

LEARNING AND LIVING: The challenges and benefits of value based projects

Report from the Evaluation Workshop 17-20 October, 2003 Zambia



The workshop was conducted at the Banani International Secondary School, which is situated 80 kilometers North of Lusaka. The campus had excellent facilities for the purpose, and the enclosed gardens provided for an intimate atmosphere during the weekend. The school is operated by the William Masethla Mmutle Foundation (WMMF), a Bahá'í inspired NGO and a partner of the hosting organization – The Norwegian Bahá'í Office for Social and Economic Development (NorSED). The workshop was generously sponsored by The Norwegian Development Network (NDN).

As the students departed for mid-term vacation, the attendants moved in. About 60 participants from 14 different countries shared experiences and attended case presentations by 6 facilitators. The organizer, Mr. Michael Vitols, and his team, provided smooth logistics during arrival and departure. This ensured everything went according to schedule. A cultural evening was arranged so visitors could experience local music and dance. During one of the lunch breaks, display and sale of Zambian art and handicraft was arranged.

This report aims to provide a synopsis of the main talks and draw some conclusions from the case studies. A CD-ROM containing this report, Power Point presentations, summary of evaluation forms and conference pictures is available upon request.

1. OBJECTIVES

The main aim and purpose was to give the participants a better understanding of:

- The concept of introducing value-based elements into project design
- How to monitor and evaluate projects/activities with both cognitive and value-based elements
- How results can be presented.

2. WORKSHOP FOCUS

Conference focus was intended to be exploratory in nature. As the subtitle indicates, we looked at the process of learning (cognitive) and living (applying knowledge and making life-style choices). We often experience a “missing link” between knowledge that is presented and visible change in patterns of living based on this newly acquired knowledge. Information campaigns targeting high-risk groups are conducted, but does this, in itself, lead to personal reflection and change of life-style patterns? International and regional speakers presented case studies from selected health care and educational projects that they have worked with. Speakers gave background and insight, but also presented conference participants with the challenge of thinking out design elements or approaches that could be used to monitor or evaluate projects with both cognitive and value-based content.

The workshop programme is enclosed on the CD-ROM.

3. TARGET GROUP AND PARTICIPATION

The work shop targeted personnel employed or affiliated with Norwegian NGO's in Zambia and their partner organizations, and who were also members of the Norwegian Development Network's Evaluation Network. Several representatives from neighbouring countries were invited to attend. We encouraged attendance by those working with projects where value-based learning is incorporated, or those with an interest to learn about how to incorporate such elements into on-going projects. Priority was given to registered members of the NDN Evaluation Network as attendance was limited.

The participants and facilitators represented 13 countries: Zambia, Lesotho, Tanzania, Ethiopia, Zimbabwe, Mozambique, Uganda, Cameroon, Guyana, Israel, Australia, India and Norway. The NDN was represented by Mrs. Heidi Westborg Steel. A full list of participants, and their respective organizations, is to be found on the conference CD-ROM.

Broad participation from several African countries, proved that NDN's network with Norwegian and African partners succeeded very well in distributing the invitation and information. Interest in the topic was keen, as the number of participants indicates.

4. PROPOSED ISSUES

- How to measure (monitor / evaluate) the efficacy of projects where value-based activity is included?
- How to set a base-line (factual, descriptive)?
- What sort of indicators can be considered?
- Criteria for selection of value-based material: religious, philosophical, UN Charter of Human Rights?
- National, regional or cultural values as opposed to (or in harmony with?) universal ethics and values?
- How to present evaluation results in a reliable and convincing way?
- Other challenges? Stumbling blocks?

5. SYNOPSIS OF LECTURES

Drawing on a wide variety of development experiences from four continents, the speakers who had been invited to contribute (please refer to the workshop programme) presented complementary approaches to the theme of project evaluation. Engaging the workshop participants actively in group exercises, the ensuing plenary presentations and discussion bore out the diversity of value based projects, as well as the need to address those values both in the design and evaluation of such projects. [Indeed, one may ask, is there such a thing as a development project which is *not* based on values?]

The following is a report of the lectures based on notes and transcribed recordings, but condensed in part, where accompanied by PowerPoint illustrations (– which can be accessed via the enclosed CD).

5.1 Dr. Namposya Nampanya-Serpell

UNAIDS Country co-ordinator, Zambia

Session based on her work as Global advisor for Save the Children

[First session: Providing update on HIV/AIDS epidemic, esp. African region; then focussing on two strategic target groups, – children and elderly caregivers.]

