

Annual Participatory Programme Reflection (APPR)



August 2008

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Annual Participatory Programme Reflection (APPR)

Samastha Project

August 2008

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Table of Content

I.	Introduction.....	<u>54</u>
Ia.	Implementing partner in Karnataka.....	<u>54</u>
Ib.	Target Population	<u>54</u>
Ic.	Modalities of Project Implementation.....	<u>54</u>
Id.	Priorities for the year 2007 –2008.....	<u>54</u>
II.	Participatory Evaluation.....	<u>65</u>
III.	Annual Participatory Programme Refection (APPR).....	7
III a.	Steps in conducting APPR.....	<u>87</u>
IV	Learning from the APPR	<u>1210</u>

I. Introduction

Karnataka, a high HIV prevalence state in South India has been chosen as a priority state for intervention under the USAID – Enhance - Samastha project. The Project’s overall **goal** is to develop a comprehensive program that provides HIV and AIDS prevention, care, support and treatment to vulnerable and affected populations in 12 high prevalence districts and 3 cities in Karnataka and in 4 coastal districts and 1 city in Andhra Pradesh.

Ia. Implementing partner in Karnataka

The University of Manitoba is the prime recipient and the Karnataka Health Promotion Trust is responsible for implementation of the project. The duration of the project is for five years from October 2006 – September 2011.

Ib. Target Population

Target Population for this project includes General Population (At risk and vulnerable men and women, youth and children, TB patients), pregnant women, female sex workers and clients, People Living with HIV (PLHIV) and Orphan and Vulnerable Children (OVC).

Ic. Modalities of Project Implementation

The Samastha Project is implemented in partnership with NGOs, CBOs and FBOs (Faith Based Organisations). People living with HIV and AIDS play a central role in the care and support part of project implementation at a community level. KHPT also directly implements components of the project in 3 districts, viz., Bagalkot, Bijapur and Davangere. KHPT works closely with KSAPS and partners with institutions that help to build the quality of services provided by the state and its institutions.

Id. Priorities for the year 2007 –2008

Priorities of the year 2007 – 08 for the project have been:

- Completing assessments in the selected villages and taluks to understand the situation of the village/ taluk, needs of key population to be covered under Samastha, availability and quality of services if already not completed.
- Designing the programme based on SNA findings, scaling up outreach which will focus on education, referral and mobilization to access prevention and care services.
- Scaling up prevention and care services, linking up the target population with those services and ensuring provision of care, support and treatment services.
- Working towards creating an enabling environment in the geographic area for the project and for the key population served by the project, including PLWHA and MARPs.
- Enhancing capacity of project team, service providers and key population for prevention, care, support and treatment.

II. Participatory Evaluation¹

Participatory evaluation provides for active involvement in evaluation process of those with a stake in the programme: providers, partners, beneficiaries and any other interested parties. Participation typically takes place throughout all phases of the evaluation: planning and design, gathering and analyzing the data, conclusions and recommendations, disseminating results and preparing action plan to improve performance.

Participatory evaluations typically share several characteristics that set them apart from traditional evaluation approaches. These are:

- **Participant focused and Ownership:** The evaluations are primarily oriented to the information needs of programme stakeholders rather than of the donor agency. The donor facilitates the participants to conduct their own evaluation, thus building their ownership and commitment to the results and facilitating their follow-up action.
- **Participant Negotiations:** Participating groups meet to communicate and negotiate to reach consensus on evaluation findings, solve problems and make plans to improve performance
- **Diversity of Views:** Views of all participants are sought and recognized. More powerful stakeholders allow participation of the less powerful
- **Learning Process:** The process is a learning experience for the participants. Emphasis is on identifying lessons learned that will help participants improve programme implementation as well as on assessing whether targets are achieved.
- **Flexible Design:** While some preliminary planning for evaluation may be necessary, design issues are decided in the participatory process. Generally evaluation questions and data collection and analysis methods are determined by the participants not by outside evaluators
- **Empirical Orientation:** Good participatory evaluations are based on empirical data. Typically rapid appraisal techniques are used to determine what happened and why?
- **Use of Facilitators:** Participants actually conduct the evaluation not outside evaluators as is traditional. However one or more outside experts serve as facilitators

¹ Conducting a participatory evaluation, performance monitoring and evaluation TIPS, USAID centre for development Information and Evaluation, 1996, number 1

The table below captures the difference between Traditional and Participatory evaluation methods:

PARTICIPATORY EVALUATION	TRADITIONAL EVALUATION
▪ Participant Focused	▪ Donor Focused
▪ Participation of a broad range of stakeholders	▪ Stakeholders as only respondents and not as participants
▪ Focus on learning	▪ Focus on accountability
▪ Flexible Design	▪ Predetermined Design
▪ Rapid Appraisal Methods	▪ Formal Methods
▪ Outsiders are facilitators	▪ Outsiders are evaluators
▪ Participants own the outcome of the evaluation and future action	▪ Donors own the outcome of the evaluation

Experience has shown that participatory evaluation improves programme performance. Listening to and learning from programme beneficiaries, field staff and other stakeholders who know why a programme is working or not working is critical in making improvements. Also the more these insiders are involved in identifying evaluation questions and in gathering and analyzing data, the more likely they are to use the information to improve performance. Participatory evaluation empowers programme providers and beneficiaries to act on the knowledge gained.

II. Annual Participatory Programme Reflection (APPR)

The participatory annual evaluation conducted by KHPT for its projects is known as Annual Participatory Programme Reflection (APPR). The first APPR for Samastha project was conducted in July and August 2008. APPR was conducted in all 12 districts in Karnataka where Samastha is implemented. The process involves various stake holders of the project from designing the APPR, implementation in the field, analysis and then developing an action plan. The timing of the APPR is such that the action plan or recommendations of the APPR gets incorporated into annual plans for the year (starting from October).

As this APPR was the first one in the project the theme of the APPR was “Start Up”. The APPR aimed to understand the following:

- Abilities and capacities of the district teams to effectively and efficiently implement the project specially in relation to:
 - Outreach and provision of services
 - Creating an enabling environment for the project at the village, taluk and district level
 - Developing effective linkages and support at the village and district level
- Challenges faced by the field teams in the implementation of the project
- Perception and knowledge of the various stakeholders on the goals of the project and views on its progress.

KHPT felt that a participatory evaluation approach is appropriate as the objective of the evaluation was to understand abilities of the field team and the difficulties that they face in the field. The evaluation aimed to understand the effects of the project on the beneficiaries. As the objective was not to have an independent objective review of the project rather a common understanding of the challenges and how to overcome them, a participatory method was found to be best suited.

III a. Steps in conducting APPR

Following steps were adopted to conduct the annual participatory programme reflections in the districts:

- **Meeting within KHPT to discuss the approach**

An internal meeting within KHPT with team members was organized to discuss the approach of the evaluation process. Participatory approaches can have many challenges and hence it is important that there is commitment within the organization to adopt this approach. Questions on objectivity of the approach or time required for the approach were discussed. Finally a commitment within the organization emerged to use participatory approach. It was decided that as the project includes many partners and stakeholders, it is very important that all the partners and stakeholders are involved in evaluating the project so that there is common understanding on the challenges and development of action plans that all contribute to. It was decided that this process will need good facilitators hence senior staff members of KHPT had to be involved in the process as facilitators. It was agreed that the primary outcome of the process will be to create a learning experience for the participants. The process was to ensure that diverse views are heard and provide space for participants to discuss, challenge and build consensus on the evaluation findings.

- **Degree of Participation**

Based on the objective of the review, the degree of participation was decided. As one of the primary objectives of the APPR was to understand field implementation challenges, field outreach staffs were actively involved in the process. The field staffs were involved as team members of the APPR team and also as participants/ respondents in the APPR. Another objective of the APPR was to understand stakeholders understanding and views on the progress of the project. Hence other stake holders like the district health officials, village health committee members and other village leaders also participated in the APPR.

The APPR team consists of following 13 people:

Team member	Numbers
KHPT senior team member (facilitator)	1
NGO/ CBO Team	4/5 (District Coordinator, IPPCC coordinator, CBO project manager (wherever applicable), Taluk Coordinator and Supervisor)
NGO field staff	4 (Male and female link worker, Peer, Peer)

	outreach worker)
KHPT regional team members	3
Total	12/13

The team members were chosen from different cadres for various reasons:

- Ensure that the team represents interests of different groups working in the project
- Provide an opportunity of the people of different levels to work together as a team
- The beneficiaries were represented by the Link workers and the peers. Involving them in the team ensured higher accountability and responsibility towards the community

The NGO partners selected the other stake holders like the district officials and the village leaders to participate in the APPR.

