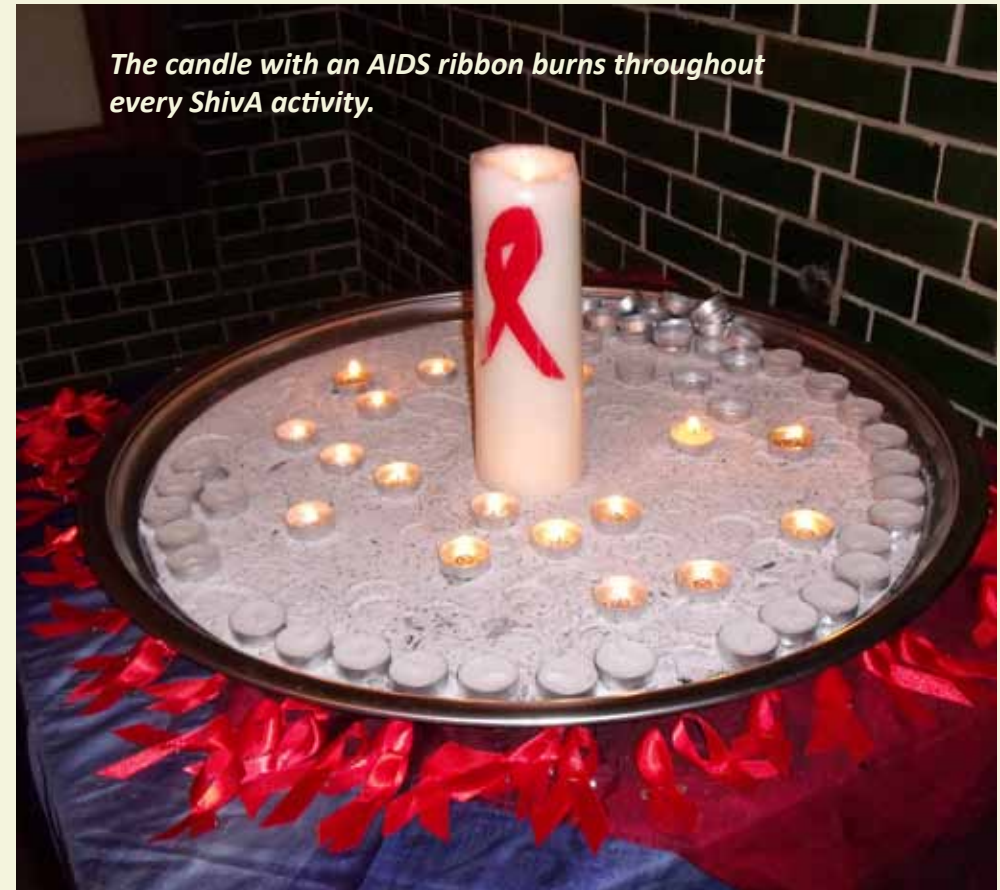
do more. It made me feel very important, like I'm fulfilling a dream I didn't even know I had. I feel like I'm more than I thought I could be. For me, success is not getting paid – it's doing what I love.'

For Shiva, expanding roles are also important given that referrals are increasing too. Lia, the nurse, says that the evaluation increased her referrals from one in three to all women diagnosed. 'Because of the evaluation I have a more professional view

of Positive Sisters. After the evaluation I talked with my colleagues and we decided we would refer more people to Positive Sisters.'

The evaluation team felt that working with Positive Sisters was an opportunity to work with an exemplary client. Inga was hungry for insights and feedback and quick to apply them. Maaïke says, 'Inga was extremely interested in learning about the

The candle with an AIDS ribbon burns throughout every Shiva activity.



project. She really wanted to learn from it and get results. She always made time for us.'

One of Inga's primary concerns for Shiva is, as with most community projects, to ensure continued funding. So when the evaluators proposed a workshop with multiple stakeholders to look at results and think about funding opportunities going forward, Inga was on board.

While steady funding for Shiva is not quite there yet, it is certainly on the way. The snowballing effect continues. At the workshop there were many ideas about how to get health providers to pay for the support participants get from Shiva. For example, a large foundation supported by the royal family of the Netherlands recently committed to help find the needed funding.

But the most important outcome from the workshop was something intangible and transformative.

In Inga's own words:

It was very special to me because I do a lot of work alone and this time I was not alone. Everyone was trying to find a future for Positive Sisters. Through the evaluation, I was able to tap into the experience of professionals who also do good quality work. They could evaluate the quality of what I'm doing. It gave me a new surge of self-confidence, a stable ground to stand on. Now I can see how to make Shiva grow further and give it a brighter future.



Each bead on each bracelet represents a blessing given by the women to each other.

We would like to credit the tellers of this story:

Inga Mielitz, Shiva Foundation

Liako Lekhooa-Oude Lansink and **Millie**, Positive Sisters

C. (Lia) Meerkerk, nurse practitioner

Maaïke Esselink, Programme Officer, Public Health

and all respondents of the evaluation who made this evaluation so valuable.

Story writer: **Rita Fierro**

Short video on the effect of the Positive Sisters link to the evaluation report: Link to Shiva: www.shiva-positief.nl

Link to ResultsInHealth: www.resultsinhealth.org

On the Positive Sisters project: www.shiva-positief.nl/a-letter-to-you

Learning and earning: training that works

Like many countries, Kenya has an enormous population of unemployed young people. Depending on one's perspective, this is either a ticking time bomb or an opportunity for affordable vocational training – relevant training that enables young people to get jobs, earn and save money, and move out of poverty.

The Community and Progress Youth Empowerment Institute (CAP YEI) opened its first training centre in Nairobi in 2011. In India, CAP had been successful in giving vulnerable youth a chance to acquire useful workplace skills through technical

and vocational training. Now CAP was keen to learn how this approach could work in Kenya. Funded by The MasterCard Foundation as one of its Learn, Earn and Save initiatives, CAP YEI, in partnership with the University of Minnesota, evaluates its performance in both the short and the long term to make changes as it learns what works. The ongoing evaluations have helped to equip Kenyan participants with technical and psychological skills to get a job or to start their own business.

