

CHAPTER

18

PARTICIPATORY EVALUATION AS A PROCESS OF EMPOWERMENT

EXPERIENCES WITH COMMUNITY HEALTH WORKERS IN THE UNITED STATES AND LATIN AMERICA

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PARTICIPATORY EVALUATION IS an approach to assessing the strengths and weaknesses of a program, intervention, or activity and making recommendations for improvements that involve those directly affected in the evaluation process. It can be considered a subfield of participatory research and a discipline in its own right. Given the proper combination of skills, relationships, conditions, and value orientations, participatory evaluation can produce more valid and actionable results than more conventional approaches to evaluation, while at the same time contributing to the empowerment of individuals and communities.

In this chapter, we will provide a solid grounding in the fundamentals of participatory evaluation as distinct from research, explore transformative participatory evaluation as most consistent with CBPR, offer a cyclical process for conducting transformative participatory evaluation,

and end with two examples of how participatory evaluation is being used in two community health worker (CHW) programs, one in the United States and one in Nicaragua. Throughout, we seek to demonstrate how context, skills, and values influence how we conduct empowerment-oriented participatory evaluation and research.

WHAT IS EVALUATION?

There are many ways of thinking about the relationship between evaluation and research; the development of new paradigms for research over the last thirty years has further blurred an already hazy distinction. Nonetheless, differences remain, and it is important to understand those differences in order to conduct effective evaluations (Springett & Wallerstein, 2008).

Perhaps the key difference between evaluation and research lies within the word *evaluation*. At its heart, evaluation is a systematic process of *assigning value* or making a judgment about a program, intervention, or activity to improve effectiveness or inform decision making (Morelli & Mataira, 2010). Although most practitioners now agree that research is never value-free, assigning value is not an inherent function of research.

Because evaluation is conducted about a specific program, evaluators must constantly take *context* into account, whereas some researchers (though not those influenced by CBPR) try to exclude context. Although participatory researchers may have additional goals, a central goal of research is the *creation of new knowledge* (and ensuring the *external validity* of findings), whereas a central goal of evaluation is *program improvement* (and ensuring the *internal validity* of findings) (Levin-Rozalis, 2003).

Many of these factors—the explicit goal of assigning value, the influence of context, the orientation of service to some group—mean that evaluation is inherently political. Evaluators therefore must be prepared to understand and mitigate the effects of power, especially participatory evaluators who wish to contribute to empowerment.

WHAT IS PARTICIPATORY EVALUATION?

Cousins and Chouinard (2012) define participatory evaluation as a range of collaborative approaches to evaluation “in which trained evaluators work in partnership with [program] stakeholders to produce evaluative knowledge” (p. 10). This range includes the empowerment evaluation pioneered by Fetterman (2000). They contrast these approaches to more conventional approaches to evaluation in which the evaluator is an outsider who strives to maintain “objectivity” and distance from the program being evaluated. Based on a positivist or post-positivist worldview, conventional forms of evaluation assume that objective truth exists and can be known through hypothesis generation and testing. Participatory and collaborative approaches to evaluation are based on a worldview that “includes the ways in which the people involved with facts perceive them” and acknowledges that “concrete reality is the connection between subjectivity and objectivity, never objectivity isolated from subjectivity” (Freire, 1982, p. 30).

Cousins and Chouinard (2012) divide the range of participatory evaluation into two principal streams: practical participatory evaluation (P-PE) and transformative participatory evaluation (T-PE). P-PE is motivated primarily by a pragmatic philosophy and a desire to produce valid findings that can be used for program improvement (Brisolara, 1998). P-PE is based

on a democratic pluralist theory of power, which assumes people choose to participate or not based on free will. By contrast, T-PE grows out of a desire, originally from Latin America, South Asia, and Africa, to create a just society by challenging unequal power structures. (See Chapter 2 for analogous Northern and Southern participatory research traditions.)