Dr. Nampanya-Serpell set the participatory tone of the workshop, - starting off everybody's attention by asking them to write *one word, only*, on a piece of paper, of "what first comes to mind when I say HIV/ AIDS". As the answers are stuck on a flipboard – *challenge, suffering, fear, stigma, misery, doom, death, detachment, values, killer, disease, hopelessness, prostitution, care, orphans, identity, economic and educational impact, cooperation, heartbreaking, aftermath, prejudice, disaster, hope, sex, youth, devastation, condoms, abstinence, faithfulness, endemic* – four emerging categories are pointed out: Suffering, impact, values and challenge.

And the speaker asserts: "Whose challenge? Everybody's, it's the most challenging problem facing the human family right now. To identify ourselves; we are all service providers or resource providers". To underpin the impact, she brings out the statistics (please refer to CD). A handful of African examples:

- 44 mill. AIDS orphans in Africa by 2010; 40 mill. of these are in sub-Sahara Africa
- 68% of adult mortality by 2010 will be caused by AIDS
- 60% of all new cases of HIV/AIDS occur in the age group 15-24; occurring faster among girls
- In a Kisumu (Kenya) survey among 19-year olds, 33% of girls are infected, 8,6% of the boys
- In Zambia, infection rate among youth is now 20%

Globally, for every child affected by war or natural disaster, there are 7 children orphaned or otherwise affected by HIV/AIDS. If a cure were found today, the epidemic would still go on, and the number of affected children would continue to grow before culminating and receding. "The epidemic is a moving target, - you can't just kill it!" These are some of the effects on children, forming vicious circles:

- Children who lose both parents are more likely to drop out of school
- Siblings are separated by being placed in different care giving families; this is a double loss!
- Sometimes the family itself (e.g. relatives of deceased parents) stigmatizes its own children
- Children, and girls being the more exposed, end up on the street to sustain a living, - for a time

As institutional care, even when widespread, can only support a minority of the affected children, more effective strategies for intervention, developing responses at scale, must be put in place. The key is community mobilisation, extending even the care of the extended family to be provided by the local community. We – the workshop participants – are all community *mobilizers*; that is, we cannot take over the problem and 'own' it, but have to empower the community, as we step back. Make a 5-year benchmark, pull out and see to it that the community has the capacity to take over.

A particularly significant group who suffer the heaviest impact are the elderly caregivers; they are the 'invisible victims' of the AIDS pandemic. There is great pressure on grandparents, often over 60 years old, when parents die. Maternal grandmothers, especially, lack the means to keep children in school; the older ones are pulled out to plow or look after the animals. Often, a grandmother herself lacks education, or will not go to hospital for medical attention, for fear of sacrificing her duty as caregiver. As yet there is no coherent policy to address the needs of elderly caregivers directly. There is an urgent need to redefine 'care' and the roles of caregivers.

[2nd session: On evaluation, starting with the same participatory technique of concept association.]

Among the categories formed – control of results, reality, guidance, method and learning – Dr. Nampanya-Serpell announced *learning* as ‘the winner’; learning about what we have been doing, and improvements we can make. Evaluation is a continuous learning process.

On the other hand, Evaluation seems more *critical* – [as in ‘someone pointing a finger’] – than the more comfortable Monitoring. But then, monitoring is the often neglected prerequisite for evaluation! We tend to focus on the E, forgetting about the M! If you haven’t been attentive to the M, the E isn’t much good; direction should, maybe, have been changed early on. One year down the line, without M, you may have been wasting resources.

One may ask: Why set up an E and M *framework* in the first place? I.e. a system of routing monitoring and internal management, of assessing feasibility of increased coverage (e.g. 9% of Zam. population, this year), and assessing adequacy of funding levels, impact and sustainability? The simple answer is: If you don’t plan ahead, then the beneficiary will be short-changed, - say, a number of kids will have to drop out of school.

In action; set up a list of indicators as to impact assessment, and then ask the community what changes they have seen on those points; e.g. *community school* keeps girls off the streets and away from ‘sugar daddies’. Both quantitative and qualitative indicators are legitimate (– if important to beneficiaries, then also to the donors)! If (or when) the project is to be phased out – the donor funding gradually reduced – yet the problem (say orphan support) will continue, then the project design must include a gradual takeover by government or local authorities. [Refer to CD with sustainability chart examples].

5.2 Mr. Sherif Rushdy and Mrs. Shaku Raniga

Development consultants, PriAct, India

Session based on their work as Directors of New Era Development Institute (NEDI), India

[First session: Sherif Rushdy on the philosophy of Value-Based Development, and VB project design]

To kick off: Why ‘value-based’? Because, despite cultural and other differences, we share aspirations intrinsic to civilisation, such as peace, prosperity, justice, etc.

The sad reality is that ‘development’ has failed to bring about the reality of these aspirations to the generality of mankind. There has been an erosion of ethical standards, degeneration of cultures and disintegration of societies around the world. How did this come about, and, related to our concern: How does such a trend affect development projects?

