Rain Barrel Communications

Speaking the Language of Development & Social Justice

Participatory Research Toolkit

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What is this publication?

We are very pleased to provide open access to this online Participatory Research Toolkit. It gathers in one place a wide variety of participatory research tools developed over a 20-year period and used in multiple social and behavior change communication (SBCC) projects around the world. Examples are provided from Bangladesh, Cambodia, Ethiopia, India, Indonesia, Jamaica, Mozambique, Nepal, Rwanda, and Sierra Leon. All of the tools presented here have been tried and tested in the field. A majority of them have been used with adolescents. However, children, women, men, key influentials and, indeed, whole communities have used them.

These tools serve a variety of functions. They can be used to conduct participatory situation assessments, monitor the extent to which interventions are being implemented according to plan or to measure effectiveness, i.e., changes in behavioral and social outcomes. The strength of these tools lies in the fact that they can be integrated directly into individual and social change communication programming, providing participants the ability and skills to create and analyze data. Many of the tools are specifically designed to build teamwork and to make research an enjoyable exercise. Additionally, these tools can be used to examine societal and cultural factors which are difficult to understand and decipher using traditional methods. They allow both participants and researchers to see the world in a different light.

The structure of this toolkit is as follows: First, we provide an overarching description of the tool as a whole, next we list the topics and countries where our research team has first-hand experience of working with these tools, and then provide a selection of concrete examples from our practice. Finally, each tool is accompanied by suggested "how-to's" with step by step instructions, tips and techniques that we have employed in real world settings. The key feature of these tools is their adaptability – we have used them across a range of audiences and topical concepts.

Feel free to use this toolkit as you see fit. We only request that you acknowledge this publication in your work and share with us any adaptations you make. Our hope is that it turns into a living document which the wider community of researchers and practitioners can share and expand.

Over time, we are hoping to pull together a companion guide on employing these tools as part of larger communication efforts and on how to analyze the data generated by their use.

Acknowledgements

This toolkit is the culmination of over two decades of global SBCC research and practice. Many of the ideas presented here are "begged, borrowed or stolen" from a multitude of sources, respected leaders in the field, peers, students, local research partners, and most importantly, participant feedback. We cannot therefore take credit for this work in its entirety and wish to acknowledge and express appreciation to everyone who has been a part of this journey with us. You are too many to mention by name.

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Contents

Introduction

Participatory research shifts power from researchers to the participants (Israel, Eng, Schulz, & Parker, 2012; Cornwall & Jewkes, 1995). Instead of imprinting preconceived ideas onto communities, in this bottom-up approach researchers are the learners, participants are the teachers, and participatory methods are the tools to facilitate the sharing of local knowledge and perceptions (Israel et al., 2012; Novak, 2010; Parks, Gray-Felder, Hunt, & Byrne, 2005; Cornwall & Jewkes, 1995). The information shared through participatory methods enables researchers to design culturally relevant indicators of change and more accurately determine the assets and needs of the community (Felt, Dura, & Singhal, 2014; Israel et al., 2012; Novak, 2010; Dutta & Basnyat, 2008; Singhal, Greiner, & Hurlburt, 2006; Parks et al., 2005).

Participatory methods allow participants to take on various roles in the research, analysis, and distribution processes (Israel et al., 2012; Cornwall & Jewkes, 1995). As such, they have an additional ability to empower participants, foster skill-building, and initiate critical dialogue in the community concerning issues that are important and relevant to the population (Felt et al., 2014; Israel et al., 2012; Singhal et al., 2006; Cornwall & Jewkes, 1995). The findings from participatory research are intended to benefit communities, both through direct intervention and through application of findings into public health initiatives and towards policy and social change (Israel et al., 2012).

This **Participatory Research Toolkit** features 28 participatory research tools which can be adapted to a wide variety of research questions. Each entry contains a description of the tool, examples of how the tool has been used in the past, and instructions for how it can be used. Tools have been used in multiple countries with various populations to evaluate programs focusing on a number of different program themes or topics. See Table 1: *Past Use of Tools* for information on the program evaluations wherein these tools have been used by our team. Due to the large number of programs and topics, only a few select examples are provided for each tool.

Table 1: Past Use of Tools

Program Topic	Location
Ideation towards breastfeeding, girls' education, handwashing and HIV/AIDS	India
Maternal and neonatal health	Nepal Indonesia India Pakistan
Polio	India Rwanda
Nutrition	Ethiopia
HIV/AIDS	Bangladesh
Contraceptive use and reproductive health	India Bangladesh Nepal

Reproductive health	Bangladesh
Cross-cutting strategy on communication for development	Nepal Cambodia
Adolescent empowerment	Bangladesh
Cross-cutting entertainment-education	India Mozambique
Communication strategy to address violence against children	Sierra Leone
Positive discipline	Jamaica
Menstrual health and hygiene management	India
Female genital mutilation	Ethiopia and Guinea
Social norms and stigma around children with disabilities	Macedonia

Readers are invited to reach out to us directly for more information on how we used the tools in various contexts. The tool sections are organized alphabetically, but readers are encouraged to find tools to answer their specific research questions using Table 2: *Measuring Knowledge, Attitudes and Practices with Participatory Research Tools* and Table 3: *Primary Style of Participatory Tools.*

Table 2 shows which tools can be used to assess what participants **know**, **feel**, and/or **do** with regard to the topic of interest. Some tools measure just one of these factors, while others assess multiple dimensions. Measuring these factors sheds light on what knowledge, attitudes and practices are commonly held across populations, facilitating measurement of changes in these factors over time. Knowledge gaps and discrepancies between what participants know, feel, and do may also be identified (WHO, 2008). Such gaps and discrepancies suggest that structural barriers, conflicting personal beliefs, and social norms may be at play (WHO, 2008). Thus, assessing knowledge, attitudes, and practices helps researchers to determine how these factors either promote or prevent understanding and action (WHO, 2008). Many of the tools allow researchers to further infer influential factors holding levels of knowledge, cultural attitudes, and behavioral patterns in place (WHO, 2008). As such, these tools may be used in multiple stages of program planning and evaluation. For example, they can be used to identify needs, determine program objectives, select populations, allocate resources, establish key communication channels, and pinpoint barriers for the program to address (WHO, 2008). And most importantly, many of these tools can be used to measure change over time (WHO, 2008).

Table 2: Measuring What Participants Know, Feel and Do with Participatory Research Tools

Tool	Know	Feel	Do
A Day in the Life	■	■	■
Ask 5	■		■
Body Mapping	■	■	■
Cannot Do, Will Not Do, Should Not Do		■	■
Card Piles and Card Sorts	■	■	■
Community-level Case Studies (Vignettes)	■	■	■
Community Scorecard			■
Complete-the-Story		■	■
Diaries	■	■	■
Direct Observations	■		■
Draw and Describe	■	■	
Empathy Mapping		■	■
Facility Surveys	■		
Free Listing/Word Associations	■	■	■
Letters	■	■	■
Mobility Maps			■
Most Significant Change/Stories of Change	■	■	■
Oral Histories	■	■	■
Participatory Video		■	■
Participatory Theater	■	■	■
Phone Calls	■	■	
Photovoice		■	■
Public Declarations			■
Social Media Posts	■	■	■
Social Network Mapping			■
The Confidence Snails		■	
Transect Walk/Community Mapping	■		■
2x2 Tables for Social Norms		■	■

Table 3 shows the style or medium in which tools are presented – visual, auditory/listening, oral/narrative, written, and numeric in nature. Again, some tools cover a single one of these categories, while others may encompass multiple techniques. Only the primary style of the tool (i.e., the way we have used it in our work) is highlighted, as tools may be adaptable or include multiple components. Researchers and program designers can use this table to determine which style is most appropriate for the participant groups they are working with. Likewise, the table can be used to ensure the overall evaluation contains a variety of activities, which can heighten participant engagement. The different styles of tools also mirror individual learning styles, which is to say that particular tools may be chosen to match the relative strengths and preferences of participants. Therefore, choosing a variety of tools helps to ensure that activities are appropriate and effective for a diverse audience.

Table 3: Primary Style of Participatory Research Tools

Tool	Visual	Auditory/ Listening	Oral/ Narrative	Written	Numeric
A Day in the Life	■		■		
Ask 5			■		
Body Mapping	■				
Cannot Do, Will Not Do, Should Not Do	■			■	
Card Piles and Card Sorts	■				
Community-level Case Studies (Vignettes)			■		
Community Scorecard					■
Complete-the-Story		■	■	■	
Diaries				■	
Direct Observations	■				■
Draw and Describe	■		■		
Empathy Mapping	■				
Facility Surveys	■				■
Free Listing/Word Associations			■	■	
Letters				■	
Mobility Maps	■				
Most Significant Change/Stories of Change		■	■	■	
Oral Histories			■		
Participatory Video	■				
Participatory Theater	■				
Phone Calls			■		
Photovoice	■		■		
Public Declarations	■			■	■
Social Media Posts	■			■	
Social Network Mapping	■				
Confidence Snails	■				
Transect Walk/Community Mapping	■				
2x2 Tables for Social Norms				■	

A Note about conducting participatory research One of the advantages of these tools is that they can be used to address sensitive, challenging, or even taboo topics. All of the tools described in this toolkit were designed and delivered taking into account considerations of age, appropriateness, safety and privacy. Where required, human subjects research approval was received from existing University Institutional Review Boards to obtain proper assent and consent from participants and caregivers, and to ensure the participants were as comfortable as possible. This includes: choosing a quiet, private setting; reminding participants they do not have to answer questions and can stop at any time; explain that their responses are confidential.

A Day in the Life

A *Day in the Life* is a narrative tool where participants are asked to describe a typical day in the life of a person or thing. This activity can have an added visual component by asking the participant to Draw and Describe the person or thing. Additionally, a mapping activity can be added where the participants Draw and Describe the movement of that person or thing through the community. A Day in the Life can be used to assess roles, restrictions, mobility, use of time, and use of services.

Our research team has used this as part of monitoring and evaluating quality of care provided by community health workers in Nepal and as part of an evaluation for a menstrual health and hygiene management intervention in India.

Menstrual Health and Hygiene Management

Participants were asked to describe a typical day in the life of a menstrual cloth and sanitary pad in a focus group context. Questions (see below) were formatted so that participants responded as if they were the menstrual cloth or sanitary pad. The activity helped to dispel some of the taboos surrounding menstruation as well as reluctance to discuss the topic, while also promoting proper menstrual health and hygiene management practices. It provided insight into the menstrual health and hygiene management practices of participants, specifically how cloth and pads are obtained, used, cleaned, and disposed of. Differences between pads and cloth, and practices before, during, and after menstruation as they relate to menstrual health and hygiene management were also highlighted.

Questions:

Time	Questions
Before Menstruation	Where do I come from?
	How do you get me?
	Where am I stored?
During menstruation	How am I used?
	How frequently am I changed?
	Am I re-used?
	How many months am I reused for (cloth)?
	How am I cleaned? Where am I dried?
	How do you carry me around?
	How do you know when you are done using me?
	What do you do when you are done with me?
After Menstruation	Where am I disposed of?
	How am I disposed of?

How To:

This activity can be completed in an interview and/or focus group discussion setting. These instructions are for a focus group, which is advantageous because it allows for a group discussion. Before beginning this activity, gather the necessary supplies: a check-in/check-out sheet, one large sheet of blank chart paper for each person or thing, and any visual aids (such as an image of the person or thing or a prop).

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Explain that participants should imagine they are the particular person(s) or thing(s) and then go through the set of questions as if they were that person(s) or thing(s).

Go through an example activity for participants. This will help them understand how to do the activity. Make sure the example is not related in any way to the actual topic of interest, so participants' responses are not influenced. If the person or thing is rather abstract, it can be best to do a simple example first and then move onto a more complex topic.

Divide participants into groups for each person or thing. Hand out the visual images or props, if any are being used. If participants are able, they can use the prop to kinesthetically demonstrate a Day in the Life. Pass out the large sheet(s) of chart paper to the group(s).

Have respondents discuss the answers to each question, and then write or draw their responses on the large sheet of paper.

When all questions have been asked and the discussion has come to a natural end, thank the participants for their time and thoughtful contributions. Tell them you have learned a lot and how invaluable this information is to the research or evaluation goals. Let participants know if they have other ideas or change their minds they may contact you later. Also, welcome any comments about the activity in general and how it could be improved.

Pass out the sign-in sheet and have everyone sign-out using their unique ID. Dismiss the participants.

Note any key themes that came up during the discussion, as well as how the activity went in general. Leave any comments about how to conduct this activity better next time. Make sure to save the large sheet of contact paper for data analysis, taking photos of it if necessary.

Ask 5

The *Ask 5* activity involves asking five questions to assess a singular concept. Ask 5 can be used to validate other measures, such as attendance records which may or may not be accurate.

> We have used the Ask 5 activity to validate actual school attendance across multiple research projects in India.

School Attendance

Ask 5 can be used to determine attendance more accurately than by simply asking participants whether or not they attend school regularly and/or by tracking school records. The activity we designed involved a 5-item measure to validate school attendance, selected from among the following questions:

1. What was the last big event celebrated at school?
2. What is your teacher currently teaching you in math?
3. What was the last topic you covered in language class?
4. What was the last topic you covered in science class?
5. At what time did you come back from school last Monday?
6. What was your last holiday from school?
7. What is the name of your language teacher?
8. Where do you sit during social studies class?

How To:

Select five questions to assess or validate the concept of interest. When designing the measure keep in mind you will need to know the correct answers to analyze the data. For example, with school attendance these responses will change over time. In this way, be sure to design questions and that are answerable. For school attendance, correct responses were verified with school staff and were updated as needed because things changed over time and varied by location.

Use Community Maps to select a random sample of participants.

Begin to collect data from this random sample. First, obtain consent and then have the participant sign the sign-in sheet using an assigned ID number.

Explain the purpose of the exercise, ask the participants the five questions and record their responses. Ensure that the five questions are asked in an identical way to each participant.

Thank the participants for their time.

Body Mapping

Body Mapping can be used to assess what participants **know, feel,** and **do** concerning different body parts. This activity involves the use of visuals or creation of maps corresponding to the body (de Jager, Tewson, Ludlow, & Boydell, 2016). There are different types of diagrams to measure different concepts. Whole, life-sized Body Maps can be drawn by participants, and then filled to reflect different aspects of their lives, embodied awareness, and relations to others and society (de Jager et al., 2016). Diagrams with anatomical images can be used to assess physiological knowledge (Orchard, 2016). Psychosocial factors can be measured through the use of sensory Body Maps with the eyes, nose, mouth, ears, heart (for emotions), and hands and feet (for feeling) highlighted to assess what the participant sees, hears, smells, tastes, and feels physically and emotionally. Maps can also ask what the participants think, feel, and do, such as using a thought bubble to represent thinking, a speaking bubble to represent doing, and a heart to represent feeling. Such psychosocial factors are often overlooked, but measuring physiological and psychosocial factors in tandem can provide a more nuanced and complete understanding of how the body and mind are impacted by the topic of interest.

Although Body Mapping is primarily a visual technique, oral and auditory components can be added, specifically in the focus group context. The maps may be created prior to the interview or focus group discussion, or the participants can draw the maps themselves. Having participants create maps can provide insight into how they define and understand different bodily aspects. Body Maps provide a good way to start discussions about the participant's perspectives, values, and desires concerning the body.

This activity has been used by our team in the past in as part of research, monitoring and evaluation on violence against children in Jamaica and the state of Palestine; menstrual health and hygiene management in India, and been proposed for ongoing research on female genital mutilation (FGM) in two countries.

Violence Against Children

Life-sized Body Maps were used in focus group discussions with children to explore and document their experiences with physical punishment as a form of discipline. Boys and girls, created the Body Maps themselves in the shape of a boy or girl in the community. Then participants did a Complete-the-Story activity for a scenario in which a child would be physically punished. Using this scenario and the blank body map, children were then asked a series of questions about what the senses and body parts would experience during the physical punishment. Following this exercise, children discussed methods of punishment and better ways to discipline children that do not involve physical violence:

When a child is being punished…

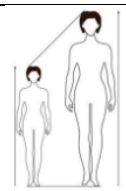
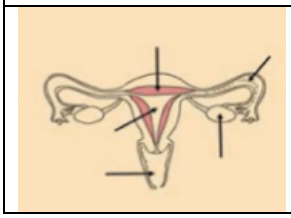
1. What do his/her eyes see?
2. What do his/her ears hear?
3. What does his/her mouth say?
4. What does his/her mind think?