TRANSFORMATIVE PARTICIPATORY EVALUATION

In terms of its historical antecedents and its current uses, T-PE is the participatory evaluation stream most in line with CBPR and thus is the focus of this chapter. T-PE has two primary sources: the participatory action research (PAR) work conducted by Colombian sociologist Orlando Fals-Borda and colleagues in Latin America in the 1960s to 1990s (Fals-Borda & Rahman, 1991) and the participatory research and evaluation work conducted by Walter Fernandes and Rajesh Tandon (1981) and colleagues in South Asia during roughly the same period of time (Hall et al., 2013). These practitioner authors were working in the context of community development amid the social-political ferment occurring in many parts of the Global South. Influenced by thinkers such as Marx, Engels, Gramsci (1971), and Frankfurt School theorists, these researchers identified mechanisms that maintain inequity and developed research and evaluation strategies for empowering those most marginalized in society by ceding power to them and making them the agents, rather than the objects, of research (Brisolara, 1998).

Although the historical context of the United States is different, similar disparities of wealth, power, and control produced the need for participatory research and evaluation, inspiring practitioner academics such as John Gaventa (1980, 1991), along with popular educators at the Highlander School for Research and Education, such as Myles Horton (2003), to produce participatory research that bears many similarities to the approach developed in the Global South. These approaches are closely connected to the popular education methodology that was systematized and disseminated by Brazilian educator Paulo Freire (Freire, 2003; Wallerstein & Auerbach, 2004; Wiggins, 2012; Wiggins et al., 2014). Popular education can help to create an organizational and community climate that promotes and sustains participatory evaluation and is profiled in the case studies.

Power is a central issue in participatory evaluation generally. In the context of community health programs and interventions, power takes on added significance. With lack of power understood as an overarching disease risk factor (Wallerstein, 1992), it stands to reason that the way to reverse health inequities is to shift and balance power between dominant and oppressed communities. This occurs through the process of *empowerment*, which is understood in public health not as a process that is done by the powerful *to* or *for* those lacking power but rather as a process that communities most affected by inequities do for and with themselves. Public health studies suggest that empowerment independently predicts better self-reported health and decreased depressive symptoms (Wallerstein, 2006) and that popular education is an effective way of increasing empowerment and improving community health (Wiggins, 2012).

DECOLONIZING PARTICIPATORY EVALUATION

T-PE developed in the Global South as it emerged from colonization and has always been concerned with the question of who gets to assign value and define knowledge. In 1991,

Rahman wrote of the need to “return to the people the legitimacy of the knowledge they are capable of producing through their own verification systems, as fully scientific” (p. 15). This statement prefigures the “decolonizing methodologies” of Indigenous scholar Linda Tuhiwai Smith (1999), who states that “imperialism and colonialism brought complete disorder to colonized peoples, disconnecting them from their histories, their landscapes, their languages, their social relations and their own ways of thinking, feeling and interacting with the world” (p. 29).

One of the insights of a decolonizing approach is that research and evaluation are critical and important sites of struggle where colonization and Western science can be challenged and Indigenous ways of knowing centralized (Kawakami et al., 2007; Morelli & Mataira, 2010; Tuhiwai Smith, 1999; Zavala, 2013). A decolonizing approach changes the Western paradigm of evaluation by challenging the meaning of value, what constitutes value, and whether an intervention should be improved on or cease to exist. It empowers communities to set evaluation agendas; incorporate historical, cultural, spiritual, social, environmental, and emotional “data”; and have their evaluation findings returned to their communities (Kawakami et al., 2007; Morelli & Mataira, 2010). Adopting a decolonizing approach to evaluation represents a return to the roots of transformative participatory evaluation, as well as a further step toward conducting evaluation from within the worldview of those most directly affected by the program, intervention, or activity under study.

A PROCESS FOR CARRYING OUT TRANSFORMATIVE PARTICIPATORY EVALUATION

Similar to CBPR, T-PE is not a specific methodology but rather an approach to evaluation based on a worldview and set of key principles that guide evaluation design, process, and methods (Shulha et al., 2016). A number of frameworks have been developed that lay out key steps in participatory evaluation (Coombe, 2012; Fawcett et al., 1996; Fetterman, Kaftarian, & Wandersman, 2015; Maltrud, Polacsek, & Wallerstein, 1997; Springett & Wallerstein, 2008). Represented initially as sequential steps in Coombe (2012; see Figure 18.1), T-PE is in practice a cyclical, iterative process of learning from the past, applying new understandings to the future, and cycling back through processes as needed.

