Participatory Monitoring & Evaluation in Tanzania’s Health and Social Service Programmes

Field Manual
January 2017

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This field manual was developed as part of an effort to build a participatory monitoring and evaluation (PM&E) programme for health and social services at the community level in the United Republic of Tanzania. It serves as a toolkit of useful PM&E techniques for improving the performance and impact of community-based interventions, such as those involving the most vulnerable children (MVC), home-based care (HBC), and gender-based violence (GBV).

The manual draws from the literature on participatory approaches and effective M&E practices in several geographical contexts, which are noted in the references section at the end. The manual also reflects the practical experiences and recommendations of local and international stakeholders, such as programme managers, field officers, community leaders, representatives of international nongovernmental organisations, and officials from the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC), and the Department of Social Welfare (DSW), Tanzania. We specifically wish to acknowledge the contributions of Eliwanzita Mtebe, Department of Social Welfare, and Bernard Swai, National AIDS Control Program, and others from the implementing partners, who field-tested the curriculum in Mbeya City April 11–14, 2016.

We are especially grateful to the staff, health service providers, and volunteers from Kikundi cha Huduma Majumbani Mbeya¹ (KIHUMBE), whose insights and contributions enhanced this manual.

¹ In English, Mbeya home-based service providers’ group
## CONTENTS

**Abbreviations** .................................................................................................................................................. 7

**Introduction: A Field Manual for PM&E Facilitators in Tanzania** ................................................................. 8

**How to Use the Programme Path** ................................................................................................................. 10

**Six Community Group Tools** ....................................................................................................................... 16

- Tool 1. Vulnerability Map: Map households and resources in the community and identify vulnerable households. ................................................................. 16
- Tool 2. Community Concerns Brainstorm: Gather and prioritize issues that are of concern to the community programme. ............................................... 20
- Tool 3. Action Calendar: Prioritize programme activities and set goals using a calendar. ............................... 23
- Tool 4. Community Monitoring Table: Monitor programme resources and activities. ............................... 25
- Tool 5. Community Scorecard: Monitor and evaluate quality service delivery with a series of community meetings. ................................................................ 30
- Tool 6. Single Case Review: Evaluate quality service delivery with one in-depth community group discussion. .............................................................................. 35

**Appendix A** ...................................................................................................................................................... 38

**Appendix B** ...................................................................................................................................................... 40

**Appendix C** ...................................................................................................................................................... 42

**Figures**

- Figure 1. PM&E Learning Cycle ................................................................................................................... 10
- Figure 2. PM&E Programme Path Diagram ................................................................................................. 11
- Figure 3. Vulnerability Map ......................................................................................................................... 18

**Tables**

- Table 1. Community Concerns Brainstorm ................................................................................................. 21
- Table 2. Action Calendar .............................................................................................................................. 24
- Table 3. Community Monitoring Table ...................................................................................................... 28
- Table 4. Community Scorecard ................................................................................................................ 33
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO</td>
<td>community-based organization</td>
</tr>
<tr>
<td>CHH</td>
<td>child-headed household</td>
</tr>
<tr>
<td>COP</td>
<td>country operational plan</td>
</tr>
<tr>
<td>CTV</td>
<td>community trace and verify tool</td>
</tr>
<tr>
<td>DQA</td>
<td>data quality assessment</td>
</tr>
<tr>
<td>FHH</td>
<td>female-headed household</td>
</tr>
<tr>
<td>FY</td>
<td>fiscal year</td>
</tr>
<tr>
<td>HBC</td>
<td>home-based care</td>
</tr>
<tr>
<td>IP</td>
<td>implementing partner</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td>MVC</td>
<td>most vulnerable children</td>
</tr>
<tr>
<td>MVCC</td>
<td>most vulnerable children's committee</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>OGAC</td>
<td>Office of the Global AIDS Coordinator</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PM&amp;E</td>
<td>participatory monitoring and evaluation</td>
</tr>
<tr>
<td>SI</td>
<td>strategic information</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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</table>
**INTRODUCTION**

Timely and reliable programme performance data are essential for reporting, accountability, and decision making. Under the United States President’s Emergency Plan for AIDS Relief (PEPFAR), MEASURE Evaluation staff have been working to strengthen strategic information (SI) systems and human capacity in monitoring and evaluation (M&E) of PEPFAR/U.S. Agency for International Development (USAID) Implementing Partners in Tanzania.

MEASURE Evaluation uses data quality assessment (DQA) and M&E plan assessment tools to identify the strengths and weaknesses of data management systems. Then we address weaknesses through targeted capacity-building assistance.

Community-based services present special SI challenges. First, these systems are less structured and more flexible than facility-based services. Second, while data quality assessment can verify whether records support reported results, DQA does not track back to the actual programme recipients themselves. To address this limitation, MEASURE Evaluation developed the community trace and verify tool (CTV) for community-based organizations that provide services to most vulnerable children (MVC).

The CTV involves visiting MVC households to inquire about the children’s status and the services received. This tool can be applied to a sample of MVCs listed in the community to determine coverage, or a sample of MVCs listed in the service registers to determine accuracy of reporting. However, the CTV cannot be used to determine the quality of services provided.

Organized workshops and one-on-one mentoring can build M&E skills for organizations and individuals. However, MEASURE Evaluation also recommends strengthening routine programme supervision to include M&E issues. This is in line with recent guidance from the Office of the Global AIDS Coordinator (OGAC), which considers supportive supervision a key activity in promoting data quality and data use (*FY2010 COP Technical Considerations*, 2009).

In addition, MEASURE Evaluation proposes complementing assistance to service providers with special attention to programme beneficiaries through participatory monitoring and evaluation (PM&E).

Data quality assurance and CTV are useful for strengthening capacity, data quality, and timely programme information for supply-side decision making by service providers. However, neither DQA nor the CTV assesses the demand side (target population), nor do they encourage data use at the community level or joint decision making by the target group and service provider.