5. What does his/her heart feel?
6. What does his/her stomach experience?
7. What do her/his hands and feet do?
8. Is this the same or different in school?
9. What could children do differently?
10. What could parents/caregivers/teachers do differently?

Menstrual Health and Hygiene Management

Adolescent girls and community leaders were shown unlabeled, anatomically correct diagrams of the female reproductive system and were asked to identify the different parts as well as their function. Participants were also shown a blank body map with a small body outline to represent a child, next to a larger body outline to represent a grown woman. They were then asked to identify the internal and external changes that happen to a woman during menstruation. These questions were used to determine their level of knowledge of the female reproductive system, puberty and menstruation, as well as identify any myths and misconceptions.

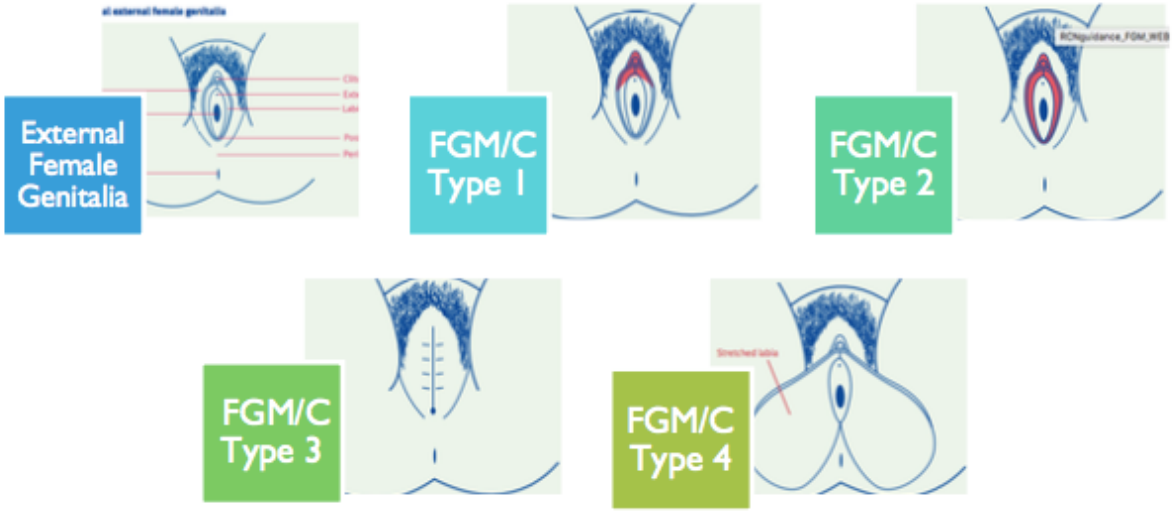
Menstruation Body Map Questions:

	Please see this picture and show the external physical changes that take place in a girl during growing up years?
	Please see this picture and show the internal changes that take place in a girl during menstruation?
	Can you name the body parts on this diagram?
	Can you show me on the diagram where menstrual blood originates from?

To determine what adolescent girls felt during menstruation, they were asked what different parts of their body feels using the seven chakras in the focus group context. This is an example of how a body map can be modified according to the local culture; each chakra is associated with parts of the body and certain senses, so in this context the chakras could be used as Body Maps. To assess empathy, adolescent girls were asked what they would do if someone they know is menstruating.

Female Genital Mutilation

Three types of Body Maps have been proposed for use in a monitoring and evaluation framework for FGM. Anatomical diagrams are used to assess knowledge of the types of female genital mutilation and cutting. Participants can either name the types and which parts are removed from a diagram of a women who has not undergone any form of female genital mutilation/cutting, or they can name the types from a series of unlabeled diagrams (see figure below).



Psychosocial effects of the procedure will be measured using blank Body Maps. Participants are asked what different body parts and senses *feel* about FGM. These maps can be further disaggregated using event mapping, where participants identify changes before, during and after a girl is cut.

Sensory Body Maps	Know, Feel, and Do Body Maps
	

How To:

Using full Body Maps in a focus group discussion with a Complete-the-Story activity

The Body Maps can be drawn by the participants prior to the start of the activity:

1. Ask for one or more volunteers (e.g., one male and one female).
2. Have the volunteer(s) lie on their back on a large sheet of paper with their arms and legs straight out.
3. Have one or more of the other participants trace the outline of their body to form a blank body map.

4. The participants can then decorate the body map to look like a typical person in their community (e.g., adding hair and clothing).
5. Ask the participants to name the body map(s).
6. Remind the participants that the body map(s) represents a typical person in their community and not a specific individual.

Once the body map is named and decorated, the mediator will use it as a character in a *Complete-the-Story activity*. The mediator will read a scenario to the participants, who will then discuss outcomes of the scenario to "Complete-the-Story".

The Body Maps are then used as props to ask the participants what different body parts or senses would feel or do in the same situation. The scenario can be altered to highlight differences in various contexts.

Ultimately, this activity can be used to spark discussion on higher order thinking concepts, such as what forms of punishment children think are better than physical violence or how FGM affects bodily agency.

Using partial Body Maps in a focus group discussion

The format will depend on the type of map used. Generally, the activity will entail handing out the blank maps to participants or groups of participants. Then ask participants to fill in or draw what the body feels in a specific context. The group can then discuss differences between maps. A larger consensus map can be drawn from this discussion. If the maps are anatomical, the larger map could reflect the accurate responses.

Using Body Maps in an interview

In the interview context, maps are likely pre-created and are used as visual aids to help spark discussion. Interviewers should show the participants the diagrams and encourage them to use them as needed.

Cannot Do, Will Not Do, Should Not Do

Cannot Do, Will Not Do, and Should Not Do can be used to assess structural, personal and social restrictions. Participants are either asked to *free list* restrictions on their behaviors in a specific context or are offered a series of pre-determined restrictions. Then participants classify each restriction as something they cannot do, will not do, or should not do. Restrictions classified as things the participants *cannot do* are structural barriers. Structural barriers are restrictions which are followed because the environment, or other uncontrollable circumstances, prevent the behavior (Mackie, Moneti, Shakya, & Denny, 2015). On the other hand, restrictions classified as things they *will not do* are personal restrictions, meaning they choose to not to do the behavior out of their own volition, free of structural barriers or normative influence (Mackie et al., 2015). Lastly, the *should not do* restrictions are normative. These normative restrictions are behaviors the participants do not do because of pressure to follow social norms (Mackie et al., 2015). In this way, this activity can be used

to determine from a set of behavioral restrictions, which are structural barriers, personal norms, and normative restrictions. This information helps researchers and program planners to better allocate resources and identify the main factors limiting behaviors. This activity can be used to help participants think about and discuss restrictions, including why they think they exist and what they can do to overcome them.

This activity was used by our research team to assess behavioral restrictions around menstruation in India.

Menstrual Health and Hygiene Management

This activity was used in the focus group and structured interview context with adolescent girls as part of an endline evaluation to determine the effectiveness of a menstrual health and hygiene management program. Girls were asked to categorize several behaviors as things they could not do, should not do, or would not do. Behaviors revolved around food eaten, clothing worn, places attended, and religious activities participated in by girls, many of which were traditionally considered taboo during menstruation. Results were compared among girls who participated in the menstrual health and hygiene intervention versus girls who did not participate in the intervention, to assess whether it had any effect on participation in, or the challenging of, the restrictive social norms.

How To:

Conducting Focus Group Discussions

Before beginning this activity, gather the necessary supplies: a check-in/check-out sheet, one large sheet of blank chart paper and a recording device and camera.

Once all participants are recruited, host training sessions with 8-10 participants in each. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign using their unique ID number.

Introduce the activity. Explain that you want respondents to categorize a series of behaviors so you can understand more about how they classify them.

Divide the participants into groups, if necessary (e.g., males and females, older and younger).

Go through an example for the participants. Make sure the example is not related to the research topic so their answers are not influenced.

Begin the activity. Have participants *free list* restrictions around the topic of interest and record all answers onto the large sheet of blank paper.

Once all responses have been garnered, ask the respondents to categorize restrictions as things they either cannot do, should not do, or will not do. If participants need further elaboration, read aloud the definitions in the table below.

Participants can circle each restriction in a different color for the three categories. Then ask them to underline the restrictions which they classified as "should not do" but that they do anyway. This indicates which normative restrictions the participants are actively challenging.

Then ask them to identify the most common restriction and to discuss why the restriction exists.

Finally, probe for what actions they have taken to attempt to overcome the most common restriction.

Restriction Type	Definition
Cannot Do	Something beyond their control, something environmental such as an access issue
Will Not Do	Something that is self-imposed regardless of what others in the community say or do
Should Not Do	Something imposed by family, peers or community members

Ending the activity. After the discussion comes to a logical end point, thank the participants for their input. Let them know how important and helpful this information is for the project. Also mention that if they have thoughts later about their answers or the activity in general, they can contact you.

Pass around the sign-in sheet and have all participants sign-out, using their unique ID number. Dismiss the participants.

Photograph the sheet of paper and then collect it and the recorders for safe keeping.

Document any key findings, thoughts on how this activity went, and ideas for how it can be done better next time.

Conducting Interviews

For the one-on-one interviews, participants will be asked to name restrictions they face in different categories. For example, they can be asked to name clothing, religious, mobility, and food restrictions they face in a specific context. Of the restrictions named for each category, ask participants if they cannot, will not, or should not do it. Give them the descriptions from the table above if they need help to classify restrictions. If the participant identifies the restriction as something that they should not do (normative restrictions), ask them if they still do it anyway. At the end, ask participants if there are any other restrictions they would like to name in that same context and, if so, follow the same steps.

Card Sorts and Card Ranking

Card Sorts and Card Ranking can be used to assess how participants understand and conceptualize different phenomena. Card Sorting involves having participants sort cards into piles for categories that make sense to them (unconstrained) or into a set number of piles according to certain categories (constrained). For Card Ranking, participants can organize cards from the least to the greatest, positioning the cards into a spectrum. How participants sort or rank the cards reveals their

system of logic, perceptions, ideals and beliefs, and how these factors influence behaviors (Yeh et al., 2014). This can ultimately shed light on what social norms exist within a cultural domain. Cultural domains are a set of factors that are grouped together because of a perceived similarity among a population (Medley, 2008; Weller & Romney, 1988).

This activity was used by our research team in a program to end violence against children in Jamaica, to assess male and female gender roles (Gender Jumble) in India and to address issues of violence against children in Sierra Leone.

Violence Against Children

The cards used in this activity listed various manifestations of physical and psychological violence. The children were split into a group of boys and a group of girls so that gendered differences could be analyzed. Children were first asked to sort and pile them in any way that made sense to them and to describe why they sorted them that way. This provided insight into how children conceptualize violence. This information was compared to how researchers and child protection specialists conceptualize violence. For the next part of the activity, the groups were asked to rank the cards from the most severe form of violence to the least severe and to explain their reasons for the ranking.

Gender Jumble

Participants were given a set of labeled pictures of everyday chores. They were asked to sort the cards into three groups: "girls", "boys" and "both", according to what group they believed the chore should be completed by. *Gender Jumble* elicits information on cultural perceptions, values, tradition and gender norms, as a way to measure gender equity.

How To:

This activity can be done in the focus group or interview setting, although in the focus group offers an opportunity for collaboration and discussion that is not present in one-on-one interviews. Gather all supplies needed for the activity: cards (blank or pre-filled), large sheets of chart paper for sorting and a camera or recording device.

Once all participants are recruited, host training sessions with 8-10 participants in each. Participants may be chosen because they are part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign using their unique ID number.

Introduce the activity. Explain that you will be asking them to sort or rank cards in the way that they see fit, according to the respective topic.

Divide the participants into groups, if necessary (e.g., males and females, older and younger).

Go through an example for the participants. Make sure the example is not related to the research topic so their answers are not influenced.

Begin the activity. Hand out the cards. If blank, have participants fill them out with terms relating to the chosen topic. Then have participants rank or sort them according to the factors of interest (e.g., gender, violence).

Once all the groups are done, place the sheets side by side to compare them. Turn on recording devices. if using them. Ask the group to comment on the different sheets.

Ask if they agree with how the other groups sorted them or why not.

Follow-up with discussion of common behaviors in the community and whether these were reflected in the cards.

Ending the activity. After the discussion comes to a logical end point, thank the participants for their input. Let them know how important and helpful this information is for the program. Also mention that if they have thoughts later about their answers or the activity in general, they can contact you.

Pass around the sign-in sheet and have all participants sign-out using their unique ID number. Dismiss the participants.

Photograph the ranks and piles of cards and then collect them and the recorders for safe keeping.

Document any key findings, thoughts on how this activity went and ideas for how it can be done better next time.

Case Studies for a Set of Units

Case Studies allow for an in-depth analysis of a unit (individuals) or, in this case, a set of units (such as groups of individuals, programs, institutions, villages, and cities). Case Studies provide rich sources of qualitative data because of the ability to garner immense detail. Although Case Studies are predominantly qualitative in nature, there can also be quantitative components added, such as counting the times a person does something (Balbach, 1999). As an in-depth, largely qualitative method, Case Studies lack generalizability, but this is mitigated in part by doing Case Studies of a set of units and comparing the results (Balbach, 1999). By comparing sets of units, multiple perspectives and voices are incorporated, ultimately allowing for a more comprehensive analysis. It is because of the multiplicity of voices that Case Studies of sets of units are particularly well suited to measure group and community-level behaviors. These Case Studies can be collected periodically over time to measure change, providing insight into how and why social and behavioral change evolves. In the context of SBCC programs, Case Studies can help evaluators understand if and why the program is achieving its goals, because in capturing behavior change, they also provide data on the context in which such changes or actions occur.

For process monitoring, Case Studies are useful to provide insight into whether behavior change is occurring in the way predicted and intended by the program design (Balbach, 1999). In this way, Case Studies can allow researchers to find new strategies in real time to make the program more effective (Balbach, 1999). As part of a program evaluation, Case Studies allow for more freedom than traditional methods in determining program impacts and lessons learned, because respondents

themselves are more free to reflect (Balbach, 1999). It is precisely because respondents are less bound by the preconceived ideas of researchers and program planners that they provide such a high level of insight. It is also for this reason that Case Studies are a time- and resource-intensive technique (Balbach, 1999).

Case Studies were used as part of the evaluation of an adolescent empowerment program in Bangladesh.

Adolescent Empowerment

Case Studies were used in Bangladesh to determine if the intervention successfully created an environment of change around ending child marriage. These Case Studies were conducted at the village level, requiring input from a representative sample of individuals.

How To:

Developing a Sample

Case Studies almost always use purposeful and convenient sampling methods, as outlined below (Balbach, 1999). This is because random sampling requires listing all individuals within the population and then selecting study respondents randomly, which may be too intensive for large sized units. Also, random sampling does not allow for ensuring that the data gathered will be relevant, e.g., that participants have been involved at all in the program (which may result in a lot of useless data). One way to overcome this is to have intervention areas self-nominate themselves as potential candidates for Case Studies and subsequently conduct random selection of a set of communities that offer to participate in the exercise.

The first step is to choose a set of units. This will depend on the reach of the intervention as well as the resources of researchers. The set of units should be a group of individuals who, for the purpose of the Case Study, will be considered as a single unit. Therefore, they should be connected to the research topic in an important way so that the data is relevant.

Once the set of units is decided upon, criteria must be developed for selecting them. For example, in the village-level Case Study in Bangladesh, the criteria for selection was having signed Public Declarations against child marriage and corporal punishment.

Next, the individuals who will be interviewed need to be selected. If it is a program monitoring or evaluation, be sure that these individuals were directly involved in the intervention. Their contact information will need to be obtained and their participation requested.

After a participant has agreed to participate, ask them for additional contacts and make a list of potential key informants. If possible, continue this process until no new names are offered. Contact as many key informants as resources and time allow in order to build a large enough sample size to be representative.

If there are multiple groups of participants needed (e.g., women, men, mothers, fathers, children, teachers, etc.), these steps will need to be repeated for each group.

Creating an Interview Guide

Case Studies are traditionally and most often conducted in an interview format, but they can also be done through focus groups, observations, and by using documents such as essays (Balbach, 1999). In the interview setting, Case Studies can vary from highly structured to completely unstructured. For sets of units, structured questionnaires are advantageous because they allow for comparisons to be made, since the same data is collected from all respondents. However, having too structured a questionnaire does not allow the respondent to elaborate or provide the level of detail researchers are unable to predict, leading to the loss of information which may be relevant and illuminating. On the other end of the spectrum, unstructured questionnaires that allow participants total freedom in their responses, may result in data that is unrelated or even irrelevant to the program. Unstructured questionnaires are most useful when researchers do not know anything about the topic, such as when conducting implementation research. For most purposes, therefore, a semi-structured questionnaire is usually best suited to the Case Study design, especially when a set of units are used. Semi-structured questionnaires include questions within specific categories of interest, but include both open- and close-ended questions. This ensures that data is comparable across units but also that participants have the ability to add additional or in-depth information that may prove valuable to the exercise.