Step 1: Identify Purpose and Commit to Participatory Evaluation

Together, those groups and organizations with a vested interest in the program, intervention, or activity identify the purpose and objectives of the evaluation, decide whether to commit to a participatory approach, and determine the extent and type of participation by different groups. Important considerations are the project’s stage of development, past experience with evaluation and research, resources available and needed, and potential benefits of carrying out a participatory evaluation.

Community, program, and institutional contexts are essential considerations throughout the process. Contextual factors include power relationships between and among community members, funders, outside evaluators, and policy makers; the level at which the program is being conducted (e.g., local, state, national); and support or lack thereof for the participatory process from program funders and organizational leaders. In participatory evaluation there is “a role for program sponsors/funders to support the inquiry in ways that move well beyond the provision of fiscal resources” (Cousins & Chouinard, 2012, p. 130).

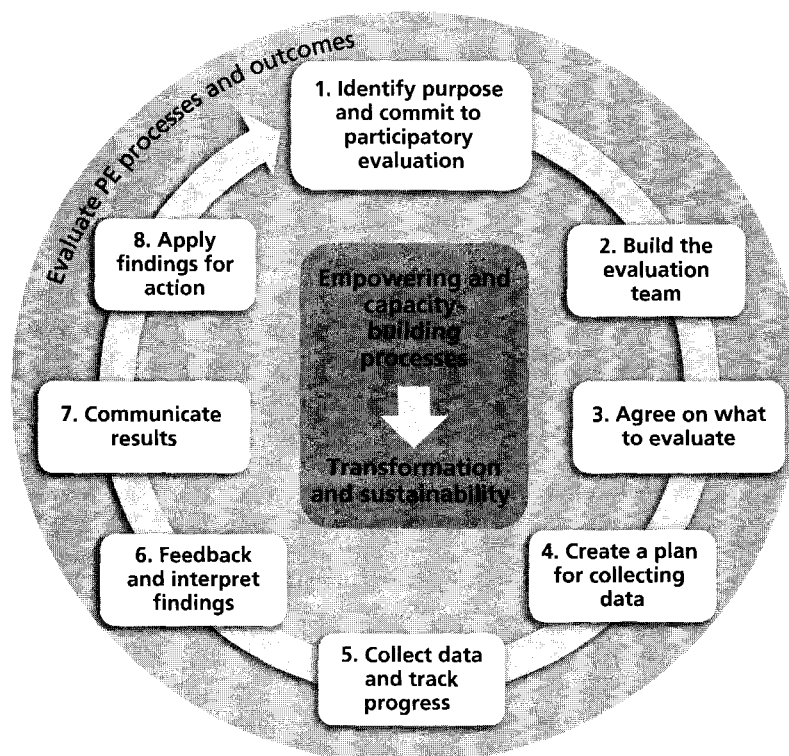


FIGURE 18.1 Key Steps in Participatory Evaluation Process

Step 2: Build the Participatory Evaluation Team

Collaborative partnerships require a shared commitment to equity and adequate time and skills to establish and maintain relationships, build mutual trust, understand differences, and resolve conflicts. Laying the proper groundwork is critical to success and involves four key tasks:

1. *Core team.* It is important to formally identify who will be involved, the level and nature of participation expected, and what personal and institutional resources each partner brings to the table. Although diverse stakeholder groups can generally produce more credible and valid findings, extremely unequal levels of power and privilege among stakeholders can complicate the goal of transformation. Guiding principles and operating norms can help address power differentials to foster equitable participation and make the best use of everyone's time.
2. *Roles and multiple mechanisms for participation.* Identifying the roles and strategies for substantive participation is an important early step for an equitable and high-quality evaluation. In some projects, stakeholders participate in certain stages (e.g., data collection, dissemination, etc.) and in others they are involved throughout. Also, depth of participation can vary over time. To accomplish the goals of T-PE, evaluation facilitators often work in teams and employ a constellation of skills that include facilitation, popular or liberating

education, team building, negotiation, conflict resolution, stakeholder involvement, and coordination (Burke, 1998).

3. *Capacity building*. Creating a plan to enhance skills and knowledge of all partners fosters co-learning, reflexivity about power, equitable participation, and sustainability. External evaluators and funders must gain a deep understanding of the community, the historical and current context, and the program (Shulha et al., 2016). Workshops based on popular education can help build skills and knowledge of participatory evaluation while emphasizing that all bring knowledge to the table. Evaluation facilitators who are working across languages or with participants who require accommodations need to allocate sufficient time and resources to ensure that all can participate fully.
4. *Relationships with constituencies*. Finally, participants should engage their broader constituencies early on to build trust and ownership of the evaluation process beyond the core team, inspire confidence and vision, address concerns, and build a culture of transformative evaluation and learning.