Douglas Moseti, CAP YEI Nairobi regional coordinator, has been with the programme since it began. 'We target people between 18 and 25 years old who can demonstrate that they come from vulnerable

backgrounds. Either they are orphans or they come from single-parent families or large families where a large number of people depend on a single breadwinner.'

Moseti knows what it means to need a leg up in life. He grew up poor and was forced to drop out of school several times when his mother could



CAP YEI youth in a Unilever training course on how to access products for their small enterprises.



Students filling Equity Bank savings account applications in the CAP YEI training centre.

not pay his school fees. He finally finished high school, thanks to a lucky encounter at his church. But with a high school diploma, he could only find a job paying the equivalent of \$1 a day. A 2-year vocational training course was out of his reach, at least for a time.

CAP YEI provides 3 months of training adapted to labour market demand. To



This trainee obtained employment with a floriculture firm in Naivasha.

determine which courses to offer, CAP YEI staff scan the local market, contacting companies and entrepreneurs to see what entry-level jobs are available. In its first centre in Nairobi – it now has nine there – they found that many hotels needed staff and security guards, and that construction firms need builders and electricians. As CAP YEI engages with potential employers to see what jobs they might have to offer their graduates, they also ask them to look at

the proposed course content, to mentor CAP YEI trainees, and to offer them internships when they graduate from the programme.

Importantly, the training cycle doesn't end with the classes as in most vocational training programmes. Rather, each cycle culminates when the graduates are placed in internships or jobs or are starting their own businesses.

Moseti describes what happened with

the first group of trainees.

There were 141 students in batch 1 and we were 6 staff who were very new. We were told that we'd get at least 80% of those 141 into employment opportunities. We didn't hit the target for the first batch because the industry didn't believe that a new employee could be trained in just 3 months, and we had no way to show potential employers that the trainees could do the work. But we did manage to place 67% of the trainees, including 5% who went to start their own businesses.

He then goes on to describe the evaluation that follows the placement of each graduating class.

Once a batch has completed everything, we review what we've finished before starting a new batch. Facilitators, the regional coordinator, and the programme director describe the whole process. We ask questions: Did we get the right people at the road shows? Did we give them the right skills? We look at student attendance at training and at work and ask: Was placement good? What course gave good placement? Where training does not lead to jobs, we change and get more industry people to help us, to tell us what's missing and we supply that. In one centre where students had a hard time getting jobs in electrical and electronics, a new market scan was carried out and a curriculum was designed to offer training in building and construction. Elsewhere, garment manufacturing was replaced with training in security and management systems.

James Chepyegon, CAP YEI project manager, uses a management information system developed by CAP to collect data on course enrolments, on graduates per cohort, on the absorption rate of graduates into the job market, and on changes in students' attitudes and lives after the training.

Students are surveyed before and after training to see how their attitudes have

changed, how they made the transition to jobs, how they've created their own businesses, how their views of life have changed as a result of the training and employment, and how well they understand working relationships with employers.

This project data blends with the data collected annually by the University of Minnesota team that comes to Kenya to survey stakeholders, including participants and employers. Their data is compiled into a longitudinal study to see how the training changes the trajectory of participants' livelihoods and lives. This impact evaluation is designed to emphasise learning in the monitoring, evaluation and learning portion of the programme to help CAP learn during implementation and respond to the needs of targeted youth.



Garment manufacturing trainees.

One of the most striking findings of the evaluations has been the critical role of life skills in preparing young people for jobs. Professor Joan DeJaeghere, who leads the University of Minnesota team, cites her team's annual on-site visits, surveys, and interviews with participants.

Year after year, CAP does life skills, a mix of engendering self-confidence, teaching students to be assertive, teaching them about job markets and how they work, where they are in the job market and what they can expect, and financial literacy. Youth say that the life skills training is what makes the difference. They say 'I can get into something, start off, move to something new and manage finances.'



Carpentry training class at the Athiriver Centre.

Dr Heidi Eschenbacher, another member of the team, confirms: 'Our findings suggest that life skills combined with technical skills help youth to build up sufficient confidence to feel as though they can use their technical skills. In other words, they need life skills to build confidence to be efficacious in their technical skills.'

The life skills range from mentoring by successful business people, many of whom started out with little but managed to succeed, training in financial literacy, and training for young entrepreneurs looking to start their own businesses. Chepyegon confirms that the evaluations clearly show that the links between employers and life skills training work. 'They are,' he says, 'the strongest point of success for CAP YEI in getting youth access opportunities.'

Their strength lies in part in the way that the life skills module has changed in response to the evaluations of participants' comments over time. Adds Chepyegon:

The entrepreneurship department got stronger, to better account for entrepreneurship activities from the time individual potential entrepreneurs were identified to helping them start up their small business, including the creation and registration of entrepreneurship groups and support for the success of their small

businesses. Nearly 200 entrepreneurs are currently functioning well on a full- and part-time basis.

Moseti understands the confidence building that comes from having a mentor because he experienced it. He recalls:

A prominent person gave me electrical installation work at a very big building. As an electrical person God granted me favour with the boss. Whenever there was need for a driver and since I was qualified, I was the one to buy materials and run errands that required a driver. I became his point man on the construction site and ended up becoming the foreman of his building with both electrical and other construction responsibilities.

Moseti later joined his boss' ICT firm, was promoted, and got a good raise.

Quite recently, Moseti was able to take the measure of the project's success when he met with the first cohort of graduates in Nairobi. This cohort was the group followed by the University of Minnesota for its longitudinal study.

Seventy-eight of the 141 students came. All but one of them were working. I discovered that most of these young people (almost 40%) had moved into self-employment with big businesses. One lady had become an agent for large banks seeking to extend services to rural areas. She says that she's earning

30,000 shillings per month from these mobile banking services, which include Mpesa, Equity Agent, and Cooperative Bank Agent. Another graduate imports clothes and shoes from Dubai and sells them in Kenya.