What we see, are problems of sustainability, ownership, integrity, unity, trust, leadership, governance, institutional capacity, - all further compounded by prejudices, tribal and caste conflicts, corruption, etc. Most especially, there is a *loss of faith in leadership*, on all levels from international to local. Why? Because [– so the speaker puts forward –] “the decision makers have been trying to solve the problem using fundamentally wrong assumptions...” A short list of some invalid premises of development thinking includes a unilateral emphasis on material needs, technology and science, man as consumer, religion as irrational and divisive, the poor being just a bundle of needs crying to be met, etc. But all of these have an upside, a complementary aspect, - and so, we need to readdress our assumptions.

Let us examine the hoax of so-called ‘values objective’ or ‘neutral’ approach to development. First, values should be explicit, not implicit/ hidden/ blurred [*–an obvious premise for evaluation, later on*]. Secondly, values are derived from universal, spiritual principles. How can we say these don’t apply, in the case of development, which is exactly the mechanism of unfolding civilisation? Rather, value-based projects should have a clear, well articulated ideology. To give just a brief example of a three-level value basis for such an ideology, as it pertains to the case of the New Era Development Institute:

- UNESCO objectives for the 21st century: Learning to *be*, to *do*, to *learn* and to *live together*
- An Indian government objective: To reach a ‘*scientific temper*’– a mode of searching for truth. (The constitution says: No teaching *of* religion in Indian schools. But the Supreme Court has ruled: It is OK to teach *about* religion!)
- NEDI’ mission: To learn about communities and to train human resources accordingly

To further nourish an ideology of development, look at the implication of this handful of concepts:

- “The Nature of the World” – think of the ‘tip of the iceberg’ as what we know about the universe...
- “Outer and Inner reality” – think of a rose, and our perception of ‘beauty’; the latter is not an outer reality, but a concept referring to a spiritual reality. Lesson: In every material thing there is some hidden spiritual meaning and purpose.
- “Man’s Place in Creation” – rooted in the material kingdoms, but also with the capacity to soar above those limitations. The main fetter is the image of identity being permanent and traditionally carried on (– “My grandfather and father were poor; I and my children will be poor”).

The dual nature of man consists of the constant conflict between these two realities, between the known or seen and the unseen; the will and aspiration to fulfil our potential. The understanding of this becomes central to the whole concept of development. Without motivation and some understanding of what is conducive to it, there can be no sustainability. This is where divine teachings are needed: For illumination of the mind and transformation of society; at the root of civilisation, before interpretations and divisions. They invariably introduce the dual purpose of life; at the individual level, to acquire spiritual qualities and develop innate potentials; at the collective level, to make this material world of man a better reflection of the spiritual world. A parallel example: The individual issue of *trust*, as a basis for a collective market economy (in principle; “I produce food, Michael produces shoes”).

If we say that there are two systems of knowledge; methods of science and insights of religion, – then:

- *Science* is investigation of *material* principles that govern the world, while *technology* is understood as the practical application of scientific principles in daily life; and
- *religion* is an investigation of *spiritual* principles that underlie this world, - while *morality* is the practical application of spiritual principles in daily life.

With both, there is a ‘learning cycle’; experience, analyse, infer, generalize (the principle), apply. This has ever been the scientific method [illustrated with the funny analogy of learning to ride a bicycle]. But then, there is also the spiritual qualification of trust [in the analogy, the trustworthy mechanic].

And so, we have arrived at *redefining development*: “Learning to apply principles to our daily life” – through cycles of consultation (for the common good), action (what can *I* do?) and reflection. [Speaker slips in a joke/association: “Half of Norway is depressed. The other half is busy counselling the first.”] Development, then, based on any individual experience of change, starts with the transformation of a large number of individuals in a given area. Core capacities are developed so as to be able to:

- *apply* spiritual and scientific *principles* to daily life
- *derive inferences* from experiences to improve individual and collective life; planting a tree, mastering sports, even fighting AIDS are, in that context, exercises and reasons to learn this, and develop capacity
- *make connections* between material and spiritual reality (‘studying mosquitoes’/‘backbiting’!)

[From here onwards– dealing with the personal road from individual motivation, via the need to serve, to collective action – please refer to the PowerPoint illustrations].

A well articulated ideology of a development project tries to translate all of these concepts into a practical development programme. As a first consequence, it has to create an environment – *learning communities* – that stimulate service and allow people to grow individually and collectively. Secondly, there has to be an integration of various aspects in a training programme; the vocational and material (personal skills), a spiritual component, a community service component, and a cultural component, – an element of celebration of who we are and an opportunity to creatively express this. These four aspects and their variations are essential ingredients of a development process.

