



Activity Report 141

Participatory Community
Monitoring for Water, Sanitation,
and Hygiene

The NicaSalud Experience

Translated and Edited by

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Abbreviations

ANASAM	Asociación Nicaragüense de Agua y Saneamiento Ambiental (Environmental Water and Sanitation Association)
CAPS	Comité de Agua Potable y Saneamiento (Drinking Water and Sanitation Committee)
EHP	Environmental Health Project
ENACAL	Empresa Nicaragüense de Acueductos y Alcantarillados (Aqueducts and Sewers Company of Nicaragua)
HIF	Hygiene Improvement Framework
INPRHU	Instituto de Promoción Humana (Institute of Human Development)
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
NicaSalud	Federación Red NicaSalud (Nicaragua Health System Federation)
PCI	Project Concern International
PCM	Participatory community monitoring
USAID	United States Agency for International Development
WSH	Water, sanitation, and hygiene

About the Author

Charlotte Storti specializes in the writing and editing of health and health-related materials, including field guides, handbooks, training manuals, project reports and evaluations, and other technical documents. She was trained as a registered nurse and worked for many years as a public health professional in international and domestic health care programs. As a health educator, program manager, and/or technical training advisor, she has worked with national governments, PVOs, and local NGOs. Her practice area is primary health care with a focus on maternal and child health. She is fluent in Spanish.

Executive Summary

This report summarizes the NicaSalud report, “Experiencias en la implementación de la Metodología de Monitoreo Comunitario Participativo para Agua, Higiene y Saneamiento,” (in Spanish) on the participatory community monitoring methodology and its application by three nongovernmental organizations (NGOs) in Nicaragua. The original report, as prepared by members of the NicaSalud Water, Sanitation, and Hygiene Working Group – ANASAM, PCI, and IMPRHU – documents the Participatory Community Monitoring (PCM) Initiative project that NicaSalud developed with funding and technical assistance from the United States Agency for International Development (USAID) through the Environmental Health Project (EHP). This summary highlights the PCM methodology for use by program planners and managers who would like to include PCM in their water, sanitation, and hygiene programs.

Participatory community monitoring for water, sanitation, and hygiene (WSH) makes it possible for:

- Communities to make their own decisions about water, hygiene, and sanitation strategies
- Communities to feel a sense of project ownership
- Development organizations to better understand local community wishes and priorities

Participatory community monitoring is a strategy for generating community participation in management and decision-making in the community. PCM establishes a process whereby community members share monitoring responsibilities with development organizations, but it is not a tool for measuring project impact. The methodology is implemented in four phases and conducted in 24 steps.

Two EHP reports contributed to the development of this methodology. The first report¹ researched the participatory monitoring and evaluation literature and concluded that EHP should develop a participatory monitoring methodology for use in WSH projects and relevant training materials for field staff. The second report, an analysis of the monitoring experiences and methods of Nicaraguan NGOs working in WSH,² concluded that:

- There is a lack of participatory methods and tools in monitoring activities.
- Community participation in the monitoring process is very limited.
- Certain groups in the community are excluded from monitoring activities.

¹ Judi Aubel, “Participatory Monitoring & Evaluation for Hygiene Improvement Beyond the toolbox: What else is required for effective PM&E? A Literature Review,” EHP, Arlington, Virginia, November 2004.

² Marissa Azmitia, “Analysis of Experiences, Materials and Tools Existing in Nine NGOs on Monitoring,” EHP, Arlington, Virginia, July 2003.

- The indicators used only measure access to infrastructure and hygiene habits and do not include community roles and capabilities in promoting health.
- Community groups and leaders have the will and the interest to maintain WSH projects after the NGOs have departed.
- Generally, the NGOs make all the decisions about the design of the monitoring systems.

How this report is organized

This report is organized into three sections and an annex, as described below:

1. **Why Use Participatory Community Monitoring?** This section explains why this methodology was created and identifies the key issues that NGOs need to address in designing a PCM program.
2. **Methodology Phases and Steps.** This section presents the four phases and 24 steps of the methodology. In Phase 1, the organization designs a PCM strategy. In Phase 2, the organization conducts an internal needs assessment and conducts training for its staff. In Phase 3, the organization introduces PCM to the community and conducts training. In Phase 4, the organization and the community conduct the PCM activities.
3. **Institutionalizing the Methodology.** This section explains how organizations can integrate the PCM methodology into their monitoring system and how communities can make PCM an ongoing tool for their development.

Annex: Tools for Applying PCM-WSH. The annex identifies key participatory methods and tools, highlights their advantages and disadvantages, and describes when and with whom they should be used.

1. Why Use Participatory Community Monitoring?

Participatory community monitoring has many benefits, including:

- Encourages key members of a local project to participate, allowing them to reflect on their own experiences and learn from them
- Enables administrators, field staff, and community members to better understand the project dynamics and thereby improves implementation
- Allows community members to express their priorities and their criticism of project development strategies
- Increases the sense of ownership on the part of local development staff and community members and provides recommendations for future action

There are six key issues that need to be understood before implementing participatory community monitoring in the context of water, hygiene, and sanitation projects. These topics are described in detail below. They are:

1. The differences between traditional and participatory monitoring
2. The importance of sharing responsibilities between the development organization and the community
3. Parameters and indicators for hygiene improvement programs
4. Gender issues
5. The levels of community participation
6. The concept of community empowerment

Participatory monitoring

Chart 1 identifies the main differences between more traditional monitoring and participatory monitoring in four key areas.