The learning and evaluation partnership at CAP YEI is working to help youth get ahead, while simultaneously learning what stands in their way. Reports Professor

David Chapman, co-lead of the external evaluation:

There have been some surprises going into the fourth year of the 5-year field data collection. Where conventional wisdom might suggest that participants go through the training and then find or create a job, the reality is that they are multi-tasking to earn money. In their efforts to start their own



Kenya's Industrialization and Enterprise Development Cabinet Secretary Adan Mohamed inspecting a demonstration by CAP YEI Athiriver Centre building and construction students.

businesses, these youths have trouble getting the necessary capital. That is slowly changing. Banks in Kenya have been in the forefront of youth bank products and have found that group lending programmes have a better repayment rate than they get with their more conventional customers.

CAP YEI, in response to this finding, has been pursuing a number of partnerships with financial service providers who are tracking key data points such as number of accounts opened, amount of funding

released, average start-up capital, average earning post start-up, and average savings per client in order to make it easier for graduates to get the financial support they need to start their own businesses.

The ongoing programme improvement process is extremely helpful in assisting youths to get and keep good jobs, particularly in dynamic situations such as labour markets into which many youths are ready to enter.



We did it! Nyeri Centre Batch 1 trainees marching on their graduation day.

Christopher Johnstone, Acacia Nikoi, and University of Minnesota research fellows conducted annual external evaluations of the project and presented data that helped refocus project programming and improve services for youth.

James Chepyegon, monitoring and evaluation executive, was responsible for conducting internal project monitoring, interpreting implications of M&E data, and building capacities of project staff.

Ashok Ankathi (project director at the time) provided programmatic evolutions influenced by evaluation.

Douglas Moseti (Nairobi regional coordinator at the time) provided the context of the beneficiaries that helped shape the story.

Story writer: **Deborah Glassman**

If you don't ask, you won't see it!

Contemplating the indigenous women of the Sierra Tarahumara, a mountain area in the state of Chihuahua in northern Mexico, evokes bucolic scenes from the time of the Spanish conquest. These communities have maintained themselves for centuries far from cities, clustered in small villages and scattered family groups, cultivating a few seasonal crops and raising chickens, goats, and cattle. Almost all live in poverty, and in many cases they are semi-nomadic.

Access to the Sierra Tarahumara is difficult. Sometimes it takes several days to reach the settlements. It is therefore quite difficult to make contact with them to interview and select candidate families for the *Programa de Desarrollo Humano Oportunidades* (Human Development Opportunities Programme, hereafter referred to as *Oportunidades*). But the effort is well worth it because the programme is quite remarkable.

This programme, implemented in Mexico since 1997, aims at nothing less than breaking the seemingly endless cycle

of poverty that typifies many rural communities. It does so by using a conditional cash transfer (CCT) approach, where families are provided with payments that are conditional upon undertaking certain activities, such as ensuring regular attendance of their children in school or obtaining certain health services. These incentives assist in the achievement of higher standards of education, health, and nutrition, and also provide necessary support to the people of the Sierra Tarahumara to undertake economic activities that enable them to increase their family income and quality of life.

The indigenous communities were among the intended beneficiaries of the programme since its inception, and they also participated in their evaluations from 1999 to 2006. But although these evaluations confirmed that indigenous people were effectively participating in the programme, it was unclear if they were achieving the stated objectives in terms of health, education, and ultimately, economic



The evaluators learned to ask the right questions – in the right language!

performance. According to Mercedes Gonzalez de la Rocha, anthropologist and head of the qualitative impact evaluation of *Oportunidades*, the absence of a clear focus on indigenous communities had left a blind spot in the programme's knowledge base. Or as she puts it, *If you don't ask, you won't see it!*

This statement constituted a starting point for raising the influence of an ethnicity variable in the new qualitative evaluation to be conducted in 2008. By then, the programme had a decade of experience in implementation in Mexico, which allowed for a thorough evaluation. Evaluators designed a strategy for field work comprising 11 indigenous intercultural regions in the states of Chiapas, Chihuahua, Oaxaca, and Sonora. In each location, the programme's coverage and operations were analysed. The evaluation identified the main obstacles to programme implementation with particular attention to the relationship between the extensionists (*promotores*) and the women representing the indigenous communities, the *vocales*.

What they found was quite unexpected: there were serious communication problems with language. Virtually none of the *promotores* and only a few of the



The women of Comunidad San Ignacio, Municipio de Bocoyna, Chihuahua.

vocales were bilingual. Although the programme had been operating since 1997 with more impact in indigenous areas than in non-indigenous areas (as had been documented by previous evaluations), the important problem of communication had not been sufficiently addressed. For instance, the evaluation found that young indigenous women – most of whom were bilingual, although their Spanish was often limited – did not accurately understand the *Oportunidades* employees and the

technical information they provided. This situation was exacerbated in the case of elderly women, who spoke no Spanish at all. The *promotores* assigned to the region did their best to overcome the language barrier, but the results were unsatisfactory.

In some areas, the majority of indigenous women did not understand what the programme was for. They couldn't understand what good it did to spend hours listening to medical specialists who

spoke about issues they could barely comprehend. Sometimes the information that was being communicated conflicted with their traditional customs. For example, when indigenous women participated in training on the importance of a physical examination for possible breast cancer, it was clear that the idea of a stranger touching them in their private parts made them very uncomfortable. These women do not even undress in front of their husbands! Thus, a practice intended to save their lives was totally unacceptable for cultural reasons.

The evaluation found that although the programme's coverage had improved

in some indigenous areas, in the Sierra Tarahumara, a whopping 30% of the population remained outside the programme. It was clear that the lack of access to health services and education was brought about by the problem of monolingual families who could not benefit from the written and oral information conveyed by *Oportunidades* staff members to the women.

It was urgent to take measures to solve this serious problem, and *Oportunidades* did just that. The qualitative evaluation suggested that bilingual promotores be recruited from indigenous youth alumni so as to contribute to better communications

and smoother operations in indigenous communities. This arrangement also led to a further positive impact by providing jobs and wages to the young in their own living space, allowing them to share the learning they had acquired right there in their own communities.