MEASURE Evaluation developed a PM&E programme that accomplishes the following:

- Addresses identified gaps in data quality and evidence-informed decision making on the supply side
- Strengthens the demand side
- Provides strong direct linkages among programme beneficiaries, direct service providers, and higher levels of technical and resource support providers (donors, implementing partners, and international NGOs)

The PM&E programme is designed to enhance the well-being of the target group, the performance of the service providers, and the supervision and management practices of the technical and resource providers.
ABOUT THE MANUAL

This manual is designed to help facilitators of PM&E apply PM&E techniques in the field. The manual includes a five-step PM&E programme path and six community group tools. The facilitators undergo a four-day training, which focuses on PM&E concepts, methods, and tools to be used with beneficiaries and providers at the community level. The PM&E programme will enhance the relationship among all stakeholders in the value chain in health-related services and other social service providers.

The manual is based on MEASURE Evaluation–Tanzania’s experience in building the PM&E skills of nongovernmental organizations. These materials also may be used for other audiences.

INTENDED USERS

This manual is specifically designed for facilitators of PM&E who have participated in the training and would like to apply the participatory methods and tools with community groups in Tanzania. The facilitators do not have to have professional M&E expertise. They do need to have basic skills, experience, and commitment to participatory training methods, and basic knowledge about project management and planning, and the programme implementation environment in Tanzania.
The Programme Path will guide facilitators of PM&E in organizing and carrying out activities to support community action and learning.

Figure 1 illustrates the purpose of PM&E as a learning cycle, starting with the present and planning for the future.

**Figure 1. PM&E learning cycle**

![PM&E Programme Path](image)

The “worm” shows how systematic learning helps us to adapt to change.¹

Participatory monitoring and evaluation is about learning together from our successes as well as our mistakes. This takes place in a learning cycle involving the following repetitive steps:

- First, communities come together to discuss *present* concerns. They make a plan of action to address these concerns, and they carry out activities to support the plan.

- Next, they meet with each other again to discuss their activities and their observations. Based on this meeting and group reflection, they may change some of their plans in order to take better action and make better progress in the *future*.

- This process of monitoring, reflection, and taking new action is repeated as many times as necessary to bring communities closer to their goals.

Figure 2 shows the five basic steps of the PM&E Programme Path.

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Explain that facilitating meetings with relevant members of the community or community groups is important for each PM&E step along the programme path. Each step will also require some initial preparation as well as some later follow-up by the PM&E facilitator.

**TIPS:** Use the prompts to guide the discussion. Feel free to use a particular area and/or programme for this module. Note important points about the PM&E Programme Path on the flip chart sketch.

**Before Step 1.** Keep in mind that programme activities are already underway before a community group uses the PM&E Programme Path.

**STEP 1. GET READY**
This is about entering the community to prepare community groups for PM&E activities.

Before you start working in a community, you should engage the community to gather general knowledge about their needs. You also should get community buy-in for PM&E. That’s why the first step involves raising community awareness about PM&E activities and getting support.

Do you think this is important? Why? Why not?

Ask participants to brainstorm the preparations and activities for Step 1/Get Ready.
How could you prepare the community for PM&E? Are there particular people, leaders, or organizations who could help? What could you do to involve them?

How would you bring the community together? Would you call a meeting? Would one meeting be enough? How would you make the community aware of the purpose, location, or timing of the meeting? Are there any people who might be overlooked because they could not attend the meeting(s)? What could you do to reach them?

Before conducting these meetings, what are some things you need to do? Who should be involved? Why? What will be discussed at the meetings?

What do we do next? Are there activity reports or plans that you should gather or read before you start working in the community?

**STEP 2. IDENTIFY PRIORITIES**
This step involves getting the people who work or volunteer with community groups to think about the issues or concerns in their community, discuss these concerns with each other, and decide how they would like to address the concerns identified.

The second step is about getting the people who work or volunteer with community groups to think about what the community needs and how they can help.

This step involves meeting to talk about the community concerns, discuss what you would like to change, agree on which concerns are most important and which you could help change, and then decide on the order in which you will address the concerns identified.

Brainstorm about what Step 2/Identify Priorities might look like.

How will you know what the concerns are? How will you decide which ones are most important? In Session 2, we will introduce some tools you could use, such as a Community Concerns Brainstorm and a Vulnerability Map.

Let’s talk now about some things we need to do to help us to identify priorities. Whom should we involve?

What should we have completed by the end of the meeting? What do we do next?

**TIPS:** Before moving on, write the main points of this step on the Programme Path Diagram (on the flip chart). Be sure to wrap up each step by noting the people who should be involved and the tools that could be used.
**STEP 3. MAKE A PLAN**
At this stage, the same people who work or volunteer with community groups should come to a decision and make a plan of action to address the issues they have identified.

The third step is about coming to a decision about how you will address the issues identified.

Once you identify the community concerns, you will need a plan of action for how you will provide needed services and monitor changes in the community as a result of having received these services.

Brainstorm about what **Step 3/Make a Plan** might look like.

- What are some things we need to do? What activities might be included in our plan? Who will do them?
- What information might we need to record? In Sessions 2 and 3 we will show you two tools that can be used: the Action Calendar and the Community Monitoring Table.
- What should we have completed by the end of the meeting? What do we do next?

**STEP 4. TAKE ACTION (THEN MONITOR AND REFLECT)**
This fourth step involves community groups going out to the villages to carry out the activities planned in Step 3 and then coming back together to meet and discuss (monitor and reflect) the successes, challenges, or other observations that they noticed while working in the community.

The fourth step has two parts.

This first part is about taking action. This is where you go out to the villages to carry out the activities described in the Action Calendar and the Community Monitoring Table.

The second part is about monitoring and reflection. This is where members meet to discuss their activities and observations.

Brainstorm what **Step 4/Take Action (Then Monitor and Reflect)** might look like.
How many meetings do you think we might need for this step? Before the meetings, should we have completed any activities? Is this important? Why? How will we discuss what we have learned?

