

**CPPE**

COMPREHENSIVE  
PARTICIPATORY  
PLANNING  
AND EVALUATION

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## ACRONYMS AND ABBREVIATIONS

ANC	Ante-natal Care
BIDANI	Barangay Integrated Development Approach for Nutrition Improvement
BSFJP	Belgian Survival Fund for the Third World Joint Programme
CHA	Community Health Assistant
CHW	Community Health Worker
CPPE	Comprehensive Participatory Planning and Evaluation
EPI	Extended Immunization Programme
EQ	Evaluation Questions
HIPPOPOC	Inputs, Processes, Outputs, Outcomes
HP	Health Post
ITM	Institute of Tropical Medicine
M&E	Monitoring and Evaluation
MEMISA	Medische Missie Actie (Medical Mission Action)
MOH	Ministry of Health
MPND	Ministry of Planning and National Development
MTR	Mid-Term Review
NGO	Non-governmental Organisation
SCF	Save the Children Fund
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UNOPS	United Nations Office for Project Services
VIP	Ventilated Improved Pit (Latrine)
ZOPP	Ziel Orientierte Projekt Planung (Target-Oriented Project Planning)

# INTRODUCTION

Over the last few years, agencies have sought increased stakeholder participation in the planning of development projects and programmes. This brochure describes a participatory approach aimed at guiding collective thinking and ensuring that relevant interventions are developed on the basis of the perceived needs and problems of beneficiaries and on local capacities and lessons from experience.

More than a method per se, comprehensive participatory planning and evaluation (CPPE) is an approach. While emphasis is placed on the logic of each step, CPPE's objectives, planning and evaluation are viewed as a continuum and form a fully integrated, flexible process, specifically designed to help overcome difficulties in planning and evaluating. Whenever a more standardized format is required, such as Logframe, Ziel Orientierte Projekt Planung (ZOPP), etc., the CPPE approach has proved very adaptable, although collective thinking is seen as being central to solving issues in development. Form-filling, however important, cannot replace joint thinking.

This brochure has been written at the request of the Belgian Survival Fund for the Third World Joint Programme (BSFJP) to assist individuals and organizations in planning and evaluating interventions in a flexible, comprehensive and participatory manner.

The authors wish to acknowledge all those who have contributed to the development of CPPE, and they welcome any suggestions and comments that readers may wish to make.

## A. BACKGROUND

During the mid-1980s, the Commission of the European Communities (EC) funded the development of methods and tools that would make it possible to evaluate complex nutrition projects in a more comprehensive and participatory manner. Work was initially carried out at the Institute of Human Nutrition and Food at the University of The Philippines, Los Baños, within the context of the Barangay Integrated Development Approach for Nutrition Improvement Project (BIDANI). There, an international team<sup>1/</sup> of researchers drew up a framework for the evaluation element of CPPE. The results of that research led to a number of publications<sup>2/</sup> and further applications.

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1/ Institute of Tropical Medicine of Antwerp, Belgium; Royal Tropical Institute of Amsterdam, The Netherlands.

2/ Ph.D. dissertation (Ramos, 1991); manuals (Eusebio et al., 1991); field guide (Lefèvre and Beghin), 1991.

In the early 1990s these same institutions and the EC negotiated new research initiatives for the purpose of expanding the evaluation method to allow it to be used also for planning purposes. New partners<sup>3/</sup> and renewed research efforts resulted in the CPPE approach and to more publications. The research phase was followed by extensive testing of the CPPE approach at the field level on the occasion of consultancies for international organizations and non-governmental organizations (NGOs)<sup>4/</sup>. This led to the refinement of the CPPE approach as it now stands.

## **B. OVERVIEW OF COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION**

The CPPE approach is both flexible and iterative and is carried out in a series of logical steps. It creates and uses flexible tools to ensure participation and comprehension at all stages of the project cycle. At certain stages, the participatory aspect of the approach necessitates the use of a workshop format.

Comprehensive planning starts with an assessment of the problem(s) at hand. For problems with a multitude of causes pertaining to different sectors (e.g. malnutrition, floods, high mortality levels), users are advised to conceptualize the way factors determine a given problem. It is also important to engage the participation of individuals knowledgeable in different domains (e.g. health, agriculture, social services, local government), while keeping the representation of beneficiaries and donors in the discussion arena well balanced.

The assessment of the problem(s) is organized around the construction of a causal model. During this process, the individuals engaged in the planning of activities participate in the identification of the perceived problem(s). This stimulating activity helps to identify questions that need to be answered by the assessment team. Often the team will be able to answer the questions by using existing data. If necessary, missing data (quantitative and qualitative) will be collected and analysed prior to the resumption of the planning process.

Following problem assessment, possible interventions and objectives are identified. Again, all actors are involved in this process. The selection process uses ranking criteria that reflect various prioritized objectives. These may include factors such as cost-effectiveness, operational feasibility and duration. This stage concludes with a consensual and provisional selection of interventions that respond best to the objectives and ranking criteria.