Jaime Holguín, one of the bilingual promotores, in Comunidad Cerocahui, Municipio de Bocoyna.

The then general coordinator of *Oportunidades*, Dr Salvador Escobedo, recalls:

We managed to make the change in rules of operation to include bilingual extensionists, and that was the first step. Then in parallel we ran a training programme with the National Institute of Indigenous Languages (INALI) in order to generate a mechanism to evaluate the indigenous youths we wanted to hire as extensionists who speak an indigenous language. We have sought to work with the 13 most spoken languages such as Tzotzil, Maya, and Totonac.



When their parents can understand the promotores, they are happy to support their children's education.

The women of San Ignacio receiving food aid during the drought crisis of May 2012.



To do this, INALI began training a group of 15 young men and women with diplomas as trainers of social programmes in indigenous languages. They were the first to reach the remotest areas of the country to carry the voice of the programme to where it was most needed. Says Escobedo, 'The project trained 350 *promotores* in order to achieve almost total coverage of the monolingual indigenous populations in Yucatan, Oaxaca, Chiapas, Jalisco, and the Sierra Tarahumara. By the time I left the programme, we had trained a total of 250 extensionists, and awaited evaluation on the success of this implementation.'

The process of bringing bilingual *promotores* into the programme unfolded steadily over the next 2 years. As their understanding increased about the importance of sending their children to school, feeding them properly, and learning how to use resources, indigenous women became increasingly willing to participate and interact with the *promotores* and with each other. In some areas they even formed groups for early child education. The role played by the qualitative evaluation with its remit to address the marginalisation caused by monolingualism was key to this transformation.

Another important aspect that was pointed out by the qualitative evaluation of 2008 concerned the inefficient (and even absurd) survey of each household to assess whether or not it was eligible for the programme. In the case of the communities of the Sierra Tarahumara, this was redundant because every household was unquestionably poor – not to mention the difficulty and cost of getting there just to conduct the survey.

Escobedo, who understood the realities of indigenous communities in Mexico, supported the proposals arising from the qualitative evaluation that were eventually endorsed by the President.

The first step was to convince *Oportunidades* collaborators such as government officials and international organisations like the Inter-American Development Bank and the World Bank of the need to change the rules for coverage in isolated areas. That involved a major challenge for the programme managers because, beyond being convinced of the real value of this recommendation, they needed to effect those changes without appearing to refute the spirit of *Oportunidades*, which was historically focused on the poor while requiring certain



An important spin-off of the programme has been to instill a spirit of entrepreneurship amongst the women and girls of the Sierra Tarahumara.



conditionalities of the beneficiaries such as health checks and school attendance.

In late 2011 and early 2012, a severe drought hit the Sierra Tarahumara. Rumours were rife about indigenous people committing suicide for lack of food, although these were subsequently found to be false. Dr Iliana Yaschine, former director of evaluation of the programme from 2002 to 2006, coordinated a study documenting the work of *Oportunidades* in the Sierra Tarahumara during the drought crisis, recalls:

That report was published in a Chihuahua newspaper and generated an immediate response from the federal government, which decided to intervene in various regions with the Secretary of Social Development. It was then that they communicated the decision that *Oportunidades* should intervene to solve the problem precisely in the area of the Sierra Tarahumara.

The important mobilisation and attention to the area made it possible to detect 8,000 families (40,000 indigenous people) who had been dropped from the programme because they had not fulfilled such co-

responsibilities as sending children to school or attending health talks. The figure was worrisome, and returning these people to the programme would be difficult, if not impossible, given the rules of operation. Reaffirming this contention, Escobedo asserted:

The World Bank and Inter-American Development Bank opposed eliminating the requirement of the co-responsibilities in these areas, in part because they would undermine the programme, thus generating a new programme. That's the reason why it could not be done overnight. It is sad and painful, but very real.

However, given the magnitude of the problem in the context of the severe drought affecting indigenous people in the Sierra Tarahumara, the situation was resolved after the intervention of the President Felipe Calderón himself, who ordered the immediate reinstatement of 8,000 families. This was accomplished by integrating the reinstatement to the Food Support Program, a transfer programme that did not require the fulfillment of co-responsibilities that was also operated by *Oportunidades*. The indigenous *promotores* brought the good news to their communities, while a renewed training of bilingual extensionists was encouraged to address immediately the indigenous families.



Neglected no more! The women of Tarahumara may be hard to reach, but well worth the effort.

In addition, the rules of the *Oportunidades* programme were changed to implement the strategy of full coverage (as it had been recommended by the qualitative evaluation). This allowed incorporating families into the programme from small and distant locations without undertaking a home survey. This change helped broaden the programme's coverage and, in addition to the reincorporation of the families mentioned above, it made serving the entire indigenous population of the Sierra Tarahumara possible.

According to Yaschine:

Without the qualitative evaluation, it would have been impossible to make that change, even with the drought crisis. That is my perception. I observed the implementation

of this decision in the field at a time of crisis. Special efforts were made to deploy support for the affected families, not at the household level but in the care centres where groceries were delivered. I remember what the qualitative evaluation said on this subject, and how that had prompted the changes during the crisis.

The findings and recommendations of the qualitative evaluation in the indigenous communities provided crucial information for decision making. Managers made changes that impacted the participants of the programme directly. In the case of the bilingual *promotores*, the evaluation noted a dimension of cultural adaptation that had been neglected in the original design of the programme, and once it was incorporated the benefits were obvious. As

for the evaluation's strategy of full coverage in the Sierra Tarahumara, the onset of drought favoured the implementation of a recommendation for the best care of indigenous communities.

The history of the qualitative evaluation shows the relevance of cultural sensitivity to the evaluation of social projects. In the words of Gonzalez de la Rocha:

If you don't ask, you won't see it!

Co-authors **Mercedes González de la Rocha** and **Agustín Escobar Latapí** directed the qualitative external evaluation of the programme and made the recommendations that led to improvements in beneficiaries' lives.