We could discuss and reflect on the information in the Community Monitoring Table, or we could use a Community Scorecard or a Single Case Review (which we will discuss in an upcoming session). After we have recorded information three or four times using our Community Monitoring Table or our Community Scorecard, we may need to tally the information, reflect or interpret the information, and develop questions for the community group.

Is it okay to change the plan? How do we record the changes? We could update the Programme Action Calendar and maybe even the Community Monitoring Table. What should we have completed by the end of the meeting? What do we do next?

**STEP 5. TAKE NEW ACTION (THEN MONITOR AND REFLECT)**

And group members have met to reflect on their work, this cycle is repeated to improve on programme plans and help groups to achieve their goal(s). This step involves taking new action, along with regular monitoring and reflection, and will most likely need to be repeated.

Brainstorm what **Step 5/Take New Action (then Monitor and Reflect Again)** might look like. Remind participants that this step is to be repeated until they have achieved their goal(s).

This is a very important step in PM&E. Remember that PM&E is about learning together from our successes and our mistakes. Change is okay. Therefore, this step to take new action, then monitor and reflect, should be repeated as many times as needed to bring communities closer to their goals. For some activities, this may be the last step of the PM&E process. Can you think of any examples where this might be so?

It is more likely that more than one follow-up meeting will be needed, and this step continually repeated, until the goal is reached.

What tools could we use at this meeting? Do you think the tools will be different from those in Step 4? Why?

If change is okay, can we revise the plan with ideas to make it better? Can we add new activities? Can we remove activities? How do we record this? What should we have completed by the end of the meeting? What do we do next?
Closing/Key Points

- **Participation** should include all people involved in and affected by the intervention.

- A simple M&E model includes inputs that allow us to conduct activities, which allow us to produce outputs and help us to achieve our outcomes.

- **Participatory monitoring and evaluation** is a process that allows groups of local people to learn with and from each other. They do this by analysing their concerns, making decisions on how they can be improved, presenting their results, and owning their outcomes. There are five mains steps in PM&E:
  
  - Get ready.
  - Identify priorities.
  - Make a plan.
  - Take action (then monitor and reflect).
  - Take new action (then monitor and reflect again).

- **Change is okay.** When we change our plans based on lessons learned, we get closer to achieving our goal(s).
COMMUNITY GROUP TOOL 1.

VULNERABILITY MAP

**Instructions**

Begin the Vulnerability Map exercise by introducing yourself and the exercise.

Good morning. Thank you for joining us. We are going to complete an exercise involving a Vulnerability Map. This will help us understand how different households survive and cope in the community.

Understanding different households will help us understand the needs and concerns of the entire community.

Has anyone participated in a community mapping exercise before? Tell us about it.

Facilitate a brief discussion about the different types of households in the community.

Before we begin, let’s share with each other our ideas of what defines a household?

Many different types of households make up one community. Tell me about different households.

Today we will draw a map that shows the community resources, like a school, a health centre, or a river. We also will draw households on the map.

We will not draw all of the houses, but we will try to draw many different types of houses.

If it is a small group (6–10 participants), they can remain as one group for the exercise.

If it is a large group (more than 10 participants,) make smaller groups of participants who have characteristics in common. For example, group the leaders with other leaders, providers with other providers, and clients with other clients. Another example is women with women and men with men. Keep the needs of the community programme in mind when deciding how to make smaller groups.

**TIP:** If the group is large, be sure the meeting space can accommodate breakout sessions. If the only space large enough for the group is outdoors, then be prepared to draw in the dirt with sticks.

If the larger group is divided into smaller groups, provide a PM&E facilitator for each group. The PM&E facilitator will need to take notes during the discussion and make a vulnerability map for the subgroup.

TOTAL TIME 90 minutes
Before the brainstorm begins, the group should reach an agreement about the geographic area and the types of services, resources, and organisations that should be considered.

Draw the map together as a group.

Ask someone from the group to draw her household (using a sheet of paper, the cement floor, or the sand or dirt outdoors): Write his name next to the household, and number it (1, 2, 3, 4, etc.).

From the position of this person’s house, let the group draw any key features in the village or community, such as school, health post, roads, paths, water points, and shops.

Ask the person who drew the household to add the neighbours’ households with their names; the others should help the person drawing recall names and positions of households.

Let the person continue adding households until there are 20–30 households (depending on the size of the community).

Keys for the map can be letters or symbols, such as female-headed household (FHH or a flower), child-headed household (CHH or a small pebble), livestock (L or a piece of dung/animal dropping), and poultry (P or a feather).

Copy the map in a notebook. Take notes while the group discusses the answers to the following questions:

Before we begin, let’s confirm the geographic area the programme covers. Can someone describe that for me? What is the boundary to the North? What is the boundary to the East? To the West? (Note on the flip chart.)

And let’s confirm the types of services offered by the programme and the key stakeholders in the community. Can someone list those for us? (List them on the flip chart.)

Okay let’s start drawing the map. Who wants to draw? Please draw your house and then your neighbours’ houses.

Where is the school? Where is the health centre? Can you draw roads and paths? Let’s draw more houses. Let’s draw gardens and livestock.

Can you list all types of households you have in your village, such as female-headed, child-headed, elderly, or chronically ill people?

What services are available in your community? Can you list them and draw them?

What health risks are around the village? What makes households vulnerable? Has it always been this way? How does that household cope with the situation? How does the household access the services?
Figure 3 is an example of a Vulnerability Map.

If the participants divided into smaller groups, ask them to reassemble as one large group, and allow subgroup leaders to share their maps.

Use your notes to reflect the key points of the discussion with the large group. Ask the group to list the most important information noted or lessons that can be learned from the mapping exercise.

We have identified a few problems in our community. *(List a few problems.)*

The different households show us different ways of surviving and coping. *(List the ways of living and ways of coping.)*

How do households make money? How do households get food?

How do people take care of their health? Where do people get emotional support?

How many vulnerable households have we identified? What types of concerns or vulnerabilities do households in our community face? *(List the number of FHH, list the number of CHH, and other vulnerable household types.)*
We’ve talked about all the concerns or vulnerabilities in our community. Now what?