The questions on the interview guide will vary greatly, depending on the research goals. Sample questions from the interview guide used in Bangladesh are provided in the table below. Although questions will vary, they should typically answer the who, what, where, when, why, and hows concerning the research topic.

Topic	**Question**
Who	Who was involved in the program?
	Who was a barrier to change?
	Who was a facilitator to change?
What	What issue or problem was being tackled?
	What was the context of the program?
	What was the impact of the program?
	What worked and did not work about the program towards the goals?
Where	Where did the program activities take place?
When	When did the program activities take place?
Why	"Why" is a good probing question to elicit explanation of answers; it can also be used to get participants to share their thoughts on why things happened.
How	How do you see the future of your village?

Conducting the Case Studies

A recorder can be used to document responses to the questions in the interview guide. The researcher should make notes about themes that emerge throughout the session. As more and more

interviews are conducted, key differences between participants should also be noted. The interviews can build upon one another by asking consecutive participants about these key themes and differences. If participants name other individuals, these names should be documented as potential key informants for future Case Studies.

When the list of key informants is complete and/or you feel as though no new information is coming out of the interview process, then the Case Study may be brought to an end. The Case Study is over when you feel that a complete story can be told without lingering unanswered questions.

Community Empowerment Scorecards

Community Scorecards are a third party participatory method where participants themselves define what comprises a variable within their community (UNICEF, 2017). For example, for the *Women's Empowerment Scorecard*, participants are first asked to define the characteristics of an empowered woman (Chars Livelihoods Programme, 2012). Definitions are then combined to create a measure of women's empowerment to be used within that community (Chars Livelihoods Programme, 2012). In this way, participants become involved in the data collection process (Chars Livelihoods Programme, 2012). Also, a customized tool has been created which will measure the abstract concept of empowerment in a way that is culturally appropriate to the community (Chars Livelihoods Programme, 2012). The same procedures can be used to develop different types of scorecards depending on the research questions. This approach is unique because instead of applying a set of ideas from a foreign and outside source, which may be irrelevant or insufficient to use with different populations, the participants themselves define the concept according to their particular perspectives and local realities (Chars Livelihoods Programme, 2012).

Our research team will use the Women's Empowerment Scorecard in the proposed monitoring and evaluation framework for FGM programs in two African countries.

Female Genital Mutilation

To measure the level of agency a woman experiences in her daily life, participants will first define what it means to them to be an empowered woman. From these findings, a set of the ten most common factors will be selected as indicators. The combined set of indicators is then used as a tool to measure women's empowerment within that community. A point is given for achieving each indicator, allowing for a quantifiable measurement of women's empowerment that can be used over time to measure change.

How To:

Conducting this activity

The first step is to define the concept (e.g., empowerment) according to the literature (Chars Livelihoods Programme, 2012). This definition will be used when asking participants to select indicators that represent the concept.

The next step is to ask participants to select the indicators that most closely represent the concept of interest. Focus group discussions are a practical and affordable way to gather a substantial amount of data on how to define the concept. Care should be taken to assure that the sample is representative of the larger community; multiple focus groups are needed so a variety of responses may be obtained. When asking how participants define qualities of the concept, it is always important to frame questions in terms of the local context (Chars Livelihoods Programme, 2012). For example, with women's empowerment it is critical to be clear that you are asking about what that means among women in the community of interest rather than in general. One way to ask is: "How could an empowered woman be identified in your community?" (Chars Livelihoods Programme, 2012).

After conducting the focus groups or using other methods to collect indicator data, there may be a large number of items identified. It will be necessary to pare down this list to only the most critical components to make a tool which is feasible to use. One way to reduce the number of items is to code all unique responses and determine the frequency of each unique response. The most common items can then be used as indicators on the final scorecard. Another tactic which can be used in tandem with determining frequencies or independently is to hold follow-up focus group discussions where participants themselves are asked to identify the most critical indicators (Chars Livelihoods Programme, 2012). Beyond discussing which indicators are most important, participants can be asked to rank the list of indicators through pair-wise ranking, where each indicator is compared against all others to determine its importance (Chars Livelihoods Programme, 2012). An additional way of reducing the number of indicators is to eliminate those which are not applicable to the wider population, such as ones related to childbirth or motherhood that not all women have experienced (Chars Livelihoods Programme, 2012). In certain circumstances, scorecards may need to have variations, such as one which applies to married women and one that applies to those who are unmarried. Through these methods, the most important 10 indicators may be ascertained, although the number may also vary depending on time constraints or to what degree the list of indicators may be reduced without sacrificing quality.

The score card should then be pretested and further editing can be done, as needed.

When the scorecard is ready to use, participants are asked (in interviews, focus group discussions, or self-administered questionnaires) whether each indicator applies to or has been achieved by them.

Complete-the-Story/Vignettes

Vignettes use written, spoken, pictorial, or video scenarios to prompt participants to describe a scene, react to a situation, or describe what comes next in a scenario. Participants can also be asked to *Complete-the-Story* of a Vignette. This activity enables them to reveal their attitudes and purported behavioral responses towards complex topics without explicitly stating their own values. Therefore, Vignettes facilitate exploration of issues mirroring reality while allowing participants to distance themselves from the scenario (Finch, 1987). In quantitative research, Vignettes generally are in the form of short stories read aloud to participants (Hughes & Huby, 2004). The participant is then asked a series of questions, which are most often close-ended (Hughes & Huby, 2004). In qualitative research, pictures, written and spoken stories are most often used followed by a discussion with or between participants (Barter & Renold, 1999). Vignettes can be used to assess what participants know, feel and do, and can be used to provide insight into complex topics like social norms, stigma, and identity (Pedersen, 2010; Vlassoff et al., 2000).

Our research team has used Vignettes to measure critical thinking and negotiation skills among adolescent girls in Bangladesh, and plans to use them as part of a monitoring and evaluation framework developed for FGM projects in two countries in Africa, and to measure discriminatory social norms against children with disabilities in Macedonia.

Discriminatory Social Norms Against Children with Disabilities

A series of disability Vignettes will be used to assess stigma and normative beliefs concerning children with different abilities as they relate to inclusive education. The Vignettes describe children with different types of physical and intellectual capacities and challenges, as well as a control Vignette, to measure differences between them. A *Complete-the-Story* activity will be implemented as part of focus group discussions. Two stories – one with a child with an intellectual disability and one with a physical disability were created for comparison purposes. Participants will then be asked to discuss how they would interact with the fictional child to uncover attitudes and practices concerning children living with disabilities.

Female Genital Mutilation

Vignettes will be used in in-depth interviews to gain an understanding of whether participants intend to have their daughter(s) undergo the procedure, if they support the continuation of the practice, and they perceive any sanctions or benefits of practicing or not practicing FGM. Four Vignettes were created to be read aloud and given to each participant to read as a reference, along with several questions accompanying the various scenarios. Two examples are given below.

Contemplation of FGM: Samira, a Somali mother and her husband Asad are deciding whether her 13-year-old daughter should undergo clitoridectomy. Samira is experiencing a great deal of confusion over the decision.

1. What do you think about Samira's circumstances?
2. What advice would you give Samira?

3. Does Samira oversee decision-making about her daughter's care?
4. What advice would her closest friends in the community give?
5. Are there benefits that her friends would receive for giving this advice?
6. What benefits will a family have if their daughter is cut?
7. What happens if their daughter is not cut?
8. How do you think Samira feels and why?
9. Are you sympathetic with Samira's predicament?

Support for FGM: A 14-year-old girl in your community has told you that her mother has given her the option to get cut. She is leaning toward having the procedure done. She waits for you to respond.

1. What advice would you give the girl?
2. Does this girl have a right to make a choice?
3. How might her family react to her situation?
4. How might her peers react?

How To:

Creating Vignettes

Researchers must ensure that the Vignettes and all characters within them are realistic.

For this reason, real life Vignettes can be used, e.g., one based on a real story about someone in a similar community.

Ensure that the language is easily understood and appropriate for the audience.

Always pre-test Vignettes for cultural appropriateness.

Remember that Vignettes can cause emotional distress in participants, depending on the topic, so pre-testing should ensure they will not cause discomfort to participants to the extent that they withdraw.

Pre-testing ensures that the participants will relate to the Vignette. It can also help researchers avoid Vignettes that are leading, which can cause biases in the responses.

Ideally, only a single Vignette per topic should be used, versus a set of videos or images which can cause confusion.

Interpreting Vignettes

Researchers must be careful to interpret Vignettes appropriately. Vignettes are hypothetical scenarios, so they do not necessarily illustrate what the participant would actually do in the real world. Rather, they reflect the principles they hold and choices they would make if they could (not necessarily that they can make). When asked what characters in a Vignette would do, participants are not saying what they, themselves, would do, but rather what they think a person like that character would do, think, or say. Therefore, it is critical that false conclusions are not drawn from the interpretation.

Using Vignettes in Research

The procedures for using Vignettes are similar in both focus group discussions and interviews. However, if Vignettes are used in focus groups, small groups of 2-3 people should be created so the Vignettes can be adequately discussed between all participants. For this reason, Vignettes in focus group discussions may require more time and resources such as moderators and researchers recording the sessions. Extra time should be allotted so that all participants can express their views, and the small groups have an opportunity to discuss their responses together.

Introduce the activity. An explanation of the general nature of the research should be provided. Tell participants that their confidentiality will be ensured and that if they are uncomfortable at any time they may skip those questions or leave the interview without consequences.

Provide an example Vignette and then ask the participants if they have any questions or concerns about the activity. This example should be neutral and not related to the research topic so it is not leading in any way.

Begin the activity. Prepared Vignettes should be shown to or read aloud to the participants, followed by questions and prompts. The same Vignette may be used multiple times by altering certain parts of the story or at different times during the session. For example, the ages of the characters in the Vignette can change, as well as other socio-demographic characteristics while keeping the rest of the Vignette identical to the original.

A good tactic for facilitating discussion is alternating between open-ended and close-ended questions. The goal is to have participants think about themselves and beyond themselves. Allow for ample response time so participants can reflect critically about their answers.

Participants' answers should be probed when possible, e.g., asking them why, what they feel the character would do, and if the character's behavior is acceptable. Such questions help participants be more engaged in the activity and consider the story more deeply.

Probing Questions

Further detail/explanations of responses	Tell me more about _____.
	Can you give an example of _____?
	When/where/how did this happen?
Explore reasons behind a response	Why did you say that?
	Why do you feel that way?
	What about _____ made you decide to_____?
Seek clarity and check for inconsistencies	Can you explain what you mean by _____?
	Earlier you said _____ but it also seems like _____, can you explain?

If participants seem uncomfortable, they should not be probed further, especially concerning their own lives in relation to the scenario. The conversation should always remain focused on the Vignette to the extent possible.

Diaries

Keeping *Diaries* as a method of participatory research allows participants to express their thoughts and ideas independently. Participants are instructed to complete Diary entries in relation to a specific topic. For example, Diary entries have been used to gain understanding of the daily lives of children (Punch, 1997). Children who have lower literacy levels or who are illiterate can also keep a picture Diary where they draw images or color pages based on their activities or feelings at different points of time (Boyden & Ennew, 1997). Another example is having adults write Diary entries in response to an entertainment education intervention, such as a radio or television show (Singhal et al., 2006). Participants in this case could be asked to write down how the show affected their attitudes, beliefs and actions (Singhal et al., 2006). By collecting multiple Diary entries, researchers can gather information on changes over time. As the examples above illustrate, Diaries are a flexible tool which can be used to determine what participants know, feel and do about a variety of topics.

The sharing of Diary entries with people other than researchers can be an additional participatory method. In Malawi, the Radio Diaries program had participants share their Diary entries during a weekly entertainment education radio show on how HIV affected their lives (R. Rimal & Creel, 2008). In this way, Diaries can become part of the content of entertainment education initiatives.

Diaries can be collected in multiple ways beyond pen and paper. Visual Diaries, in the form of photographs or videos, can be collected by having participants take pictures or videos showing aspects of their lives at different moments or about certain topics. One study in India had women document discrimination and abuse in their lives through photographs accompanied by a quantitative scale rating their experiences monthly (White & Pettit, 2004). Diaries can thus become a mixed method form of research, combining entries with qualitative questionnaires.

Our research team has used Diaries in multiple research projects with adolescents in India.

How To:

Diaries and writing materials should be provided to participants with instructions on the frequency and depth desired. Diaries could include daily and/or weekly prompts, including a variety of narrative, visual and numeric elements. Another approach is to allow participants to choose the topics, without instructions or prompts.

Participants should be informed about confidentiality with regard to their Diaries, including safekeeping at their end if they do not wish to share the contents with others. Periodic access to the Diaries by researchers should be provided only on the basis of informed consent on the part of participants.

Direct Observations

Direct Observations provide an unobtrusive way to document what people are actually doing and their own environment (Guest, Namey, & Mitchell, 2013). This method allows for the generation of data not available in existing records and provides a way to validate existing data (Zeeuw & Wilbers, 2004). For example, Direct Observations can measure whether reported behaviors align with actual behaviors, especially concerning subjective or sensitive topics. Researchers themselves can conduct the observations, but participants can also be recruited to do so. With training, participants can take on this role and, in the process, become more involved in the research and more connected to the topics of interest, ultimately providing a wealth of data that could not be collected by researchers alone. Training participants to conduct Direct Observations has the additional advantage of capturing the participants' points of view. How participants conduct their direct observations, which things they focus on, can throw new light on the topic being researched.

How Direct Observations are analyzed depends on the format. If surveys with close-ended questions are used, such as a checklist for bathroom facilities (sink, toilet, soap, etc.), the observations can be quantified. If the observations are more open-ended, like a free written report, coding and assessing results for common trends or other qualitative methods are called for. As data is limited to the moment in time when it is observed, Direct Observations should be collected at multiple points in time. This allows for patterns and trends to emerge over time, facilitating assessment of complex factors like the influence of gender dynamics on behavior change. As the time of day in which data is collected can skew results, it is important to conduct Direct Observations at different times of the day, month and year.

Our research team has used Direct Observations to design a cross-cutting C4D strategy in Nepal and a nutrition project in Ethiopia.

Cross-cutting Communication for Development Strategy

In Nepal, Direct Observations were employed to assess the behaviors of hand washing, toilet use, maternal nutrition, pregnancy and postpartum behaviors, infant and young child feeding practices, and instances of corporal punishment as a form of discipline. Children in a local children's club were recruited to conduct the research. They carried out household and school observations using checklists created by the research team. Household observations included questions about dietary behaviors of mothers, fathers and children under two; women's and men's household roles; whether the household had a toilet and, if so, what kind; whether or not the household had a handwashing area and if there was soap and enough water; bathroom use by household members; if open defecation was practiced, and how waste was disposed of. The questions were all close-ended except for two areas where participants could elaborate or provide additional information if they desired. The school observation checklist asked about the toilet areas in schools (e.g., were there separate areas for boys and girls, locking doors, fitted toilet lids, cleanliness, etc.); open defecation; hand washing station features; observations of children going to use the facilities; and if they

observed a teacher hitting a student and, if so, how often. Both questionnaires also featured questions about access to and use of toilets and other facilities by people with disabilities. This data was used to assess the quality of handwashing and toilet areas in homes and at schools, the hygienic behaviors of students and family members, access issues, and the occurrence of corporal punishment in schools on the part of teachers. The information collected by children was then compared to self-reports by adults, e.g., reports by teachers on how often they used corporal punishment or parents' reports on the presence of soap and water in the home.

How To:

First, develop observation checklists based upon the research questions.

Then host training sessions with one facilitator and 8-10 participants.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity by informing participants that they will be conducting observations to help researchers understand people and their environment. Tell the participants what settings they will be observing and the topics of interest, if applicable.

Explaining why the participants have been chosen to help with this research can make them more invested and even inspire them to continue helping the community afterwards, in ways related to the research.

Inform participants that they will be going through training in order to conduct these observations, so they feel comfortable knowing what to do. Discuss the observer code of conduct:

1. Be respectful;
2. Remember you are there to observe, not disturb;
3. Record observations in real-time;
4. Do not make up any observations, only record what you truly saw.