Step 3: Agree on What to Evaluate

If program assumptions and theory, goals, objectives, and targets of change have been spelled out using a participatory process, then the evaluation team can review and adjust what was initially proposed. If goals and objectives were not clearly specified or developed without participation, evaluation facilitators can guide discussion to make explicit the community's implicit theory (Weiss, 1995). Objectives and evaluation criteria emerge from jointly exploring what results are desired and how participants will *know* if progress is being made. Along with program-specific outcomes such as improved health, it is important to measure process and systems outcomes such as participation (Rifkin, 2014), collaboration (Granner & Sharpe, 2004), empowerment and community control (Cyril, Smith, & Renzaho, 2015; Wallerstein, 2006), and community competence or capacity (Eng & Parker, 1994; Goodman et al., 1998; Liberato et al., 2011).

Step 4: Create a Plan for Collecting Data

The participatory evaluation team collaboratively develops a design and methodology for the evaluation that is made up of quantitative and qualitative methods for collecting information to track progress and document change. Feuerstein (1988) recommends building confidence in participants by starting with existing methods of monitoring. The evaluation plan needs to be feasible and make the best use of community resources while ensuring that results are valid and credible. Popular education activities can be used to develop an evaluation design that values and integrates multiple ways of knowing.

Step 5: Collect Data and Track Progress

T-PE involves community members in documenting the program and its effects. Systems for recording activities and events as they unfold should be developed with those who will be using them, including partner organizations to enhance sustainability (Zukoski & Luluquisen, 2002). Use of technology and online resources, such as handheld devices for recording data in the field (Gravlee et al., 2006), expand the community's ability to create and use knowledge. See for example, the Community Tool Box Online Documentation System (see Appendix 11).

Step 6: Feedback and Interpret Findings Collectively

Making sense of the data is a collaborative effort that combines technical expertise, experiential knowledge, and deep understanding of the community. The evaluation facilitator and project staff members organize different types of data into a common body of information that participants can check for meaning and validity and then identify gaps or connections among the data. The aim is to build consensus and incorporate preliminary implications and recommendations to set the stage for moving from knowledge to action using a decolonizing lens, incorporating larger structural factors into the analysis.

Step 7: Communicate Results to Relevant Audiences

Participatory evaluation communicates findings to key insider and outsider stakeholders in multiple ways and at multiple time points. Sharing achievements as they occur and framing evaluation data in terms of strengths rather than weaknesses can energize the community and build trust and commitment to the project. Creative media, such as video, theater, art, posters, websites, and social media, using the expertise of community team members, may communicate results more effectively than reports and presentations.

Step 8: Apply Findings for Action

Using the lessons learned, the group can strengthen or expand community efforts, institutionalize changes, and plan future actions. Valuable information on program processes and outcomes may lead the project to redefine objectives, redirect scarce resources or seek out new ones, modify strategies, and strengthen leadership structures. Community efforts that aim for transformative change focus on evaluating collective power, equity, systems change, and policy advocacy (Cheezum et al., 2013; Israel et al., 2010; Minkler, Garcia, Rubin, & Wallerstein, 2012).

CASE STUDY ONE: THE OREGON COMMUNITY EDUCATION WORKER (CEW) PROGRAM

In the following, we provide two case studies of how participatory evaluation is being used to foster and facilitate empowerment in two community health worker programs. The case studies provide concrete applications of the theory and action steps previously described.

Background and Lead Partners

The Community Education Worker (CEW) Program, based in Multnomah County, Oregon, is a two-year-old partnership between culturally specific and mainstream community-based organizations (CBOs), a public agency, and several local funders. The CEW Program is the result of a community-based process that aimed to ensure that all children in Multnomah County can achieve educational success and obtain a fulfilling career that pays a living wage.

