Guidance for Implementing
STATION DAYS:
A Child-Centered Monitoring and Evaluation Tool

![CRS Catholic Relief Services logo]

Since 1943, Catholic Relief Services (CRS) has held the privilege of serving the poor and disadvantaged overseas. Without regard to race, creed or nationality, CRS provides emergency relief in the wake of natural and man-made disasters. Through development projects in fields such as education, peace and justice, agriculture, microfinance, health, HIV and AIDS, CRS works to uphold human dignity and promote better standards of living. CRS also works throughout the United States to expand the knowledge and action of Catholics and others interested in issues of international peace and justice. Our programs and resources respond to the U.S. Bishops' call to live in solidarity-as one human family-across borders, over oceans, and through differences in language, culture and economic condition.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

DAVE SNYDER

INTRODUCTION TO CHILD PARTICIPATION

Over the last two decades, there has been growing momentum towards child and youth participation in programs aimed to benefit them. Spanning all sectors (from health to education to agriculture to microenterprise), there is general consensus that children's participation not only yields more effective programming with stronger outcomes, but that there is also an ethical right of children to have a voice in the projects which affect them. In 1989, the United Nations Convention on the Rights on the Child codified standards that provide the principles and framework for working with children and youth that included privacy, confidentiality, role of the family, and protection. Experts continue to expand and refine these principles for specific fields, seeking to develop best practices and tools to operationalize them.

In the area of HIV, child participation is particularly important as it builds self-esteem, ensuring children and youth are empowered to survive and thrive in a world with HIV. As children are themselves experts in their own lived experiences and project-related experiences, including their participation improves project implementation and evaluation. Additionally, children's participation in programming helps to raise public awareness to the real challenges (and possible solutions) that children face on a regular basis.

Child participation in HIV programming can happen at each step of the project cycle: needs assessment, project design, proposal writing, project implementation, monitoring and evaluation. Although the actual participation may take varied shapes and forms at each step, the goal remains the same – to give children a voice in the programs designed to affect them, thereby improving the overall quality of the project.

CHILD PARTICIPATION IN MONITORING AND EVALUATION

By including active participation of children beneficiaries in the monitoring and evaluation (M&E) and implementation of projects, project managers validate and reinforce children's roles as key stakeholders in projects developed to directly affect them. M&E activities that include child participation are designed to assist project managers and implementers in identifying and assessing gaps and weaknesses in their projects. Including children in M&E means that the data collected is from the *children's* perspectives, enabling project managers to gain a better and more complete understanding of issues facing children. Child participation is critical for several reasons:[1]

- As the direct beneficiaries, children can provide insight into the immediate effects and impacts of the interventions.

- Children do not experience life and events in the same way as adults; they may have different interpretations and responses of events in comparison to adults.

- According to the Declaration of Universal Human Rights[2] and the United Nations Convention on the Rights of the Child, children have a right to be heard; this right includes the right to provide feedback on programming that impacts them.[3]

- Adults in a host family or community may be unaware of the problems facing children or may only be superficially aware of the issues.

OVERVIEW AND BACKGROUND

Station Days is a child-friendly (ages 10 and above), participatory M&E field activity that assists project staff, who have historically been involved in projects targeting orphans and vulnerable children (OVC), to appreciate and

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1   Kornfield, R., Williams, D. & McCrerey A. (2009). *Guidance for Applying the 'DO NO HARM' Implementation Strategy.* Baltimore: Catholic Relief Services.
2   United Nations. (1948). *Declaration of Universal Human Rights.* www.un.org/en/documents/udhr/
3   United Nations. (1989). *Convention on the Rights of the Child.* www.un.org/documents/ga/res/44/a44r025.htm

understand the critical issues affecting beneficiaries' lives. Data collected through Station Days is used to effectively measure project outputs, outcomes and impacts. Making M&E activities enjoyable for children ensures they will want to participate, which in turn improves the quality of data received. Information gathered at Station Days has proven to be consistent, reliable, comparable and much simpler to collect than data collected from other methods. More importantly though, Station Days are designed to be fun and exciting so that children appreciate and enjoy the activity.[4]

Station Days were first developed in 2003 by one of Catholic Relief Services (CRS) Zimbabwe local partners, the Tsungirirai Welfare Organization, as part of a USAID-funded orphans and vulnerable children (OVC) projects. Through information-sharing and exchange visits, additional CRS Zimbabwe partners subsequently adopted Station Days as a useful M&E methodology. Partners working in various aspects of development, including HIV, education, and livelihoods security projects, also adapted Station Days to serve their M&E needs. In 2007, Station Days made its international debut with an adaptation by and use in a CRS Lesotho OVC project.

The name Station Days comes from the physical layout of the activities. In an open, spacious area, often outdoors, various stations are set-up. Each station represents a specific area of service, determined by the project's needs assessment and subsequently offered through the project. Children move through the stations in a prescribed order. At each station, the child is interviewed and monitoring data used within project indicators is collected. The data collected and services provided are specific to the focus and name of the particular station. Because children's concentration varies by age, environment and circumstances, the Station Days format provides the opportunity for children to relax, reflect and respond at their own pace and comfort level.