[We omit the presentation of the development educational program at NEDI; please refer to website].

An end-of-day summing up on value-based *indicators* for evaluation focussed on the need to identify values/principles in the *project design*. While indicators help us to identify corrective action, in the sequence of *problem/ goal/ strategy/ action* we should keep in mind that *problem posing* comes before problem solving. Spiritual principles help us *choose our problems*, scientific methods help solve them.

[2nd session: Shaku Raniga on “Learning how to apply principles” and the use of mind maps; cf. CD]

What, then, is a spiritual principle? According to Webster’s: *A fundamental truth* (‘all men are equal’, ‘mankind is one’) or *a code of right conduct* (‘be trustworthy’, ‘love thy neighbour’).

In development projects, the success criterion of ‘learning how to apply principles’ is the degree to which you have identified and incorporated relevant principles in your project design! You simply ask:

- What type of project is this, what field must the principles apply to? (economic development/ educational/ environmental/ health/ governance/ institutional development?)
- Which principles are most applicable to the purpose of this project? (say, ‘respect for all’, ‘equity and justice’, ‘equality of men and women’, ‘consultation’)
- If I choose a principle, what do I have to do, as a consequence?
- And then, what will happen if I do that? etc.

A quick and effective technique to obtain an overview of the actions or behaviour elements that follow from a chosen goal or principle is the use of ‘mind maps’. The participants were guided through an interactive exercise to determine a simple ‘plan of action’ for the virtue *friendship*. One thought chain: Friendship/ be friendly to all/ welcome strangers/ remove prejudices/ remove barriers/ work together/ learn from each other. Another chain: Friendship/ choose my friends/ avoid trouble/ help me grow.

The speaker then illustrated application of principles with examples of policy development at NEDI:

Field of application:	Principle applied:	Practical application:
Policies and procedures regarding student body	Equality of men and women	Affirm. action to secure female attendance at outset: <ul style="list-style-type: none"> • 25% lower fees for female students • special courses to attract women • special recruitment efforts - and in order that parents could ‘feel safe’: <ul style="list-style-type: none"> • special facilities for women (secluded dorms) • special seating arrangements at meals
Policies and procedures regarding management	Justice and equity	Secure consistency with programme principles: <ul style="list-style-type: none"> • staff loan policy, on need basis (justice being explained; needs of poorest staff given priority) • no favouritism (e.g. of ‘devoted staff member’) • balance inconsistencies in salary scale (e.g. raise lower level, at expense of high level staff) • gradually obtained security, predictability, with needs taken care of
Financial policies	Trustworthiness Moderation Self-sufficiency	<ul style="list-style-type: none"> • minimal use of external funds; accord. to need! (– just because money is there, don’t spend it...) • economy in the use of funds and materials (economize, gradually to become self-sufficient) • meticulous accounting • self-sufficiency efforts [s.s in ’01; chart on CD]
Leadership policies	Rectitude of conduct Integrity Consultation	<ul style="list-style-type: none"> • the leader is a role model (– you don’t take the institute vehicle out for a Sunday drive?) • conscious and consistent use of principles (e.g. you don’t bring meals to director’s house?) • collective decision making (management <i>team</i>) • <i>explain decisions</i>, so that everyone may <i>learn</i> how to make decisions

[Whereupon the speaker prepared the workshop for 8 group assignments: Show, in mind map, how to explicitly incorporate one of 8 given principles in a project design (first 4: Health; next 4: Education). Impressively mastered mind maps were presented and well argued in subsequent plenary session.]

Summing up: This exercise can be done at outset as well as later in a project. It is people oriented, and looking for the common good in light of spiritual principles. Being refined as you go, the clarification of principles guiding the action may be the most important learning/achievement of a project *process*.

5.3 Mrs. Grete Flakk

Family therapist and ICDP trainer, Norway

Session based on her work with International Child Development Program, Macedonia

Opening with a most charming visual aid – her freshly acquired, handcrafted giraffes, poignantly symbolizing good parent and child interaction – the speaker went on to introduce the ICDP:

- It is principally a simple *programme*, working for the *psycho-social needs of children at risk*, that can be implemented on a large scale and in a *community-based* way toward the caregivers
- It is also an international NGO, founded in '92, approved by WHO in '93, with its programme implemented in '95 in Angola and Norway (under the auspices of the Ministry of Families and children/Parental Guidance Programme) and henceforth in Italy, Brazil, Colombia, Macedonia
- Its early initiators (back in the eighties) were inspired by the psychological insight that a child does not develop in a vacuum, but through interaction with important other persons, in a social context of relationships, of systems, and of cultural values and traditions.

