

Annex 2: EOP Methodology

ISOFI End-of-Project Evaluation Methodology

Throughout ISOFI, the monitoring and evaluation system collected both quantitative and qualitative data. Qualitative data was collected across many different venues and constructs. During the end-of-project evaluation, in addition to using in-depth interviews and focus groups discussion data, all project documentation and outputs from the end-of-project workshops were analyzed qualitatively. Quantitative data was collected in the form of baseline and endline surveys anonymously administered to CARE staff. The qualitative data was used to triangulate findings and inform the results from the quantitative data and served to provide rich contextual data that answers “why” - context that is often unobtainable from quantitative findings. The data collection process took throughout the project. The survey data analysis is presented in Chapter 5 of this report. All other qualitative data has been incorporated throughout the report.

In-depth Interviews and Focus Group Discussions

Qualitative data was collected from all ISOFI sites (two in India, two in Vietnam) and included in-depth interviews (IDIs) with CARE staff, key informant interviews with partner staff and focus group discussions (FGDs) with community groups. The ISOFI evaluation team conducted a total of 20 in-depth interviews, eight in Vietnam and 12 in India, and 11 key informant interviews with staff from NGO partners and health workers: One in Vietnam and the rest in India. Ten FGDs were completed in India with groups of adolescent girls and adolescent boys, migrant workers, truckers, sex workers and young mothers.

A sampling frame consisting of a complete list of names, positions and genders of CARE staff directly and indirectly taking part in the ISOFI project at all three sites was developed. Participants were selected from the list based on gender (equal numbers of men and women) and management level (participants were selected across management levels within the organization to ensure a representative sample and degree of participation within ISOFI). In India, participants were interviewed by phone; face-to-face interviews were conducted in Vietnam.

The ISOFI evaluation team obtained informed consent before conducting all in-depth and key informant interviews. The interviews and focus group discussions were based on a field guide highlighting topics for discussion and suggested probes.

Interview data were first reviewed by the research team for main themes and then were coded for retrieval and analysis using the NUD*IST program.

Documentation of Project Activities

Project-generated qualitative data also includes a collection of project documentation, including reports of Participatory Learning in Action exercises around gender and sexuality; portfolio review and needs assessments; detailed implementation plans; trip reports; and reflective dialogues. Findings described in these sources have been integrated and discussed throughout the report.

End-of-Project Workshops

Finally, qualitative data was collected from three end-of-project (EOP) workshops conducted in February 2006 in three ISOFI sites: Rajasthan and Uttar Pradesh in India, and Hanoi in Vietnam. The workshops sought to capture the learning from the ISOFI implementation experience in each of the locations, and designed to assess programmatic impact of ISOFI in order to draw lessons for future interventions. The workshops were structured around a participatory methodology to allow for and encourage maximum participation and feedback from participants. A total of 32 staff participated (Vietnam: 9; Lucknow, India: 13; Bhilwara, India: 10). Workshops were facilitated by Veronica Magar, Sexual and Reproductive Health Asia Re-

gional Advisor for CARE, and Sarah Degnan Kambou, Director for HIV/AIDS and Development for International Center for Research on Women.

Workshop participants reviewed key benchmarks during the two-year implementation period; conducted a stakeholder analysis to analyze key relationships, power relations and their transformation during ISOFI; changes in staff's personal lives or the lives of the communities where CARE works; progress in incorporating gender and sexuality during the course of ISOFI; enablers and barriers to incorporating gender and sexuality; and, finally, recommendations for ISOFI's next phase.

End-of-Project Workshop Agenda

Session	Session Title	Purpose/Objective	Methodology
1	Welcome	To open the workshop officially	Remarks before plenary audience
2	Introductions	To ensure all participants/facilitators are familiar with each other; to break the ice; to set the stage; to stimulate active participation	Any workshop game or icebreaker that communicates name, title, responsibility, involvement with ISOFI and something interesting about the person
3	Workshop Objectives and Methodology	To orient participants to the purpose and objectives of the workshop so they can meaningfully contribute to discussion and required outputs	PowerPoint of purpose and objectives and methodology, followed by questions and comments
4	ISOFI: Timeline	To elicit from participants their perspective on the project's key events/benchmarks and the relation of those events/benchmarks to the evolution of ISOFI and its impact within CARE	Small group work (3-4 participants per group) using Timeline tool; group work: 20 minutes; report back in plenary for 10 minutes per group; add'l questions/discussion from facilitators and the group
5	Tea and coffee break		
6	ISOFI: Stakeholder Analysis	To understand sources and relationships of power and influence effecting ISOFI's implementation and evolution from the participants' perspective; who, what, when and why: who played a key role in implementing and/or influencing the ISOFI project; what were those roles; how did relationships among stakeholders evolve during the course of project implementation and with what effect; and why did roles evolve as they did.	Small group work (3-4 participants per group) using Venn Diagram tool; group work: 30 minutes (10 mns: project start up phase; 10 mns: mid-point; 10 mns: final phase); report back in plenary for 15 minutes per group; add'l questions/discussion from facilitators and group
7	ISOFI: Most Significant Change	To understand what participants perceive to be the Most Significant of all Changes over the course of the ISOFI project. (Note: We are collecting individual perceptions of MSC through the endline survey. This exercise will ask individuals to share MSC stories, then to rank them so that the "most significant of all change" is identified.)	Small group work (3-4 participants per group) using Storytelling tool; group work: 30 minutes; report back in plenary 10 mns per group; add'l discussion and final ranking
8	Lunch		
9	CARE Reproductive Health: Portfolio Review	To assess the extent to which and in what way CARE reproductive health projects are integrating gender and sexuality in light of the presumed diffusion of ISOFI field experience, tools and lessons learned	Plenary discussion; brainstorming exercise followed by an anonymous G&S scorecard exercise conducted in plenary
10	Gender & Sexuality: CARE's Structural and Cultural Environment	To assess change in enablers and barriers to the integration of G&S identified during the baseline Needs Assessment, and to identify emerging enablers and barriers for the second phase	Small group work (3-4 participants per group) using Force Field Analysis; group work: 30 minutes; report back in plenary 10 mns per group; add'l discussion
11	Envisioning the Next Phase of ISOFI	To elicit recommendations on "where CARE should be/what CARE RH programming would look like" at the end of ISOFI Phase Two	Three groups: 1st Group) Desired ISOFI Stakeholder Relationships at end of Second Phase using Venn Diagram; 2nd Group) ISOFI Footprint or "legacy" at the end of Second Phase using Cartooning; 3rd Group) Recommendations on addressing existing and emerging enablers/barriers (identified in Session 10)
12	Summary	To summarize the workshop's proceedings, explain Next Steps	Remarks in plenary; reference to flip charts
13	Closing		