The frequency of Station Days is dictated by the project's M&E plan; however, Station Days typically occur quarterly. Ideally, Station Days include 40 to 70 beneficiaries on any given day. Limiting the number of children attending on a given day is important to facilitate overall management, provide quality services, and ensure sufficient time for children to share their perspectives. Project managers should feel free to adapt the Station Days format and style, to accommodate more or less children if necessary to meet their specific project needs. Station Days are generally and ideally organized in the community at a location that is central and accessible by OVC in the project.

OBJECTIVE[5]

This guide presents Station Days as a tool that operationalizes the key concepts of child participation in M&E. It demonstrates how Station Days are designed to meet, satisfy and reinforce each of the key rationales for M&E activities that include child participation, namely creating child-friendly environments positively increases children's cooperation and frees them to express themselves, resulting in higher quality and more reliable data. This guide explains the overall Station Days methodology and provides project managers with concrete steps to develop and implement their own version of Station Days appropriate to their country and cultural context. Ultimately the goal is to achieve optimal participation from OVC in programming that directly affects them.

The purpose of this guide is to assist implementing projects to adapt and apply the Station Days methodology to their specific project needs and local cultural context.

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4   Lentfer, J. & Chasi, C. (2004). 'The station day innovation: data collection made fun.' *Children First*.
5   Kornfield, R., Williams, D. & McCrerey A. (2009). Guidance for Applying the 'DO NO HARM' Implementation Strategy. Baltimore: Catholic Relief Services.

STATION DAY PREPARATION

The frequency and approximate dates of Station Days should be discussed during the initial project design, as Station Days will be an integral part of the project's M&E work plan and calendar. Because Station Days can be activity-intense and may distract OVC from their school routine, it is best, when possible, to organize them during school holidays. The project manager ensures that each Station Day is listed on staff calendars so that all relevant staff can keep the date free and commit to attendance and participation. It is important to plan and announce these dates well in advance to avoid overlap with other workshops or meetings.

Additionally, it is crucial that the project manager discusses the Station Days concept and plans with district welfare or social service officers, village elders, health staff, school administrators, and/or other local authorities. Not only is the 'buy-in' of these key stakeholders important, but in certain instances, the project manager may seek their assistance, e.g. nurses for the clinic station.

THREE WEEKS BEFORE STATION DAY: The project manager determines the roster of children who will participate in the Station Day and communicates the selected date with the children and their parents/guardians. The project manager reviews the list of supplies, which will be distributed, e.g. school kits, clothes. Often these supplies will be pre-determined as part of the overall project design and bulk orders will be handled

> **TIP:**
> Project managers might consider rotating the role of 'Station Day coordinator' throughout their entire staff, assigning a different project staff the role for each Station Day. This role and its responsibilities provide a great opportunity for management capacity building and development. Rotating the role also allows different perspective and continuous evaluation of the methodology used to implement the Station Days.

JOHN/MAGGIE WILLIAMS

through the procurement department. However, the three-week mark is a good time for the project manager to meet with the procurement team to ensure the on-time delivery of supplies. The project manager assigns one staff member to serve as the overall Station Day coordinator, responsible for completing and/or delegating the following tasks:

- Identifying and securing the location;

- Organizing refreshments, such as juice and biscuits or fruit;

- Organizing the lunchtime meal to be prepared by a local caterer or local cooks;

- Deciding which items will be distributed as token/gifts and ensuring that the overall price fits into the project budget (Unlike the supplies, these smaller tokens or gifts might not be ordered in advance through procurement and instead the coordinator may be responsible for purchasing them.); and

- Creating a checklist of all the activities involved in implementing the Station Day, indicating the person(s) responsible for each activity.

Together, the project manager and the Station Day coordinator establish a team that includes all staff and volunteers from existing OVC programming teams, as well as any additional staff who are willing to assist in the Station Day, e.g. staff members from M&E, HIV or education sectors. This team can also include representatives from schools, clinics, social services and/or the community, who will assist at the Station Day.

TWO WEEKS BEFORE STATION DAY: Together, the project manager and Station Day coordinator decide which staff member will be responsible for each station, as well as which staff members, volunteers or local professions will work at each station. The Station Days coordinator determines which games and sports will be organized at the play areas and assigns volunteers to be responsible for setting up and overseeing

DAVE SNYDER

the games. The project manager and Station Days coordinator review the checklist at the end of week two to determine which tasks have been completed and which remain.

ONE WEEK BEFORE STATION DAY: The Station Day coordinator ensures that the list of children's names has been updated, and printed a master copy of participating children. Copies should be made for records, the stations and the kitchen/caterers. The coordinator also makes adequate copies of tickets, questionnaires, child nametags and other necessary forms. The project manager and the Station Days coordinator organize a team meeting to review the roles and responsibilities of each team member. The Station Days coordinator makes a note of anyone absent from the team meeting and follows up individually.

> **TIP:**
> It can be helpful to break the entire day into shifts (e.g. 8am – 10:15am or 1pm – 2:30pm), and assign tasks to people for specific shifts.

During this week, the Station Days coordinator also visits the location to designate sites for stations, preferably along the perimeter of the designated area. This ensures that stations are organized for privacy. The play area can be in the middle, while the kitchen area may be set off to one side so children do not interrupt cooking or endanger themselves.

Reminders are issued to all children about the upcoming Station Day. The method of communication varies depending on the context of each individual project. Some projects might post signs at local schools/clinics, while others might call children at their homes, still others might mail letters. In some cases, project officers might need to visit the homes of hard-to-reach beneficiaries to remind them.

