Learning with communities[1]

An experience of poor community women monitoring all the anti-poverty programs of their municipality

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Brief

The Cochin Urban Poverty Reduction Project (CUPRP), undertaken by the Cochin Urban Poverty Alleviation Department (UPAD) and supported by Department for International Development India (DFID India), is a refinement of the earlier slum improvement projects in India. All UPAD programs are implemented through the local neighborhood groups (NHG), and at present are working with approximately 1200 NHGs of poor women, in their attempt to alleviate urban poverty. CUPRP aims at better access to, and more sustainable, livelihood opportunities, and improved welfare services for poor slum-dwellers. The project has undertaken various interventions for the reduction of poverty, including capacity building, infrastructure development, and economic development

In early 2000, the project team envisaged the need to introduce a monitoring and evaluation (PM&E) component into their project. Praxis – Institute for Participatory Practices, India, a not-for-profit, autonomous, development support organization, was then commissioned to develop an effective monitoring and evaluation module in collaboration with the project team and selected NHG members, and to build their capacities in using participatory monitoring and evaluation methods.

In a one-year engagement, Praxis brought together selected members of NHGs, all key functionaries of the department including the Project Director, and arrived at a negotiated set of indicators which were accepted by all the primary stakeholders. They trained 25 NHG women and a few key project functionaries, including the PM&E officer appointed by UPAD, in using PRA tools to collect, synthesize and analyse data.

After agreeing on the key monitoring indictors, designing the system and receiving intensive PM&E training, the NHG members began the actual fieldwork. The PM&E officer liaised with these women and the project team, facilitating the smooth flow of information collected to key departments, and feedback from the departments to these women and to their respective NHGs. This group of 25 NHG women has now taken on the responsibility of training more NHG members, and according to latest project data, they have successfully trained over a 100 members.

Project Details

Training NHG members

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[1] This is part of the learning series that Praxis produces based on their own experiences.
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The one-year PME component of the project began in July 2000 with a training in participatory methodologies for the selected NHG representatives. In the five-day training workshop, the women were treated as equal partners and stakeholders in the project. Facilitators discussed in depth of the project, its vision and their role as part of the new PM&E component. The women were encouraged to discuss the current functioning of the project, and the problems they raised were then tackled using suitable Participatory Reflection and Action (PRA) tools. The whole process was through discussion: they would identify the problems with the design and outreach of the program, and the facilitators would then train them in using different PRA tools to identify these problems and measure the severity. Thus, through discussion and group exercises these women learnt about the project and the application of participatory methodologies for monitoring and evaluation.

Some of the tools they were taught are:

- Neighborhood maps: To get an overview of the neighborhood, and then proceed to seek out the poorest and most marginalized groups.

- Evaluations wheel: To compare the existing situation in the neighborhood with that of the past, i.e. to measure change, if any, as a result of project activities and services.

- Matrix: To undertake comparison amongst multiple objects. For example, comparing different schemes and programs against one another on the selected indicators.

- Venn diagram: To enable the NHG members to better understand the various influential factors and/or service providers in program delivery. Further, to capture people's perceptions about these factors or providers (how corrupt the provider is, how accessible he is, etc.)

- Case studies: For in-depth study of the most vulnerable groups.

- Group discussions: Often to probe deeper into the outcomes of PRA processes and discuss sensitive or personal issues, group discussions may be useful.

With a clearer understanding of the project, its objectives, and the application of PRA tools, the NHG trainees then began to discuss the four key areas identified by the project team for future monitoring. These are infrastructure development, community development, land tenure and economic development, and health. Through multiple brainstorming sessions the trainees developed detailed monitoring indicators to measure beneficiaries' satisfaction with the project (or specific scheme or service). This was an iterative process: trainees would analyse the problem, raising questions that should be addressed for each key area, and then through discussion arrive at a final list of monitoring indicators for each of the four project areas.

The NHG trainees then went into the field, to put theory to practice. This was followed by a quick refresher training to address field execution problems, and reiterate the need to use appropriate indicators and a judicious mix of tools to monitor project achievements and changes in the lives of the project beneficiaries.

As part of the field experience, the 25 NHG trainees were taken to a nearby city so they could witness another urban area, meet the residents with similar circumstances as theirs, and understand their issues, struggles prioritisations, and solutions.

Staff training and design of PM&E component

A few months after the training for NHG members the Praxis team returned to conduct a design workshop where they trained the project team in participatory methods, and collectively developed a monitoring and evaluation system for the CUPRP project. A total of 28 project staff, ranging from the director to administrative staff participated in this training workshop. The main purpose was to bring together all the stakeholders so they could articulate their concerns and differing interests, collectively arrive at the objectives of the PM&E component, and design a broad framework where tools could be used to successfully capture relevant information. Once again through discussion and practice group exercises, this group developed the main indicators for monitoring and evaluation at the local program and NHG level. The classroom exercises were then supplemented with field visits. At this stage the previously trained NHG members were also invited to partake in the process, and share their understanding of the process and method of data collection. The cross learning arising from the sharing of field-experiences by the two complementary constituencies of the project (project-staff and NHG trained members) helped in realizing the strength of the tools in bringing to the forefront, voices of the actual project beneficiaries.