Iliana Yaschine was Director of Evaluation in the programme from 2002 to 2006.

Pablo Rodríguez-Bilella and **Omar Zevallos** helped shape the story.

Salvador Escobedo (Program Director at the time) provided helpful insight.

Photographs were taken by **Agustín Escobar Latapí** and **Iliana Yaschine**.

Note that the programme was originally called *Progresá*, then *Oportunidades* (the name in use when this story took place), then *Prospera*, the present name.

Listening to the listeners

Just before dawn Ashish nervously waits for Rama at the village bus stop. As soon as he spots his girlfriend, they cautiously board the bus toward the city planning their future as a couple. But their plans are thwarted when a police officer interrupts their journey and starts interrogating them.

‘We just want to get married,’ Ashish tells the officer. ‘Rama’s parents were forcing her to marry a stranger.’

‘We have done nothing wrong,’ Rama adds. The police officer then intervenes as the teenagers, both 16, request him to let them proceed.

‘It’s a crime,’ he says. ‘You need to be at least 20 years old to get married. Child marriage is a criminal offense – your parents can be prosecuted if they’re forcing you to marry young and you can be prosecuted too if you marry now.’

The legal age for marriage in Nepal is 20 years without parental consent and 18 years with consent.

While Rama and Ashish are fictional characters from a weekly radio drama aired on more than 40 stations across the Himalayan republic, their story paints an

accurate picture of the crude reality of child marriage that prevails across the country’s remote villages. Nearly 3 of every 10 girls between 15 and 19 are presently married, and 4 of 10 are married before the age of 18, according to national statistics.

Radio dramas like this one reflect the ethos and pathos of Nepalese society. One programme in particular, a weekly called Saathi Sanga Man Ka Kura (SSMK), which means ‘Chatting with My Best Friend’, has been reaching out to young girls and boys for 15 years. SSMK educates young people about issues that are generally kept quiet in conservative Nepalese society. Started in 2001 with support from the United Nations Children’s Fund (UNICEF) and managed by Equal Access Nepal for the past decade, the 45-minute show has 7.2 million loyal listeners and receives more than 1,200 letters and 2,000 text messages each month.



Collecting a voice recording on effects of child marriage with an adolescent girl for the SSMK radio programme.

Narrowing the focus

Before the introduction of the electronic media, street dramas and stage shows were popular throughout Nepal. Mostly mythological and sometimes satirical skits in local dialects emerged as a major form of entertainment in villages.

While this trend might have declined in cities, Ghanshyam Kumar Mishra, a radio producer from Nepal’s southern town of Janakpur in Dhanusa district, says dramas in local languages are still popular and preferred in Nepal’s rural pockets. Most people in these areas are low-

income farmers with little educational backgrounds and no source of information other than radio, which is also one of the cheapest forms of entertainment. Therefore radio dramas, according to Mishra, are one of the best media through which to inform the masses.

In 2013, SSMK conducted an evaluation using the Ethnographic Action Research method to assess and evaluate the listenership trend and impact of its programme on its target audience. Community-based evaluators in Nepal's rural districts conducted surveys and focus group discussions with community members and stakeholders.

One of the major findings from the evaluation was the need for a local language radio show.

The survey during the evaluation process highlighted the language conflict among SSMK's listeners; the central version show was not able to fully capture the spirit of local communities. With the central programme produced in Nepali language, listeners in other parts of the country such as Dhanusa where Maithali is widely spoken, sometimes felt disconnected. Also, the issues varied from region to region and a national programme, which



Collecting opinion from a listener on sexual harassment.

addressed topics on a macro level, lacked discourse on community-specific problems. The SSMK team therefore wanted to ensure meaningful participation of youth from across the country by starting local versions of the programme, which would give them a sense of ownership, according to Ayush Joshi, senior programme officer at Equal Access Nepal.

‘It was important to start a local version to sustain SSMK in the long run,’ Joshi

says. ‘The listeners were demanding a programme in a local language.’

To better equip rural youth with the knowledge and skills they need to participate in local and national policy development, SSMK launched local versions of the show in 15 marginalised districts. Equally important, its purpose was to provide necessary knowledge to the young people so that they could control their lives by applying what they learned.

A group photo with adolescent listeners at school.



The local programmes are customised according to their listenership with tailor-made content that helps the audience connect with prevailing issues in their communities. In a short span, Mishra says SSMK's local version has been effective in highlighting issues like child marriage and child labour, both of which are considered socially acceptable in many rural communities. While the local-language radio dramas have played a pivotal role in educating the public, segments incorporating local authorities and stakeholders have opened up a non-formal communication channel for discussion. It has also helped in holding authorities accountable for these issues.

Raising awareness of child labour

At Radio Mithila in Dhanusa, Sangi Sang Manat Baat became an offshoot of SSMK. It was targeted at the Maithali-speaking people living in the district's 90 Village Development Committees. A show in Nepali, according to Mishra, simply would not resonate with the locals. A Maithali programme, on the other hand, pulls in listeners primarily interested in the problems that dominate their region.

'When you're communicating with people in their own language, the audience feels associated with the show,' Mishra says. 'It is also easier to make them understand the topic. When the programme is strictly in

Nepali, they might just think that it is not meant for them.'

In the 26 episodes of SSMK's local offshoot, the show raised area-specific issues such as child marriage, dowry-related problems, and violence against women.

Mishra says the team also incorporated experts and law enforcement officials from the community to make episodes relevant locally. He says it adds extra credibility and makes the show more trustworthy.

Upon listening to the show on child labour broadcasted in Maithali, Mishra says people have become fairly hesitant in recruiting children. This episode also prompted authorities to at least warn businesses that employed children. 'It takes time for these practices to end,' Mishra says. 'But I'm sure our radio show has started that much-needed conversation. It's a small revolution of sorts.'

Changing attitudes about women's issues

SSMK's evaluators note that local programmes help represent community problems more accurately, and Manauda Ka Kura, SSMK's local adaptation, is doing just that in the far western district of Accham.