ONE TO TWO DAYS BEFORE STATION DAY: The project manager and Station Days coordinator organize another team meeting to review final preparations and shift assignments. The Station Days coordinator or project manager must also meet with the procurement department to finalize details for the transportation of supplies to the location.

The project manager reviews all the notes from the previous Station Day, reviewing all follow-up action items. The project manager communicates with the appropriate station leaders about any issues that require special attention to document changes. The project managers also alert the counselor and/or clinic staff to any potentially sensitive issues.

> **IMPORTANT:**
> Remember to always protect children's privacy. Only relevant information should be shared. Discussions should occur amongst the least number of staff possible, and all information should be kept in the strictest confidence.

The Station Days coordinator prepares the site as much as possible. For example, the schedule and shift assignments should be posted at a central location on the grounds for referral throughout the day. The Station Days coordinator should set up chairs outside of each station so that children can wait in a seated queue.

ON STATION DAY: All volunteers and staff arrive at least one hour before the children are scheduled to arrive. The Station Days coordinator greets team members near the entrance and reminds them of their assignments and duties. The project manager and Station Day coordinator leads a short meeting, no longer than 15 minutes, to review the day's main objectives, task member assignments and overall protocols. Materials for each station (pens, questionnaires, name list, tickets, etc) are distributed at the end of this meeting.

The project manager and/or Station Days coordinator visit every station during each shift to record which staff are present. If a staff member is at the wrong place or late, the project manager courteously instructs him or her where to go.

If possible, the project manager or Station Day coordinator takes digital photos throughout the day for subsequent reports. It is important, however, for staff to strictly adhere to all ethical protocols concerning consent for photography.

At the end of the day, the Station Day coordinator collects all remaining materials and all paperwork. The project manager compares the roster of expected children with the actual sign-in and identifies any children who did not attend. The project manager compares these lists against the tickets collected at the last station. Some of the children may have signed-in, but may not have completed all the stations. If this is the case, these situations are followed up.

THE DAY AFTER STATION DAY: The project manager tallies the total number of children who participated in the Station Day and the number of children at each station (ideally these numbers will match). The project manager also confirms that the number of token/gift items remaining in the donation room matches the number of items that should be there, as well as reviews the supply inventories and distribution sheets. All quantitative data is entered into computerized records as soon as possible for analysis.

The project manager reads the completed questionnaires from every station and immediately follow-up on any serious issues that might be facing children, such as instances of abuse. For less time-sensitive issues, the project manager begins to develop an action plan with their team.

The project manager writes a Station Day report in consultation with the Station Days coordinator. This report is shared with the entire team for feedback. In addition to sharing the report, the project manager facilitates an after-action review with the task team to seek specific feedback on the process and implementation of the Station Day. The verbal feedback from this meeting is added into the final report.

STATION DESCRIPTIONS

This section of the guide contains short descriptions of each station included in a typical Station Day. It is important to note that these stations were conceived based on the social, cultural and programmatic context of Southern Africa. These descriptions provide an excellent starting point for projects around the world. Project managers should adapt and modify the station based on the specific needs of their audience as well as specific cultural and geographical contexts.

1. **THE GATE STATION:** This first station includes a sign-in for all participants. Staff complete a registration form for each child (Annex A). Staff can provide an incentive such as piece of candy or sticker as an initial reward and incentive to continue to actively participate. Once registration forms are completed, staff give each child a ticket that contains the child's name, date and a checklist of stations. There should be a space for initials or signatures beside each station. These signatures enable staff to monitor whether children pass through each station and identify any missed stations, additionally it is an important M&E control. Staff collect these tickets at the last station.

2. **THE CLINIC STATION:** A temporary clinic is set-up and managed by a nurse and/or community health worker. The data collected and services provided, depend on the context in which the specific project operates, as well as the standard health services available in the area. Generally, the clinic station focuses on collecting data about previous health problems, identifying and treating minor illnesses or injuries as well as issuing referrals to nearby health facilities for major illnesses or injuries. Specific activities might include the following:

   - Recording height, weight and general nutrition status (which can be analyzed using mid-upper arm circumference (MUAC), weight-for-height or weight-for-age)

Child friendly Monitoring and Evaluation through "Station Days[6]"