This model requires that community leaders and groups have the skills to design an M&E process, to develop the information-gathering tools, and to analyze and synthesize the information.

For the PCM approach (Diagram 1, middle), the development organization and the community share the responsibility for monitoring. The objective is to involve the organization's members as well as community leaders and groups in both the planning and implementing of monitoring activities.

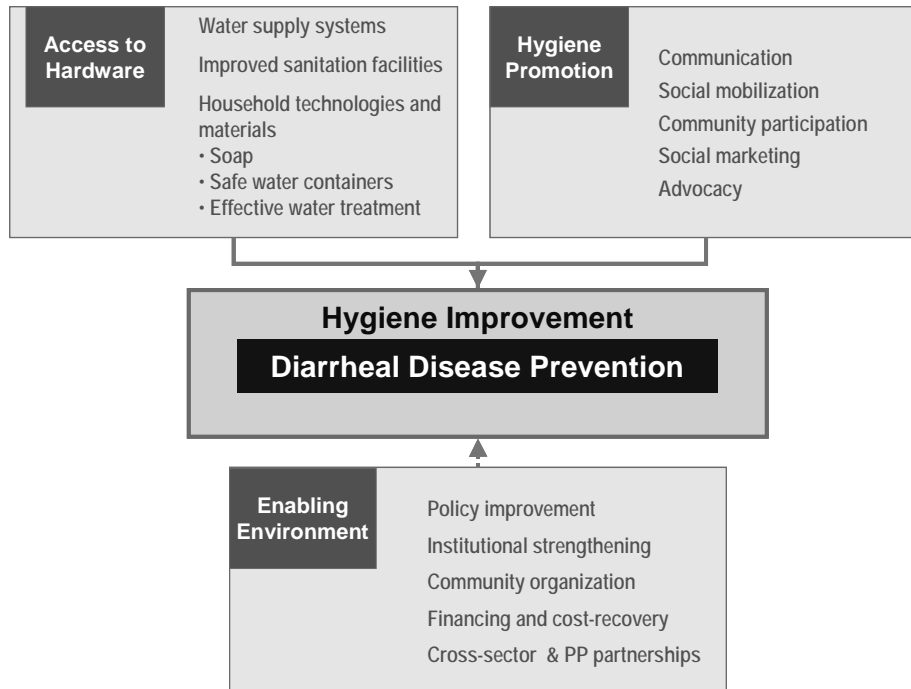
Parameters and indicators for hygiene improvement programs

A critical task in developing a PCM strategy is deciding what information to collect, i.e., which program parameters should be addressed. The challenge is to consult and negotiate with the community to identify key parameters and arrive at a consensus list. (The steps in this process are detailed in the four phases of the PCM methodology discussed later in the report.) The parameters and indicators contained in EHP's Hygiene Improvement Framework (see Diagram 2, below) can be used as a model for participatory community monitoring of WSH programs.

The Hygiene Improvement Framework (HIF) has three key components:

1. Improving access to hardware
2. Hygiene promotion
3. Improving the enabling environment

Diagram 2. The Hygiene Improvement Framework



For each component, there are priority parameters, and for each parameter there are indicators related to PCM.

Parameters for the hardware component should reflect the availability of, access to, functionality and use of water and sanitation infrastructure. Parameters for the hygiene promotion component reflect changes in hygiene practices and behavior at the individual and household levels. Parameters for the enabling environment component should reflect community participation, organization, and action.

The following are selected parameters and indicators for the NicaSalud projects (a more comprehensive set of indicators can be found in EHP Joint Publication #8, *The Hygiene Improvement Framework – A Comprehensive Approach for Preventing Childhood Diarrhea*).

The hardware component

Parameters related to the water and sanitation infrastructure

Indicators:

- Access to the infrastructure (water supply and sanitation, e.g., piped water source, latrines, etc.)
- Families that use water from a source adequate for cooking and drinking
- Water systems with source capacity to supply beneficiary families
- Families that use a latrine for adequate disposal of excreta

Parameters related to functioning of the infrastructure

Indicators:

- Water systems with an infrastructure that functions well and produces water of good quality
- Latrines in good physical condition and working order and usable by all family members

The hygiene promotion component

Parameters related to community hygiene practices

Indicators:

- Homes where the people interviewed report washing hands at critical moments during the previous 24 hours (before handling food and eating; after using the latrine, changing diapers, cleaning, disposing of children's excreta)
- Homes where the proper way of washing hands was modeled
- Homes that practice proper disposal of excreta (e.g., by using a latrine)
- Homes where children under age five have had diarrhea in the last two weeks (used as a health indicator)

Parameters related to use and proper handling of water

Indicators:

- Families that have drinking and cooking water that receives some type of treatment at the source or in the home to make it fit for human consumption (chlorine, filter, boiling)
- Families that make use of and properly manage water for drinking and cooking (transport, storing, and handling)

The enabling environment component

Parameters related to the role and ability of community groups in promoting hygiene

Indicators:

- Mobilization capability of a community water and sanitation committee or equivalent to maintain the infrastructure
- Organization for water and sanitation support is adequate and actively functioning

Parameters related to the organizing ability of the community to mobilize for and promote improved hygienic practices

Indicators:

- Families that participate in community activities
- Participation of youth, women, and poor families
- Community opinions about the organization's activities (feedback on execution of the project, technologies employed)

Usually the development organization's monitoring system does not include measuring the capacity and activities of community leaders and groups in hygiene promotion. Incorporating these indicators is one of the main strategies that PCM uses to enhance community participation and empowerment.

Gender issues

To promote optimal participation of men and women as leaders and participants requires understanding the predominant gender roles in the local context where the project is being conducted. Therefore, the activities, indicators, and results that are monitoring reference points must be formulated in a way that takes gender differences into account. This will ensure that the participation of both genders will not be accidental but be part of the institutional focus and be integrated into objectives and plans.⁴

Community participation levels

The degree of community participation in development projects can be described in four levels. Different levels dictate different participant roles and responsibilities, and these will have to be discussed and agreed to by all parties.

⁴ Giselle Rodríguez and Narda Meléndez. Taking the Pulse of Gender. *Toward Equity Series*. The Social Program of the World Conservation Union and the Arias Foundation's Center for Human Progress, May 2000.

Chart 2. Community Participation Levels in Health

Participation Levels	Leadership	Community Organization	Mobilization Resources
<p>Level 4</p> <p>Communities lead the process to identify project priorities. They play a major role in the implementation of activities and occasionally seek the advice of development agencies.</p>	<p>Community leaders and women play an important role. Community leaders independently identify needs and plan and implement community health activities.</p>	<p>The community organizations are highly skilled in all phases of the community health activity: planning, management, and evaluation. They effectively manage all community activities, participants, and resources.</p>	<p>The communities are capable of foreseeing the resources needed to implement the activities, and they can mobilize the resources effectively, inside as well as outside the community.</p> <p>They effectively manage community resources.</p>
<p>Level 3</p> <p>The community and development agencies jointly define project priorities. Community leaders and groups play the principal role, and development agencies provide support and technical advice.</p>	<p>Community leaders include representatives from all community groups. Women leaders play an important role in administering all the community health activities.</p> <p>Community leaders assume principal responsibility and seek technical advice from development agencies.</p>	<p>Community organizations have sufficient skills to identify needs for managing and evaluating community health activities. The development agencies provide support and help build community capacity.</p>	<p>The communities have effective mechanisms to encourage members to sustain the health activities. They also have effective strategies to obtain resources from institutions outside the community.</p>

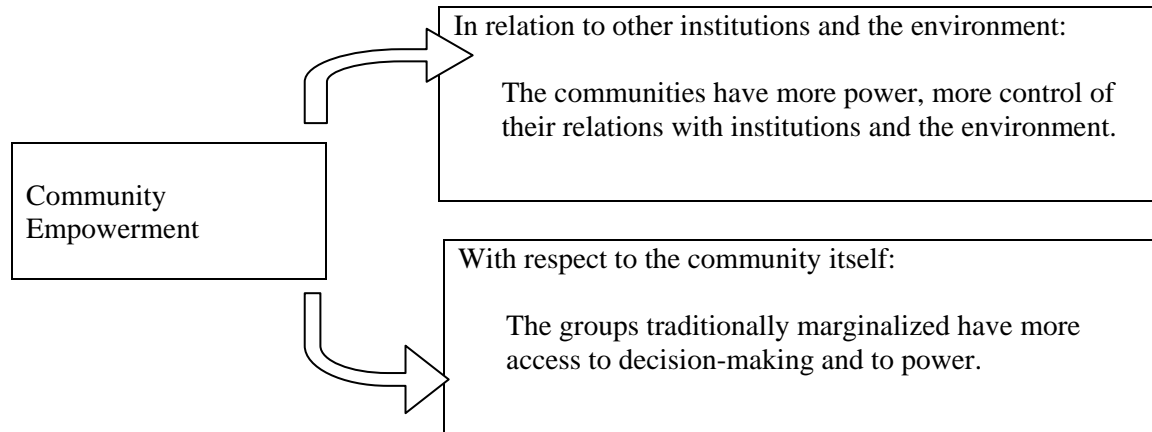
<p>Level 2</p> <p>Development agencies define priorities. The communities are involved in all phases, but the development agencies play the principal role.</p>	<p>The communities are involved in designing the health activities.</p> <p>They are aware of the needs and interests of diverse community groups (ethnic groups, women, etc.).</p> <p>Community leaders rely substantially on the guidance of the development agencies.</p>	<p>The community organizations have limited skills for identifying needs and for planning and evaluating the health activities. They depend on health workers to provide guidance in all project phases.</p>	<p>Depending on circumstances, the communities are capable of mobilizing human and material resources within the community and of obtaining resources from institutions outside the community.</p>
<p>Level 1</p> <p>Development agencies develop and administer the projects. The communities are involved in the project only at the implementation stage.</p>	<p>Project staff assume the leadership of the project's health activities. The community leaders involved are mainly or exclusively men who represent the community's traditional power structure.</p>	<p>The community organizations do not exist or they are weak; they are rarely involved in community health activities.</p>	<p>The communities rely primarily on resources that the project provides. Community contributions are generally limited to labor resources.</p>

Source: Aibel 1999.