• **Preparation of the Tools**

It was decided that the APPR will use both qualitative and quantitative tools to facilitate reflection in a participatory way. The methods used in APPR were:

- ↑ Key informant interviews with village leaders, district officials, ART counselor, ICTC counsellor
- ↑ Focus group discussions with staff of the project, peers, community members in the village, PLHIV
- ↑ Direct observations of sessions with Panchayat leaders, condom depots, PLHIV support group meetings
- ↑ Review of progress made by the project through quantitative data

A key informant and FGD guideline was developed to guide the interviews and discussions. The guideline was divided into three main categories: Abilities, Outreach & Services, and Linkages & Enabling Environment. Each of these three categories is further divided into subsections containing a series of statements to help the APPR team member to examine different aspects of these categories.

A different tool was prepared for Project Management staff and Field Outreach staff. These two tools were largely the same, except in areas relating to specific capacities and responsibilities of the two groups.

Discussions and interviews were conducted based on the guideline. After the discussions the APPR members sat together and assigned a quantitative number to each of the subsection. The numbers were given on a scale from 1 to 5, with 5 being the best.

Hence even though the methodology was largely qualitative, the findings were also quantified to give an objective score. The qualitative observations were documented against each subsection to qualify the score given.

This tool was then pretested and finalized. It was translated in the local language for the district teams to understand and use it. It was also sent in advance to the district teams to orient themselves to the areas of reflection. In the spirit of partnership, participation and the process being reflection rather than review, this process of sharing the tool in advance was also adopted to foster a feeling of trust.

- **Team Planning Meeting**

As mentioned earlier the APPR team consisted of KHPT staff, staff of NGO partners and volunteers. On the first day of the APPR the KHPT team shared the objectives of the reflection. This was followed by a presentation by the district team on the project and achievements made during the year. The NGO also presented the plan for the field visit (Day 2). Then the NGO partner nominated 8-9 members to the APPR team. These members represented various cadres of staff and geography of the project.

After the complete APPR team was formed, the team met together to discuss the tool. The key facilitator of the APPR team helped the team members to go through the tool in detail and ask questions and clarifications. The tool was also explained in the local language. There were also some practice sessions organized for the team members to practice the technique of asking probing questions.

The team then planned for the field visits. Two – three teams were made to conduct the APPR. As many aspects had to be observed and reflected on, it was decided that two – three teams will parallelly work. Hence the APPR team divided themselves and planned how to conduct the reflection in the field. It was also decided that the team will meet every evening for a debriefing and consolidation. The report will be finalized in the third day and presented to the NGO team.

- **Conducting Reflection in the Field**

The field work started from Day 1. The team started the process by conducting FGD with the staff. One APPR team conducted FGD with the project management team (coordinators, supervisors) and the other team conducted FGD with the field outreach team (Link workers, peers, outreach workers). The FGD guideline was used by the APPR team. On the second day the teams (two or three) went to the field to conduct in-depth interviews and FGD with the community members and stakeholders in the project. A district coordination meeting consisting of all district health officials/ Ngo partners, CBOs working in HIV attended. A FGD was also conducted with them to understand linkages and coordination at the district level. A sample field schedule is shared below. The districts adapted this schedule to suit the district conditions.

Day 1

APPR Group 1	APPR Group 2	APPR Group 3
FGD with Programme Management Staff	FGD with Outreach team	

Day 2

APPR Group 1 (Rural TI)	APPR Group 2 (GPI – village visit)	APPR Group 3 (IPPC-DIC visit)
FGD with outreach teams of TI	FGD with Gram Panchayat Leaders	FGD with PLHIV support groups
Observation of microplans, peer calendars etc	Observation of VSHC meeting, condom depots	Observation of support group meeting
KI with STI service	KI with link workers of the	KI with ART counselor,

providers	village	ICTC counselor
FGD with District Coordination Committee Members		

Day 3

APPR Group 1	APPR Group 2	APPR Group 3
Consolidation of the observation, findings and recommendation		
Presentation to the district team		

- **Data Analysis**

The APPR team has a debriefing session every evening to share the observations of the day. The final analysis and consolidation takes place in day 3. On the third day the teams share their observations on each component of the project as stated in the tool. Discussion, reflections, debates happen between the APPR team members. All the observations are documented and after discussion the team arrives at a quantitative score. The teams also recommend for future action.

Most instances, the scores are arrived at with consensus. However, at times where there is no consensus between team members, this fact is shared while presenting and writing the report and justifications for contradictory stands are given.

There are limitations to a 3 days review. Hence the NGO project teams are given opportunity to share their work too in case it has not been showcased during the reflection process.