Distribute the observation checklist or other instruction forms. Be sure participants understand all the questions and prompts. Emphasize again the importance of being truthful, and ask that participants carefully fill out the forms so they are as accurate as possible.

Tell participants what to do if they need to skip questions or leave blanks.

Teach participants how to keep running tallies if the Direct Observations include any counting and how to report the total number at the end of the observation period.

As it is critical that all participants conduct the observations in the same way, run through a practice scenario. For example, participants in Nepal assessed a sample toilet area together and went through the checklist, discussing any questions along the way. This gives participants a chance to actually practice using the checklist and ask questions as they do so. After all participants have finished the trial run, have them compare responses and discuss any discrepancies. Have a form with correct responses handy so you can discuss what should have been recorded and why. Repeat this process until a consensus is reached on what has been observed.

Begin the activity. When you are confident that the participants are prepared to conduct direct observations, schedule a day and time to meet and actually conduct the direct observations. Assign participants to a specific location and give them the checklists/forms as well as pens or other writing tools.

Set a specific time and place when the completed checklists/forms will be collected.

Have the participants sign out using the sign-out sheet so you have a record of who completed training.

Participants will then go out and conduct the observations at the scheduled time(s) and in the assigned setting(s).

When you reconvene as a group to collect all forms, double check that each form has the participant's unique ID number.

Ending the activity. Discuss the participants' experiences and whether they had any issues conducting observations.

After the discussion comes to a logical end point, thank the participants for their input. Let them know how important and helpful this information is for the project. Also mention that they can contact you if they have thoughts later about their answers or the activity in general.

Pass around the sign-in sheet and have all participants, sign out using their unique ID number. Dismiss the participants.

Collect the direct observation forms for safe keeping.

Document any key findings, thoughts on how this activity went, and ideas for how it can be done better next time.

Draw and Describe

Draw and Describe is a visual activity where participants are asked to draw something and then explain their drawing to the researchers. The drawing and the descriptions are both recorded and assessed. For participants who have lower literacy levels or are illiterate, Draw and Describe can be a great way to garner in-depth information. Drawings may be compared among participants in order to highlight important differences. The exercise can also be used at multiple time points to measure change over time. This activity can assess what people know, feel and do, depending on the topic. It can be used to capture perspectives on the body, space, and relationships (Cromley, 1999). Three ways we have used the Draw and Describe activity are: Ideal Toilet, Ideal Plate/my plate, and Ideal Partner.

Our research team has used the Ideal Plate activity for nutrition, Plate Mapping in Nepal, the Ideal Toilet activity for WASH in India, and the Ideal Partner activity as part of the monitoring and evaluation of an adolescent empowerment program in Bangladesh.

Ideal Plate/Plate Mapping

The Ideal Plate activity was used in a project in India for menstrual health and hygiene management, to determine what girls would ideally eat regularly and during menstruation. Participants were asked to draw an Ideal Plate of food and a typical plate of food and then compare and contrast them. This provided insight into what adolescent girls would choose to consume versus what they actually consume. Participants were also asked who decides what and how much they can eat, sparking discussion on familial roles in relation to food consumption.

Plate Mapping was used in the C4D initiative in Nepal. Participants drew and described what they eat or may eat, a fairly new method for understanding food consumption patterns (Sharp & Sobal, 2012). Data was assessed according to the types of food eaten, how often, and portion sizes to determine how meals are conceptualized. This was also used as a teaching opportunity about proper nutrition.

Ideal Toilet

This activity was implemented as part of a menstrual health and hygiene management program evaluation in India and in a C4D program evaluation in Nepal. Participants were asked to draw their Ideal Toilet and describe it to researchers, explaining how their Ideal Toilet differed from the actual toilets they used in their daily lives. For the India project, adolescent girl participants were asked what would make a perfect girl's toilet to help them focus on needs during menstruation. Another useful technique is to have mothers and fathers also complete this activity and then compare the results with the drawings of their children. This can highlight contrasting ideas of an Ideal Toilet and toilet accessibility for households. Participants can also compare their Ideal Toilet drawings to actual toilets in their household, school or elsewhere in the community through other methods like Transect Walks or Direct Observations. This activity can powerfully illustrate existing deficits in terms of adequate toilet facilities, engaging participants through visual learning methods to help spark thoughts and discussion. Asking participants why they chose certain features for their Ideal Toilet provides insight into what behaviors are important to them to maintain hygiene and be comfortable using the facilities.

Ideal Partner

The Ideal Partner activity was used to evaluate gender and marriage norms over time in Bangladesh. Participants were asked to draw and write down the main features or qualities of their ideal marriage partner. Responses were assessed based on participant's age, education level, occupation, religion and responsibilities (familial, spousal, and social). Differences between behavioral versus physical qualities of the Ideal Partners were then weighed. Assessments were disaggregated by respondent group.

How To:

This activity requires developing a question or set of questions to have participants draw and describe. Paper and drawing utensils should be provided.

Once participants are recruited, host focus group discussions with 8-10 participants. Participants may be part of the program or recruited from the larger community.

Have all participants sign in with their assigned unique ID number.

Introduce the activity. Inform the participants of the nature of the research and explain what research question(s) this activity is designed to address. Inform them that you would like them to represent their ideas in a visual way, by drawing and then describing them.

Provide an example of this activity that is not related to the topic at hand so it does not influence their responses. For example, have them draw their favorite animal and then describe the features that make it their favorite. The researcher can do the example themselves, explaining reasons behind choices along the way.

Remind participants that they can draw whatever they feel and think, their answers are entirely up to them and do not have to mirror your example in any way. Also, let them know there are no correct or incorrect answers, that you just want to know their original ideas.

Give participants a set amount of time to complete the activity. Encourage them not to look at others' papers, as we only want to know their own ideas. They should focus on accurately drawing what they are thinking.

Begin the activity. Participants can be prompted to draw specific things, for example:

1. Demographic, psychological or economic characteristics for Ideal Partners.
2. Proteins, plant foods or grains for Ideal Plates.

Once all drawings are complete, have each participant explain their drawing to the group. Turn on a recording device, if using. Ask them to explain each feature and why they chose it. Allow other group members to ask questions if they like. Participants do not have to share, but make sure everyone gets a chance to speak if they want to.

Begin a discussion on the similarities and differences between the drawings. Ask the group to discuss why people drew things in different ways, and to discuss what aspects are most important and which are less important.

Ending the activity. When the discussion has come to a natural end and no one has any more questions or comments, thank the participants for their time and effort. Be sure to reiterate how helpful this information is and how important it is for the research goals.

Let participants know they can contact you at any time if they change their minds later or have comments about the activity in general.

Pass out the sign-in sheet and have all participants sign out using their unique ID number. Dismiss the participants.

Write down key themes from the activity, and any lessons learned that can be used next time.

Collect the drawings and take photos. if desired. Store the drawings and recorder in a safe place.

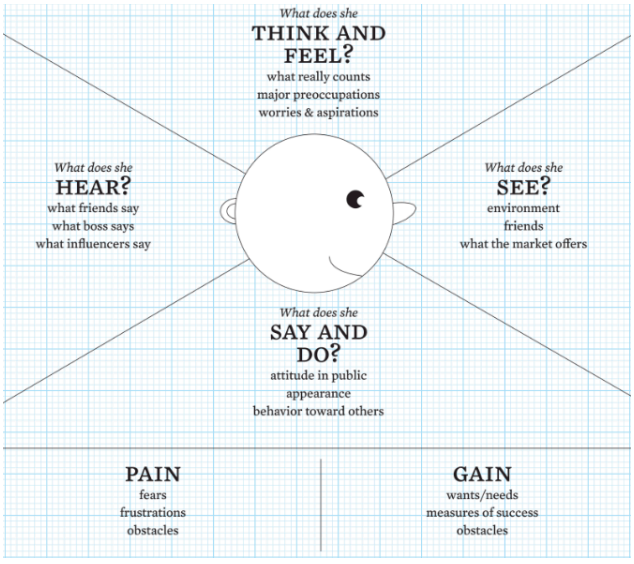
Empathy Mapping

Empathy Mapping is a visual activity that allows researchers to gain useful insights into the current physical and psychological status of participants compared to their future or aspirational selves (Osterwalder & Pigneur, 2010; Action Evaluation Collaborative, n.d.; The Toolkit Project, n.d.). Using a Draw and Describe approach, participants share what they think, feel, do, say and see, as well as what pains (fears, frustrations and obstacles) and gains (wants/needs, measures of success and strategies and resources to overcome obstacles) they currently face (Osterwalder & Pigneur, 2010). They are then prompted to respond to these same questions from the point of view of their aspirational or future self (Action Evaluation Collaborative, n.d.). For program evaluations, participants can elaborate on what they would think, feel, do, say and see, and on their pains and gains, if the program reaches its intended goals. By combining empathy map data, a collective vision can be constructed (Action Evaluation Collaborative, n.d.), providing insight into:

1. The current state of program participants, their social network contacts and the community as a whole.
2. What dreams, objectives, and aspirations participants have for themselves, their peers and the program overall.
3. Aspects of the program that have fostered progress towards achieving their goals and aspirations.
4. Areas where progress has not been made.

When analyzed as a whole, the collective vision can aid participants and program implementors alike in reflecting upon and refining program goals to ensure they are aligning with and working towards their aspirational vision of the community (Action Evaluation Collaborative, n.d.).

Our research team will use Empathy Mapping in a proposed measurement and evaluation framework for FGM in two African countries.



Female Genital Mutilation

Participants filled out Empathy Maps for their current self and for their imagined self in a community free of FGM. This comparison helped illustrate what an FGM-free community would look like and what participants would think, feel, do, say and see in such a community. Participants were additionally probed for what challenges or obstacles and motivating factors exist towards creating a community free from this harmful traditional practice.

How To:

Before beginning the activity, gather the necessary supplies: sign-in sheet, large sheets of paper, pens/pencils, tape, and post-it notes or index cards. On the large sheet of paper, draw the outline of the empathy map (or have participants draw it themselves).

After recruiting participants, host focus group discussions with 8-10 participants in each. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Explain that participants will be filling out Empathy Maps so that we may better understand their beliefs, experiences and perspectives in the present moment and then in a different or future context.

Run through an example of the activity in the present and in a different context, putting at least one card into each of the sections of the map (see figure above for an example of an empathy map with eight sections). Choose a topic that will not influence the answers of participants. This will help the participants understand how to create the map of their current status and the map of their imagined self.

Begin the activity. Pass out a large sheet of paper, pens/pencils, and post-it notes or notecards. There are two ways to conduct the actual activity:

1. The first is to ask participants one question at a time. You will go through as a group section by section, ensuring participants have time to write their responses and post them to that section of the map before moving on. Complete each section first for the present moment and then again for the different context. Be sure to only write one idea per post-it/note card.
2. The second option is having participants respond to the questions through story-telling and sharing. The moderator will then fill out the cards or post-it notes and attach them to appropriate section of a group empathy map. Be sure to write only one idea per post-it/note card.

During this process and the ensuing discussion, have a note taker or use a recording device. It is important to take note of any non-verbal cues, gestures, or facial expressions, as well as significant comments made during the activity.

Ask respondents to identify what areas have progressed and what areas have not in their imagined scenarios. You can mark the cards that have been progressing due to the program's influence (or otherwise) and the areas that have not, using different colored markers. Ask participants to elaborate on why they think progress has or has not been made in these areas.

Once all sections of the empathy map are filled out, allow the group to share their maps with the group. Respondents can share what things they have in each section, and which they marked as progressing or not progressing.

When everyone is done sharing, ask the group to discuss the major themes common among the maps. Ask participants which things they found to be the most surprising or interesting. Encourage them to elaborate on what the collective vision means for themselves, their networks, the program and the larger community.

Ending the activity. When the discussion has come to a natural end, thank the participants for their time and effort. Remind them of how important this information has been to the research goals. Let them know if they change their mind or have ideas about the activity in general they are welcome to contact you at any time.

Pass out the sign-in sheet and have each participant sign out using their unique ID number. Dismiss the participants.

Make any notes about how the activity went and how it could be conducted better next time.

Take photos of the maps if needed, and collect the maps, discussion notes, and any recorders for safe keeping.

Free Listing/Word Associations

Free Listing and *Word Associations* are verbal and/or written techniques that can be used to assess what participants think, feel and do, depending on the research topic. For word associations, participants are asked to describe or write down the first thing that comes to mind when they think of a particular word (Allen, 2017). Word association is typically employed in clinical settings, where the responses are analyzed in addition to response times and emotional or involuntary reactions (Frey, 2018). As a projective technique, participant's responses and concurrent reactions reveal their unconscious attitudes concerning the word and overall topic (Frey, 2018). For free-listing, participants are asked to list all of the terms, phrases, concepts or instances that come to mind when they think about a particular domain (Ulin, Robinson, & Tolley, 2005; Brewer, 2002; Weller & Romney, 1988). A domain can be thought of as the interrelated words, phrases and concepts that together define a singular concept (Weller & Romney, 1988). Free Listing can be used to help researchers define the boundaries of a domain within a particular cultural lens. For this reason, Free Listing can be used during formative research to ensure tools and interventions are culturally relevant and appropriate.

Word Associations and Free Listing are open-ended techniques, allowing participants to respond according to their own ideas and experiences (Frey, 2018; Allen, 2017; Weller & Romney, 1988). This makes Word Associations and Free Listing particularly non-threatening techniques because participants can indirectly communicate their feelings and behaviors, making these approachable techniques when asking about sensitive topics and cultural taboos. This enables researchers to determine values, attitudes and feelings concerning topics normally left unspoken. When used over time, Word Associations and Free Listing can shed light on the evolution and acceptance of concepts related to program goals. It is important to note that while these techniques help researchers understand what participants *think* about certain concepts, they do not provide data on actual behaviors or practices.

Our research team has used Free Listing in evaluations for programs targeting: adolescent empowerment in Bangladesh; FGM in Ethiopia and Guinea; positive discipline in Jamaica; violence against children in Sierra Leone and menstrual health and hygiene management in India.

Adolescent Empowerment

Free Listing was used in the Bangladesh program. Respondents were asked to list all terms and phrases that came to mind with the prompt "I am…". This activity was employed to assess the existence of gender norms and self-concept of program participants over time.

Female Genital Mutilation

Free Listing will be used as part of a measurement and evaluation framework for programs targeting FGM to measure social norms and outcome expectancies (benefits and sanctions) around abandoning FGM. Participants will then be asked to categorize outcome expectancies into groups (such as health, social, legal, etc.) and short- and long-term. This activity can help researchers understand key cultural differences among populations in order to design programs that will appropriately target FGM among unique groups.

Menstrual Health and Hygiene Management

Respondents in India were asked to complete the "I am…" Free Listing activity to provide insight into their self-concept and level of self-efficacy, as well as "Menstruation is…" to assess social norms and beliefs related to menstruation. These activities were used to assess any changes over the course of an intervention aimed at improving menstrual health and hygiene management by encouraging girls to challenge harmful social norms and traditional practices.

Positive Discipline

Participants were asked to complete a Free Listing activity for the concept of positive discipline using the terms "Love" (nurturance), "Bigging Up" (recognition), "Setting Rules" (structure), and "Past Through the Worst/Prepare for Life" (empowerment) to assess effective parenting from the point of view of children and adolescents in Jamaica. Data captured local perspectives on positive discipline and allowed researchers to understand cultural beliefs and differences.

This technique was also used to design a cross-cutting C4D strategy in Nepal, to assess how Nepalis define, and what they associate with, the terms positive discipline, inclusion, participation and empowerment. Values, attitudes and feelings concerning cultural taboos and other sensitive topics such as corporal punishment and child marriage came to the fore through the use of this technique.

How To:

This activity can be completed in both interview and focus group discussion settings. Using Free Listing and/or word association during focus groups is advantageous because it allows for a group discussion following the exercise. Before beginning, gather the necessary supplies: a sign-in/sign-out sheet, enough blank pieces of paper for each participant, pens and pencils, and a large sheet of blank chart paper.