Clinic Station

"5 Questions" Station

Library

Station day

"Meet Gogo or Sekuru" Station

"The Gate" Station

Supplies Station
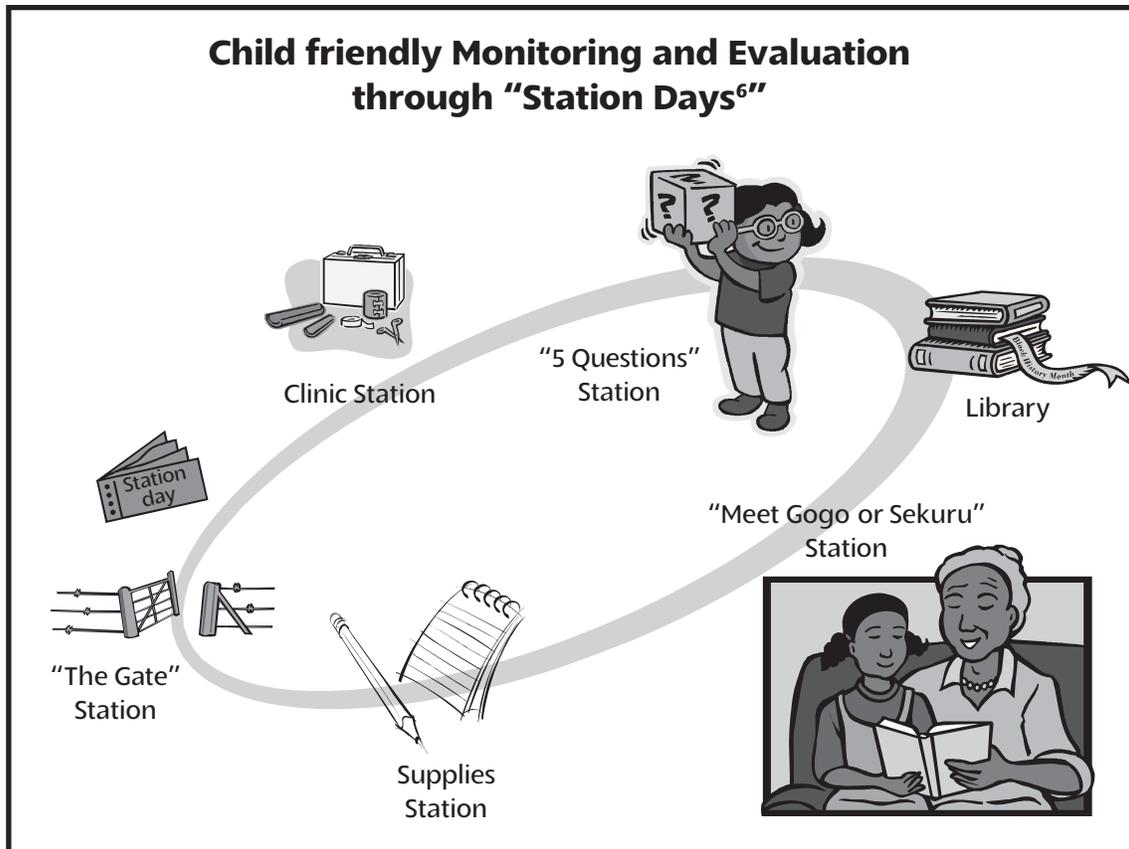
- Identification of children who have lost weight or not gained weight for the past 3 months for additional nutrition programmatic support, counseling and/or interventions

- Reviewing health cards/immunizations for children to ensure all vaccines are current and referring any children missing vaccines to a local clinic

- Dispensing vitamin A supplements

- Cutting and cleaning dirty nails, cleaning dirty ears and dressing minor wounds

- Referring children that need additional medical attention to a nearby clinic or hospital

3. **THE COUNSELING STATION:** Social workers or counselors manage this station to assess children's psychosocial and emotional well-being as well as to assess their lives at school and home. Staff running this station also provide counseling as needed by the child. The length and extent of this one on one counseling is dependent the specific needs of each child, and should last as long as necessary to meet the child's needs. Three or more counselors work simultaneously, meeting with children at individual private areas, during this station. It is critical that children receive one-on-one attention to ensure confidential-

TIP:
Record the name of the assigned counselor on the child's registration and organize the rotations so that each child meets with his or her assigned counselor every time they attend Station Days. This will help to build a trusting, long-term relationship between the child and the counselor.

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6   Note. From *Programming for Impact: A review of the literature and lessons from the field on programming for vulnerable children* (p. 45), by S. Strasser, M. Treadwell, and J. Ideh, 2008, Baltimore: Catholic Relief Services.

ity and build trust. Because of the inherent time constraints in providing counseling sessions for all children, it will not be possible to cover all topic areas in one day. It is more important explore in depth with one topic rather than to skim the surface of too many topics. The project manager creates a schedule of topics for the life of the project, and assigns one topic area to each Station Day. These topic areas are prioritized appropriately to identify potentially dangerous or harmful situation as early as possible. Potential topics for discussion include:

- Abuse (including verbal, emotional, physical and sexual)
- HIV and AIDS
- Gender and gender roles
- School environment/education
- Family dynamics
- Nutrition and diet

Counselors working at this station must have prior experience working with children and be trained to feel comfortable deviating from the set questions if a concern or issues emerges from the conversation. Counselors are provided with a short list of prompts to start with and then follow a child's lead, asking appropriate follow-up questions that correspond to a child's previous answer (Annex G).