Community empowerment

Community empowerment is the process whereby the community (or a segment of the community) gains greater control over a project or activity. In the present context, participatory community monitoring is a strategy to enhance empowerment.

Diagram 3. Dimensions of Community Empowerment



Source: Aibel 1999.

Participatory community monitoring supports or contributes to community participation and empowerment in the following ways:

- It allows the community to share responsibility and become directly involved, beginning with the PCM proposal design.
- It allows community groups to conduct the monitoring, thereby ensuring respect for their culture.
- It allows decision-making that is effective.
- It uses participatory tools which aid planning, analysis, and problem solving.
- It gives the community the power to adapt WSH projects.
- It helps community leaders and groups acquire greater experience in decision-making, thus strengthening constructive leadership.

2. Methodology Phases and Steps

The methodology is a combination of organizational principles and strategies through which responsibility for performing the monitoring process is shared with community groups. Using this methodology offers the organization and the community several advantages:

- It allows the organization to work out PCM strategies to be incorporated into its monitoring and evaluation system.
- It permits the organization to strengthen staff capability in developing PCM strategies.
- It helps community groups implement PCM-WSH activities that are designed with the supporting organization.
- It builds the capacity of community groups to use the PCM process with other projects.

More specifically, PCM helps the organization by:

- Encouraging staff to institute lessons learned in implementing the project
- Enhancing staff capacity to share decision-making with community leaders and groups

And it builds the capacity of community groups and leaders in the following ways:

- They learn to collect and analyze information and make decisions to improve the WSH situation in their communities.
- They reflect on and learn from their individual and community experiences acquired in implementing WSH projects.
- They develop their capacity for making decisions and improving project performance.
- They feel a sense of ownership of projects done in the community.

Human resources for integrating PCM into the organization and community

PCM becomes integrated into the organization and the community through human resources, which are the engines that guarantee its effectiveness and benefits. To implement PCM, it is necessary to form a PCM team inside the organization and a monitoring committee in the community, each with well-defined obligations and tasks.

Who Must Be Involved from the Development Organization?

- **Management:** They promote PCM by being involved in activities, supporting field staff, and ensuring PCM implementation in the organization.
- **The PCM team:** The PCM team coordinates PCM activities in the organization and community, writes the PCM proposal and the reports for management and donors, coordinates feedback with the community, and documents meetings and other PCM activities.
- **The PCM coordinator:** This individual documents the process, follows up on planned activities, plans the phases, and coordinates activities at the local level.
- **Organization field staff:** With the community monitoring committee, they share the responsibilities for performing the monitoring activities.

It is important to include representatives of the Mayor's office, the Health Ministry, the relevant water and sanitation authority, and the Ministry of Education in the organizational PCM team.

Who Must Be Involved from the Community?

- **Community leaders:** They are the engines of PCM; they encourage the community to participate in PCM and guarantee the participation of persons who are traditionally excluded.
- **The Potable Water and Sanitation Committee:** This committee is the primary liaison between the organization and the community in WSH activities and supports PCM activities promoted by the community monitoring committee.
- **Community Monitoring Committee:** This group plans and carries out monitoring activities in the community, sharing responsibility with the organization's field staff.
- **Community groups:** They participate in various monitoring activities; these groups include women, youth, and people from the poorest families.

A PCM team is typically composed of area PCM coordinators, the WSH project coordinator, supervisors, and technicians. Field staff refers to technical experts and community supervisors who are not part of the PCM team but who perform community monitoring activities.

The four phases of the PCM methodology

The PCM methodology consists of four phases:

1. Reaching an agreement on the organization's PCM proposal
2. Preparing to use the participatory methods in PCM
3. Introducing PCM to the community
4. Implementing PCM with community groups

Each phase involves a number of steps as described in Chart 3.