Once all participants are recruited, host training sessions with 8-10 participants in each. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

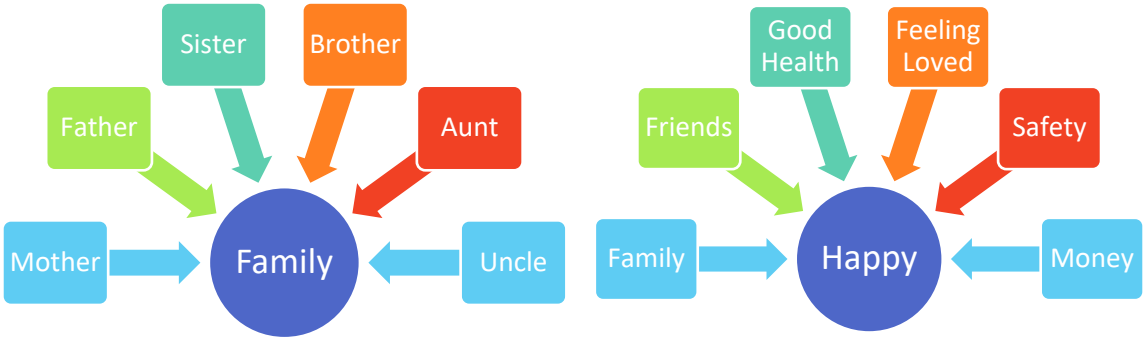
Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Tell participants that we want to know how they define and understand the respective topic(s). Explain that we want to know the first things that come to their mind, and emphasize that there are no right or wrong answers.

Give participants a minimum number of responses to list. Let them know they can come up with as many answers as they like, but to try to come up with at least the suggested minimum.

Go through an example activity for participants. This will help them understand how to do the activity. Make sure the example is not related in any way to the actual topic of interest, so participants' responses are not influenced.

A good practice is to start with something concrete, like "family" and then do an example with something more abstract like "happy". See the images below for examples of Free Listing and Word Associations with concrete and abstract concepts.



Give participants a set amount of time to complete the activity. Encourage participants to keep their eyes on their own paper. Remind them that there are no correct answers, and that we want their original, unique perspective.

Begin the activity. Pass out a blank sheet of paper and pens/pencils to each participant. Have them write the word or phrase representing the topic in the middle. Have them write all words they think of related to the topic around the topic word circled in the middle. They can draw circles around the terms they came up with and link each to the middle circle with a line to create a web.

Note that in word associations, sometimes only the first word that participants thought of is recorded. If this is the case, they may not need to draw webs.

Make a master list. Tell participants that out of all the words they listed, you want to create a master list of 25 words. Hang the chart paper where everyone can see it. Go around the group and have them select their favorite response to the prompt. If their response was already chosen, make a tally next to it on the chart. Continue going around until 25 words are listed on the chart paper.

If participants are not coming up with new ideas, prompt them by asking, "can you give me one more example?" and "what else?".

Once the master list is complete, discuss the list as a group. Have participants give examples from their own experiences relating to the words they listed. Discuss how the words are different or similar and group them, if possible, using categories created by the participants. Participants can also discuss how the words relate to the program intervention, if it comes up.

When the discussion has come to a natural end, thank the participants for their time and thoughtful contributions. Tell them you have learned a lot and how invaluable this information is to the research or evaluation goals. Let participants know if they have other ideas or change their minds they may contact you later. Also, welcome any comments about the activity in general and how it could be improved.

Pass out the sign-in sheet and have everyone sign out using their unique ID. Dismiss the participants.

Note any key themes that came up during the discussion, as well as how the activity went in general. Write down any comments about how to conduct this activity better next time. Make sure to save the papers and large sheet of contact paper for data analysis, and take photos of them if necessary.

Health Facility Surveys

Health Facility Surveys are a way to monitor and evaluate various facets of health care. These surveys can be used to determine the quality of care as well as any issues, such as discrimination, which may be resulting in negative health outcomes. These surveys include the collection of facility data coupled with interviews with health care workers and their patients. This allows for data on the experiences of patients and health care workers to be gathered and corroborated with data from facility records. Ultimately, these surveys serve to inform how the experiences of patients and health care workers impact perceptions, behaviors and health outcomes. The information can then be used to develop ways to improve care, e.g., by motivating health care workers to deliver the best care they can (Lindelow & Wagstaff, 2003). Insights from surveys can also highlight areas where staff

need more training. This method can also be used to collect data on organizational and managerial aspects of the health facility, including costs, efficiency, and quality.

Our research team has used health facility services for reproductive health projects in Bangladesh and Nepal.

Reproductive Health

As part of a program evaluations in Bangladesh and Nepal, Health Facility Surveys were used to collect data on the experiences of pregnant women, health facility use, and the practice of inclusive behaviors by health care workers. To complete the facility survey, data was first collected from the facility records. Interviews with health care workers were then conducted, followed by satisfaction surveys with pregnant women. As a participatory method, community members were trained to conduct all of the surveys. Training sessions were held for groups of 8-10 participants, and the entire process took about four hours.

How To:

Designing the Health Facility Survey Guide

The contents of the Health Facility Survey Guide will vary depending on the research goals. If health facility records are to be collected, a data collection form will need to be created. This form will be used by participants to gather largely numeric data on the health facility, such as the number of pregnant women attended, the number of live births, and the number of ante-natal or post-natal visits. For collecting health care worker and patient data, surveys or questionnaires will need to be created, using questions like the ones shown in the table below. Remember that the participants will be conducting all data collection, so the forms should be as simple and short as possible.

Health Facility Records Data Collection Form	**Health care Worker Questionnaire**	**Pregnant Women Satisfaction Survey**
# of pregnant women in the community _____	Who typically accompanies pregnant women?	Do you feel you were treated with respect?
# of women who had a live birth in the community _____	Think of the pregnant women you have seen who have completed four ANC visits. What, if anything, do they have in common?	How was your overall experience at the health facility?
# of women who delivered in an institutional setting _____	What is different, if anything, about women who complete four ANC visits and those who complete only one or two?	Do you feel like you spent enough time with the health worker?

Training Session

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Inform participants that a Health Facility Survey will be conducted by gathering data from the facility records, and conducting interviews and surveys.

Explain the purpose of the research, namely how it will help researchers to understand how different aspects of health care and the overall quality of care are affecting the health outcomes.

Inform the participants of why they were selected for this task.

Explain that first they will receive training and the estimated time that training will take, followed by the total time commitment for this activity.

Begin the activity. Pass out the forms in the Health Facility Survey Guide as well as any additional needed materials (pens, recording devices, etc.). Give the participants one week to collect all data, and schedule a follow-up meeting where they will hand in the forms and the group can discuss the findings.

Have all participants sign out on the sign-in sheet using their unique ID so you have a record of who completed training.

Make sure they all have your contact information in case they need to reach out during the week.

After the participants have left, make any notes about what happened during training and comments about how the training went.

Follow-up Meeting

Have all participants sign in using their unique ID and ask them:

1. How the data collection process went
2. If they had any issues
3. If people were open and willing to share
4. If they had fun during this process

Ending the activity. When discussion has come to a logical end point, collect the forms in the Health Facility Survey Guide as well as any recording devices used, ensuring that all forms have participants' unique IDs written on them.

Thank the participants for their help and tell them how important the information they provided is.

Letters, Phone Calls, Social Media Posts

The content of phone calls, letters and social media posts can be assessed qualitatively to gather information on what participants or audience members think and feel about something. Feedback obtained through unsolicited phone calls, letters and social media posts addressed to a program that provides public contact information often provides an accurate representation of the thoughts and feelings of participants (Dalton, Saskia Felizitas, & Hölscher, 2013; Sood & Rogers, 2000; Law & Singhal, 1999). Participants do not feel pressured to participate, so they may be more open to share and discuss sensitive or taboo topics. For these reasons, qualitative analysis of letters, phone calls and social media posts can provide rich details and insights for evaluating the effectiveness of a program. Assessing the content of letters, calls, and social media posts over time can shine light on changing social norms and beliefs among the populations of interest.

Social media is unique because it allows for two-way communication between the participants and program staff or researchers, in addition to audience feedback (CDC, 2011). Social media can also include videos, surveys, web links, and other content to be shared (CDC, 2011). In addition to content analysis, social media monitoring and evaluation can include metrics such as counting shares, views, follows, and likes, providing multiple ways to analyze data (CDC, 2011). Social media also fosters communication among participants, and can create a vibrant community environment As participants' social networks grow, researchers are able to assess how and what information is shared in these interactions (CDC, 2011).11/9/18 6:02:00 AM

One issue with analysis of unsolicited feedback is that the content shared among participants may be unrelated to the research topic, as the purpose behind each interaction may vary widely. Nevertheless, including phone numbers and addresses for participant feedback or promoting interactivity through social media provides a low cost way to monitor the thoughts and feelings of the population and ultimately the impact that the program has had on them (Sood, 2002; Sood & Rogers, 2000). If this is done throughout program implementation, it allows for changes to be made in mid-course to better achieve the program objectives (Sood & Rogers, 2000; Sypher, McKinley, Vensam, & Valdeavellano, 2002).

Our research team has used letters, phone calls and social media posts for evaluation of media programs in India, Nepal, Bangladesh and Mozambique.

Reproductive Health and Contraceptive Use

In India, letters from engaged listeners were content-analyzed to examine different dimensions of audience involvement – cognitive, affective and behavioral. A sample of letter writers who provided valid addresses were contacted to answer a series of questions on their reactions to and behavioral interaction with an entertainment education project in India. More recently, a similar format was utilized in India, but instead of letters, social media posts both solicited and unsolicited were reviewed to provide insight into the effectiveness of mediated communication efforts.

How To:

The first steps will be providing an address where letters can be sent, setting up a phone line, and/or creating social media pages. Letters require less staffing, as phone lines and social media may need staff members to interact with participants directly. On the other hand, the phone line could connect callers to a recording that asks for participants to leave their feedback as voice-mail that researchers can retrieve and analyze later. If the volume of calls is of interest – e.g., the volume of phone calls to health services related to the program or research topic – then arrangements will need to be made with the respective organizations so the numbers can be tallied and shared as needed. Social media posts require updates to keep participants interested, but otherwise are always accessible for participants to provide feedback.

Quantitative analysis includes determining the number and frequency of letters, phone calls, or social media comments, likes, and other metrics. This can be further broken down by assessing how the volume changes over time. Such analysis can be instructive, e.g., if there more letters sent, phone calls made, or likes or comments on social media posts about one part of the program com

Mobility Maps

Mobility Maps are a spatial mapping activity that provides insight into participants' perceptions of space and mobility (Cromley, 1999; Matthews, 1995). This is a visual technique where participants Draw and Describe where they go in their community, what places are important in their lives and the significance of these places, where they feel comfortable going, where they do not go, and where their sources of information are in the community (Cromley, 1999; Matthews, 1995). Mobility Maps can be used to ascertain practices, measure individual agency, and delineate intersectional differences based on gender, religion, ethnic group, age, and social class (Hillenbrand, Mohanraj, Karim, & Wu, 2015).

Our research team has used Mobility Maps in an adolescent empowerment program in Bangladesh and will use them as a part of a proposed measurement and evaluation framework for FGM in two countries in Africa.

Adolescent Empowerment

Mobility Maps were used in Bangladesh to assess the types of places, and characteristics of these places, where adolescents said they felt comfortable going alone. Results were stratified by time of day and by status as a peer leader within the program.

Female Genital Mutilation

Mobility Maps will be used in two African countries to assess the proportion of girls and women who exercise agency, and the extent of gender inequity as it related to girl's and women's mobility. The maps will be used as a complementary technique to a quantitative mobility subscale. They will

identify what spaces are male and female exclusive as well as what mobility restrictions women and girls face inside and outside the community. Results will be assessed according to different sociodemographic characteristics such as social class and age.

How To:

Mobility Maps can be completed in an interview or focus group setting. The following instructions are for a focus group, but can be adapted for an interview by removing the group discussion and sign-in sheet steps. Before beginning the activity, gather the necessary supplies: a sign-in/sign-out sheet, enough plain sheets of paper for 8-10 participants, pens and pencils, and a large sheet of chart paper.

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have participants enter a unique ID number to ensure confidentiality. Be sure to collect the sign-in sheet so you have a record of how many people came.

Introduce the activity. Explain that you would like to know more about the places participants go or do not go, what and where their sources of information are in the community, etc. Let them know they will be drawing a Mobility Map and then sharing information about it with the group.

Give an example of the Mobility Map process. Chose an example that will not influence the answers of participants. A good option is to do a map tracing the movements of an animal, such as a cow, through the community, so it is completely unrelated to the research topic. Draw the places your example animal would go, and would not go, as well as any other points you want participants to address in their own maps. Write down things you want participants to note as they develop their maps and share the key points aloud.

Begin the activity. Hand out the pieces of paper and writing instruments. Give participants about half an hour to complete their maps and write down any notes made while they are doing so. Encourage participants not to look at anyone else's maps; make the point that there are no right or wrong responses and we want to know only their opinions and experiences. Tell them to try and focus on accurately depicting their thoughts.

Once all the maps have been completed, initiate the group discussion. Assign two volunteers to document key points and common themes on the large sheet of chart paper as participants share their maps with the group. Encourage participants to ask presenters questions about their maps.

After everyone is done presenting their map, ask the group to discuss the responses overall:

1. Are there common themes across places participants visit?
2. What are the exceptions, if any?
3. How does a comfortable place become uncomfortable?
4. Are some places okay to visit in groups (of the same or mixed gender)?
5. Are some places completely taboo regardless of whether you are alone or not?

Ending the activity. When the discussion has come to a logical end point, thank the participants. Remind them how important their maps and discussions were for attaining the research and program objectives. Let them know that they can get in touch to share any further thoughts about the mapping and the program in general any time.

Collect all maps and the large sheet of chart paper. Pass out the sign-in sheet and have everyone sign out with their ID number. Dismiss the participants.

Record any key points and general ideas about how the activity went.

Most Significant Change/Stories of Change

Most Significant Change and *Stories of Change* are verbal techniques in which participants are asked to share stories of how an intervention impacted (or did not impact) their lives (Dart & Davies, 2003; Patton, 2002). In the case of Most Significant Change, participants are asked to reflect on the most meaningful impact the intervention has had on them, while Stories of Change has participants share multiple ways that their lives have changed because of the intervention. Most Significant Change methodology is based on the idea of organic and cultural evolution, which posits that meanings are interpreted and understood differently among different people (Davies & Dart, 2005). Meanings also change over time (Davies & Dart, 2005). In this way, data is subjective, as participants decide what to share, but it is systematic, as data is collected from all participants in the same way (Byrne, Gray-Felder, Hunt, & Parks, 2005).

Depending on the unique experiences of participants, Most Significant Change and Stories of Change can highlight what participants know, feel and do in the present moment compared to what they knew, felt and did prior to the intervention. Most Significant Change and Stories of Change can be used throughout the monitoring process to assess how change is occurring in real time, link outcomes to program activities, and provide insight into the degree of program implementation. When used over time, these techniques can reveal if and how social norms are changing in a population (Davies & Dart, 2005).

Most Significant Change was utilized by our research team in an evaluation for a program aimed at adolescent empowerment and a cross-cutting communication for development strategy and will be used as part of a measurement and evaluation framework for FGM.

Cross Cutting Strategy on Communication for Development

Participants shared Stories of Change at different milestones of program implementation. Over time, participants will hone in on which of these changes was most significant. The multiple stories collected served as repositories of historical memory to be used in future conversations on the same issues, and to maintain momentum for social change by showing how far communities as a whole have come. In particular, Stories of Change and Most Significant Change stories were used to

monitor: child marriage prevention efforts; engagement in social action; actions to advocate for an end to harmful social norms; and institutional and community-level behavioral results.

Female Genital Mutilation

Most Significant Change will be used in a forthcoming project to assess how the short-term impacts of the program have affected the lives of participants and those living in program areas. In particular, the methodology will look at which of the program activities women participated in and how these activities changed their lives. Most Significant Change will ultimately be used to assess how public program activities, such as public Pledges to end FGM, changed the lives of participants, as well as exposure to the program, dose, and recall in the surrounding community.

How To:

This participatory technique can be conducted using a written or oral style. If participants can read and write, they can document their Most Significant Change or other stories on paper or on an electronic device. If participants cannot read or write, this activity can be conducted by asking participants to share their story and transcribing it, either through recording or by hand. This activity can also be conducted in a one-on-one interview setting or as part of a focus group discussion where participants are encouraged to share and discuss their stories with others.

The process of conducting this activity in the interview setting is relatively straightforward: participants should be asked to share how the intervention has affected them, and then to identify what the Most Significant Change has been on their lives. Their responses should be recorded. This qualitative data can then be coded, and common themes across respondents can be identified and reported.

When conducting this activity in a focus group discussion, here are two ways to conduct this activity. Participants can either write their responses (and then share them aloud or not) or state their responses without writing them down.