4. **THE MEET GRANDMOTHER OR UNCLE STATION:** Some beneficiaries may live in child-headed households, where they lack parental support and guidance. The 'Meet Grandmother or Uncle' station provides OVC with the valuable experience interacting with their elders and provides opportunities to share their challenges and aspirations. Additionally, this station provides the opportunity to solicit the beneficiary perspective on project implementation. Community elders run this station, provide children preventive mes-
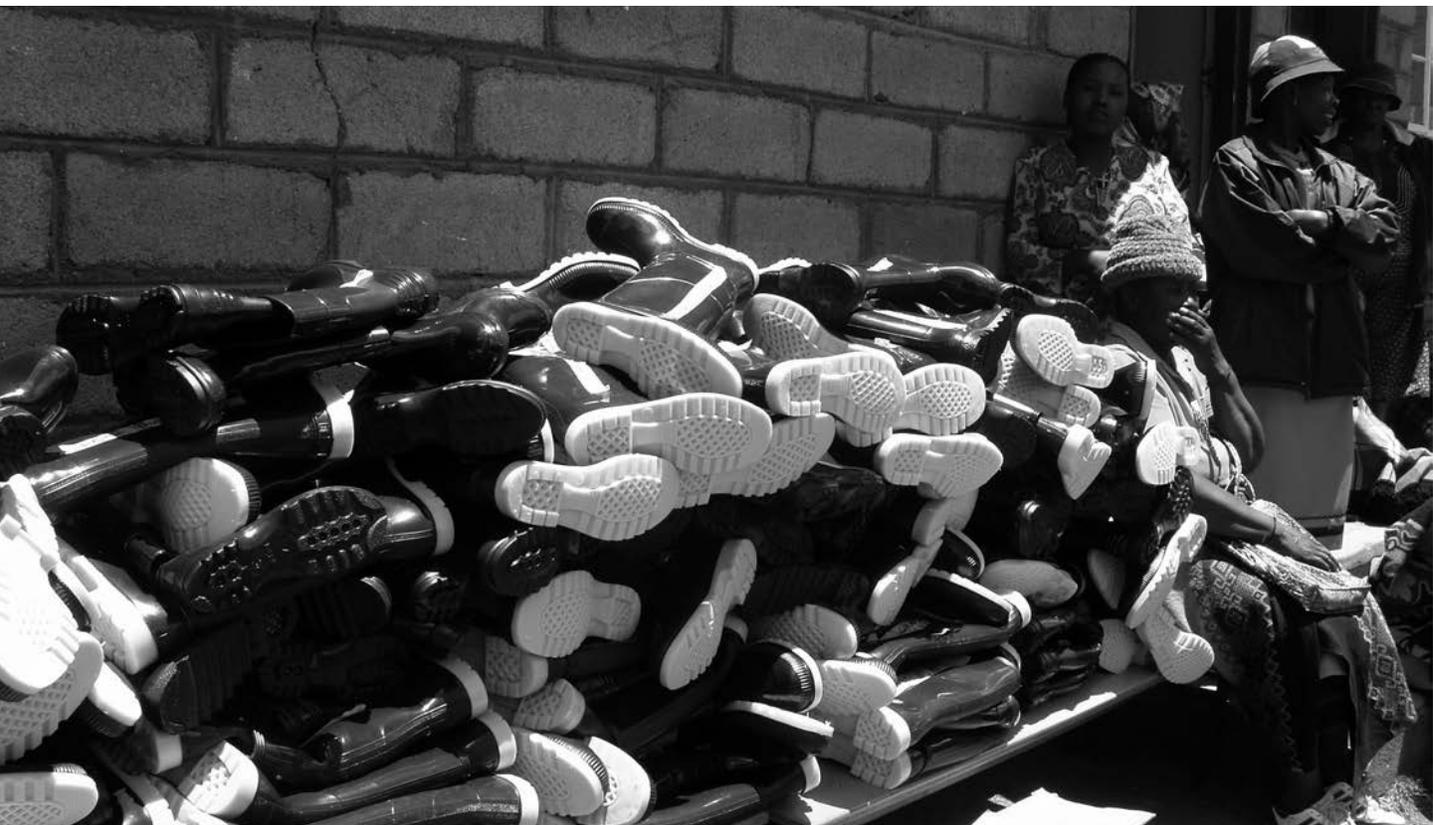
MAGGIE WILLIAMS

sages and basic life skills education. This station is organized as an informal discussion in which an elder(s) from the community older staff members who reside in the community work with the children to provide guidance and assess how their needs are being met by the project and what gaps remain. Discussions may centre around issues of health and hygiene such as:

- Puberty and reproductive health education for children ages 11-18 (split by gender, if culturally appropriate)

- Abstinence from drugs and alcohol

- Traditional governance structure or traditional customs relevant to the area

> **TIP:**
> If the project budget limits project managers from providing in-depth counseling training for all elders, project managers should consider sending one of the elders to the training of trainers where skills can be learned to train peers.

5. **THE LIBRARY OR SCHOOL STATION:** This station is meant to assess children's academic performance and attendance. Because in-school and out-of-school children have unique challenges and needs, participants at this station are split into two groups of 8-10 participants, one group for in-school and one group for out-of-school. Staff should be sensitized not to stigmatize either group with large signs or other indicators. Staff should split the groups as discretely as possible. Children who attend school are instructed beforehand to bring their school exercise books and homework books to Station Days. Staff or volunteers can monitor daily school attendance through children's schoolwork. Staff or volunteers can also review the students' performance and identify areas that may need additional attention. Similar to the 'Meet Grandmother or Uncle' station, this school station includes an informal discussion led by a staff or volunteer. Discussion topics can include the school environment, relationships with classmates, attendance and reasons for absences and so on.

   While a volunteer can work with the in-school group, it is recommended that an experienced staff person lead the group discussion for out-of-school OVC. One of the main topics of conversation for this group should be focused on the reasons or causes of non-enrolment and barriers to access. Staff take detailed notes and work with the entire project team to utilize linkages and leverage resources for students expressing a desire to attend school. The out-of-school children might also discuss their daily routine and activities they complete in lieu of school attendance.