Which concerns can we address? Why or why not?

Which concern do we start with? Why this one? How can we address the concern? What resources are needed?

Where can we get them? Let’s decide what activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.

In the next session we will brainstorm about Community Concerns and then we will create an Action Calendar to plan how we can address concerns.
**COMMUNITY GROUP TOOL 2.**

**COMMUNITY CONCERNS BRAINSTORM**

**INSTRUCTIONS**

Begin the “Community Programme Brainstorm” exercise by introducing yourself and the exercise. An illustration of a village meeting will be included in this module.

We are going to complete an exercise called “Community Concerns Brainstorm.” For this exercise, we will gather concerns about the needs of our community, for example the most vulnerable child (MVC) and home-based car (HBC) households (or whatever the group has identified through the Vulnerability Map exercise).

Brainstorming is a group exercise. First, members of the group call out many ideas, concerns, and examples. (When we brainstorm, we do not evaluate the ideas or concerns. There are no wrong answers; we are just sharing ideas.)

Once we have a list of concerns, the group chooses which concerns are most important or most urgent.

Get agreement from the group on the geographic area and types of services, resources, and organizations before the brainstorm begins. Example:

Before we begin, choose the household or group of households most vulnerable right now. Is there a single household in need right now? Is there a geographic location in the community where households are highly vulnerable? Would the group rather focus on a type of vulnerable household? Can someone describe that for me? (Note on the flip chart.)

If the group is small (6–10 participants), it can stay together for the exercise.

If the group is large (more than 10 participants), form smaller groups of participants who have characteristics in common. For example, group the leaders with other leaders, providers with other providers, and clients with other clients. Another example is women with women and men with men. Keep the community programme in mind when deciding how to form smaller groups.

If the larger group is divided into smaller groups, provide a PM&E facilitator for each group, or assign a group leader who can record or remember what the group discussed. The small group leader will need to ask the questions provided below and report the small group discussion back to the larger group.

Use some of these open-ended questions or prompts to encourage participants to share ideas and examples. Remember that this is an information gathering exercise. Also consider the cultural practices that exist in that particular community. Listen and record. Do not correct, teach, or share your opinions. Empower the group to share, prioritize, and problem-solve together. Here are examples of questions to generate ideas:
Tell me about the programme. How are things going here?

What do you need that you do not have? What do families need?

What services are available, but people are not accessing them?

What works well? What does not work well?

We will list our concerns and reasons, and then resources to meet the concerns. The Priority Column in Table 1 will be used last to tick the top two or three priorities.

When listing concerns, try to give a reason for each. (Don’t wait until the concerns are listed and then go back for reasons, because that takes too much time.)

If the group is divided into smaller groups, then they can re-assemble again with all of the others to share their concerns. Often a large number of concerns is gathered, and not all are relevant. To pare down the list, ask the group to agree on the most important, urgent relevant issues to deal with first.

Create a chart, like Table 1, where you can capture the concerns and reasons, and then put a check in the priority column next to the top three concerns. Let the group give reasons for their choices. Ask the group to identify resources to address the concern.

**TIPS:** Consider gender, age groups, and locations when a people-related concern is raised.

We will use the Priority Column to tick our top concerns.

How can we prioritize?

Let’s consider which concerns are directly related to the programmes.

Which concerns are most important?

Which concerns are most urgent?

**Table 1. Community Concerns Brainstorm**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Concern</th>
<th>Reasons</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>
We’ve talked about all the concerns in our community programme. We decided together which were the least important and which were the most important. Now what?

Will we start with the most important concern? Why or why not?

Which concern do we start with? Why this one? How can we address the concern? What resources are needed? Where can we get them?

In the next session, we will use an Action Calendar to help us decide what activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.
COMMUNITY GROUP TOOL 3.

**ACTION CALENDAR**

**INSTRUCTIONS**

Draw an Action Calendar (see Table 2) before beginning the module. Two sheets of flip chart paper (taped together) will be needed to allow enough space for the calendar portion of the table (include at least six columns.)

Begin the “Action Calendar” exercise by introducing yourself and the exercise.

Good morning. Thank you for joining us. We are going to complete an exercise called “Action Calendar.”

The purpose of this exercise is to plan activities that need to be completed by our community group.

Introduce the concept of planning. Use everyday examples to show the group that we all use planning in our lives.

Planning is simply using knowledge and experience you already have to lay out the steps it takes to succeed or be on time.

Planning is an activity that we all do. We plan our meals. We plan the chores we will do in one day or in one week.

Ask the group to start planning activities that will be needed for their programme. Let the group decide what programme activities to include.

**TIPS:** Including two to five items in the “What activities are expected?” column is a good goal.

Some actions or activities may come directly from other PM&E exercises. Others may be routine, or are considered important or urgent, even if they were not mentioned in the PM&E exercises.

Let’s decide what activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed. This is how we start to build our Action Calendar.

What activities are expected?

What needs to be done to make the activity happen?

When do we do it? Who does it?
Table 2. Action Calendar

<table>
<thead>
<tr>
<th>What activities are expected?</th>
<th>What needs to be done?</th>
<th>Person responsible</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide school supplies and uniforms to children in need.</td>
<td>Count children in need (with ages and genders)</td>
<td>Member A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise money</td>
<td></td>
<td>Member B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get list of needed supplies from school by year</td>
<td></td>
<td>Member A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange to buy supplies and uniforms</td>
<td></td>
<td>Member B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute school supplies and uniforms</td>
<td></td>
<td>Members A&amp;B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once the Action Calendar is made, facilitate a discussion on how the group can best use it to guide their work and plan future community group meetings to monitor and discuss progress.

Now look at the Action Calendar. How often should Member A share her progress? If the activity should be shared every month, the group should gather to discuss that activity each month. If the activity should be shared once a year, then the group should meet to discuss that activity each year. Let’s plan when we should meet based on our Action Calendar.