The idea for the CEW Program came from a Latina mother, who expressed a need for people from her own community who could help her prepare her children to succeed in kindergarten. In response, the "Ready for Kindergarten (R4K) Collaborative" decided to adapt the CHW model. In its first year, individuals who had participated in a CHW-certification course

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using popular education were hired by three culturally specific agencies: Native American Youth and Family Association (NAYA), Latino Network, and the Urban League of Portland. The Immigrant and Refugee Community Organization (IRCO) added CEWs serving the Zomi (Burmese) and Somali communities in year 2. CEWs conduct visits with families, facilitate parent-child learning groups, serve as cultural mediators between families and systems, and organize parents to address early childhood education inequities.

The Multnomah County Community Capacitation Center (CCC) was chosen by the R4K Collaborative to lead the CEW Program and conduct the evaluation. For fifteen years, the CCC has supported communities most affected by inequities to identify and address their own most pressing health issues, using popular education, the CHW model, and community-based participatory research and evaluation (CBPR/E). As the staff members and communities involved have grown and become more diverse, the theoretical framework of the CCC has expanded from its original Latin American influences to include the civil rights movement, disability rights movement, and movements to decolonize evaluation and community practice.

To date, the participatory evaluation experience of the CEW Program can be divided into two phases. In year 1, CCC developed an evaluation plan that, although it had participatory elements, was largely driven by the CCC staff members. During year 2, CCC is deepening stakeholder participation to develop a truly participatory evaluation. The experience of the CEW Program demonstrates how an evaluation can progress along a continuum from evaluator-driven to community-driven.

Context

Portland, Oregon, is the whitest major city in the United States (Badger, 2015). Although Oregon has a reputation (at least in dominant culture) for being politically progressive, this reputation obscures a history of oppression and exclusion directed at people of color and immigrants. As Portland has become a highly desirable place to live, gentrification and an acute shortage of affordable housing have led to substantial displacement and homelessness among low-income people of color. Families of color are now moving into areas where they have not traditionally lived, where they do not feel welcome, and where schools are ill-prepared to effectively serve their children.

Initial Steps in the T-PE Process

After the idea for the CEW Program had been developed, CCC staff members and a supervisor at one of the culturally specific agencies co-facilitated a workshop at an R4K meeting to develop a logic model. This resulted in a draft set of desired outcomes as well as short-, medium-, and long-term indicators for these outcomes. Social Venture Partners (SVP) Portland, one of the local funders, contributed other intermediate and long-term outcomes associated with kindergarten readiness.

The CCC proposal for year 1 evaluation funding to SVP was not yet participatory because CEWs had not yet been hired. CCC included a proviso in the proposal that a commitment to developmental and participatory evaluation would likely mean changes in the future based on CEW and community input.

Once the CEWs were hired, the next step was to begin to bring them into the evaluation process, which occurred during their initial training. Following discussions on how assessment can be used as a tool for oppression or for empowerment, the new CEWs were introduced to

the logic model, which was compared to a "road to educational equity," starting at "now" and ending twenty to twenty-five years in the future. On the far right were outcomes such as "all children graduate from high school." In the middle were indicators such as "families express increased ability to advocate for their children with systems." On the left were short-term measures such as "children have a primary care home." CEWs were given placards with the outcomes and indicators. They were asked to read their outcome or indicator and then place it on the road. They started on the far right and worked backward so that they could see what the program's ultimate goals were and how their actions as CEWs would contribute to achieving the long-term goals. Finally, the group reflected on several questions: (1) How does our work now contribute to achieving outcomes twenty and twenty-five years into the future? (2) What do you think about these outcomes? and (3) In order to show that we are moving along this time line, what do we have to do?

The "road to educational equity" activity set the stage for the participatory development of tools to track outcomes and indicators. In a series of meetings conducted separately with both major language groups (Spanish and English), a draft set of tracking forms was workshopped with the CEWs. At each stage, changes made with one language group were translated into the other language and reviewed by the other language group until initial forms were developed. Forms have continued to change based on input from CEWs, such as simplifying "case management" sections to allow more flexibility for CEWs and participants to record and track their goals and activities.