The ICDP works through the *caregivers*, enabling them to have good quality interaction with children, by raising the awareness of the caregivers about the children's needs and by increasing their sensitivity and ability to respond to these needs. That will be culturally determined; Macedonia is different from Norway. But even if 'good quality interaction' will mean different things in diverse cultures, the ICDP aims to *reactivate what is there*, in the local culture's values of child care and traditional methods to implement these. A central approach, however, across the borders of diverse cultures, is to enhance the caregivers' positive attitude to the children; a conception of every child as *a person to be seen*, as an individual with special needs and thoughts.

In practical terms, this community-based programme is:

- health *promotion* [i. e. health hazard prevention?] rather than therapy
- resource oriented rather than problem oriented; focussing on positives rather than on failures, seeking to reactivate the child's talents and resources that may have been suppressed
- a *sensitizing* programme rather than 'giving instructions'; i.e. not to impose rules on caregivers (sensitizing, here: becoming aware of how we define and deal with a personality)

The speaker demonstrated some principles of sensitization by involving the participants in a picture interpretation exercise; asking, with each picture: Is this good interaction? Given the cultural diversity of the workshop, interpretations also differed. As a more universal tool, 8 guidelines for good interaction were shared; the first 4 being 'emotional guidelines' to make the child feel secure, the next 4 to help the child adjust to the reality of the outer world:

1. Show positive feelings, that you love the child
2. Adjust to the child, follow its lead (without leaving your intended direction)
3. Talk to the child about its concerns, in easy conversation
4. Give praise and affection
5. Help the child to focus its attentions, so that you have mutual experience of things in your environment (i. e. knowing "where the child is", in its mind)
6. Make sense of the child's experiences of the outside world by describing what you experience together, and show feeling and enthusiasm
7. Expand and give explanations about what you and the child experience together
8. Help the child to control itself by setting boundaries for it in a positive way; by guiding it into the world, by showing positive alternatives and by planning things together

The concrete purpose of achieving such interaction – and so, the aim of the sensitization programme – is to bring the traumatized or alienated child across the "border of empathy" and back inside the "zone of intimacy". This was illustrated with the story of the 10 year old "bewitched" Angolan child, who, after seeing his parents being killed, withdrew from everyone into a corner, constantly singing, – until the grandmother began to understand, and joined him in his song, and including the other children, too, step by step brought him back out of his 'abnormal' state and into their zone of intimacy.

Implementation of the programme was illustrated with the Macedonia project, in which all districts of the country were included. It consisted of a 3-stage process: Assessment of needs; training and supervision of facilitators, and a project evaluation. Facilitators were, at the outset, picked from institutions, NGOs, etc. and later followed up with decentralized refresher courses and regular meetings 3-4 t/year. Some were trained as 'promoters', to work directly with children in institutions. But chiefly, the target caregivers were formed around a facilitator in groups of 4-5, usually with common problems (e.g. adoptive parents, – with adopted orphans, juvenile delinquents or children handicapped by war, etc.) Essential to the success of a group is the establishment of its sense of security with the facilitator, who will make them think back to positive, early experiences, such as choosing a name for the child, etc., i.e. 'redefining' the child to a positive conception. Then one guideline at a time and 'homework' exercise; interact with the child, observe behaviour and take notes, and then back to reflect in the group.

Project evaluation in this type of project is both a formal one and a constant individual reflection at the end of each day ("did I manage?") In both perspectives we ask: How do we know that we measure the *effect* of the programme? If things don't seem to work out effectively, is it the programme that fails, or is it the baseline elements of the project that were not well enough assessed beforehand? Evaluation will always reflect on the quality of the project's principles of implementation and sustainability:

1. Did we secure the support of local authorities?
2. Did we clarify institutional and adm./econ. issues, such as ample time for project monitoring?
3. Was there willingness and motivation for the training? (at outset, participants were 'ordered')
4. Was the plan of action realistic, incl. the required frequency of meetings?
5. How was the quality and intensity of implementation, incl. number of interventions?
6. Were we able to facilitate positive interaction, through changing daily routines?
7. Did we have a good plan for follow-up, self-evaluation and internal reward system?

Beyond such internal reflection within the project, to evaluate and really measure its impact, the issue of technique remains: Who will you ask, and how will you ask? Who are the beneficiaries? And in terms of culture; who will define 'good interaction'? Whereas the professionals involved may fill in a questionnaire, the caregivers – who along with the children are the end beneficiaries – will need to be given time to share views in open group interviews. Even the question of who conducts these interviews, the chief trainer or the facilitators, must be given consideration.

[The Macedonia ICDP project is now ended, but the work is continuing on a local, sustainable basis].