An Action Calendar can be made for those who are responsible for recording and sharing the information.

Once the group has agreed on activities for the programme, the group members who are responsible for completing the activities will need Action Calendars.

Blank notebooks will work best, but single sheets of paper may also be used. Let’s draw an Action Calendar for each member now.

Now look at your calendars. When is Member X expected to complete an action? When is the action up for discussion? If the activity should be shared in the summer, then the group should meet to discuss that activity in the summer.
COMMUNITY GROUP TOOL 4.

COMMUNITY MONITORING TABLE

INSTRUCTIONS

Draw a Community Monitoring Table before beginning the module (see Table 3). Two sheets of flip chart paper (taped together) will be needed to allow enough space for the calendar portion of the table; leave enough space for at least six columns.

Begin the “Community Monitoring Table” exercise by introducing yourself and the exercise.

We are going to complete an exercise called “Community Monitoring Table.”

The purpose is to make a tool to monitor the supplies and services provided by the programmes in our community.

Introduce the concept of monitoring. Use everyday examples to show the group that we all use monitoring in our lives even though we do not refer to it as such.

Monitoring is simply gathering information to look for changes over time.

Monitoring is an activity that we all do; we just don’t call it “monitoring.” We monitor our kids. We monitor our food. We monitor our crops. We monitor the amount of money we have to spend.

Introduce monitoring activities. Explain that monitoring activities should be done more than once and recorded each time.
Monitoring is about tracking changes. When we monitor, we watch what is happening to see if things have changed. Therefore, in order to be sure of change, we should carry out our monitoring activities more than once and always keep records of how things were in the past. Because of this, monitoring activities must also include taking notes.

When you take your child to the clinic, the nurse may record his weight. If the nurse didn’t weigh your child at each visit, it would be difficult to know if your child was healthy and growing.

A monitoring activity can be an observation, a count, or a measure recorded over time. For example, a mother observes that her child has a cough for three days, or a teacher counts the number of children who attend class each day, or the nurse measures the weight of your child at each visit.

A good monitoring activity records something very specific and something you can measure easily: for example, the number of days a child has a cough, the number of children in attendance at school, the weight of a child over the first year of life.

Inform the participants that group discussion is also an important part of any monitoring activity.

Discussion is very important. Let’s use the example of you taking your child to the clinic.

The nurse may measure and record your child’s weight. If the nurse didn’t do this at each visit, it would be difficult to know if your child was growing. The nurse then discusses your child’s growth (pattern) with the doctor, in order to make a plan to help improve your child’s growth or maintain it. The nurse and the doctor then talk to you, so that you understand how your child is progressing and what you need to do to keep the child healthy.

The same goes for our work. Once the observations or counts have been recorded, the information should be discussed among the group. Now everyone knows the information, and everyone has a chance to share what they think the information means to the community programme.

Facilitate a discussion about what needs to be monitored. Community concerns may come from the Community Concerns Brainstorm exercise, or the group may be able to agree on important or urgent concerns without the help of the exercise.
Think of your community programme like a teacher’s classroom. To monitor your programme well, you collect information at the beginning, middle, and end, so that you can track whether you are making progress in your community.

Let’s decide what monitoring activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.

There is no right answer on which monitoring activities to choose. We will use our own judgment and relate it as closely as possible to what activities are expected and what needs to be done.

If we choose monitoring activities that count people, we will try to separate people by gender and then by age, location, type of household, or some other important variable when we record that information. This matters, because people are not the same, and depending on their gender, age, and other characteristics, their situations change.

Make a list of what needs to be monitored with the following details:

- What do we need to monitor? What is the monitoring activity?
- Do we need to consider gender, age, location, type of household, or anything else?
- When (how often) do we monitor? How often does the activity take place? Who does the monitoring?
- When (how often) should results be shared?

Community Monitoring Tables can be completed during community meetings for recording and sharing the information gathered by the monitoring activities.

Now that the group has agreed upon monitoring activities for the programme, we can make a Community Monitoring Table to record them. The information we record on the table is called an indicator or a detail of our story.

A blank notebook will work best, but single sheets of paper may also be used. Let’s draw a table now.

If the monitoring activity should be shared every month, the group should gather to discuss that monitoring activity each month. If the monitoring activity should be shared once a year, then the group should meet to discuss that activity at the correct time each year.
Table 3. Community Monitoring Table

<table>
<thead>
<tr>
<th>Indicator monitoring activity</th>
<th>Person responsible</th>
<th>When to report</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Total</th>
<th>Targets</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MVC who are not going to school</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>15</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Number of MVC who received at least one care service</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>20</td>
<td>21</td>
<td></td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Number of MVC caregivers who are interviewed during home visit for care plan</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>3</td>
<td></td>
<td></td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
<td></td>
<td>Not enough time to revise existing care plans, but added five new MVC households</td>
</tr>
<tr>
<td>Number of income-generating groups formed by HBC households</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Reached total target</td>
<td></td>
</tr>
<tr>
<td>Number of households with small-scale businesses, gardens, livestock</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>20</td>
<td></td>
<td>25</td>
<td>40</td>
<td>85</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exceeded total target</td>
<td></td>
</tr>
<tr>
<td>Number of HBC households fed regular meals</td>
<td>Volunteer</td>
<td>Mar, Jun, Sep</td>
<td>10</td>
<td></td>
<td>20</td>
<td>35</td>
<td>65</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Keep up the good work!</td>
<td></td>
</tr>
</tbody>
</table>

Once the Community Monitoring Table is made, note whether more than one member completes the same monitoring activity. If yes, each member will report her own counts and the group will tally those counts and discuss them. Make observations about the monitoring activities based on who, what, and when. Note if more than one step will be needed to complete a monitoring activity. If targets are not available, consider where to find them. Examples of targets are the number of children in the community and the number of vulnerable households in the community.

Members may want their tables for their own use. Help those members make a table unique to them.

Members may have standard report forms from their programme. Encourage members to bring those forms to the meetings.
Now, look at each monitoring activity. Do any require more than one step?