Through radio drama, using an informational and emotional approach, the show has drawn attention toward child marriage, which is highly prevalent in the district.

Sarita, one of the characters, is forcefully married at an early age. She is deprived of her will to study and dies of pregnancy complications. On the other hand, her friend Renuka, who was against Sarita's wedding, finishes her school and pursues her education to become a nurse.

'My daughter will never forgive me,' Sarita's father later apologises to Renuka for dismissing her idea to at least wait for a few years.

Manauda Ka Kura receives considerable feedback and comments from its listeners, a few apologetic but most applauding the programme's efforts. The letters and text messages, according to programme producer Bidhutma Auji at Radio Ramaroshan, motivate them to continue the show and also help them ascertain the show's impact.

One of the letters the show received after the episode on child marriage summarises the scale of Manauda Ka Kura's effectiveness. A 16-year old girl writes:

My parents who are very conservative were forcing me to get married. But one day when I was listening to the radio programme, the hosts were talking about the hazards of child marriage. I requested my parents to listen to the show, and after listening they became aware for the first time about the realities of child marriage. They then decided not to force me into marriage. The local language radio show not only helped educate them but also helped them to empathise with me.

Auji says that their show in Acchameli language has increased the engagement and interaction level with the community members. It has also made it easier to disseminate information on topics that matter the most in their native tongue.

'When the programme is in a local language, listeners feel that someone they know and trust is talking about their issues,' Auji says. 'It's easier to communicate using local words and metaphors that might be difficult to convey in Nepali.'

Connecting youth, the elderly, and policymakers

For almost three years, listening to SSMK and now its local version has become a regular affair for Sagar Bhandari's family in Accham's Mangalsen village. Every week, the family sits by the radio set in the living room and listens to the show.

With higher mobile and internet penetration, young people have alternative means of accessing information. Bhandari, 18, says 'Adolescents have many problems they cannot talk with their parents. These issues are always hidden from the parents. But when their parents listen to a radio drama, it helps them understand what their children are going through.'

Community dialogue on child marriage



But statistics show that radio is still the popular choice of mass communication for people aged 15–19, and SSMK is the most important radio show in that age group. According to the National Demographic and Health Survey 2011, 58.5% of men and 49.7% women in the surveyed population listen to SSMK regularly.

While the local programmes have broken the silence between the two generations, SSMK's evaluation also showed that they act as a tool to teach the adolescents about their rights – the legal age of marriage, the use of contraceptives, and charters regarding child labour. The programmes have also helped to initiate discussions between local policymakers and youth.

In village clubs and meetings led by local youth from the community, these episodes help to start conversations on important topics. Bhandari says:

In our monthly Child Club meetings, we discuss the issues raised in the radio show. The information is not limited to the radio show itself. The dramas serve as catalysts. Once the topics are introduced, they are then discussed and shared continuously at the workplace, in schools, and at home.

Prem Bahadur Buda, Accham's District Child Rights Officer, also stressed the



influence and impact of radio shows in the local language, particularly when the shows reaching areas inaccessible by the mainstream media.

‘When the programme is in a local language, people feel a sense of ownership – they think it’s a programme for and by them. And they are right!’

Buda added that local language programmes like Manauda Ka Kura in

Acchameli also yield positive results for government-run projects.

‘Our [government] programmes are only targeted at certain groups. So we cannot incorporate everyone. But programmes like SSMK are for everyone. No one is left out when it comes to accessing information.’

Youngsters like Auji and Mishra believe that education and access to information are the keys to changing social attitudes. In

districts like Accham and Dhanusa, young people are in the forefront of this slow, yet significant, change – making people aware of the issues and helping prevent some of the negative aspects of past practices through the information they receive through radio programmes.

Shows like Manauda Ka Kura and Sangi Sang Manak Baat have proved relevant in

raising community-specific issues. They are programmes *by* the community and *for* the community.

‘This has helped grow SSMK’s listener base in many hard-to-reach areas,’ says Joshi from Equal Access Nepal. ‘SSMK is building a strong rapport in rural communities as a people-centric and inclusive media platform that listens to its listeners.’

Yvette Shirinian is the Business Development Officer for EqualAccess.

Ayush Joshi was the Program Officer for EqualAccess Nepal.

Story writer: **Bibek Bhandari**

Discussion on adolescent issues with adolescents



The power of community-owned data

Things weren't happening that we thought were happening. Because of this project, we made changes.

– Emily Chesne, Community Health Nurse

Emily Chesne, a public health nurse in Changing River, won't take credit for the improvements in her community's prenatal health services that she helped implement.¹ For years, Aboriginal mothers have had to travel long distances for prenatal checkups. And on the health care side, record keeping was far from what it should be. But thanks to a pilot project called Patient Wait Times Guarantee and people like Chesne who take their jobs seriously, the situation has changed dramatically for the better.

While Chesne is satisfied with her team's success in transforming her community's prenatal health services through the project, she downplays her role as an agent of change. She views her participation in the data collection, tool development, and process mapping activities – all key

¹ The events described in this story are true. However, at the request of the resource persons involved, the names of people and places have been changed. Suffice to say the events transpired in a First Nations community in northern Manitoba.

components of the initiative – as simply part of her busy and demanding job. 'I'm a community health nurse,' she says, 'and this goes back to my nursing background – when you start a project you need to finish it.'

Chesne's partners in this groundbreaking initiative included colleagues, managers, community leaders, and researchers from Health Canada. The researchers were responsible for coordinating and evaluating a total of 19 pilot studies in Aboriginal communities across Canada.

The research team included the project's leader, Judy Watson, a 30-year veteran of government health programming and research with Health Canada; Samir Khan, a senior researcher and Chesne's main point of contact; and Stephanie Potter of the Whetstone Group, the programme's lead evaluator.

Through supportive collaboration with these researchers, Chesne and her colleagues, as well as the nurses in other participating Aboriginal communities, were able to use the data collected as part of the initiative to make health services more accessible and effective. The data were important. Chesne knew that

if she and her colleagues could get their hands on first-hand information, they could develop better services for their prenatal clients.