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in using their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Let participants know that you will ask about how the program or topic has affected their lives, in particular the changes which have occurred over time. For Most Significant Change, be sure to emphasize that you want to know what impacted them the most and not just any change. Explain to participants that this activity is autobiographical; you want to know their experience, not those of others.

Provide an example of a significant change story. Choose a topic that is unrelated so that the example will not influence their responses. This will help participants understand what you mean by a change over time and how stories can be clearly framed.

Begin the activity. Ask participants to respond to the following: "Looking back over the last few months, what was the most significant change that took place in your life and in your community as a result of participating in the [program name/topic]?"

Have participants write or say:

1. What happened?
2. Who was involved?
3. Where did it happen?
4. When did it happen?
5. Have participants explain verbally or in writing:
    a. What differences were made?
    b. How does this change the future?

If participants are speaking their stories out loud, give them 10 minutes or so to consider what they want to say. After they tell the story, probe with the questions above. If participants are writing, allow 30 minutes for them to get the story down on paper and then to answer all prompts outlined above.

If participants are sharing stories verbally to the group, others can ask questions to fill in any missing details about the story. Be sure to transcribe all responses word-for-word so the data can be analyzed later. If the participant's responses are written, collect all answers. At this point, the activity could be concluded, without sharing the stories as a group. Otherwise, choose from the following options to share the written stories among the group:

1. All participants can read their responses aloud and then discuss themes as a group.
2. The moderator can read through all responses while participants take a break, and identify two similar and two very different stories regarding program impact to read aloud when the group returns. Do not reveal who wrote which story when sharing them with the group. Possible discussion questions for the group after stories have been shared are:
    a. Does this story relate to your experience? Why or why not?
    b. Did the program or topic bring about positive change?
    c. How could the program or topic be improved to bring about greater positive change?
    d. What are the biggest barriers to change?

Ending the activity. Before concluding the activity, let participants know that if they think of Stories of Change later and want to share them with you, you would welcome this feedback. Give contact information so they can share the additional stories later.

You can also conclude by asking participants to reflect on this participatory research technique and how this activity could be made more fun, interesting, or relevant to them.

Thank participants for their participation. Have all participants sign out with their unique ID, and check that all participants who signed in also signed out.

Record the key points of the discussion, as well as any notes on body language or other occurrences that shed light on how participants were feeling during this activity or that may have affected their responses. Finally, record any lessons learned, so they can be applied when using this technique in the future.

Note that in future interviews and focus groups, you can use Stories of Change from past research to ask participants to discuss what has changed (or not) and why. This can be useful when assessing change over time. Perhaps participants will have different experiences and can discuss how these changes are evolving. If experiences remain the same, researchers can ask what can be done to further change and ultimately achieve the program objectives. You can use the same process with different participant groups, e.g., with men and women, or different age cohorts.

Oral Histories

Oral Histories are a spoken technique where participants tell the story of a particular experience in their lives in detail. They are essentially in-depth biographical interviews and, as such, often require a significant amount of time on behalf of the researcher and participant. Participants are encouraged to tell their story in their own voice, find their own meanings in the events of their lives, and freely express attitudes, feelings and beliefs. This level of freedom allows participants to focus on what was most important to them without the predisposition or influence of researchers or theory. In telling their own story on their own terms, participants often experience empowering moments of reflection, awareness and realization (Hesse-Biber & Leavy, 2011). Community members can be trained to collect Oral History data as a participatory research technique. In this way, participants are empowered through the responsibility of data collection and experience first-hand the stories of others. In turn, community members may feel more apt to share their Oral Histories with someone from their community as opposed to a stranger. Oral Histories have been used for decades in a variety of disciplines, including anthropology and history. They can be adapted for use in an unlimited number of topics.

Oral Histories were used in the past by our team as part of a reproductive health program in Nepal.

Reproductive Health

Children and adolescents were trained in Nepal to conduct Oral Histories with parents and community members. The topic was experiences within the first 24 hours after birth, particularly post-natal care, breastfeeding initiation and newborn bathing. Mothers, fathers, mothers-in-law and neighbors were all interviewed. It was important to capture a multitude of perspectives to compile a rich story of the post-birth experience. Once data was collected, it was analyzed by comparing births in institutionalized settings with home births, as well as those who delivered with a skilled birth attendant and those who did not. In addition to learning about the nuances of post-birth

experiences, the Oral Histories provided information on the impact of the C4D programming, outreach and advocacy.

How To:

The first step in conducting an Oral History is to create an Oral History guide. Even if participants are allowed to freely share their story without much prompting, this guide can serve as a checklist that can be filled out while the participant is speaking. After the respondent shares their experiences, if key items are left unmentioned, the interviewer can ask these questions to be sure that all the needed information is covered.

In the case that participants themselves are conducting the Oral Histories, they will need to be trained.

Training Session

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in using their assigned unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Inform participants that Oral Histories will be collected by interviewing the various participant groups concerning the selected topic.

Explain the purpose of the research, particularly how this information will help with the evaluation or program goals.

Inform the participants why they were selected for this task.

Explain that first they will receive training, state the estimated duration of the training, followed by the total time commitment for this activity.

Pass out the Oral History questionnaire as well as any additional materials that will be needed (pens, recording devices, etc.). Give the participants a specific time frame to collect all data, and schedule a follow-up meeting where they will hand in the forms and discuss the findings.

Following the training, have all participants sign out using their unique ID number so you have a record of who completed training.

Make sure they all have your contact information in case they need to reach out.

After the participants have left, make any notes about what happened during training and comments about how the training went.

Conducting Oral Histories

Begin the activity. Before the interview, ensure you have the following:

1. Oral History Questionnaire

2. Pens/pencils
3. Recording device

Choose a private, quiet location for the interviews that is comfortable and familiar to the participants and does not require them to travel long distances. If possible, conduct this activity at the homes of participants.

Explain the topic and ask participants if they would be willing to sit with you to discuss it. Give participants an estimated interview length based upon the topic and the length of the Oral History Questionnaire.

Start the interview using the Oral History Questionnaire, and then allow the individual to tell their story. Do not ask all of the questions on the guide at once. Fill in the answers they give spontaneously, as the story is told.

When the participant has completed the story, use the questionnaire to elicit details relating to the topic that were not covered spontaneously. Make sure all the information you needed has been collected and the questionnaire is completely filled out.

Thank the participant for telling you their story. Reiterate how important this information is to the program or research goals.

If you are conducting "snowball sampling", ask the participant if it is okay to interview some of the people they mentioned in the story. If they give permission, ask for their contact information. Then repeat the interview process with their social network contacts, as needed.

Store all Oral History Questionnaires and recorders in a safe place until they are collected by the facilitator for analysis.

Follow-up Meeting

Have all participants sign in with their ID number.

Ask participants:

1. How the data collection process went
2. If they had any issues
3. If people were open and willing to share
4. If they had fun during this process

Ending the activity. Collect the Oral History Questionnaires as well as any recording devices used, ensuring that all forms have participants' unique ID on them.

Thank the participants for their help and emphasize the importance of the information they provided.

Participatory Photography and Photovoice

Participatory Photography and *Photovoice* are visual methods that empower participants to collect their own data using photography. Participants are given cameras and are instructed to take photographs over a specified period of time that represent their own perspective and experiences concerning the research topic. Photovoice is a subset of Participatory Photography that is focused on achieving social change through providing underserved and marginalized populations the platform of photography to: "enable people to record and reflect their community's strengths and concerns, promote critical dialogue and knowledge about important issues through...group discussion of photographs, and reach policymakers" (Wang & Burris, 1997, p.370). In Photovoice, data is collected from the discussion component in addition to the photographs themselves (Catalani & Minkler, 2009). This is a constructivist technique, based upon the idea that community members (in particular marginalized and underserved groups) possess knowledge, insight and awareness of their community that researchers and other outside groups lack (Annang et al., 2016; Wang & Burris, 1997). As such, Photovoice is a particularly useful technique to employ during a needs assessment, as it can reveal realities and needs that researchers would otherwise be blind to (Wang & Burris, 1997). During the monitoring and evaluation process, Participatory Photography and Photovoice can be used to document transformation towards behavior and social change, as well as to validate participant participation in program activities, such as Public Declarations and advocacy efforts.

One of the strengths of Photovoice and Participatory Photography techniques, in general, is that images are able to capture and convey thoughts, feelings and experiences in ways that words alone cannot. Photographs can portray complex concepts to spark critical discussion that otherwise might be difficult to describe (Wang & Burris, 1997). In some cases, sensitive issues can be approached more easily through photography than with words. The ease of use of cameras makes this a highly accessible technique that can further benefit participants who are illiterate or have trouble speaking. Photovoice and other Participatory Photography techniques can give a voice to populations which often go unheard and makes their lived experiences more visible.

Our research team has used Photovoice among community level health workers in Nepal, for adolescent empowerment in Bangladesh and it will be used in the measurement and evaluation framework for FGM in two countries in Africa.

Female Genital Mutilation

Participants will be given cameras to collect photographs of the various public activities to end FGM in which they take part. This will give participants the power to decide what activities are effectively working to end FGM, and will, in turn, give researchers data of how participants define such activities. Photovoice will also be used to monitor communities that have made Pledges and Public Declarations to end the practice and to document the resulting transformations. In this way, Photovoice will provide a visual vehicle for sharing Stories of Change.

Adolescent Empowerment

Photovoice was used in Bangladesh throughout the monitoring process to ensure the program was having the intended impact and to highlight areas requiring mid-course corrections. One of the goals of using Photovoice was to aid in the identification and celebration of positive role models, helping to sustain and build momentum for change. Photovoice was also used to monitor the activities of participants that addressed harmful social norms such as corporal punishment, to showcase stories of "everyday heroes", and to document Public Declarations and denunciations with regard to harmful traditional practices.

How To:

This how-to section focuses on how to conduct Photovoice with a group of participants. To carry out this activity, you will need a sufficient number of cameras to provide one for each participant. The activity will consist of two meetings with the group, one to introduce the activity and train the participants and another to collect photographs and conduct a group discussion.

Initial Meeting and Training Session

Once all participants are recruited, host the initial sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Tell participants that you are interested in knowing more about their everyday lives, so you will be giving them a camera to document their experiences. Let them know you will be training them on how to use the cameras, and then they will be able to go out into the community and take photos of their world as it relates to the program focus or topic. Explain that they have been chosen to participate because of their involvement in the program and/or because they are experts in their own community, and we want to learn from them.

Mention that participants are free to take as many photographs as they like (or that the camera can hold), but that at the end of the specified time period they will choose the best 6-10 photographs to share with researchers and the rest of the group in the follow-up session.

Emphasize that photos should capture a typical day in their everyday lives, not an unusual or special day, and that photographs should be connected to the research topic or program.

If Photovoice is being conducted for a program evaluation, let participants know that you want photographs of the changes that have come about in their lives as a result of the program.

Teach participants how to use the camera. Remember, they may have never used one before, so be sure to be thorough and ask if anyone needs extra help or has questions.

Use the How to Use a Camera Checklist, if applicable.

Ideally, use digital or polaroid cameras so you can guide participants through both the taking of photos and viewing the results. Discuss how the sample photos can be improved. This will sharpen their technique and give them confidence in using the cameras. Start with concrete subjects, like a place or person, and then have them take photos illustrating more abstract concepts like feelings or changes.

Explain that there are no 'right' or 'wrong' photos, and they will not be tested or judged on their quality. Remind them that they are the content experts, so we want to know about what is important to them in their lives. Let them know they are welcome to take pictures of themselves if they like.

Hand out the Listing Sheet where participants can track the time and day they took the photo, as well as a short description of what the photo is and why they captured it.

Sample Listing Sheet

Participant ID #:			
#	Day/Time	What is the photo of?	Why did you choose to take this photo?
1			
2			

Begin the activity. Tell participants how long they will have to take photographs. Schedule a follow-up meeting and let participants know the location. Remind them that you will collect and discuss the 6-10 photographs they selected as their favorites at that time.

Note that if you are using a camera with film that needs to be developed you will need to schedule a follow-up meeting to collect the cameras and then a subsequent meeting to discuss the photos as a group after they are developed.

Thank the participants for their time and have them sign out using their unique ID number.

Follow-up Meeting and Discussion

On the arranged date and time, collect the cameras, listing sheets, and 6-10 photos participants selected. If not using a polaroid camera, participants can identify which photos they chose on the listing sheet.

Once the photos have been developed and printed, host the discussion.

Pass out the sign-in sheet, and have participants write down their unique ID number. Take note of how many people signed in.

Hand each participant their 6-10 photos. Then have each participant present their photos to the group, and share what each photo is of and why they took it. Use a recording device or take notes of key themes mentioned during the discussion. Here are some sample questions:

1. What is the photo of? Describe it in detail.
2. Why did you take this photo?
3. What is important about the content of this photo?

4. How would you rank the photos if you were to order them by preference? Why?
5. Which one of the photos best illustrates the key program objectives (e.g., an "everyday hero" or role model)?

Ending the activity. When everyone is done sharing, ask if anyone has questions. When there is no longer discussion, thank the participants for their time. Reiterate how important their work has been towards the program objectives, and let them know how grateful you are for sharing their world with you. Let them know that you welcome any feedback about this activity or the program itself at any time. Dismiss the group and have them sign out using their ID number as they leave.

Afterwards, record any key lessons from this activity.

How to Use a Camera Checklist

1. Lens (Like the eye of the camera; Don't cover it with your hands and fingers!)
2. Photos taken towards the sun do not come out well!
3. View finder is like a window; the markings show you what will be in your photo; use the markings to take a straight photo.
4. Taking the photo
    a. Show them what button to press to take the photo
    b. The more you keep still the better the photo!
5. Flash: Better to avoid photos of dark places, but show them where the flash is in case it is needed
    a. Provides extra lighting
    b. Use when you want to take a photo in situations of low light (at night or inside a poorly-lit place)
6. Taking care of the camera
    a. Don't get it dirty
    b. Don't drop it
    c. Don't get it wet
7. If using a disposable camera
    a. Teach them how to scroll after taking the photo so they can take the next one
    b. Show them where they can see how many photos they have left
    c. Explain why you should not open the back – if film is exposed to light it will be ruined

If using a digital camera:

1. Teach them how to turn it on and off
2. Teach them how to switch between camera and display mode
3. Show them how to use the display screen to preview the photo they will take
4. Show them how to zoom in and out
5. Show them how to delete photos they do not want

Participatory Theater

Participatory Theater is a visual, oral/auditory and listening technique in which participants create a performance piece, enact it for an audience and engage the audience (and performers themselves) in critical dialogue (Coghlan & Brydon-Miller, 2014; Harter, Sharma, Pant, Singhal, & Sharma, 2007). In this way, Participatory Theater falls outside the scope of mainstream theater performances (Coghlan & Brydon-Miller, 2014). Instead, participants modify and adapt the traditional art form to generate awareness of human and social issues with regard to a specific subject (Coghlan & Brydon-Miller, 2014). Participatory Theater is meant to challenge harmful social norms and traditional practices by encouraging reflection and empowerment among participants and audiences alike (Coghlan & Brydon-Miller, 2014). The roots of Participatory Theater are the 'Theater of the Oppressed' developed by director Augusto Boal in Brazil to liberate and empower disadvantaged groups in society, as well as Paolo Freire's 'Pedagogy of the Oppressed' that emphasizes lived experiences of participants and mutual dialogue (Guhathakurta, 2015; Coghlan & Brydon-Miller, 2014). Today, several types of Participatory Theater are being practiced around the world; they vary in how the performances are created, performed, and how they involve the audience (Coghlan & Brydon-Miller, 2014).

Sometimes Participatory Theater is completely improvisational, where no planning goes into the play ahead of time (Coghlan & Brydon-Miller, 2014; Oluoch-Madiang' & A'Aballah, n.d.). Otherwise, participants work together to create a performance that speaks to their own experiences and those of others in the community (Coghlan & Brydon-Miller, 2014; Oluoch-Madiang' & A'Aballah, n.d.). As a form of participatory research, performances should address a particular topic, and if it is part of a program evaluation they should concern the goals of the program (Coghlan & Brydon-Miller, 2014). The piece is then performed in front of an audience of community members, often in a non-traditional setting such as a school, community center, or even in the streets (Coghlan & Brydon-Miller, 2014; Harter et al., 2007; Oluoch-Madiang' & A'Aballah, n.d.). Participatory Theater performances often do not include professional actors or even scripts (Coghlan & Brydon-Miller, 2014). Instead, they are often improvisational with community members as actors who involve audience members in the performance itself and/or in a critical discussion afterwards (Coghlan & Brydon-Miller, 2014).