How will we help volunteers remember to do these monitoring activities?
How often do their activities take place?

Does anyone already use a form?

Does anyone want help making a table to track his monitoring activities?

If a plan to use the Action Calendar tool is not in place, facilitate a discussion about what can be done about the issues and concerns.

We’ve talked about all the things we need to monitor in our community programme. Now what?

When we get together to discuss our monitoring activities, what will do? If there are concerns, how can we address the concern?

What resources are needed? Where can we get them?

Let’s decide what programme activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.
COMMUNITY GROUP TOOL 5.

COMMUNITY SCORECARD

INSTRUCTIONS

Decide if dividing the group into smaller groups is necessary. Draw enough Community Scorecards to have one for each group. Participants will be divided into groups that are alike: volunteers with volunteers, caregivers with caregivers, clients with clients, and so on. A PM&E facilitator should be assigned to each group. To use the scoring method presented in this session, groups must be of equal number.

Begin the “Community Scorecard” exercise by introducing yourself and the exercise.

Good morning. Thank you for joining us. We are going to complete an exercise called “The Community Scorecard.”

The purpose is to help us understand to what extent MVC/HBC services change lives in our community.

Has anyone used the Community Scorecard before? Tell us about that.

Explain to the group that the purpose of the Community Scorecard is to review the processes in place for providing services and identify areas of improvement. It is not about judging the people providing the services! Show an illustration of a person passing judgment—pointing a finger, for example—and making someone sad.

The Community Scorecard is meant to improve service delivery and communication in the community. IT IS NOT ABOUT PLACING BLAME. IT IS NOT ABOUT POINTING FINGERS. Do not look at groups of people or individuals but at programmes and policies.

Tell me about some general issues with certain aspects of your programme and the types of services offered.

What is the role of the community in service delivery?

What types of things can we discuss today using the Community Scorecard?

Introduce the use of quality scores.
Quality scoring is about tracking changes. Quality scores can be decided today with the agreement that we will meet again to provide new progress scores and discuss changes that may have occurred since our last meeting.

A quality score can be an observation, a feeling, or an opinion recorded over time.

For the Community Scorecard to work well, observations, feelings, or opinions should be very specific and likely to change over time.

An example of a score based on observation is a grade on a test. The teacher observes the number of mistakes a child makes on a test and provides a score.

An example of a feeling or opinion is, “I like mangos.” “I like mangos” is a feeling or an opinion, but it is not a good opinion score because it is unlikely that my opinion of mangos will change. “I had enough mangos to eat this week” is a good opinion score, because it could reflect how my feeling or opinion can change over time.

Another good quality score could be “households get the assistance they need from the programme” or “income-generating groups provide me with the things I need to start my own business.”

Let the group decide the list of services and/or community concerns the group will address. These may come directly from the Community Concerns Brainstorm exercise.

Let’s make sure we agree on the types of services and the names of organizations that are involved in the MVC/HBC programme.

Now let’s make a final list of community concerns or community services that we want to learn more about.

We will start with the list we have here.

**TIPS: THE COMMUNITY SCORECARD**

Take notes during the discussion.

Keep reminding participants that the Scorecard is **NOT** about blame.

Explain how the service and/or community concerns can be rated using sad and happy faces to represent the progress scores. Use drawings for additional clarification.
Let’s talk about how some services may make us feel.

Sometimes we can tell a lot about how people feel by the expressions on their faces. A big smile may mean that they think something is very good. A little smile may mean they think it is good, and a frown may mean they think it is bad.

Very good  Good  Just okay  Bad  Very bad

You may have an opinion or feeling about a service you have received, or a service someone in your household received, or someone in your community has received. Expressing your opinion or feeling by choosing one of these scores will help track community concerns over time.

If you answer today that the service is good, and next month that it is very good, then we can say the service is improving.

If you answer today that the service is good, and next month you say it is bad, and the next month it is very bad, we can say the service is declining.

Once the group understands the smiling face scoring system, it is time to start scoring services and/or community concerns. It is important to divide the group into smaller groups that are alike: volunteers with volunteers, caregivers with caregivers, and clients with clients. Don’t forget to make the groups have equal number of members. A PM&E facilitator should be assigned to each group.

Facilitators will help the group choose observations or opinions they feel qualified to score. For example, a group of clients may not feel qualified to score the observation, “School supplies are available on time for every child in need.” Or a group of providers may not feel qualified to score the opinion, “Clients always feel comfortable asking questions about the service.” TIP: Including two to five observations/opinion scores is a good goal.

Facilitators will help the group reach consensus on a score. If consensus is not reached easily, a vote should be taken, using a Community Scorecard like the one shown in Table 4.

When a vote is needed, follow these instructions to conduct a group vote on a score. For each score, ask participants to raise their hands if they agree with the score. Record the number of votes for each emoticon face. Write that number in the appropriate box. Once you have taken votes for all five possible responses to the observation or opinion, add the row of numbers together and divide by the total number of people who voted. The average is the quality score for that observation or opinion. You can record the average vote by putting an appropriate face sticker in the appropriate column, as illustrated in Table 4.
To begin the scoring, we will divide into groups of providers and clients. Clients will share their thoughts and feelings with other clients. Providers will share their thoughts and feelings with other providers.

The facilitators will lead each group to choose a score for each observation or opinion listed on the card. The scorecard may look a little different for providers and clients.

We will help the groups decide if there is an observation or opinion they feel they cannot score and it will be left off the scorecard for that group.

We will need to record the progress scores for each issue. If we can’t reach a consensus on the score, we will vote on it.

It is also important to note the reasons for your score. Record your thoughts, feelings, and opinions. Explain why the service is or is not changing lives in the community.

Start with the first issue and ask the group to give it a score. Different people in the group may feel differently about the issue, so it is important to check that the score reflects the feelings and opinions of everyone. Once the group agrees on the score, ask and record the reasons. Use an example first to be sure that everyone understands how this should be done.

Repeat this process for the other observations and opinions. Discuss.