The next challenge was developing a method to aggregate the data from all the individual program evaluations and NHGs. The group finally developed a comprehensive color-coding[3] system, using three main colors to depict the status of the overall NHG performance. On the 10 point scale, where '1' is the worst position and '10' is the ideal position, scores lying between 1-4 were given a red color, scores in the range of 5-6 were given a yellow color, and those 7 or above were assigned a green color. Green translated into satisfactory/above average project performance, while yellow was interpreted as average performance, and red as those areas requiring serious attention. Using this framework, number scores from individual NHG exercises were converted into the three-color code, and by summing up the colors the team could arrive at an overall score/color code for each NHG. Thus, this system allowed them to apply the most ideal indicators (as developed by the NHG members) at the individual program level or NHG level to measure program impact and reach, and to then aggregate the data and monitor activities in the entire NHG. This method also allowed them to understand each NHG's performance relative to others, and identify those areas within NHGs, or specific NHGs that required immediate attention.

Present state of CUPRP and PM&E component

The pilot phase of PME data collection and synthesis began in February 2001 and was conducted by the 25 trained NHG representatives. By mid 2001, due to the vast project area the CUPRP team decided to select and train 25 more members in PME. In July 2001, Praxis then conducted a review course for the previously trained 25 members, and a more intensive 3-day training for the newly selected NHG members.

Today there are a total of 112 NHG representatives working on the PM&E component, each handling about 10 NHGs. Data is consolidated first at the NHG level and then at the overall zonal levels (there are a total of 79 zones). Further, officers at the zonal level are working with project beneficiaries to improve project benefits and outreach. The PM&E component of

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[3] details given in annexure

the CUPRP project has been able to both capture and ensure that the voices of the beneficiaries reach the project staff, and that devolution of power takes place.

Although the project has facilitated a great deal of empowerment, it still needs to be sustained beyond the project context. For this, the system needs to be institutionalized within the state level urban development project (the Kudambashree project) implemented in all sites in Kerala, rather than just limiting the project to the town of Cochin.

Even with a change of project directors over four times, the PM&E component is functioning smoothly; NHG members continue to monitor all projects targeted at them and train more and more women in using this methodology. CUPRP's PM&E component thus stands as testimony to the notion that it is imperative to involve all stakeholders in this process of changing the paradigm. The credit goes to those highly motivated NHG members and the key functionaries of UPAD for institutionalizing a truly participatory monitoring and evaluation system.

Beyond establishing a sustained project, there were two levels of changes that were made as a result of the PM&E. One was at the level of decisions at the donor level and the other at the community/ programme level itself. One example of donor level decision is the inclusion of sanitation as an additional programme component. Communities prioritized sanitation as a very important need and the donors agreed to include it, even though the project was nearing completion.

At the level of the community, there are many examples. Some of them are: through the PM&E, it was noticed that alcoholism continued to be a major problem over the years and no reduction was noticed, unlike in other issues. Exploring this further, the project team and community leaders realised that it remained a problem since they had not included men in the project (it was a women only programme). Subsequent to this, they started including men into the programme fold with specific anti alcoholism programmes. It was also noticed that children whiled away their time and wasted their money watching movies, using drugs, etc. They then decided to include children as well into the programme and started children's groups (Bal Sabhas) and held programmes such as counseling, savings, guidance, leadership, etc. There were also cases where regular vistis by a monitoring team appear to have motivate improvements in services such as street lights, cleaning, etc.

PM&E has also had an impact on attendance at the meetings, repayment of loans, transparency in money related matters, etc. The project team also says that now it is far easier to see changes, progress, etc. as opposed to earlier when it all used to be a lot of statistical data which was too cumbersome to collate and analyse. If knowledge is power, it seems clear that PM&E in Cochin has contributed to a devolution of power to some of the most marginalized elements in society, and that this devolution is creating positive outcomes for those most in need.

Annexure:

Method of Data Analysis: Creating a system, amidst a labyrinth of indicators

Praxis conducted a workshop to determine the method that would be used to analyze the project data. The workshop sought to identify the most appropriate quantitative and qualitative indicators, in order to assess the quality and performance of the project activities. The participants decided upon these various indicators themselves, utilizing their local understanding of the programs.

Together we synthesized the list of suggested indicators, into a final list of criteria, which was incorporated into our process of monitoring. This final set of criteria was designed to be applicable on a large scale. The following are a few of the indicators that are used to compare the performance of the various activities:

Perceived Usefulness   Timeliness
Fairness in Selection of Beneficiaries   Cost Effectiveness
Capacity Building   Quality of Inputs

These criteria can be used to monitor the performance of the various activities, through a Matrix Scoring Technique. The Matrix Scoring Technique provides a framework for analysis and a method to synthesis the collected data. The monitoring assessment of each criterion is ranked on a standard scale of one to ten, ten being a perfect score.