Our research team has used Participatory Theater in a reproductive health project in India and an adolescent health project in Bangladesh.

Adolescent Empowerment

Participatory Theater was incorporated into an adolescent health project in Bangladesh. Adolescents were provided with some formal training in scriptwriting and performing arts. Subsequently, they wrote scripts dealing with issues pertinent to adolescent health. The scripts included interactive components where participants had the option to engage with audiences. Multiple performances across different themes allowed adolescents the space to explore a range of issues that concerned

them, sharing them with their families, peers and other community members. The performances created the space for open dialogue about adolescent issues in Bangladesh.

How To:

How to conduct a Participatory Theater activity varies greatly and depends on the type of performance and nuances of the community of interest. The general steps for conducting this activity are: mobilization, ice breaking, scripting, acting (enactment), facilitation and audience participation (Oluoch-Madiang' & A'Aballah, n.d.).

Mobilization includes all outreach to the public and promotion of the performance. As audience participation is critical, this step ensures that there will be an audience to engage during the performance. Some possible methods are: posters, social media or mass media advertising, and door-to-door mobilization.

Ice breaking is the process of familiarizing and rapport-building between audience and actors. By building a relationship between the public and the Participatory Theater group beforehand, the likelihood of quality interaction between the two during the actual performance is increased. Theater games and exercises are a great way to conduct icebreaking. At this stage, the facilitator should explain that audience participation is voluntary.

Scripting is the phase of Participatory Theater during which the performance itself is planned. Scripting should include a rough storyline for the participants to act out in front of the audience, with room for alteration based on audience input. For researchers, the script provides data on what issues community members think are critical and what solutions they envisage. Scripts also provide some assurance that participants will be able to play their roles (versus improv which carries some risk in this respect) and can be used by the facilitator to guide audience participation.

Acting (enactment) is the actual performance itself. A good practice is to have the performance pose a problem to the audience, and then include the audience members in a discussion of solutions, which can then be acted out by the participants. Audience members can also be brought into the performance, for example by replacing a character and taking the story line in new directions.

Facilitation by a researcher or a trained community member is key to guiding the participants and audience through the Participatory Theater activity. The facilitator helps to ensure that the performance goes as planned and that the audience is included as much as possible. To do this, the facilitator must be very familiar with the script and performance plan, and be trained in facilitation techniques. The facilitator should:

- Introduce the topic and all participants
- Describe the audience's role
- Recite any participation rules
- State all freeze-points (where the performance is paused for audience input)
- Facilitate audience discussion
- Summarize key issues before closing the activity
- Host a post-performance discussion

Participatory Video

Participatory Video is an audio-visual technique that stems from an ideology similar to the one that underpins Photovoice; it is most often used to highlight social relations and lived experiences of marginalized and stigmatized populations that often go unseen and unheard (Milne, Mitchell, & de Lange, 2012; Touraine, 1981). Participants are empowered to work together to create videos concerning a particular topic that, in turn, sheds light on issues and perspectives unknown to outside groups. Participatory Video is action-oriented, in that the overall goal is to initiate collective action and social change (Milne et al., 2012; Kapoor & Jordan, 2010; Choudry & Kapoor, 2010; Reason & Bradbury, 2006; Kemmis & McTaggart, 2000; Schratz & Walker, 1995; Fals-Borda & Rahman, 1991).

The primary mechanism of social change is the creation of awareness and knowledge, and participants themselves are the authors (Tremblay & de Oliveira Jayme, 2015). Participatory Video fosters agency and empowerment by building a sense of self-knowledge and self-worth, increasing recognition of one's potential to shape their own world, and to promote equitable relations in the pursuit of social change (VeneKlasen & Miller, 2007). It is important to note that the ability for Participatory Video to help marginalized and stigmatized populations challenge and overcome barriers to decision making posed by social status, age, gender, education level, and other demographic characteristics is dependent on participant involvement in all stages of research, from data collection (via video), to analysis and dissemination, and ultimately community-led advocacy (Chapman, 2005; Milne et al., 2012). With the potential to empower populations, Participatory Video is a great tool to begin building momentum for change, as empowerment is a critical first step in engaging marginalized populations to transform their lives in social change activities (Chapman, 2005).

As Participatory Video reflects the ideas and experiences of the participants themselves, free from the input of outside groups like researchers, it can be used during a needs assessment to formulate program goals and objectives that will truly address the population's needs. Participatory Video can also be utilized during the monitoring process to show change visually, determine the processes by which change is occurring, and modify program activities or objectives, as needed. For evaluation, Participatory Video can adopt a Stories of Change approach, wherein participants create videos that illustrate how the program has changed their lives, which can in turn provide data on most effective practices. As a part of monitoring and evaluation, Participatory Video can also be used to confirm participation in program activities like advocacy and Public Declarations. As the videos are highly personal, ideally participants should be involved in the evaluation process to ensure that the videos are interpreted as intended.

Our research team has employed Participatory Video in a reproductive health and contraceptive use project in Nepal.

Reproductive Health and Contraceptive Use

In Nepal, volunteer community level health workers were provided with video cameras to record a day in their lives, documenting the motivators, barriers, facilitators and bottlenecks they faced in carrying out their tasks in the community where they lived and served.

How To:

Participatory Video is time and resource intensive. For example, video cameras, tripods, and even lighting fixtures may be required to produce a quality video. Whether participants can work alone or must create videos in groups may depend entirely on resource constraints. However, the number of participants in any one group will also affect the number of perspectives that can be portrayed. Any editing will require additional resources, including computers and editing software. Researchers must also take into consideration how participants can share the videos, and if the technology exists in the immediate environment for the finished products to be screened for a wider audience (Milne et al., 2012). Researchers must carefully consider how Participatory Video can be employed while allowing for the most diverse perspectives possible to be captured and shared with community members. The following instructions provide a basic outline of how this activity can be undertaken, encompassing a training session and follow-up discussion.

Initial Meeting and Training Session

Once all participants are recruited, host the initial sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Tell participants that you are interested in knowing more about their lives relative to the specific research topic, so you will be giving them video cameras to document their experiences. Let them know you will be training them to use the cameras, and then they will be able to go out into the community and record videos of their world as it relates to the program focus or topic. Explain that they have been chosen to participate because of their involvement in the program and/or because they are experts in their own community, and we want to learn from them.

Describe the number and length of videos desired for the project. Let them know they can take as much footage as they want, but the final product should be a specific time length and number of videos.

If editing applications are available, explain that participants will have the ability to edit the videos they create. If editing software is not available, a specific number and length of videos should be prescribed, and participants should be instructed to delete excess footage, so only the particular length of footage and number of videos are submitted in the follow-up meeting.

Teach participants how to use the video camera. Remember, they may have never used one before, so be sure to be thorough and ask if anyone needs extra help or has questions.

Use the How to Use a Video Camera Checklist, if applicable.

Take sample footage using the tripod and any artificial lighting that may be needed. Discuss how the resulting footage can be improved. This will sharpen their technique and give them confidence in using the video cameras. Start with concrete subjects, like a place or person, and then have them take videos to illustrate more abstract concepts, like feelings or changes.

Explain that there are no 'right' or 'wrong' videos, and they will not be tested or judged on their final product(s). Remind them that they are the content experts, so we want to know what is important to them in their lives. Let them know they are welcome to be in the videos if they like.

Hand out the Listing Sheet where participants can track the time and day they took the video footage, as well as a short description of what the video is about and why they chose to shoot it.

Sample Listing Sheet

Participant ID #:			
#	Day/Time	What is the video about?	Why did you choose to take this video?
1			
2			

Begin the activity. Tell participants how long they will have to take videos. Schedule a follow-up meeting and let participants know the location. Remind them that you will collect the final films they selected as their favorites at that time.

Note that if participants have the opportunity to edit the videos then you will need to schedule time for this. It would also be advantageous to host a session training participants to use editing applications. Participants could edit films as a group over several sessions, resources and time permitting.

Once the videos are finalized, you will need to set up a time to collect them prior to the follow-up meeting, so the films can be put onto disks or other memory devices to be shown to the group for discussion.

Thank the participants for their time and have them sign out using their unique ID number.

Follow-up Meeting and Discussion

On the arranged date, collect the video cameras, listing sheets, and final films.

Once the videos have been placed onto disks or USB drives, host the discussion.

Pass out the sign-in sheet, and have participants write down their unique ID number. Take note of how many people signed in.

Have each participant present their videos to the group, and share what the videos are about and why they took them. Use a recording device or take notes of key themes mentioned during the discussion. Here are some sample questions:

1. What is the video about? Describe it in detail.
2. Why did you take this video?
3. What is important about the content of this video?
4. How would you rank the videos (if multiple were taken) if you were to order them by preference? Why?
5. Which one of the videos (if multiple were taken) best illustrates the key program objectives?

Ending the activity. When everyone is done sharing, ask if anyone has questions. When there is no longer discussion, thank the participants for their time. Reiterate how important their work has been towards the program objectives, and let them know how grateful you are for sharing their world with you. Let them know that you welcome any feedback about this activity or the program itself at any time.

Note that if you have the resources to continually involve participants in the evaluation process you will want to schedule follow-up meetings.

Schedule a time to showcase the videos to other community members, and to relevant outside groups, if possible.

Dismiss the group, and have them sign out using their unique ID number as they leave.

Afterwards, record any key lessons from this activity.

How to Use a Video Camera Checklist

1. Lens (Like the eye of the video camera; Don't cover it with your hands and fingers!)
2. Videos taken towards the sun do not come out well!
3. View finder is like a window; the markings show you what will be in your video; use the markings to shoot a well-framed video
4. Taking the video
    a. Show them what button to press to start recording
    b. The more you keep still the better the video!
    c. Tripods are better for this, if available
5. Flash and Light Fixture if available:
    a. Use artificial light when you want to take a video at night or inside poorly-lit places
    b. Avoid taking videos in dark location, but show them where the flash is in case it is needed
    c. If the camera features night vision, show them how to use it
6. Taking care of the video camera
    a. Don't get it dirty
    b. Don't drop it
    c. Don't get it wet

Public Declarations/Pledges

Public Declarations and *Pledges* are a Participatory Research technique that involves entire groups, communities, or even multiple communities (UNFPA-UNICEF, 2018). Participants organize and/or attend a declaration event(s) where they may sign Pledges that indicate they will adopt or abandon specific practices. Public Declarations are not only a written technique; the act of participants coming together has visual impacts in the community, even among those who were not directly involved in the program (UNFPA-UNICEF, 2018). Public Declarations have been used in the past to signify a coordinated stand against the practice of harmful social norms (UNFPA-UNICEF, 2018; UNICEF, 2007). The idea that Public Declarations can affect social norms adoption is rooted in our understanding of social norms as self-enforcing within a social system. According to social convention and game theory, the decision to adopt a normative behavior is both influenced by and influential over the decisions of others within the social system, as well as the rewards and sanctions assigned to the behavior (Mackie et al., 2015). When many community members come together to sign a Public Declaration to abandon a harmful practice or to adopt a positive one, psychological, social and economic costs to changing social norms are lowered compared to the costs when individuals attempt to adopt a new practice on their own. This is the power of Public Declarations – they serve as a written and visual way to signify shifts in behavior among entire communities (UNFPA-UNICEF, 2018).

Our research team has used Public Declarations for an adolescent empowerment program in Bangladesh, as well as a youth empowerment and reproductive health initiative in Nepal. They will also be used for the measurement of an evaluation framework to address FGM/cutting in two countries in Africa.

Female Genital Mutilation

Public Declarations will be used in two African countries to help determine the proportion of the intended audience participating in communication approaches aimed at abandoning FGM. The number of people who participate in Declarations will be quantified and used as a community-level measure of this indicator. In addition to recording the number of people who sign declarations against FGM, respondents will be asked if they ever participated in a Public Declaration or Pledge to end the practice, why they participated and what happened as a result of participating.

Youth Empowerment and Reproductive Health

Public Declarations will be used to track the number of schools that declare themselves free of corporal punishment; communities that treat pregnancy as a special time; and communities that treat the postpartum period as a special time.

How To:

Public Declarations can take many forms, depending on the size of the population and resources available. The first step is to define the community that will be invited to participate in the Public Declaration (UNFPA-UNICEF, 2018). Communities may be defined geographically, or as a specific

grouping of people based upon some sociodemographic characteristics like religion or ethnicity (UNFPA-UNICEF, 2018). For research and evaluation purposes, both the number of declarations signed and the number of communities that have participated have been used as indicators (UNFPA-UNICEF, 2018). Once the community is defined, the type of declaration should be selected. The declaration may be to change a behavior, or to begin working towards behavior change (UNFPA-UNICEF, 2018).

Public Declarations are an organized event to which community members are invited. The number of people that sign versus the number of people that attend the event can be quantified to assess levels of public interest and commitment to change. Declaration events should be held at a time when members of the community are able to attend, in an area that is easily accessible (UNFPA-UNICEF, 2018). For Public Declarations to have visual impact and influence perceptions of normative behaviors they should take place in an open, public area, such as a city center (UNFPA-UNICEF, 2018). Some forms of declarations are public demonstrations and celebrations where participants can sign Pledges. Public Declarations are perceived most authentically when they are a natural culmination to organized behavior change initiated at the individual and community level (UNFPA-UNICEF, 2018). This makes them a great method to employ in the final evaluation phases of program implementation.

While declarations will supply data on intention and commitment to behavior change, post-declaration monitoring is crucially important to determine the proportion of respondents (or households, etc.) that actually adopt new or different behaviors versus the number that committed to doing so in the original declaration (UNFPA-UNICEF, 2018).

Social Network Mapping

Social Network Mapping is a visual technique that allows us to understand how community members are connected and how information flows through social networks (Scott, 2000). Participants draw or fill in maps that detail where they get information, what this information consists of, and how and why they share this information with others (Scott, 2000). As such, Social Network Mapping is a great way to identify participants' key sources of information as well as barriers to communication.

This tool is based on social network theory, which posits that decision making is largely influenced by group relationships, norms and expectations (Ulin et al., 2005). By mapping social networks, researchers can deduce how individuals are connected, how knowledge flows or is hindered, and what pathways exist for reinforcing shared norms among a population. With this information, researchers can assess the influence of structural and relational dynamics on health status (Luke & Harris, 2007).

The maps themselves can take many forms. For example, they can show concentric circles with each layer representing different layers of society (e.g., family, peers, community). Participants can also draw maps with themselves in the middle and their contacts connected by lines, like a web. No

matter the format, the key is to have maps that illustrate relational ties. When it comes to program evaluations, maps can be specific to show who participants speak with about the program.

Social Network Mapping has been used by our team as part of evaluations on the social and behavioral networks of populations at risk for HIV/AIDS in Bangladesh, including sex workers, men who have sex with men, garment factory and tea garden workers; maternal and neonatal health in Indonesia and Pakistan; for a cross-cutting C4D strategy in Nepal; a menstrual health and hygiene management initiative in India, and will be used to create a measurement and evaluation framework for ending FGM in two African countries .

Cross-Cutting Strategy on Communication for Development

The Everyday Heroes initiative in Nepal focused on increasing participation of adolescents and children in society and positioning young people as advocates of social change to end violence against children. Social Network Mapping was used to evaluate with whom program participants were sharing information about harmful social norms, as well as to whom participants reported incidents of violence, such as corporal punishment. Monitoring information content and flow among participants, peers, family members, and the larger community was critical to understanding local patterns of trust, influence, and power at the crux of social norms favoring violence against children.

Menstrual Health and Hygiene Management

Social Network Maps were completed by adolescent girls to show the people with whom they discuss menstruation. They also identified which of these contacts were allies or barriers to practicing adequate menstrual health and hygiene management.

Female Genital Mutilation

Social Network Maps will be used to assess the degree to which participants are discussing FGM and gender norms that underlie the practice. Participants will fill out a Social Network Map for the family, peer, and community levels, as well as the political and organizational levels. They will be asked to identify contacts at each level who provided negative or positive support towards the abandonment of FGM. Then they will be asked a series of questions to assess the characteristics of contacts concerning FGM, as follows:

Questions:

How similar are those individuals to you (probe for information on demographic, economic, and psychographic characteristics)?
Do you trust the information that you receive from these individuals?
How often do these conversations happen?
When was the last time you engaged in a conversation?
What specifically do you talk about with each person (probe for specific determinants such as gender and power)?
Who do you turn to for help?
Who do you turn to for advice?

Would you consider {insert individual} an ally (provides positive support for FGM abandonment) or barrier (opposes FGM abandonment)?