Chart 3. Methodology Phases and Steps

PHASES	STEPS
1. Reach an agreement on the organization's PCM proposal.	1.1 Management and the responsible M&E technicians secure the organizational commitment to implement PCM and form a PCM team.
	1.2. The organization establishes alliances with other local organizations and institutions interested in performing PCM.
	1.3. Through an external assessment, the organization undertakes an analysis of the existing monitoring system to document experiences, materials, and tools.
	1.4. The PCM team and the organization's field staff discuss the relationship of the organization's mission and vision and the WSH project objectives to the characteristics of participatory monitoring.
	1.5. The PCM team and field staff identify the strengths and weaknesses of the organization's current M&E system as compared to a PCM approach.
	1.6. The PCM team and field staff reach a consensus on the definition of PCM and its benefits, challenges, and impact.
	1.7. The PCM team and field staff learn about and analyze the participatory methods to be used to implement PCM activities.
	1.8. The PCM team and field staff discuss the WSH components and indicators and the key indicators and priorities of the community.
	1.9. The PCM team and field staff define the PCM strategy and finalize the proposal.
2. Prepare to use the participatory methods in PCM.	2.1. The PCM team and field staff identify the attitudes, knowledge, and skills needed to implement the PCM strategy.
	2.2. The PCM team and field staff receive training in how to use participatory methods and tools.
3. Introduce PCM to the community.	3.1. The PCM team and field staff plan the activities for phase three.
	3.2. The PCM team and field staff explain the criteria for participating in PCM and invite the community to share the responsibility for monitoring.
	3.3. The PCM team and field staff present the PCM proposal to the communities invited to participate in PCM to determine their interest.
	3.4. The PCM team and field staff train community leaders and groups (including the monitoring committee) in using the PCM tools.

PHASES	STEPS
4. Implement PCM with community groups.	4.1. The PCM team, field staff, and monitoring committee plan the activities of phase four.
	4.2. The community monitoring committee and the organization's field staff prepare the materials needed to perform PCM activities in the community.
	4.3. The monitoring committee and field staff perform the PCM activities using the participatory tools in the community.
	4.4. With field staff support, the monitoring committee prepares the report on the PCM activities for the community and the organization
	4.5. With the help of field staff, the monitoring committee presents the PCM report to the community.
	4.6. With the support of field staff, the PCM team analyzes the committee's report.
	4.7. Field staff, the monitoring committee, and CAPS [Comité de Agua Potable y Saneamiento (Drinking Water and Sanitation Committee)] leaders improve their learning capacity using the wheel of learning.
	4.8. The PCM team and field staff improve their learning capacity using the wheel of learning.
	4.9. The PCM team informs the organization's management of the results and progress of the PCM effort.

Phase 1 examples: reaching an agreement on the organization's PCM proposal

Through discussions among PCM team members and with other organizations, a consensus is reached for formulating a proposal that will contain strategies for measuring indicators, expected benefits, the responsibilities of all parties, and the roles to be played by the organization and the community.

In Step 1.4 (“The PCM team and field staff of the organization discuss the relationship of the mission and vision of the organization and the objectives of the WSH project to the characteristics of participatory monitoring”), the PCM team discusses the four levels of community participation and the dimensions of community empowerment in relation to the characteristics of traditional monitoring. This exercise helps those involved identify the participation level that currently exists in WSH projects, relate the concept of empowerment to community participation, learn more about community mobilization, and identify community capacity to mobilize resources for improved health practices.

The challenge facing any PCM team is to communicate the community participation goals, which include active community participation in such areas as taking initiative, assuming responsibility, expressing ideas coherently and clearly and without bias, generating solutions, resolving problems, and, above all, recognizing successes, benefits, and lessons learned.

In Step 1.8 (“The PCM team and field staff discuss the water, hygiene, and sanitation categories and indicators”), the PCM team debates the indicators that are currently being measured by the organization's monitoring system and how to collect information on each indicator. In discussing the indicators, it usually becomes apparent that the majority of them measure access to and functioning of the water and sanitation infrastructure (Component 1 of the HIF) and hygiene practices (Component 2). However, they generally do not measure the role and capability of community groups in promoting hygiene (Component 3). The challenge to the PCM team is to discuss the indicators in the context of the HIF and identify ways of incorporating indicators from all three categories into the monitoring system.

With respect to collecting information on indicators, formulating a strategy for each component requires the PCM team to agree on the following: the type of qualitative or quantitative information that is needed, the possible sources of that information, and the techniques or tools that will be used to collect it (see Chart 4).

Chart 4. Information Collection Strategy for Measuring WSH Indicators: A PCI/Nicaragua Example

Indicator Category (i.e., HIF component)	Quantitative or Qualitative	Information Sources	Collection Techniques
Category 1 Technical parameters related to access to and maintenance of the infrastructure	Qualitative and quantitative	Housewives, groups of youth, children, elderly, and adult women and men	Household survey Participatory methods
Category 2 Parameters related to hygiene practices	Qualitative and quantitative	Health Committee, CAPS, groups of youth, children, elderly, and adult women and men	Household survey Participatory methods
Category 3 Parameters related to the role and capability of community groups in promoting hygiene	Qualitative and Quantitative	Qualitative Organization information system	Participatory methods Training reports

In the case of PCI/Nicaragua and others, the main conclusion from the discussion of indicators was that the organization should establish a PCM system that is sensitive to gender, poverty, and community empowerment.

Phase 2 example: preparing to use the participatory methods in PCM

In this phase, an analysis is conducted of the attitudes, knowledge, and skills needed for monitoring WSH indicators and promoting community empowerment and participation; participatory tools are identified and studied; and the organization's staff are trained in the areas where they lack the necessary expertise and in how to use the tools.