Each implementing institution, such as the Neighborhood Groups (NHGs), Resident Community Volunteers (RCVs) and the Community Health Volunteers (CHVs), used a similar process to develop their own set of criteria. Their particular set of criteria is used when monitoring their specific program activities.

Table 1: The Activity-assessment matrix for use at NHG level

Sl No.	Activities ↓	Usefulness	Timeliness	Selection of Beneficiaries	Awareness	Participation	Satisfaction	O &M	Quality	Cost effectiveness	Capacity building
1	Chronic Patients										
2	Self Employment										
3	Mosquito Control										
4	CHV Kit										
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Aggregation of Data:

After the community decided upon the framework that would be used for monitoring, the group needed to establish a systematic method of synthesizing the incoming data from the NHGs. In addition to appointing a number ranking between one and ten for each indicator, the community also adopted a color-coded ranking system. In this system, each number ranking corresponded directly to a particular color-coding. The incorporation of a color-coded

distinction allowed for another layer of data analysis, while also providing a simplistic manner to identify the general performance of activities.

Therefore, in addition to receiving a rank from one to ten, each activity was also given a corresponding color grade. A score of 1-4 is designated by a red-grade, while scores of 5-6 and 7-10, are characterized by yellow and green respectively.

Table 2: Assessment of Neighborhood Group No. X

SI No.	Activities ↓	Usefulness	Timeliness	Selection of Beneficiaries	Awareness	Participation	Satisfaction	O&M	Quality	Cost effectiveness	Capacity building
1	Chronic Patients	9	5	8	8	7	8	9	8	5	4
2	Self Employment	8	5	7	8	9	8	7	8	8	5
3	Mosquito Control	9	6	5	4	9	3	5	2	1	3
4	CHV Kit	6	5	3	6	5	6	7	8	3	7
5	Flood Protection	6	3	4	3	3	4	7	3	1	3
--	-------------	8	2	4	4	4	4	5	4	5	3
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At the conclusion of a NHG assessment, these color-distinctions would be used to determine the overall performance and effectiveness of an activity – on an unsatisfactory, satisfactory, excellent ranking basis. The group decided that the tracking of red scores is an appropriate indicator for overall activity success. Therefore, any activity garnering four or more red scores according to the program's indicators, requires immediate attention, and the activity should be analyzed in more depth. In an effort to be comprehensive, the group also felt as though the presence of two yellow scores is equivalent to one red score. Therefore, an aggregation scheme of the following nature could be used:

No. of red marks (Two yellow marks = one red mark)	**Overall Grade**
5 or more	Red
3.5, 4, 4.5	Yellow
3 or less	Green

This scheme allows each activity to have a final, overall grade according to the number of red marks that it has been given. For instance, in reference to Table 2, the cumulative mark for Chronic Patients would be Green, while the cumulative mark for Mosquito Control would be Red. Therefore, this method of analysis highlights the necessity to improve the Mosquito Control Activity. Each cumulative mark is also accompanied by an articulation of the main criteria contributing to the activities' poor performance. For instance, in the case of mosquito control, its overall red grade can be attributed to a poor quality of inputs and low cost-effectiveness.

Now that each activity has an overall rating, we have the ability to compare the performance of a particular activity between different Neighborhood Groups. In a holistic sense, this method of analysis also depicts the general performance of a Neighborhood Group according to each activity. This aggregation of NHG level assessments can also be organized according to each Area Development Society (ADS). Therefore the consolidation of information, illuminates which NHGs have better performance indices, and those that require more guidance and supervision. The Area Development Society Matrix can also be organized in a similar fashion, by lining up different NHGs according to various activities (refer to Table 3).

Table 3: Aggregation of NHG-level assessments at ADS level

Sl. No.	Activities ↓	NHG 1	NHG 2	NHG 3	NHG 10	---	---	NHG 15
1.	Chronic Patients	G	R	G	G	---	---	G
2.	Self Employment	Y	R	G	R	---	---	Y
3.	Mosquito Control	G	Y	Y	R	---	---	R
4.	CHV Kit	R	R	R	Y	---	---	G
5.	Flood Protection	Y	G	R	G	---	---	Y
6.	Solid Waste Management	G	R	Y	Y	---	---	Y
7.	Road	G	G	G	R	---	---	R
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Using the similar logic of aggregation, an overall performance score could be assigned to each ADS. At subsequent levels, these overall grades of ADS groups can be used to comparatively assess and identify outstanding or problematic CDS zones.

The Project Monitoring and Evaluation Officer (PEMO) periodically generates the assessment reports. The reports are distributed to the appropriate sector heads and explicitly suggest areas that require corrective actions. It is imperative to keep this flow of information from the community to the Project Director transparent, so that the community is aware of every step of analysis. In addition, in keeping with the spirit of Participatory Monitoring, it is crucial to prioritize the views of the community regarding the performance of project entities, and to maintain the involvement of elected representatives at every step of the process. Throughout this entire process it is also important that there is two-way communication to ensure that all stakeholders are aware of the processes occurring and decisions taken in both directions.