5.4 Dr. Brian O'Toole

Executive director of the School of Nations, Guyana

Session based on his work with the Varqa Foundation (Guyana, South America)

To introduce the challenge of evaluation – of value-based projects – the speaker started off with a success story from Guyana. In a vast, diarrhoea-afflicted area (50.000 km²), a Persian doctor arrived to join a local project in which health courses were conducted. Each of the participating community health workers had lost a child to diarrhoea. The doctor, a highly skilled surgeon and neurologist, set out traditionally to provide medical treatment, but soon realised that his mission would not be that of a clinical doctor. In line with WHO's definition of health as a complete physical, mental and social well-being, he saw that he could best assist in developing a programme that would create a sense of local ownership by the villages, in the promotion of health, - rather than waiting for some expert to come and solve their problems. The key knowledge already existed among the local health workers, and his role was to become a facilitator, helping them believe in their own ability.

After modest beginnings including simple pamphlets on preventing diorehea, breast feeding, coughing cold and HIV/AIDS – the programme looking at the same time at immunisation, family planning and malaria screening – it rapidly evolved into a mobile, preventive health programme. After 18 months it seemed that the challenge was to create a body *in* the community which could take its destiny into their own hands; and so, local health boards (of 9) were elected in each area. Then a whole series of workshops were developed; on confrontation and consultation, on how to create a vision and work toward it, on the nobility of man, on moral leadership and conflict resolution. Some 80 workshops

were held throughout this region on the Brazilian border, 4-5 weekends in each of 20 villages. What emerged after this was the confidence on the part of the people that, indeed, *they did have the ability to make fundamental changes in their communities*. After a series of community infrastructure projects they came up with the idea they needed help to record their music; a cassette – the first recording of their oral traditions – was made, and then collected in a booklet of poems and stories, for the first time in these local languages. The process started them to more deeply reflect on the nobility of their lives. A number of developments – one more anecdotically colourful than the other – led to their involvement in a UNICEF/WHO/UNESCO project that produced the well known health booklet “Facts for life” – based a. o. elements on an itinerant festival where each village locally interpreted health messages artistically and conducted a sub-regional workshop to produce their best efforts.

Anecdotes aren't going to convince the funders; research and documentation are also needed. At some stage a Berkeley Master student came to do an *Evaluation*, conducted a hundred in-depth interviews of the participants of the programme and produced a most inspiring document of the output of the project in the eyes of children, youth, professionals and administrators.

One of the lessons learned was to see how we need to respond to local needs. With our education ‘and all’ that may be difficult, because *we have an idea about what people really need!* But after two years, as we went to one of the workshops, the community group said that “what we really want is to work with literacy, as so many of our children can't read”. To cut that story short – that was 12-13 years ago – out of that initiative came a programme which is called “On the wings of words”. Having sprung out in a tiny Amerindian village, this programme has trained over 1300 facilitators throughout all regions of the country – combining the mechanics of reading with developing a moral and spiritual consciousness, and service to others. *Now* the programme is being evaluated by one of the leading researchers in the country. She has become a strong advocate and has introduced the materials to the Ministry of Education, to get them to explore about adopting it in their own government system.

Now, to the main focus of this presentation, the programme “Youth can move the world”. It started in '98 in Guyana, with two major components: First, to reflect on the social issues that are challenging the youth in Guyana (and so many other parts of the world), and then, to help them look at the whole process of personal and community transformation and the key part they could play at a time of strong ethnic conflict in the country between the two dominant groups (African and Indian background). How could the youth be helped to realise that they don't have to be inheritors of the mistakes of their parents' generation. After a series of visits to all parts of the country and youth of diverse racial, social and economic backgrounds, a list of challenges, as they perceived them, was set up. In the process, the youth realised that they could be a strong voice in issues of societal concern, such as sexual behaviour, the environment, literacy, income generation, causes of domestic violence and a high rate of suicides. A training programme was designed, with three components: Broad information on these social issues, guidance on these as found in the diverse Holy Writings of all faiths represented in the country, and creative activities to address and present the themes in a creative fashion. Potential leaders within the youth community were selected for training, to return to their local communities to share the material with their peers. Some 800 youths from all 10 regions of Guyana have gone through the programme.

Clearly, this is a value-based programme, being developed at first within a Bahá'í context and modest funding, before (after a 2-year testing, to avoid initial prejudice) it was introduced to and supported by other external funding organisations. Two major objectives were set: How to combine and balance the spiritual and the practical response to the challenges the youth faced, and how to equip some youth to make an impact on the moral education of their peers and help them to prepare for a life of service. On their return to their own communities, taking their peers through a similar programme in diverse fora, some of the most successful ones are where they have been able to do it in the school system.

So, what have we learned? – about content, terms of empowerment, piecing together a lucid ideology?