In Step 2.1 ("The PCM team and field staff identify the attitudes, knowledge, and skills needed to perform PCM activities"), NGO staff identifies the attitudes and then conducts a self-evaluation to determine participant strengths and weaknesses in various areas. In Nicaragua, the NGOs identified six areas of expertise for staff participants:

1. The ability to establish relations with the community
2. The ability to strengthen organizations and community leaders
3. Participatory action and learning with community members

4. Interpersonal communication
5. The ability to conduct group discussions, dialogues, and negotiation
6. The ability to organize educational and learning activities

Each participant should honestly evaluate his/her skills in these areas and not be afraid to reveal weaknesses, for these will be the focus of the training and other educational activities that will emerge from the self-evaluation process.

Phase 3 example: introducing PCM to the community

In phase three the PCM team and field staff introduce PCM to the community. In Step 3.3 of this phase (“The PCM team and field staff present the PCM proposal to the communities ...”), the team and field staff should fix a convenient meeting date and time so that the meeting will be well attended by community leaders and groups. This activity is not so much a “presentation” of the proposal as it is a “negotiation” of the proposal between the community and the organization. It is important during the negotiation that field staff and team members allow the leaders and groups to exchange opinions in the group or in private. Chart 5 presents the community meeting agenda that three Nicaraguan NGOs (ANASAM, PCI, and INPRHU) used.

Chart 5. A Community Meeting Agenda to Introduce the PCM Proposal

1. Introduce facilitators and objectives
2. Dynamics of the presentation
3. What is community participation?
4. Community participation mural
5. Participation ladder
6. The wheel of learning. Can there be community learning?
7. The PCM proposal
8. What is it and what is it used for?
9. Negotiation of indicators
10. The organization's and the community's responsibilities and tasks
11. Monitoring tools
12. The community's decision on participation
13. Member selection for the community monitoring committee

For community members, the invitation to share monitoring responsibilities and to take part in decisions is what is most attractive about PCM. Accordingly, they must have sufficient time to discuss among themselves and propose changes in the proposal. In general, in negotiating the proposal the meeting facilitator should:

- Know the proposal very well
- Understand the negotiation objectives
- Know and be able to explain the advantages of participation for the community and the organization
- Be flexible and listen more than he/she speaks
- Make sure the community decides on its own

In the example profiled above, the negotiations centered on three topics: the indicators to be used, the responsibilities and tasks of the community and the organization, and the monitoring tools to be used. With regard to the proposed indicators, the team and staff should describe each one and encourage the community to formulate their own, at least one for each WSH category/component. Some groups may agree with the indicators proposed and not formulate their own. In this case, the facilitator should clarify that the organization's indicators will be included in the initial monitoring activities but that the community will have the opportunity to add its own later.

With regard to roles and responsibilities, once community leaders have an idea of what PCM means, they can be asked if they want to share responsibility for monitoring the WSH project. Participants should be allowed to make this decision on the spot or be given the choice to do so at a later time after they have talked among themselves. (In deciding whether to participate or not, the community can use the tool “Yes, we’ll do it; no, we won’t” (see Tool V in the annex), which will help them analyze the pros and cons of participation.) If the community decides to participate in PCM, they will need to form a monitoring committee to coordinate monitoring with the organization. The requirements for being on the committee should be discussed with leaders and community members.

With regard to monitoring tools and methods, this part of the meeting focuses on how information will be collected to measure the indicators. The facilitator should encourage participants to reflect on their previous experiences with monitoring, with methods in which their participation was limited to asking for or offering information, which did not allow for giving opinions, or situations where the community never learned about the results. The facilitator can also explain the differences between individual surveys and participatory tools that allow for opinions, problem analysis, searching for solutions, and collective application.

Phase 4 example: implement PCM with community groups

The phase four objective is to implement the PCM initiative with participatory instruments, with the community and the organization sharing responsibility. At the heart of this phase – Step 4.3 (“The monitoring committee and field staff perform the PCM activities using the participatory tools in the community”) – the partners set out to measure the indicators chosen earlier. They have two objectives: to solicit opinions about the indicator, and to analyze and come to an agreement about the circumstances they encounter and what they mean. In Nicaragua, the steps in this process were as follows:

1. A member of the Potable Water and Sanitation Committee greets the group (of community members) and introduces the monitoring committee.
2. A committee member explains the activity’s objectives and the importance of the group’s appraisals and opinions.
3. A committee member explains the first indicator and begins a dialogue with the group to begin applying the tool.
4. The tool is applied, questions are formulated, and the group members are encouraged/motivated to express their opinions.
5. When the facilitator finishes applying the tool, he/she opens the floor to the group to give opinions about the meeting and what seemed important to them.

As part of the analysis that follows information gathering, the participants will discuss the following:

- What is the community situation in relation to the indicator?
- What changes have been made in the community relative to the indicator?
- Which hygiene practices were adopted?
- What problems are there relative to the indicator? Are there solutions?
- How is the project doing overall?

3. Institutionalizing the Methodology

Institutionalization has occurred when the organization incorporates the methodology's principles, actions, and procedures into its monitoring and evaluation system and when the community has accepted the methodology.