Changing River's maternal and child health care needs are pressing. For one thing, the population of the community is very young, with a median age of just 21, and it's growing quickly. For another, access to treatment is a major issue because the community is located 3 hours from the nearest urban centre.



First Nations people are justifiably proud of their vibrant cultures. Above is an artist's rendering of a dream catcher.

The initiative – and importantly, its strong evaluation component– led to a realisation that would change the course of everything for the pregnant women of Changing River. Through the evaluation, Chesne and her colleagues learned that the reason data were lacking was because women were not attending their third trimester prenatal appointments.

It was not difficult to understand why. Previously, the women attended prenatal appointments and delivered their babies at a hospital 45 kilometers away. Recently, however, that hospital had not renewed its license to deliver babies. As a result, all third trimester appointments and deliveries were referred to a hospital a full 80 kilometers away – nearly twice as far.

Chesne knew that many local moms were young, impoverished, and uncomfortable in unfamiliar environments. She suspected that these circumstances made the 90-minute trek to the distant hospital too challenging. ‘We have a lot of young moms in our community. They are shy. They don’t feel comfortable with professionals, with doctors.’

But until data collection began, the community health team had no way of knowing if the women were attending

their appointments once they were referred to the larger hospital. Through their involvement in the evaluation, they discovered that many at-risk mothers were showing up for delivery without having had prenatal care for several months.

Using the evidence at their fingertips

Armed with the evidence they needed, the team took immediate action by implementing on-site doctor visits for prenatal patients. Chesne: ‘We initiated getting one of the doctors from the delivering hospital to come to our clinic. Having the doctor here worked really well. It helped with gathering data.’

Improving third-trimester prenatal care rates led to the identification of more gaps in care and unrecognised health risks among the patients. Better access to the physician’s files helped the team realise that many prenatal patients were not getting their bloodwork done, including the glucose tolerance test for gestational diabetes. Says Chesne, ‘We’re trying to better educate our prenats with what tests they need and why.’

Improving compliance with testing also led to the discovery that rates of gestational diabetes were much higher

in the community than anyone realised. This is a serious health issue that, according to Chesne, could have long-term repercussions. By facilitating early diagnosis, such problems can be identified and remedied.

The team continued to use the initiative’s data to overhaul the community’s prenatal and postnatal health care, setting the stage for a healthier future. For the first time, the clinic was governed by a client-centred culture. According to Chesne, ‘Now moms come in and learn how to take some of their own prenatal tests. We have our doctor hold a sharing circle with clients as well as individual sessions.’

Chesne reflects, ‘We learned things weren’t happening that we thought were happening. Because of this project, we made changes.’

The initiative had an immediate and substantial effect on people’s lives because its leadership, especially Watson, chose to prioritise community engagement. Frontline health workers like Chesne were true collaborators in the evaluation, facilitating community ownership of the data and making needed changes. Once these changes had been made, many of Changing River’s women who had been



Many First Nations communities are accessible only by air or boat.

at risk for pregnancy-related complications now had access to diagnosis and treatment.

Chesne's community was not alone in taking ownership of the initiative's data. Watson recalls a 2009 meeting with nurses from a Manitoba community even more remote and with fewer resources than Chesne's clinic in Changing River. At the time, the swine flu crisis was raging and it was overwhelming the community. Watson wondered whether the nurses would have the time or motivation to continue with the

evaluation. But her fears were allayed when the nurses all arrived for their meeting.

Watson was moved. 'Two nurses had their study files under their arms – they didn't even have briefcases. One nurse had lost a family member in the midst of all this, but they kept the study files organised in spite of the challenges. They really wanted to stay on track for themselves, for us, but also for the community. That's how important the community is – counting and being part of the evaluation was so important to them.'

Potter recalls another community where nurses were able to use data to effect change. She was awed by the transformation of one group of nurses during the evaluation. At first, Potter found them apprehensive, as if things had gone poorly with past research.

By the end of the initiative, however, the health workers had shown Potter that even people without strong research backgrounds could ensure that their communities got the most out of the data to which they had access. She recalls:

They didn't have computer databases, they only had pieces of paper. But by the end of the project, they made those pieces of paper mean something. I will always remember what they said at the end: *Data is good*. They learned that. They could see patterns and make changes in their communities even without sophisticated stats.

Community empowerment through stakeholder collaboration

At every level of participation, stakeholders point to the Patient Wait Times Initiative as a particularly powerful example of government-funded community programming to empower frontline workers to effect change. But what made it different from other initiatives?



A nurse arriving by speedboat.

Traditionally, health research in Aboriginal communities has been characterised by a top-down approach. Khan explains that usually such research is undertaken by scientists from outside the community. Rarely is community feedback sought. According to Potter, 'The historical dynamic between the federal government and First Nations communities has not been positive. That's the big context that all this work happens in and we can't pretend it doesn't exist.'

This project, however, fostered a truly collaborative spirit. In Khan's words, 'It's usually hard to get people from different areas to collaborate. But not on this project.' Watson agrees. She characterises

Health Canada and its collaborator in the leadership of the project, the Assembly of First Nations, as true partners from the beginning to the end. Watson and Khan agree that the same can be said of the evaluation team, emphasising that with Potter's and her colleagues they were able to form a genuine partnership, leveraging each other to inform each other.

Potter refers to the initiative as her 'touchstone'. In fact, her own approach to evaluation has been molded by her observations of Watson's work in enacting Health Canada's mission of community empowerment and willingness to take risks.



Patient Wait Time staff and community members in the community garden, part of wellness activities.

Potter found that working with Watson and her team was refreshing, informative, and educational because they were '...so comfortable not knowing necessarily what was going to happen. They gave permission for evaluators to ask questions and find the answers.'