- Openness to collaboration and partnership; identifying like-minded groups to assist on the manual (not working in isolated areas or ‘protecting our turf’); it proved mutually satisfying and creative.
- ‘No script’ evaluation, –rather an open cycle of oral consultation and reflection, to improve action.
- Taking time to listen to people who might not be very articulate, to show that we had the belief in their contribution.

- That fragmented activities will not have impact. UNICEF approached the programme, requesting a stronger focus on prevention of HIV/AIDS [Guyana 2nd highest incidence in the Americas]. And so that challenge was presented in a more integrated way, linking it to violence, drug and alcohol abuse and gender respect and behaviour.
- Funders are impatient and want to see fairly quick results. While they realise that any kind of change is going to take longer time, if the project could reveal impact on the mentality and the way people are thinking, then they can begin to expect results further down the road.
- That a recognition or celebration of the achievement of those who go through such training is not to be underestimated. One of the most joyous parts of each year's program is the graduation. While serving to turn around some of the stigma attached to youth in the country, the ceremony also sets the tone and ambition for the next batch of students whose training begins on that day.
- Understanding mechanisms of developing a unified vision (unity in spirit and action) and putting fine ideals into practice, – how can we encourage people to really get involved in these activities?
- To appreciate the impact that has been made, looking back; one of the crucial things about evaluation is to give support to us to realise and champion the victories that are indeed being won.

To sum up, one of the challenges we had in Guyana was to try to restore hope where hope is lost – but where the youth could make a dent to some of these problems. In retrospect, the idea is to see, how can we get an ideology out of all these experiences? After exploring through a diversity of projects and a number of experiences, how could those lessons be packaged in a form that would impress the funders to see how a wider implementation could be made, and how can we learn from small scale innovation?

[The talk was followed by six prepared group assignments on “the Challenge of Evaluation” with a plenary presentation afterwards. The speaker then ended with a short session on “13 questions to ask of evaluation”, the essence of which can be found on the CD under that file name.]

5.5 Mr. Øyvind Thiis

Senior advisor NORAD/SIDA (with UNAIDS), Zambia

Session based on his work with HIV/AIDS in Southern Africa

The speaker introduced himself, identifying his ‘lenses’ as those of a social scientist – rather than those of a NORAD or UNAIDS employee – having worked primarily with HIV/AIDS in Africa.

UNAIDS was established in 1995, and it was the first time that the UN set up such a ‘joint venture’, of six UN agencies working together formally on one programme; because HIV/AIDS is such a complex, cross-sectorial issue. And – good news – as of yesterday [the speaker shared], World Food Programme has joined as the 9th agency sponsoring the programme. Beyond saying something of the severity of the challenge, this also shows the need for collective effort and consultation for common purposes.

What we are talking about here – development – really is about transformation problem solving. The term ‘behaviour change’ is familiar in HIV/AIDS work; why are people behaving the way they do? But let us also ask: Why are *governments* behaving the way they do? Why are *we*, humanity, behaving the way we do, and can we change, collectively?

[– and on that note, the speaker shifts gear and shares some more news, as a big bracket in his lecture; his recently downloaded UNDP/WHO website programme: An interactive *world development chart*, giving an overview in all fields, based on all the UNDP Development Index indicators, in each continent and country, with trends for each, by decade, etc. (The graphics alone are stunning; surely, the workshop participants will have toyed with it by now. Please find the link on the enclosed CD).

Some observations: Over the decades, greater consensus on development goals internationally has been reached, - all starting with the UN Charter (“We, the *people* of the United Nations...”). But how actively have we – as *people* – been using the guidance in that Charter? Then there was a development crisis in 1990, - in one decade all of sub-Sahara Africa (except S-A, at that time?) dramatically lost its position in health. Botswana now has the highest infection rate of AIDS; about 60% of today’s population will expect to die of AIDS in their lifetime...]

Returning to topic of the lecture, the audience is asked a straightforward question: Do you like sex? After some little commotion, the speaker points to this question as central in the issue of behaviour change, going on to establish that *human nature* is not just rational, but a mix of all of these: Physical, emotional, intellectual, spiritual, social, - and equipped with the *potential* for growth (and change...) To share from a statement of the Bahá'í International Community (with the UN in NY) to the annual UN General Assembly Special Session (UNGASS), on HIV/AIDS in June 2001:

“It is in the recognition of the oneness of the human family that hearts will soften, minds will open, and the attitudes of men and women will be transformed... and out of that transformation, a coherent, compassionate and rational response to the world wide HIV/AIDS crisis will be made possible.”

Behaviour change applies to several levels; that of the individual, in the household (several relationships), in groups, communities, district, nation and, ultimately, on a global level. Then, what are some of the factors influencing change? Knowledge, attitude, belief, culture, traditions, diverse experiences, prejudices, fears (to mention individual factors), and such development factors as poverty, market and media, structural violence, higher guiding principles (of some consensus).