Institutionalization is the result of continuously and systematically applying the methodology phases and steps over time. NGOs in Nicaragua identified a number of key criteria for success in institutionalizing PCM in development organizations and in partner communities, as follows:

Criteria for organizations

- PCM should be complementary to the organization's existing monitoring and evaluation system.
- The methodology should be applied in the organization and the community in a continuous manner.
- Organizational policies and management must support the methodology.
- The methodology must produce useful information for the organization and the community.
- Implementers need to know how to use the resources of the organization and the community.
- There needs to be a focus on community empowerment.
- Staff should have a "consensus" on the PCM definition.
- The organization should have an ongoing commitment to action learning.
- Field staff must be adequately trained in PCM.
- PCM should be integrated into all projects.
- Staff must have the knowledge, attitudes, and skills for promoting community participation and empowerment.
- The organization should guarantee the human, financial, and technical resources for monitoring.
- Core staff, not outside consultants, should carry out PCM.

Criteria for the community

- The PCM proposal and indicators must be negotiated with the community.
- Community leaders and groups must have joint responsibility (with the organization) for PCM.
- Municipal organizations and institutions should be involved in using PCM.
- The approach must use simple and sustainable tools.

- PCM should involve traditionally marginalized groups in monitoring activities.
- The initiative should reinforce the capacity of community leaders and groups to facilitate PCM with community groups.

There are three general stages involved in institutionalizing the methodology:

- 1. Test, demonstrate, and adjust the methodology in WSH projects** (10-16 months). During this period the PCM team will be trained in the application of the methodology, with outside advice as needed. A limited number of communities will participate. Later the PCM team will assume coordination of the methodology in the organization and adjust it as they learn from their experiences.
- 2. Extend the approach to other communities with WSH projects.** When pilot projects are complete, the organization applies PCM to a greater number of communities, starting out at phase two. Outside assistance may be needed to finalize training in the participatory tools. The PCM team may adjust its procedures at this stage because of an increased number of communities being served and of information being collected.
- 3. Adopt the methodology in WSH.** The methodology is considered “adopted” when the PCM team performs it without outside help, when it is integrated into the organization’s own M&E system, and when PCM is conducted on an ongoing basis in the community.

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Annex

The Annex includes a collection of PCM methods and tools and suggestions for how to apply these in the community, with a special emphasis on Participatory Action Learning. In all, 20 tools are presented in the original NicaSalud document in the form of training exercises with trainer notes. Five examples are summarized below.

Tool I. Las Chimbombas (The Chain of Balloons)

This tool is used to teach participants about the links between problems, consequences, and solutions.

OBJECTIVE: To discuss with the community the problems that exist with hygiene practices, visualizing their consequences, and proposing solutions.

MATERIALS: Large sheets of paper, markers in three different colors, and masking tape. If you do not have markers in three different colors, it is better not to do this exercise.

TIME: 60-90 minutes.

DELIVERY:

1. Talk to the group about the problems with various local hygiene practices. Make a list.
2. Divide the participants into groups and assign one problem/one poor hygiene practice to each group and ask the group to make a drawing of the problem. (15 minutes) Each group should elect a representative to explain its drawing.
3. Put up a large sheet of paper on the wall in front of the group. Attach the drawings from each group to the wall (not to the paper) and ask participants to decide which drawing/problem is the most serious.
4. Put the drawing of that problem in the upper left corner of the large sheet of paper. Ask the group to state the problems related to the drawing. Draw a balloon and write the problem inside it. Do this for each problem. Connect the balloons to the drawing with a short line, forming a chain of problems.

5. When the group finishes listing problems, ask them to reflect on the consequences of each problem. For each consequence, draw a balloon (with a different color marking pen than what was used for the problem balloons), and write the consequence inside it. Connect the consequence balloons to their respective problems so as to create a chain of problems and consequences.

6. Upon finishing the chain of problems and consequences, the group should reflect on the solutions to the problems. Write each solution inside a balloon, using a different color and form the chain of solutions.

Tool II. The Mural of Community Participation

This exercise is useful to illustrate different opinions about community participation among a diverse group of participants.

OBJECTIVE: To determine the opinions of community groups and leaders about their participation in the WSH activities.

MATERIALS: Sheets of paper, pencils, markers, and colored pencils

TIME: 45 minutes.

DELIVERY:1. 1. Ask each group member to make a drawing of his/her participation in WSH activities. Encourage each person to make a drawing; it doesn't matter if the drawings are not perfect. It is possible that some participants will insist that they do not know how to draw; in that case, ask them to use figures or symbols. (10 minutes)

2. When they finish their drawings, ask each person to show the drawing and then attach it to the wall, eventually forming a mural.

3. When all the drawings are up and the mural has been created, have each participant explain the ideas of his/her drawing. Generate a discussion among the participants about the subject, and have them formulate conclusions about the ideas expressed.

During the training of field staff and the PCM team, we introduced the subject of community participation by using the Mural of Participation tool in which each person expresses his or her ideas about the participation of his or her organization in the WSH project.