6. **THE GIFTS/TOKENS STATION:** At this station participants' tickets are collected. Staff carefully review each ticket to ensure there are signatures or initials beside each station. If a child has missed a station, staff assist the child in returning to the missed station. Participants receive a token or gift for their completed ticket. These tokens should be things that children need in their daily lives such as soap, toothpaste, clothes or books.

Additional stations can be added based on the needs of individual projects, and creativity is encouraged. For example, stations for older children could include career advisors or motivational speakers who can inspire children to overcome challenges faced and encourage identifying and achieving their dreams. Play time with games available for children after they finish their stations or while they wait their turn at the counseling station should be incorporated.

At the end of the day, staff serve children a meal before leaving the site. The project manager leads a team debrief with staff and volunteers after the children have departed. If time permits, the team can begin to evaluate the activities, identify the gaps and/or suggest recommendations to improve subsequent Station Days. Depending on the length of the Station Day and final completion time, these conversations may need to be saved for a later date.

SUGGESTED MATERIALS TO BE USED DURING THE STATION DAY

Station	Materials	
GATE	Sweets/candy or sticker	Registration forms (for children attending for the first time)
	Tickets	
CLINIC	Chairs and a table	Disinfectants
	Height chart	Disposable gloves
	Weighing Scale	Nail cutters
	Dressing lotions and gauze	Ear cleaning buds/q-tips
	Basic drugs	Vitamins
	Referral slips	Clinic questionnaires and pens
COUNSELING	Two chairs set up for one-on-one	Small files, clipboards or notebooks for counselors to record information about each child
	Tissues	
	Counseling Questionnaires	
SCHOOL	Chairs and a table	Pens and pencils
	Recording papers, books	Bulk school supplies to be distributed
MEET GRANDMOTHER	Chairs set up in circle	Pens and paper
	Sanitary pads or underwear	
TOKEN/GIFT	Basket or folder to collect tickets	Token (e.g. toothbrush, soap, book, etc)
PLAYGROUND	Volleyball, footballs and/or any games popular and available in the community	

MAKING THE MOST OF STATION DAYS

INVITING CHILDREN INTO A STATION: The lead staff member or volunteer at each station greets each child and welcomes him or her into the station with a welcoming statement such as "I am going to ask you some questions, and I would like you to try to answer all of them as best you can. If you don't know or do not like to answer, that is ok, just tell me. I will ask you the question in English/French/Spanish and/or *[local language]*. You can answer in either language." The staff member then asks if the child understands the instructions before proceeding.

ASKING QUESTIONS: Staff should be friendly, sincere, warm and gentle and asks questions non-threateningly and listen actively and patiently. It is important that staff not lead children to answer any particular way with their questioning. For example, if a staff member or volunteer asks a child 'What did you have for dinner last night?' and the child does not answer, the questioner should <u>not</u> say, 'Did you have porridge?' If (s)he does this, it is likely that the child will say 'yes' – even if it is not true. Staff and volunteers should primarily use open-ended questions and refrain from prompting. Staff write down verbatim what the child says, <u>not</u> their own interpretation of the answer. Additionally, staff never say 'yes' or 'no', 'good' or 'bad' after answers; they always remain neutral and non-judgmental at all times. After a child has finished answering a question, staff simply nod their heads to signal understanding and record the child's answer or say, 'Thank you for your answers.' And finally, staff should feel comfortable with moments of silence and can utilize 'wait time,' to allow the child to tell them when (s)he has finished answering the question. If staff wait patiently, will have time to think without feeling pressure.

CONCLUDING A SESSION: At the end of the session, staff or volunteers ask the child if there are any more questions or if there is anything that the staff or volunteer might be able to help with. If the child answers with concerns or issues, these are recorded for immediate follow-up and shared with the project manager at the end of the day. It is important that the staff or volunteer acknowledge what the child has said and outlined next steps for the child. This is critical to help to build/maintain trust in the child to that their concerns have been heard and addressed. Staff or volunteers then sign the child's ticket to indicate that they have completed the station. Finally, staff thank the child for talking to them and usher the child out, inviting the next one(s) to enter. Staff should note how they have indicated how they will address the child's concerns and develop a plan to do so.

> **TIPS:**
> When a staff/volunteer asks a child if there are additional issues, the staff member should tell the child the next steps, ie "I understand your issue to be...I will follow-up with ...and have an answer for you in the near future. It is critical for the staff/volunteer to follow-up with the child to maintain trust with the child.

MONITORING & EVALUATION TOOLS

It is important to have a well-planned system in place for recording, collecting and analyzing data gathered through Station Days. The project manager starts by identifying the indicators, for which they need to collect data. These indicators correspond to the original project design and M&E matrix. If the country program has a separate M&E department, then the project manager meets with this department to discuss M&E plans and tools.

DAVE SNYDER

Once all of the indicators have been reviewed, the project manager divides them up, deciding which indicators will have data collected from which stations. The project manager then creates appropriate question(s) to elicit information for measuring each indicator. It is important to do these two steps first **before** creating M&E tools. The data necessary for the M&E matrix's indicators is what should drive the creation of the tool.