Once provisional interventions have been selected, operational plans are drawn up for each intervention with the use of a CPPE technical checklist or with one of the broad

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3/ Urban Health Study Group, Atma Jaya University of Indonesia; Department of Agricultural Education, University of The Philippines at Los Baños; Nutrition Institute of the Federal University of Rio de Janeiro, Brazil.

4/ International Fund for Agricultural Development (Chad, Ethiopia, Kenya, Mali, Seychelles, Uganda), United Nations Children's Fund (UNICEF), Save the Children Fund (SCF), Medical Mission Action (MEMISA), etc.

range of other techniques created for this purpose. Using a standard format helps in the selection of final intervention and facilitates the conceptualizing of the interventions' technical and operational feasibility aspects. It also helps identify weak points, constraints and even mismatches. At this point it may become clear that certain potential interventions do not correspond well to the chosen objectives and criteria. In this case, the selection process may have to be repeated. It is recommended that a HIPPOPOC (Inputs, Processes, Outputs, Outcomes) table be constructed, especially if difficulties are encountered at this stage in planning. The HIPPOPOC table facilitates the identification of the components of an intervention, offering a schematic representation of inputs, processes, outputs and outcomes. More important, it distinguishes among different levels of project objectives. Following the identification of the interventions, a dynamic model is constructed. Providing a comprehensive view of the project, this model identifies weak links and assists in formulating M&E questions, which in turn enable the building of a data collection system.

Later, an evaluation team, representative of all project actors, identifies evaluation questions. Because they are flexible and adaptable, the instruments developed for planning purposes can be used also during the evaluation process. This approach leads to improving a project not only because it allows for the identification of the project's strengths and weaknesses, but also because it enables solutions to be sought. The resulting blueprint improves the implementation of the project.

### **C. MAJOR CHARACTERISTICS OF CPPE**

Since its inception, the CPPE approach has considered comprehensiveness a prerequisite for the successful design, implementation and evaluation of interventions. In order to achieve a high level of comprehensiveness, CPPE uses models that are designed by all participants during interactive workshops. In addition to organizing, ranking, selecting and evaluating potential interventions, these models also identify relevant issues and data collection needs and assist in the analysis of data. It is precisely this collective aspect of building the causal and dynamic models that secures comprehensiveness and genuine participation by all actors.

The CPPE approach aims to elicit a high level of participation by all those involved in a given project. Within the context of CPPE, participation goes beyond mere provision of data, manpower or assistance. It implies the sharing of responsibilities, negotiating, empowering and emotional commitment. Genuine and sustained participation can work only when free speech is granted. Experiences in the field have shown that participation in the CPPE approach has led actors to enjoy increased levels of self-esteem, expanded abilities to realize capacities and a heightened sense of appropriation towards programmes.

After constructive and in-depth discussions and analyses have taken place, collective decisions need to be made. Participatory workshops help achieve this and lead to a better understanding of a project, increased intersectional collaboration and improved

motivation and communication skills. These cumulative advantages have resulted in CPPE's being a readily accepted approach in the field.

A third characteristic of the approach is that it is implementation oriented, placing emphasis on finding explanations for what was or was not realized during the implementation phase of the project(s). These analytic qualities have led to improved efficiency and effectiveness. Ultimately, CPPE aims to improve the relevance as well as the quality of implementation.

Flexibility, the fourth characteristic of CPPE, is by no means the least important. The CPPE approach has been applied to a wide range of situations, from permanent service delivery systems (e.g. public health, agricultural extension, rural credit) to individual programmes and projects. The approach can and has been used at such widely different levels as the national, regional, district and grass-roots.

Finally, CPPE is fully integrated, covering the whole project cycle, from the identification of perceived problem(s) to the planning of interventions to M&E. The participatory elaboration of all participants allows for the design of very flexible tools, which can be used at each phase of the project cycle.

## OVERVIEW OF CPPE CHARACTERISTICS<sup>5/</sup>

1. It is *comprehensive*. This is ensured by the elaboration of models:
  - *causal model*
  - *dynamic model*
2. It offers a *high degree of participation*:
  - *It leads to an increased sense of self-esteem, self-realization and ownership.*
  - *It requires free speech.*
  - *It requires in-depth collective discussions.*
3. It is *implementation oriented*:
  - *It improves relevance.*
  - *It improves the quality of work.*
4. It is *very flexible*. It can be applied to a wide range of situations and levels:
  - Situations**
    - *permanent delivery systems*
    - *programmes and projects*
  - Levels**
    - *National*
    - *Regional*
    - *District*
    - *grass-roots*

5/ For more details on the techniques of causal model building, see Beghin et al., 1988; Lefèvre and Beghin, 1991; Ramos 1991.