**Table 4. Community Scorecard**

<table>
<thead>
<tr>
<th>Community Scorecard Date:</th>
<th>Programme Area:</th>
<th>Facilitator Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality Score</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very Bad 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bad 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Just Okay 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very Good 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observation/opinion</th>
<th>Reasons</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>School supplies are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>available on time for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>every child in need.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Bad 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Just Okay 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients always feel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>comfortable asking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>questions about the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The facilitators will lead each group to choose a score for each observation or opinion listed on the card. The scorecard may look a little different for providers and clients.
Ask the small groups to share their community scorecards with the larger group. Once each group has had a chance to share their quality scores, reasons, and suggested actions, average the quality scores and make one community scorecard that represents the judgments of the entire community group.

Follow these instructions to average multiple progress scores to represent the entire community group on a summary scorecard. For each observation or opinion, record the quality score of each group on a summary scorecard. If more than one group chose the same quality score, multiply the number of groups by the number assigned to the emoticon face. Write that number in the appropriate box. Once you have recorded quality scores from all groups, add the row of numbers together and divide by the total number of cards. The average is the quality score for that observation or opinion for the entire community group. This method only works if there is the same number of people in each small group.

Wrap up the exercise by discussing what can be done about the issues and concerns.

Now that you have completed the scorecard, share it with others in the community group. Share the issue(s), score(s), reasons for the score(s), and suggested action(s.)

How do you feel about the scores? What can we do to improve low scores? What can we do to maintain high scores?

Let’s decide what activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.
INSTRUCTIONS

Begin the “Single Case Review” exercise by introducing yourself and the exercise.

We are going to complete an exercise called the “Single Case Review.”

The purpose is to help us understand how well programme services change lives in our community.

The Single Case Review is a learning opportunity. We will look at one particular case in great detail.

The does not have to be difficult. One person tells the rest of the group about a situation where their programme helped a child, an adult, or a household to receive needed services.

The rest of the group then participates by asking questions, sharing experiences, and learning from one another.

Ask for a volunteer to describe an interesting case based on personal experience. Depending on the confidence or experience level of the group, you may wish to use your own example. An example of a case is provided in Appendix C.

Has anyone here been working in the community?

Can you tell us about a particular case where you helped one vulnerable individual or household to get needed services?

TIPS: THE SINGLE CASE REVIEW

Take notes during the discussion.

If the members of the group do not directly work in the community, you will need to provide an example case to review and discuss in this module.

Draw from the following questions as needed to guide the case storytelling:
Did you identify a vulnerable child, adult, or household?

What were the concerns of the client?

What concerns did you identify with your observations of the situations?

What (activities) did you do to address this concern?

How did you know if things had changed?

How did you decide which concern to address first?

Were you able to address all the issues? Explain.

Was there anything that made you especially proud?

What would you have done differently?

Did anything about this client’s situation confuse you? Explain.

Were you ever concerned for the client’s safety?

What other materials or support might have helped you with this case?

Use the following questions to guide the group discussion about the case that was presented:

Has anyone worked on a case that was similar to this one? How was it similar? How was it different?

Were there any other concerns? How did you deal with them?

Did you need or get any additional support to help manage the case? Tell us about it. Was it helpful?

Is there anything you would do differently if you were to find a similar case again? What would that be? Why?

Facilitate a group discussion about concerns that may be common or applicable to other community members.

We know that vulnerable people may need help getting services, such as healthcare, education, and food. They may also need other types of support.

How do vulnerable people in your community feel? Are they embarrassed? Do they feel ignored, unimportant, or unheard?

How do they feel about receiving goods and services? Are they more confident? Are they ashamed?

Tell me about some of the attitudes in your community?

Use your notes to reflect on key points and important lessons learned.
We have identified some important points to remember when working in the community. (List a few key points on the flip chart.)

Every individual is vulnerable in different ways. (List some types of support vulnerable people need and some ways of helping them.)

If there is not a plan to use the Action Calendar tool, facilitate a discussion about what can be done about the issues and concerns.

We’ve talked about all the concerns and vulnerabilities in our community programme. Now what?

Which concern or vulnerability do we start with? Why this one?

How can we address the concern? What resources are needed? Where can we get them?

Let’s decide what activities are needed, how often they should be done, who needs to do them, and how often they need to be discussed.

**CLOSING/KEY POINTS**

Take a moment to reflect on what you’ve learned about PM&E methods so far.

First, we identified members of the community who are most vulnerable and in greatest need of support (Vulnerability Map).

We then discussed problems in the community and prioritized issues. This was our first step towards making a plan to help our communities (Community Concerns Brainstorm).

To support our community’s needs well, we then developed a plan that would allow us to monitor our efforts and evaluate whether we are succeeding (Action Calendar and Community Monitoring Table).

We used indicators to help us monitor our activities and our progress (Community Scorecard).

Everyone participated. We discussed our results to increase our understanding, improve our plan, and guide our work in the community.

This is participatory monitoring and evaluation.
**APPENDIX A.**

**WHAT IS PARTICIPATORY MONITORING AND EVALUATION?**

**Participation**

- Participation is a wonderful-sounding word that is likely to be misunderstood.

- In the present context, it means “to take part in a joint activity,” through which the different experiences, capabilities, and knowledge of the participants can be used.

- In self-promotion, it means: there should be a continuous empowerment of people’s groups going hand in hand with a continuous relinquishment of power by the development organisations and funding agencies.

- Participation implies an empowerment of the members of the self-help group, and even of the development organisations or NGOs vis-à-vis the funding agencies.

- Participation is an ongoing process, where one side discovers capacities of its own and learns to act more and more autonomously, and the other side learns to accept other viewpoints and to hand over responsibilities and power.

- Participatory monitoring should help those involved to learn to draw conclusions for decision making out of the practise-error-reflection-correction-and-action process, and guide the activities according to “lessons learned.”

**Monitoring**

- Monitoring is a process of systematic and critical review, with the aim of checking an operation and adapting it to circumstances.