Questions and answers – from both sides

At the community level, the data collection tools and procedures were refined based on the evaluation results and direct feedback from the frontline. Both Watson and Khan found that communities were very comfortable coming to them with questions and suggestions. According to Khan, this feedback was vital to the success of the initiative: 'We were getting data all along the way. We were trying to come



up with explanations in Ottawa, but we could ask questions directly of the people providing the data. We could work together to find the answers much more readily and easily. We were getting explanations from the people who had the answers.'

Even more important, for Khan, this methodology demonstrated how having communities lead, and researchers finding the best ways to support, showed what is possible in government-sponsored research. The evaluation's face-to-face group meetings with participating communities at the end of data collection were a particularly powerful learning experience for Khan.

As important as it was to hear first-hand about their challenges – travelling in winter, getting reimbursed for travel, staff turnover – it was critical to get real explanations for what we were learning. The real innovation was figuring out how to have First Nation communities lead, and then finding ways to support them.

In turn, the nurses collecting data found that their work was facilitated by the support of the programme's research team. According to Chesne:

Meeting and speaking with the researchers, especially Khan, inspired you to go back and do better. It was very time-consuming and

could be frustrating. Then I'd go to meetings or do teleconferences, and they'd tell me what's going on and inspire me to finish the programme. It's important to have the communication to be able to talk to the people processing the data.

This support reflects the collaborative spirit that marked the project under Watson's leadership and the evaluation team's facilitation.

Turning it around – for good

The Patient Wait Times evaluation had a long-lasting impact on all the

stakeholders: the patients, the community health professionals, the government researchers, and the evaluation team. Watson, Khan, and Potter all agree that the evaluation affected how each stakeholder engaged in future research with at-risk communities.

Khan emphasises that the lessons he took from this initiative, including the importance of helping communities to take ownership of their own health care, were instrumental in shaping the rest of his career.

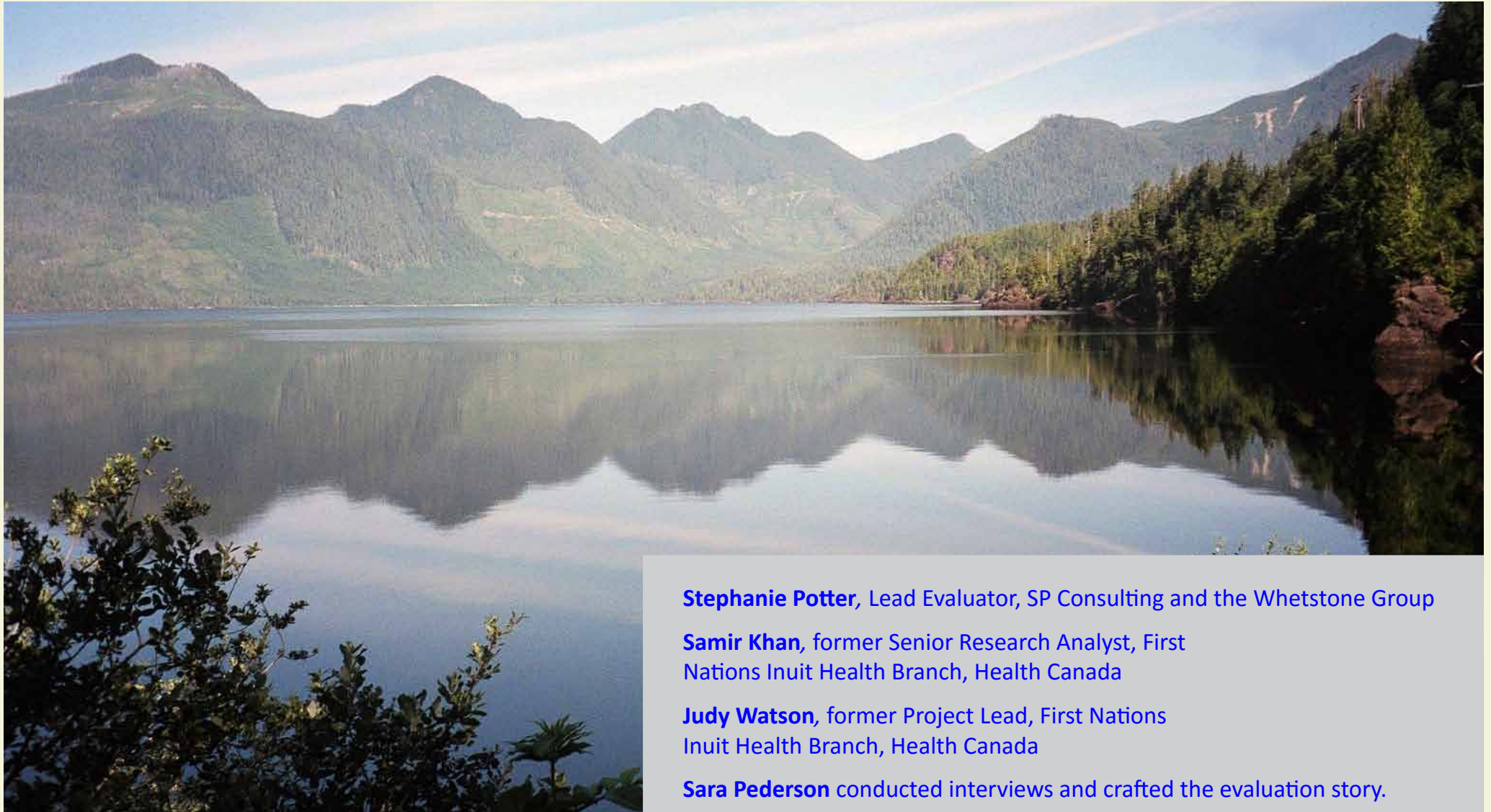


In Potter's words, the project helped her learn that successful evaluation '...is all about building relationships and working in that indigenous community development way: community-led, community-paced.

Whose project is it? Whose data? There has to be room for the people who are affected. It's not just the government's story.'

The Patient Wait Times initiative illustrates that an evaluation can be a story about all

stakeholders working together to make positive changes for both individuals and communities – provided the researchers get out of the way and have the communities take the lead.



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