But let's look at the factor 'knowledge', and to what extent that helps to change behaviour related to HIV/AIDS. In the first 10 years (from late 80ies to late 90ies) most surveys will show *higher* HIV prevalence with a higher level of education. Surprising? No, in the beginning, the 3M syndrome: Mobile men with money (meeting poor women in big cities, and so on). Now that trend is changing; people with the knowledge, information and *means* to change their behaviour are actually choosing to do so. After a long period of stigma and denial (- everything is so despair-related that you don't want to be associated with it -) gradually the bad statistics go down as the message seeps in. But still, in many environments, stereotypes die hard; say in the mines of South Africa, where macho values still direct the behaviour of 'a real man'. There is now statistical evidence of behaviour, in many countries, related to knowledge of relevant information; e.g. within age range 15-19, boys and girls, the %age who "know about condoms", but "don't know where to find them", or "know where to get them"; but although there is a higher use of condoms among educated men, there is no consistent correspondence of behaviour with such knowledge (the new lingo coined FUCK: First Use Condom Knowledge).

In the families, when the infection is a fact, the woman is blamed first. With girls (especially in South African surveys), they often are forced to have sex, even inside school buildings, not daring to say no. Parents will ask, in choice of school, "is this school *safe*? How about the teachers?" - and so on. The fact is that the regular systems in society, such as the education system, have been training their staff to break out from their privatized spheres and work in a participatory dialogue with young people.

So, HIV/AIDS forces us to rethink 'development' and apply principles in development differently! What is the interaction of HIV/AIDS and principles? There is a need to change our mind set fundamentally (- just like the mind set toward Down's syndrome in Norway has changed). The impact of HIV/AIDS on the economy of African nations is devastating, and the intricate chains of consequences go way beyond what we may guess, without actually having gone into the research and presentations. Even if we 'stopped' spreading HIV today, we would 'have it' for the remainder of the century.

[From here onwards, please refer to PowerPoint graphs on CD, especially matrix diagrams on the impact of AIDS on poverty, on immediate causes/effects and underlying causes/long-term effects, - which were structuring elements in the subsequent group exercises, in the assignment:

“Hypothesis to be challenged: The HIV/AIDS epidemic and the way we have been unable to deal with it is due to violation of fundamental principles” - with subquestions such as: “Immediate effect: People living with AIDS in the community. Long-terms implications? Identify relevant principles.”]

In summing up, under the heading of Monitoring and Evaluation, two references are mentioned; the Millennium Development Goals (which are quite in line with the values and principles discussed) and the UNGASS Declaration (holding governments accountable, responsibility for children orphaned and made vulnerable by HIV/AIDS, etc.) Three final observations: 1) “Stigma” is a standard obstacle to success of programmes. 2) We are learning from development, but would have learned better if we had looked at and applied the values embedded in high, guiding principles. 3) HIV/AIDS is compelling us to do what we already should have been doing, and to do it faster.

6. WORKSHOP ASSESSMENT (n=46)

	Excellent	Fairly good	Poor
Prior Information	31	14	0
Length	22	22	0
Practicalities	27	17	1
Approach (theoretical vs. practical)	19	21	1
Composition of participants	36	10	0
Quality of speakers	42	4	0
Quality of group work	19	23	1
Possibilities for network	23	18	4
Relevance to my own work	31	13	0
Usefulness to my organization	31	13	0

- Some participants had expectations of more specific presentations on monitoring and evaluation.
- Most facilitators used too much time to present the case projects, which were to provide a background for monitoring and evaluation, rather than focusing on evaluation itself.
- Group work could have been more extensive in terms of group composition.
- Networking among the participants was not systematized by the organizers, but encouraged.
- No final consensus was formulated (and this was not intended) on how to evaluate projects with value based content. However, there was an increased understanding that different methods may be used.

7. CONCLUSIONS

Although we faced the above-mentioned challenges, we consider the workshop a success. The immediate feedback from participants to representatives of the hosting organization was very positive. This is also reflected in the analysis of the workshop assessment forms as presented above. There was a mutual realization that to implement evaluations of value based projects, a clear understanding of the legitimacy of such efforts is needed, as well as the complexity in measuring results, that both quantitative and qualitative methods may be used to present results. The workshop was a powerful demonstration of how important value based project might be, even decisive in areas like HIV/AIDS work, and that value based efforts can be evaluated and presented with power and authority.

Evaluation as an important project tool was put on the agenda in an African and international context. Most participants found the workshop to be both relevant and useful in their work and to their organizations.

Workshop participants expressed strong interest in a follow-up conference to continue the exploration of evaluation as it relates to value based projects.

This report was prepared by the Norwegian Bahá'í Office for Social and Economic Development.
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