- Monitoring yields valuable insights from the projects.

- Typical elements of monitoring are:
  - Ongoing review (to observe changes in project implementation)
  - Systematic documentation (to document this process of change)
  - Analysis and decision making (to reflect, to adjust, and to rectify the operation)

**Evaluation**

Evaluation involves comprehensive analysis of the operation, with the aim of adapting strategy and planning to circumstances. Evaluation is a less-frequent form of reflection; it is deeper and leads to more fundamental decisions.

**Linkage of Monitoring and Evaluation**

As monitoring and evaluation are two sides of the same coin (often referred to as “M & E”), differing only in frequency and range of decisions, monitoring often goes hand in hand with evaluation.

**Participatory Monitoring**

What Should Be Monitored?

The group should systematically monitor the changes that are important for its members. The findings will depend on who is doing the observing, because everybody sees different things and attaches different levels of importance to what each person sees.
Steps to Be Followed

1. What should be watched?
2. How is it done?
3. Who should watch?
4. How can results be documented?
5. What was observed?
6. Why these results?
7. What action should be taken?

**Participatory Evaluation**

- Participatory evaluation is a process of involving participants in programmes to reflect critically on their own projects, programmes, aims, and leadership.
- Its value is that it continues the process of action-reflection, and increases the awareness that people themselves can shape their own lives and destiny.
- The people themselves examine the strengths and the weaknesses so that they can contribute more to the success of their own work.
- The main purpose of participatory evaluation is to have a positive effect on the participants’ own lives and the community of which they are a part.

**When Do We Evaluate?**

Groups and CBOs need to be encouraged to have regular evaluations to avoid the problem of evaluating too late (when a crisis has become too big) or too early (when there is not much to evaluate).
### APPENDIX B.

**SUMMARY TABLE OF PM&E STEPS**

<table>
<thead>
<tr>
<th>PM&amp;E Steps (&amp; Purpose)</th>
<th>Preparations Needed</th>
<th>Activities to Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Get ready.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General community: Inform people living in the community and make them aware of how you would like to use PM&amp;E to help meet their needs.</td>
<td>Identify stakeholders (such as village leaders) to involve in activities and awareness-raising.</td>
<td><strong>Household visits.</strong> Go house-to-house to inform those who do not come to community meetings.</td>
</tr>
<tr>
<td>Community group(s): Introduce the need for PM&amp;E, and orient members and volunteers of community groups (such as MVCCs and WORTH groups) to PM&amp;E methods and tools.</td>
<td>Decide if you will meet with different stakeholder groups separately or together, and arrange meeting date(s)/location(s) accordingly. Note resources, audience, travel, time, and other factors. Prepare talking points and/or presentation(s), as suitable for each audience. Identify members, volunteers, and a co-facilitator. Decide on/confirm meeting. Note resources, audience, travel, time, and other factors. Re-orient with/prepare training materials and/or presentations for use in meeting.</td>
<td><strong>Community posters/flyers.</strong> Create a one-page flyer for distribution, using as many examples and drawings as possible. <strong>Community gathering.</strong> Introduce PM&amp;E and activities that will take place in a general community meeting and/or with specific community representatives. <strong>Presentations.</strong> Engage stakeholders who are not at the community gathering. <strong>PM&amp;E training</strong> Agree on date and location for next meeting. (5–6 weeks)</td>
</tr>
<tr>
<td><strong>2. Identify priorities.</strong></td>
<td>Decide on and confirm meeting.</td>
<td><strong>Tools</strong></td>
</tr>
<tr>
<td>Think about and discuss the issues in the community, and identify priority concerns.</td>
<td></td>
<td>• Community Concerns Brainstorm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community Scorecard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vulnerability Map</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agree on date and location for next meeting. (Two 3-hour workshops)</td>
</tr>
</tbody>
</table>
### 3. Make a plan.

Decide as a group what activities will be done, who will do them, when they will happen, and how they will be tracked and observed.

**Review.**

**Tools**
- Community Monitoring Table
- Action Calendar

Agree on date and location for next meeting as well as which activities should have been completed by the time of the next meeting.

**One 3-hour workshop.** This may take much more time with multiple sessions and meetings if the community members are passive or there is excessive conflict.

### 4. Take action, then monitor and reflect.

Do the activities that were described in the plan to help communities achieve their goals. Collect information about the activities. Think, learn, discuss, and adjust plans following the sharing and reflection on experiences and views.

**Review.**

**Tools (In the Community)**
- Community Monitoring Table
- Community Scorecard

**Tools (In the Meeting)**
1. Discuss Community Monitoring Table and Community Scorecard, Single Case Review
2. Update Community Monitoring Table and Programme Action Calendar
3. Schedule and agree on date and location for next meeting

Set aside 3 days/month for activities, monitoring, and reflection.

### 5. Take new action, then monitor and reflect again.

- Come together and use lessons learned to inform and make decisions on whether to continue the activities as planned, or adjust them based on the new knowledge gained from monitoring and reflection. Repeat as needed.

**Review.**

**Tools (to Adapt)**
- Community Monitoring Plan
- Action Calendar

Typically lasts anywhere from two years to indefinite...
Yohan’s Case

Yohan is a nine-year old boy. He lives with his older sister and two younger siblings. His father left the family three years ago and his mother died last year. I am the empowerment worker in his village. We have income-generating groups in our village and MVC programmes.

Yohan wishes he could go to school, but he knows his older sister needs him to work to help the family. Yohan and his siblings work in the fields. Yohan is concerned about his sister, because she has relationships with several older men. She hopes they will help the family with the things they need.

I am happy to say that I have decided to work with Yohan's sister to help her get a job. This will help the family with the things they need, help the sister rely less on her relationships with men, and eventually help Yohan stop working in the fields and go to school.

I am proud that I realized that the best way to help Yohan go back to school and stop worrying about his sister is to help his sister get a job.

I am frustrated that this plan will take a long time to help Yohan go back to school. Are there other things I could do to help Yohan and his family?