Deepening Participatory Processes

In year 2, evaluation staff members expressed a desire at a steering committee meeting to make the evaluation a fully participatory process. Despite the extra time involved for frontline and supervision staff members, whose time was already limited, they supported this idea. An e-mail invitation was sent to key stakeholders, who included CEWs, supervisors, and funders. Since then, meetings of the participatory evaluation team have been held monthly. In these fully bilingual meetings, popular education has been used to build collective knowledge about topics such as (1) the meaning of evaluation and the range of evaluation paradigms; (2) how beliefs about truth, knowledge, and values influence approaches to evaluation; (3) the role of evaluation questions; (4) evaluation design; and (5) data collection methods. The year 1 evaluation plan has been used as an example of the phenomena the team is discussing. Participants have expressed excitement about learning to use terms such as *ontology* and *epistemology* (in two languages) and satisfaction that no assumptions were made about their interest in or ability to learn these concepts. The team has made changes to better reflect the collective paradigm and revised evaluation questions.

The process of developing a participatory evaluation for the CEW Program reflects many of the lessons described in the background section of this chapter. Despite their heavy workload, CBO staff members, including CEWs, have been eager to engage in the participatory process, as long as meetings are fully accessible to them and their time is well spent. They bring insights from their cultural groups that could not be accessed if they were not a part of the process, leading to better evaluation questions and stronger outcomes. Staff members and partners from SVP have not only supported the process but also have eagerly participated in it. Because many of the evaluation team members, including CEWs, have extensive experience with popular education, there is a shared, preexisting commitment to popular education values

including solidarity, compassion, humility, and love for the cause of the people. This commitment provides solid grounding for the participatory evaluation process.

CASE STUDY TWO: AMOS HEALTH AND HOPE, NICARAGUA

This case study describes the T-PE approach of a community-based nonprofit public health organization in Nicaragua called AMOS Health and Hope (www.amoshealth.org). Despite being in a low-resourced global health setting, AMOS has prioritized T-PE as an integral part of the CBPR conceptual model (see Chapter 6) to improve program impact and facilitate community empowerment.

Context

Nicaragua is the second poorest country in Latin America and has a long history of man-made and natural disasters. Starting with the death of the majority of the Indigenous populations during Spanish colonization, followed by years of dictatorship under the Somozas, a revolution in the 1980s, and earthquakes, hurricanes, and International Monetary Funds (IMF) structural adjustment policies in the 1990s, the country is characterized by extreme disparities in wealth and health.

Passionate about reducing health inequities and informed by the work of global health, popular education, and public health practitioners, AMOS cofounder, the late Dr. Gustavo Parajón, pioneered the first Nicaraguan CHW program and later gave the best advice possible: “A doctor in Nicaragua should not be a doctor but a teacher to share our knowledge and empower others to serve.” In this spirit, AMOS was founded as a place to learn alongside communities to continuously evaluate, reflect, and improve the practice of CBPR, community empowerment, and participatory evaluation. AMOS currently works in twenty-six communities and four departments throughout Nicaragua, serving a population of thirteen thousand people.

CHW and Staff Training for CBPR and Participatory Evaluation

When the current codirectors cofounded AMOS in 2006, an emphasis was placed on designing the program using CBPR principles, including participatory evaluation. Not having funds for an evaluator, AMOS integrated participatory evaluation into every aspect of the program. CHWs are trained using popular education methodologies and often refer to themselves as “agents of change” who work to transform root causes of inequities in their own communities. The CHWs in each of the communities comprise a community health promoter, community leaders, and volunteer mothers who form a community health committee. The current evaluation staff members at AMOS mentor and annually train field staff members and CHWs to ensure that the principles of T-PE occur throughout the organization.

AMOS’s multidisciplinary staff members comprise CHWs, nurses, doctors, and nutritionists from a range of social classes, ethnicities, and countries and are conscious of colonization, the bidirectionality of relationships between communities and themselves, and the continuous need to inspire and be inspired using transformative educational methods.

Participatory Evaluation Processes

AMOS’s approach is to start by developing trust with the communities, understanding the geographic boundaries of the community (which often may not be the same as governmental

boundaries), as well as developing an inventory to identify community strengths. The approach is assets-based and seeks to bring together multi-sectoral collaboration for increased impact through a three-way partnership: the *community* identifying their key community priorities and issues, the *government* providing top-down policy guidance and epidemiological priority guidance, and *nongovernmental partners* such as nonprofits and churches offering the support and facilitation for participatory processes and evaluation.