Each person made his/her drawing. In the images shown were technical experts (from the NGO) with their motto: the PVC tubes. The experts were larger than the inhabitants of the community. One drawing showed the sun, and above the sun were the initials of the (NGO). When they shared ideas about the mural of drawings, the technical experts explained that the community says “that the organization is like the sun that radiates its rays over all the community.”

After we analyzed the theme of community participation and its different levels, the facilitator asked: What level of participation do these drawings represent? The majority answered: the first (level). The tool made a very good point.

From Santa Isabel in San Rafael del Norte, Jinotega

Tool III. Revealing What Has Been Learned

This exercise demonstrates how people can recall experiences when they learned an important lesson. It can be used in community groups when you want to find out what people learned from their participation in community monitoring or in some other aspect of the WSH project.

- OBJECTIVE:** To demonstrate how to encourage community groups to identify the lessons learned about the performance of the WSH project.
- MATERIALS:** Large sheets of paper, markers, and masking tape
- DELIVERY:**
1. Explain that the objective is to elicit lessons learned and what they are useful for.
 2. Ask the group to think back over their lives (or back on the community monitoring experience) and select the best learning experience that they can recall.
 3. Have the participants gather in groups of two, three, or four persons. Give them 20 minutes to talk among themselves about the experience. Recommend that they listen to each other and formulate questions among themselves. Ask them to think about what was particularly positive or negative about the experience.

4. Assemble everyone and invite people to come up and relate their learning experience to the group. Allow two or three participants to come up.

5. When a few people have shared their learning experience, ask the whole group what they learned from doing this exercise.

We practiced the tool “Reveal what is learned” with women who are not leaders in the community of El Hatillo. The subject was the transport, handling, and storage of water. In the group of 10 women, when the facilitator asked: “Well, out of all this experience that you have accumulated in transporting and handling water, could you tell me what you have learned?” Dona Elvira answered, “I have learned to use the covers.”

She related the following story:

Before, when we did not have a well in this community and they hadn't come to give us this training on how to transport, handle and store water, I used the (water storage) bin covers to give food to the chickens and pigs. Today, now that we have a well and I know how to transport, handle, and store water, I take more care of the covers. I have even told my husband not to buy me frying pans that don't have covers, because they serve to cover the food. My chickens no longer dream of eating (off) the bin covers.

Lesson learned by a woman from the El Hatillo community

Tool IV. The Cart and the Stones

This tool helps community members analyze the obstacles to a health problem or to changing a certain behavior and identifying resources for overcoming them.

OBJECTIVE: To obtain the participation of communities groups in analyzing a health situation related to WSH and have them suggest ideas to overcome it.

MATERIALS: Look for a “cart” – this can be an old hat, a tin, a cardboard box – and a cloth to throw over it. Also find stones of different sizes, something to represent oxen that pull the cart, and an envelope to hold the goal.

TIME: 60-90 minutes

DELIVERY: 1. Explain to the group the health situation/problem you want to work on. For example: families that don't cover the containers when they transport water. Explain why it is important to analyze this problem.

2. Allow the group to converse freely about the situation. If you have information that helps identify the causes of the problem, present it to the group. If the group is composed of men and women, you can make a group of men and one of women. Allow the group sufficient time to discuss their ideas.

3. Invite everyone to share their ideas about the causes of the situation they are analyzing. Take note of the causes on the large sheet of paper.

4. Now specify a goal related to that problem, write the goal on a sheet of paper, and put the paper/goal in an envelope.

5. Using what has been found to represent the cart, put it a certain distance from the envelope that represents the goal. Explain that the cart represents the community that aspires to advance toward the goal.

6. Then ask the group what resources they have to reach the goal. For each resource, add an ox to draw the cart toward the goal.

7. Now go back to the causes identified by the group. Talk about the limitations that stand in the way of reaching the goal. For each limitation, have the group place a stone in the cart. The size of the stone should correspond to the limitation it represents; if the limitation is large, so is the stone.

8. Ask the group to think about realistic ways to overcome the various limitations. For each solution the group comes up with, remove a stone, add an ox, and move the cart nearer to the goal.

9. Upon arriving at the goal, congratulate the group and convert the possibilities or ideas that were contributed to reach the goal into agreements or commitments. Assign dates and identify those responsible for each proposal.

Tool V. Yes We Do It; No We Don't

This tool can be used to analyze the pros and cons and advantages and disadvantages of a particular behavior or course of action. Examples in the WSH context might be:

Do we (community members) accept or not accept participation in PCM? Are we going to put chlorine in the water? Should we clean the latrines every day? Should we wash our hands at critical times?

OBJECTIVE: To precipitate an open dialogue about the topic to be discussed and to enable the group to reach agreements.

TIME: 60-90 minutes

DELIVERY:

1. Explain the topic to be discussed.
2. Divide the group in two. One group is the optimist (Yes, we do it) and the other is the pessimist (No, we won't do it). The optimist group lists all the positive reasons why the proposed action should be done. The pessimist group lists the reasons why it should not be done.
3. When each group has listed its arguments, one group stations itself in front of the other and they debate each one of the proposals.
4. At the end of the discussion, it will be necessary for each person to decide of his/her own free will where he/she stands. The group has to seek consensus.