- **Prepare Action Plan**

The APPR team presented the observations and recommendations to the NGO team. The team discussed and debated and sought explanation for a specific score or findings. The recommendations were also reviewed by the NGO team to ensure the practicality of them. The KHPT team then prioritized 3-4 gaps and worked with the NGO team to develop more concrete action plans. These action plans are then integrated in the proposal for next year.

IV Learnings from the APPR²

Advantages

1. Holistic understanding

APPR gives a holistic picture of the projects at the district level. The presence of both quantitative and qualitative data components improves the quality and ensures comprehensiveness of the information obtained. It further helps in multilevel understanding of the projects within the district by throwing light on the dynamics of engagement and transfer of knowledge and skill between the funding and the implementing partner.

2. Enhanced Ownership and Commitment

APPR unlike traditional reviews offers time and space for joint reflection by the range of stakeholders on the programme, the project design and direction, the strategies adopted, gaps identified and the challenges faced and overcome. It ensures active participation of the various stakeholders in all phases of the process from planning and design to preparation of action plan for the ensuing year. This results in enhanced ownership and commitment to programme outcomes among the group.

3. Enhanced Team Work

The process facilitates enhanced team work since a typical APPR team has representation of a range of stakeholders - community members who are programme beneficiaries, field staff and senior management team to external facilitators. The non hierarchical structure of the APPR groups creates equal opportunity for all members to contribute with the confidence of their suggestions being valued. The process design is collectively decided upon and works through building consensus among the stakeholders on multiple aspects of the programme

4. Transfer of Learning

The APPR facilitates transfer of learning among participants from different field sites. The process enables critical analysis of the project performance and cross-sharing of successful strategies and experiences between the various stakeholders. This is achieved through the process design which provides scope for teams from different taluks interact with each other as well as the senior management team to handle multiple APPRs.

5. Improved Evaluation Skills

The process results in a significant improvement in the participants' evaluation skills. The process helped them learn to probe and ask relevant questions. It also provided them with a fresh perspective on various aspects of the programme such as implementation difficulties, programme effect on beneficiaries, achievement of targets and identification of gaps.

² Inputs from USAID Center for Development Information and Evaluation, *Performance Monitoring and Evaluation TIPS*, 1996, Number 1. U.S. Agency for International Development

5.6. Effective Integration of Learnings

The process ensures that the observations and recommendations feed into the activities of the ensuing year. The APPR is undertaken towards the end of the year (months of July/August) when there is clarity about the current project status, successful and failed strategies and the project direction. Also it's the same team that is involved in APPR as well as in proposal generation. Thus the timing and the team composition ensure that learning from the APPR is effectively integrated into the project design for the subsequent year.

6.7. Easy Implementation of Strategic Decisions

The process helps in easy implementation of strategic decisions since they are arrived at collectively through negotiation and consensus between the partner organizations. An illuminating example with Samastha APPR, 2007-2008, wherein it was found that among the project areas, the reach of FSWs in South Karnataka was very poor with only about 20-30% of FSWs being reached through the programme. With deeper analysis, it was found that more engagement with the general population as well as project presence in few low risk villages led to lack of adequate focus on FSWs. This understanding led to development of different strategies in North and South Karnataka with continued general population prevention in North Karnataka while phasing out the same and having focused rural prevention programmes in South Karnataka. As part of this decision, link workers in South Karnataka were gradually phased out in six to nine months with the implementing agency having the flexibility to decide on the proportion of link workers and peers to be retained. The radical shift was that in the year 2008-'09 the general population prevention programme was gradually phased out in South Karnataka with exclusive rural prevention in fourth and fifth year. Such easy acceptance and implementation of radical strategic decisions was made possible by the participatory design of the APPR process.

Disadvantages/Recommendations

1. Organizational Commitment to the Process

Organization support including that of partner NGOs and commitment to the purpose and process is important as the process maybe viewed as less objective due to the larger quality component involved vis-à-vis quantitative data analysis. This would help in building consensus on the findings and action plans among the various stakeholders.

2. Ensure Participation in a Meaningful Way

To ensure that participation is not token but genuine, the stakeholders will have to be involved right from the time of developing the tools. In the presence scenario, tools developed by KHPT are shared with the NGO partners and other stakeholders. Even in this process, more time needs to be spent on discussing the

tools, processes and allocating roles and responsibilities to foster better understanding among the team.

3. Time and Resources

It's a case of too short vs. too long where completing the process in three days is stressful while a week is unnecessarily long. Efforts need to be made to find the right balance of time and resources to ensure participation of a wide array of stakeholders and a deeper engagement with the issues identified.