How To:

Gather the necessary supplies prior to beginning the activity: a sign-in sheet, pens/pencils and large sheets of paper (one for each participant), as well as a recording device or notepad.

Once participants are recruited, host focus group discussions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign in with their unique ID number. Collect the sign-in sheet and make note of how many participants came.

Introduce the activity. Explain to participants that you are interested in who they talk to about the topic and why this is interesting to you.

Draw and work through an example of the activity. Be sure to choose a topic that is not related to the research topic so as to not influence their answers.

Begin the activity. After the examples, ask participants to spend a couple of minutes thinking about who they talk to about the topic. Ask them: Do you talk to your peers? Your family? Other members of the community? After a few minutes, have participants draw a circle in the center of the paper and to put "I" in the middle. Then, have them add the individuals they talk with, using overlapping circles just like in the examples you drew for them. Emphasize that the maps have to show who they actually talk to, NOT who they will talk to/ could talk/ should talk to.

Give participants about 30 minutes to create their maps. Encourage them as they work. Be sure to prompt and probe participants about their maps. Remind them there is no correct or incorrect map.

When everyone is finished, go around the circle and have each participant describe her/his map. Start the recorder if one is available. Once everyone has presented, think about some of the similarities and differences between the maps. As a facilitator, use questions to prompt critical thinking and deeper discussion. Some suggestions follow:

1. How or why did they start talking to individuals about the topic?
2. Ask participants about their experiences talking about issues with individuals.
3. Are some issues harder to talk about than other issues? Why or why not?
4. Compare and contrast what issues girls and boys discuss and to whom they talk to.
5. Which individuals are barriers (people you don't talk to) and which are allies (people you talk to)? Color code the barriers (e.g., red) and allies (e.g., green).
6. Who aren't adolescents talking to? Why is that? How could that change?
7. Rank the individuals in each level of the map showing who you turn to from first to last.

Ending the activity. When the activity has finished, thank participants for their time. Let them know that this information has been valuable and you have learned a lot from them. Also make it known

that you always welcome feedback about the activity – especially how to make it more fun –and any more ideas or thoughts they might want to share with you at any time.

Once the participants have gone, write up any notes about key themes, and how the activity went in general or could be improved next time.

Collect the maps and take photos of them, if desired. Keep the maps and recorder in a safe place.

Confidence Snails

The Confidence Snails tool is a visual instrument used to measure self-efficacy, agency, self-confidence, assertiveness and empowerment (Hughston, 2015). As ideas like confidence and efficacy are abstract and difficult to explain, a visual tool like the Confidence Snails provides an intuitive and unambiguous way to measure these complex concepts (Hughston, 2015). Therefore, this tool is especially useful among children and populations with lower educational levels or who are illiterate. The tool consists of a set of images of snails gradually emerging from being completely inside the shell to completely outside of the shell (Hughston, 2015). Participants are asked what snail best represents them within different contexts or when facing different issues (Hughston, 2015). They may also be probed for what it would take for them to 'move up a snail' (Hughston, 2015). When used over time, Confidence Snails provide a measure of change to determine if programs are increasing confidence, self-efficacy, agency, assertiveness, and/or level of self-empowerment (Hughston, 2015).

Confidence Snails or another equivalent for example life cycle of a butterfly will be used as a part of a monitoring and evaluation framework for female genital mutilation/cutting programs to end FGM in two countries in Africa.

Female Genital Mutilation

Participants will be asked to select which snail represents them best in order to measure their level of self-efficacy towards abandoning FGM, as well as the level of agency they feel in the context of their daily lives. Combined, level of general agency and self-efficacy to abandon FGM allows for an understanding of how agency in general and efficacy to abandon this harmful tradition practice may be related. The Confidence Snails will be used at different time points to assess changes in these variables over time.

How To:

Participants should be asked to select the snail which they feel best represents how they feel. This can be followed up with probes about why they selected that snail and what it would take to 'move up a snail'.

Confidence Snails can be used in interviews, focus group discussions, and in self-administered questionnaires. It is important that the tool is pretested with the target populations to ensure that it

is culturally appropriate and relevant (e.g., some populations may not be familiar with the snail). Other animals, such as turtles or animals residing in holes, may be more recognizable to certain target populations.

Transect Walk/Community Mapping

Transect Walks are a visual technique used to record the number of assets or resources in a given area. Participants are trained to conduct Transect Walks in order to collect data. This information provides an avenue to identify problems in the community and spark dialog with participants concerning social change (Cochrane & Corbett, 2018). Historically, Transect Walks were used in the agricultural industry to map environmental resources like land use and cropping systems (Rambaldi, Kwaku Kyem, McCall, & Weiner, 2006). In behavioral science research, Transect Walks can be used to reveal participants' mobility level, social structures in the community and local assets and resources (Cochrane & Corbett, 2018). This information can be used to assess linkages between the environment and social issues (Cochrane & Corbett, 2018). As a snapshot of the current state of the community, Transect Walk data can be used as an entry point to a more in depth analysis as well as to provide information on community members who may become key informants. Transect Walks are often paired with *Community Mapping* exercises as well as discussions with local analysts**.**

Our research team has used Transect Walks in nutrition projects in Ethiopia; polio immunization in Rwanda; cross cutting communication for development strategy in Nepal, and a menstrual health and hygiene management project in India.

Cross Cutting Strategy on Communication for Development

Transect Walks were used as part of a C4D program evaluation in Nepal. Three different observation guides were created – one counted the number of toilets, hand washing stations, and times open defecation was seen or open defecation locations were encountered; another listed all food available at the local markets, the number of births, the number of births attended by a birth attendant, and the number of registered births; and the third counted the number of children under 18 who were not married and the number times corporal punishment was witnessed.

Menstrual Health and Hygiene Management

As part of an evaluation for a menstrual health and hygiene management program in India, participants were trained to conduct Transect Walks and create Community Maps. This activity was intended to identify structural barriers and facilitators to good menstrual health. Participants recorded natural resources and community assets, and how accessible these things are for women. Examples included: shops selling feminine care products and featuring girl-friendly toilets. Maps were used to help spark critical discussion among community members on the current state of the community and how it can be altered to enable girls and women to practice adequate menstrual health and hygiene management. A larger Community Map was then created with all the information so that girls could see where they could go for supplies, proper bathrooms, and key sources of information on menstrual health and hygiene management in the community.

How To:

Preparing for the Transect Walk:

The route participants will take should be predetermined. The route should start and end in the same location. Also, care should be taken to ensure that the walk will take no longer than two hours. When planning the route, try to make sure that it goes through as many different parts of the community as is feasible to assure diversity in the data collection.

The second preparation step is to decide what community members will conduct the Transect Walks. Having different types of participants can help to garner diverse perspectives. For example, selecting men and women, people of different religions, socioeconomic classes, and with varying levels of ability should be considered whenever possible. Participants can also be recruited from local community groups or program participants. You will need at least one (but preferably several) participant for each Transect Walk. Also, note that if you have a large group (above 8-10 participants) then multiple Transect Walks should be scheduled.

Lastly, the Transect Walk checklists need to be created. These are the forms that participants will use for all data collection. The forms should be limited to a select number of observations so participants are not overburdened and can focus solely on the key topics of interest. For example, in the Nepal project, there were three separate check lists, each focusing on just one or two topics.

Conducting the Transect Walk:

Once all participants are recruited, schedule a training session.

At the training session, pass out a sign-in sheet at the beginning and the end of training. Assign each person on the sign-in sheet a unique ID number for confidentiality purposes. The sign-in sheet will document who attended and who completed the training. The ID numbers will be used on the checklists themselves in lieu of the participant's actual name, so be sure to keep this sheet.

Introduce the activity to participants by explaining that they will be collecting data through observations of the communities' resources, assets, and local issues (such as open defecation or corporal punishment).

Explain the purpose of the activity, including how it will be used to identify community issues and start a dialog about solutions. You can use an example to explain that having information on the number of assets or resources alone is not as informative as knowing how different parts of the community have more or less access to these resources. Let participants know that beyond just tallying numbers they will be able to observe how these numbers vary through the community and why they think this is (e.g., rural versus urban, wealthy versus poor, etc.).

Inform participants that this activity is time intensive and may take up to two hours to complete the walk, followed by a group discussion. If time constraints are problematic for participants, multiple, shorter walks may need to be scheduled and discussions can take place on separate days. If possible, the group can decide what works best for their schedules.

Distribute the checklists. Checklists may or may not be complemented by audio recordings, photos or videotaping. If these multimedia tools are available, they should be provided to participants. Likewise, participants should be provided with pens to write and a map that outlines the specific route they should take.

Begin the Activity. The Transect Walk can be completed as a group or by individuals on their own. The benefit of conducting it as a group is that the researcher has a level of quality control; specifically, they can ensure that enough time is spent at the different locations and that everyone can ask questions or get any help if needed. Researchers can also follow along by filling out their own checklists which can then be compared to those used by the group. By having everyone complete the walk simultaneously, responses can be cross-checked to gauge their accuracy. Lastly, conducting the mapping as a group allows for discussion to take place in real time, providing not only rich data but stronger ties among participants in relation to issues in their community.

After the Transect Walk

Once the walk is completed, participants will meet as a group and complete a final master map that includes the observations of all participants. If there were multiple Transect Walk groups, they should all meet together at the end so a single master map is created.

A local artist can be hired to draw the map if participants do not feel confident they can draw it well enough on their own.

Participants will discuss their findings, and the researcher will probe the group with questions such as:

1. What patterns did you notice?
2. What jumped out at you?
3. Which issues do you think should be addressed by the community?
4. How would you rank these issues in order of severity/urgency?
5. What can the community do together to improve this situation?

A community meeting can be scheduled afterwards to share the findings and ignite discussions with a larger proportion of the population. Participants can select a date and time when the map and findings can be presented to the community.

Participants can also brainstorm other ways that the map can be used to promote change. For example, ask participants if there are particular organizations or other locations like churches and schools where this information could or should be shared. If the group comes up with ideas, assign volunteers to contact the location(s) about setting up a session to discuss the map.

Ending the activity. When discussion has come to a natural close, thank participants for their time. Let them know you welcome comments about the activity and how it could be made better. Dismiss the participants. Keep the map in a safe place for future use.

2x2 Tables for Social Norms

Although it may seem like our attitudes and practices are decided independently, the theory of normative social behavior posits that our thoughts and actions are largely socially motivated (Mackie et al., 2015; R. N. Rimal & Lapinski, 2015; UNICEF, 2010). Social norms are the unwritten rules that influence the attitudes and practices of community members. The power of social norms in dictating attitudes and beliefs stems from the rewards and punishments community members face for adherence or nonadherence to norms. The beliefs one has about the consequences of following or not following social norms are called outcome expectancies. There are two types of social norms: descriptive and injunctive. Descriptive norms are based on perceptions of what people actually do, while injunctive norms are based on thoughts of what people should do. Descriptive and injunctive norms are sometimes in sync, but other times what people do and what people believe should be done differ. As many attitudes and practices have direct impacts on health, interventions promoting the abandonment of harmful norms and the adoption of positive social norms are critical for achieving change on a societal level.

2x2 Tables for Social Norms are a written participatory method to assess the existence, persistence and changes in social norms over time. Participants work through two 2x2 tables concerning a practice.

2X2 TABLE FOR SOCIAL NORMS: APPROVAL

		APPROVAL SELF	
		NO	**YES**
APPROVAL COMMUNITY MEMBERS	**NO**	NO, NO REASONS: REWARDS: PUNISHMENTS:	YES, NO REASONS: REWARDS: PUNISHMENTS:
	YES	NO, YES REASONS REWARDS: PUNISHMENTS:	YES, YES REASONS: REWARDS: PUNISHMENTS:

2X2 TABLE FOR SOCIAL NORMS: BEHAVIOUR

		BEHAVIOUR SELF	
		NO	**YES**
BEHAVIOUR COMMUNITY MEMBERS	**NO**	NO, NO REASONS: REWARDS: PUNISHMENTS:	YES, NO REASONS: REWARDS: PUNISHMENTS:
	YES	NO, YES REASONS REWARDS: PUNISHMENTS:	YES, YES REASONS: REWARDS: PUNISHMENTS:

The first table measures injunctive norms by asking participants if they approve or disapprove of the practice, and whether they think others approve or disapprove of the practice. The second table measures descriptive norms by asking whether participants actually practice the behavior, and if they think others in their community do as well. If there are discrepancies between beliefs and actions, it suggests that social norms are at play. Participants are also asked to provide the associated rewards and punishments to assess outcome expectancies. This activity can also be used to promote discussion on why discrepancies between approval and practice exist and how individual and societal-level change can be achieved.

The 2x2 Table Method has been used to assess social norms in evaluations for an ideation study in India on breastfeeding, girls' education, HIV/AIDS and handwashing; a menstrual health and hygiene management program in India and will be used for a FGM measurement and evaluation framework in two countries in Africa.

Menstrual health and hygiene management

In rural India, a number of traditional beliefs and practices exist that can have negative impacts on the ability of women to practice menstrual health and hygiene management. 2x2 Tables for Social Norms were used to evaluate the effectiveness of a communication-based intervention to improve menstrual health and hygiene management. Adolescent girls were asked about their approval and practice of several behaviors which can have ramifications for adequate menstrual health and hygiene management. Results were compared between the intervention girls and girls from comparison villages.

Female genital mutilation

FGM is an ancient practice that has remained in many ethnic groups and locations despite negative health impacts associated with the procedure. As part of a measurement and evaluation framework for FGM, 2x2 Tables for Social Norms will be used to assess injunctive and descriptive norms, as well as the associated outcome expectancies. Different groups of participants, such as age cohorts, ethnic groups, and experimental and control groups may be compared.

How To:

2x2 Tables for Social Norms can be used in both interview and focus group settings. The following instructions are for a focus group discussion, but can be adapted for interviews by removing the discussion elements and the need for sign in and sign out sheets.

Once all participants are recruited, host training sessions with 8-10 participants in each group. Participants may be chosen because they were part of the program, or they may be other volunteers from the community.

Pass around a sign-in sheet and have everyone sign using their unique ID number. Collect the sign-in sheet and take note of the number of participants.

Introduce the activity. Explain that you will be asking them to give their opinions about their attitudes and behaviors as well as the attitudes and practices of others like them in the community. Mention why this information is important to help answer your research questions.

Show the participants a blank 2x2 table and describe what each quadrant means:

- If they do not approve/practice the behavior and believe others also do not, they fall into the *no, no* quadrant (top left).
- If they approve of or practice the behavior, but think that others do not approve or do not practice the behavior, they fall into the *yes, no* quadrant (top right).
- If they do not approve of or practice the behavior but believe that others do, they fall into the *no, yes* quadrant (bottom left).
- If they approve of or practice the behavior, and think others do as well, they fall into the *yes-yes* quadrant (bottom right).

Explain that their responses will fit into only one of these four quadrants on a table for approval and a table for actual practice. Let participants know the difference between approval and practice – approval means doing what they think should be done, but practice is actually doing the behavior.

Go through an example for the participants. Make sure the example is not related to the research topic so their answers are not influenced. Let participants know they will be going through these same steps, but with questions related to the research topic.

Begin the activity. Present the participants with a blank 2x2 table. Turn on recording devices if available. Go around the group and ask if participants approve of the behavior in question and if they think others like them in their community also approve. Mark their responses (or have one of the participants mark it) in the appropriate quadrant. Note that participants do not have to come to consensus. They can each choose the quadrant that represents their opinions and actions. Thus, multiple quadrants may be filled out when conducting this activity. Be sure to keep a tally of how many participants fall into each quadrant, either on the 2x2 table itself or in the moderator notes.

As each quadrant is marked, ask the group the associated follow-up questions. Note that the responses can be written directly in the marked quadrant, provided that a large enough size sheet of paper is used.

1. What are the reasons for your answer (why it fell in that quadrant)?
2. What are the rewards of approving of/practicing this behavior?
3. What are the punishments for approving of/practicing this behavior?

Repeat these same steps for the practice of each behavior. You should then have two 2x2 Tables for each behavior presented to the group.

Once both tables are completed for the behavior, ask the participants to discuss any discrepancies between approval and practice.

Optionally, follow-up with discussion about what they think could be done to change the societal-level approval and practice, as well as what would need to happen to change an individual in the community's approval and practice of the behavior.

Ending the activity. After all 2x2 tables are complete for the behaviors of interest, thank the participants for their time and effort. Let them know how important this information is towards the evaluation or research goals. Tell them that if they have any ideas on how this activity could be improved or made more fun, they may let you know.

Photograph the 2x2 tables, and collect them and the recorders for safe keeping.

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