There are sample M&E templates located in the Annexes of this guide. These are to be viewed as suggested layouts only, and projects should modify the questions to fit their data-needs and indicators of their particular projects.

Once the templates have been created, it is important to thoroughly review them with all task team members **before** the first Station Day. If time permits, the project manager might consider organizing a role-play during a task team member, so staff and volunteers can practice asking the questions from the tools and filling in answers — while maintaining eye contact with the beneficiary. Staff and volunteers should always feel comfortable in providing feedback on the M&E tools used at each station, especially after the initial Station Day.

The majority of the data collected will be quantitative and will require tabulation. However, some data will be qualitative, requiring the project manager to pre-determine how this data will be analyzed.

Answers	# of Responses
Papa (maize meal) & vegetable	26
Papa & milk	6
Papa & meat	5
Papa & beans	3
Papa & tea	2
Papa & cabbage	2
Papa & peas	1
Papa & potatoes	1
Papa & Motoho (soft porridge)	1
Papa & preserved cabbage	1
Nothing	3
TOTAL	**51**

Although many of the qualitative questions will be open-ended, they can still be tabulated. The project manager can set up a table to illustrate the most common answers. Here is an example of the responses to the question, "What do you typically eat for dinner?"[7]

In addition to listing the answers, the project manager also takes this opportunity to identify children who've answered "nothing", for additional follow-up. When de-briefing on the Station Day, particular attention should be paid and these instances are to be discussed. The project manager ensures that a staff member conducts a follow-up home visit to find out more information and/or provide additional resources.

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[7] CRS Lesotho. (2007, June). *Lesotho 1ˢᵗ Station Day End of Day Evaluation.* Maseru, Lesotho: Catholic Relief Services.

DAVE SNYDER

Answers	# of Responses	
	Male	Female
Unprotected sex with an infected person	4	7
Blood transfusion	1	9
Sharing HIV-contaminated materials	3	10
Don't know	4	3
Having sex	1	2
Helping injured person without wearing gloves	1	1
Changing of clothes	0	1

Another common M&E practice is stratification by gender. In the example to the right, project staff were trying to determine children's level of HIV knowledge, so they asked, "How do people get HIV?" After the answers were recorded and tallied, the responses were organized by boys and girls to identify potential trends in knowledge acquisition. In this example, children can have more than one answer, so there will not be a total at the bottom.

The project manager might choose to also stratify by age group, i.e. 7-10 years old, 11-14 years old, and 15-18 years. This can be especially advantageous for indicators measuring knowledge levels, as interventions and education can then be targeted towards the specific age groups found to have gaps.

REPORTING RESULTS AND WRITING RECOMMENDATIONS

As mentioned above, reports are a critical component of Station Days and are to be a collaborative activity among the project manager, Station Day coordinator and team members. All reports begin with a general overview of the Station Day layout and description of stations. The reports should mention if this was the first, second or third Station Day and describe any substantial changes from previous Station Days. It is also important for reports to include the number of children invited, as well as the number of children who participated and the number who completed all of the stations. In the weeks following a Station Day, the project manager ensures that staff follow-up with as many children who were invited but did not attend. Staff should try to determine the reasons for the children's absence and document the reasons in the report with recommendations to increase attendance at the next Station Day.

Results from all major indicators are included in the Station Day reports. In addition to raw numbers, the project manager should include explanatory text. Reports must also include discussion on the Station Days process. This will require significant team feedback and may contain comments on the following:

> **TIP:**
> Whenever possible, projects should be linked. For example, in addition to listing the children who report sick family members, these families should also be referred to home-based care when appropriate.

- Number of children at each station at one time (with the exception of one-to-one counseling);

- Appropriateness of the token or gift;

- Duration of Counseling and Meet Grandmother Stations;

- Physical layout of the stations; and

- Length of shift.

In addition to incorporating team feedback and analyzing data results, reports provide opportunities for the project manager to make recommendations. Below is an example from a 2007 CRS Lesotho Station Day Report:[8]

CHALLENGES

- *Bad weather conditions led to all activities being performed indoors, including the fun games.*

- *Turn-up of the participants was not as high as invitations issued*

RECOMMENDATIONS

- *The [CRS] office should consider holding Station day for additional schools beyond the Bobete Primary School.*

- *Parents should be part of the Station Day for discussion on nutrition, hygiene and medical problems of the participants.*

- *[Station Days should have] more fun games including traditional dances (such as Motonoso, mokhibo etc.).*

- *[Project Managers should] invite someone well known to the children (considered a role model) as motivational speaker for the day.*

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8   CRS Lesotho. (November 2007) Mountain Orphans and Vulnerable Children's Empowerment Project in Bobete: 2nd Station Day Report. Maseru: Lesotho.

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- *Invitations should be extended to all stakeholders in the management of orphans especially social welfare.*

- *Clinic station will ideally have at least 1 nurse for every 15 children to facilitate the station.*

- *Hygiene kits should include sanitary towels for OVC.*

- *Sharing information with parents and teachers which is relevant and maintains trust and confidentiality, as appropriate, may facilitate follow-up.*

CONCLUSION

Station Days methodology has been used successfully in both Zimbabwe and Lesotho to engage children in enjoyable activities, while simultaneously gathering important information. The activities are specifically designed to provide children with opportunities to express their views. Developing and nurturing space for children's thoughts and opinions reinforce commitment to supporting child participation strategies across all development sectors. By engaging community members and volunteers in the activities, communities are sensitized towards being better listeners of children.