Once the three-way partnership is established, a health committee (HC) is formed by community leaders representing diverse geographic, political, and cultural groups and who receive training by AMOS staff members using popular education methods. The cornerstone of the community's participatory evaluation process is the census, which is based on the motto "Every person is counted, and every person counts." Conducted by community members, the census is analyzed in coordination with AMOS staff members, who do the initial tabulation of data. Once data are interpreted with the community, the HC develops a community plan of action. Communities have developed priority projects, such as installation of clean water filters, clean-up campaigns for vector control, and community advocacy to close down bars.

A balance of community-driven priorities (such as clean water projects) and the governmental epidemiological priorities (such as ensuring systematic home visitation of pregnant women and newborns to prevent high neonatal mortality rates) is facilitated by AMOS support staff members, who visit communities monthly. Community data are analyzed by the health promoter and HC on a quarterly and annual basis. Popular education methodologies such as the River of Life (see Appendix 7) are used to support participatory evaluation. The process is iterative with several steps done annually to prioritize issues, implement a community health plan, and evaluate impact together.

Many lessons have been learned over the years:

1. *"Staff not stuff" approach.* Participatory evaluation requires staff time and resources to organize and integrate real-time data into an understandable form to allow for deeper discussion at the community level. This is a challenge in low-resource international health settings where donors tend to give money for "stuff"—commodities such as vitamins, vaccines, educational flipcharts, deworming pills—but not for trained and committed staff members needed for CBPR and participatory evaluation. With many competing needs for funding, strong organizational leadership and a commitment to CBPR is necessary to ensure adequate staff and resources for T-PE.
2. *Continuing education for T-PE.* Despite Latin America being the birthplace of many transformative education methodologies, most education still uses "banking" methodology (Freire, 2003). Intensive CBPR training for new staff members followed by ongoing training and mentoring is key to ensuring T-PE becomes part of the organizational culture. Having a T-PE-oriented evaluator on staff to facilitate this process is key!
3. *Balancing epidemiological and community priorities.* In the framework of transformational community development work, epidemiological priorities often must be balanced with community priorities. For example, patients who have walked three hours carrying their child to the clinic expect curative services, such as antibiotics for a common cold, even though international protocols prohibit this use. Communities don't clamor for preventive care even though it is more cost-effective. Through the T-PE process, AMOS has ensured

that data collected on the use of antibiotics is shared with the community. This practice, combined with educational messages using popular education methodologies, has resulted in significant improvement on the rational use of antibiotics in communities. Balancing these two priorities is a long-term process that includes the use of T-PE to help establish priorities based on real data that can be used to change social and cultural norms.

4. *Real-time data use by communities.* For T-PE to create momentum for change in communities, there is a need for constant feedback of data to communities, which can be very time-consuming when a paper-based system is used. Future plans at AMOS include seeking funding to design and implement robust mobile data collection and evaluation systems that can provide real-time data for CHWs and training CHWs to use these mobile data systems with their community evaluation teams in order to enhance the impact of T-PE processes.

AMOS provides lessons for practitioners and researchers in the development of participatory evaluation tools for low-resource settings. Participatory evaluation as practiced by AMOS is not a separate project or intervention, but a way of life. In the words of one CHW: "We are investigators because we collect information on what is going on in our own communities. And because we know, we can take that knowledge and make a difference in our own communities."

CONCLUSION

Transformative participatory evaluation is a process of skill building and power sharing that, when conducted with intention and integrity, can promote the empowerment of individuals and communities, as well as contribute to a range of other desirable outcomes. Facilitation of a successful participatory evaluation process requires careful attention to composition of the stakeholder group, relationship building across a range of stakeholders, deep awareness of one's own cultural worldviews, open acknowledgment and constant renegotiation of power and control, use of liberatory educational philosophies and methods, selection of appropriate data collection methods, and prevention of stakeholder burnout through optimal use of their time. It carefully balances education, investigation, and action, and in so doing, it provides a crucial opportunity to challenge assumptions of value and shift and balance power.

QUESTIONS FOR DISCUSSION

1. What are the key differences between transformative participatory evaluation and more conventional approaches to evaluation? How does T-PE challenge dominant Western assumptions about value and the meaning of knowledge?
2. Based on your experience as well as what you read, why is it important to constantly attend to power relationships when working on diverse teams? What strategies can we use to do this?
3. How do you reconcile balancing epidemiological priorities with community priorities in a participatory evaluation process?

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