Additionally, data collected from Station Days can provide critical insight into beneficiaries' nutrition, health status, psychosocial well-being and school performance. Although Station Days have been used primarily for OVC programming, there are many possibilities for adaptation across sectors. For example, stations can be set up at food distribution points or during agricultural field days. With good preparation, well-trained staff and volunteers, creativity and a commitment to rigorous follow-up, Station Days can be an important part of a wide variety of development projects.
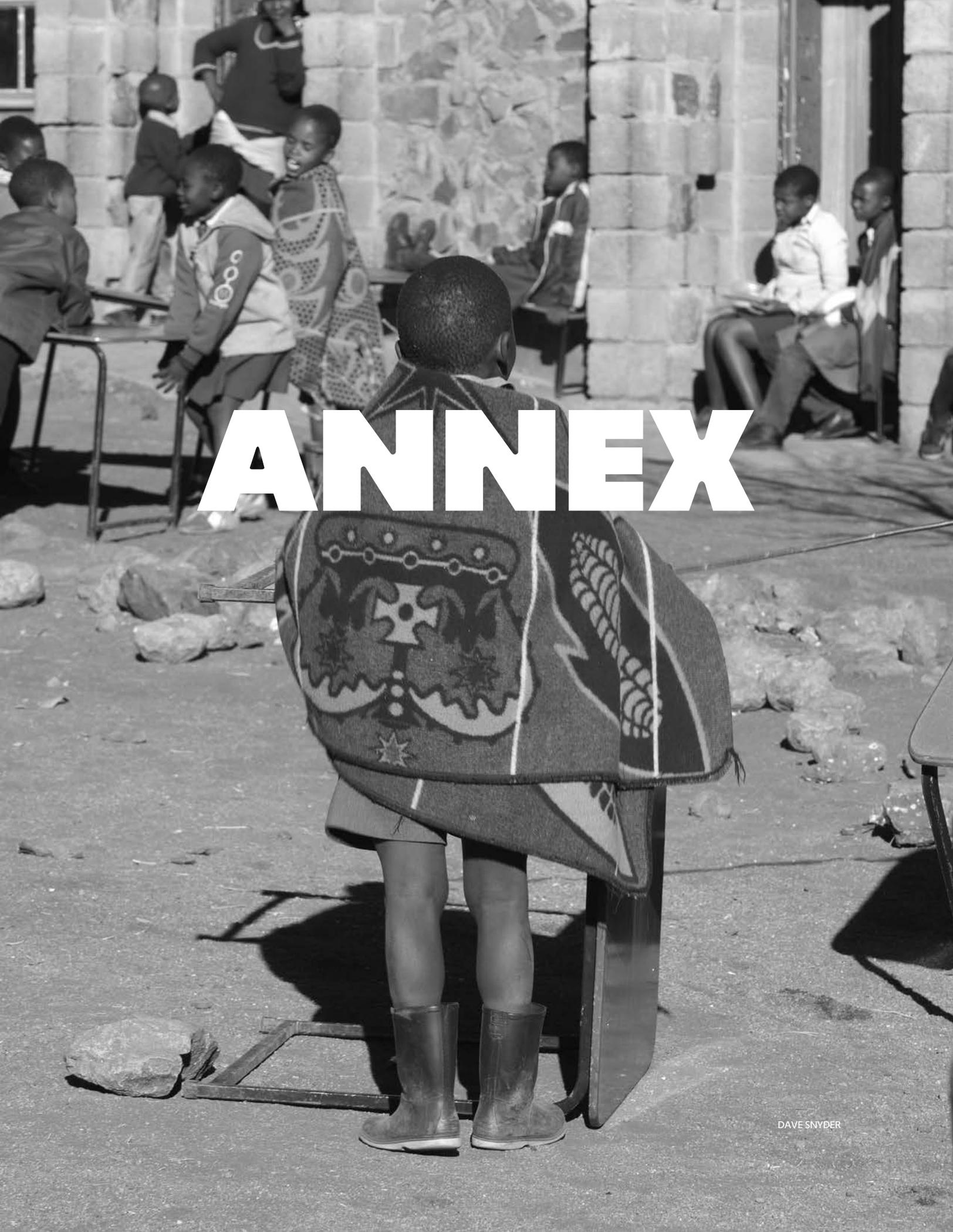
ANNEX

ANNEX A: Sample Registration Form

Child's Name: _____

Sex: ☐ Female ☐ Male

Date of Birth: _____ **Age:** _____

☐ **IN-SCHOOL** ☐ **OUT-OF-SCHOOL**

(If in-school, fill-in school name and grade; skip school and grade if out of school)

School: _____ **Grade:** _____

Status of the child:

☐ Single Orphan

☐ Double Orphan

☐ Vulnerable Child, *Describe vulnerability:*

_____

☐ Non-OVC

Primary Caregiver:

☐ Mother

☐ Father

☐ Guardian, S*pecify relationship*:

_____

Name of Caregiver: _____

Village: _____

Community: _____

ANNEX B: Sample Ticket

Child's Name: _____

Date: _____

	Staff Signature or Initials
Gate Station	_____
Clinic Station	_____
Counseling Station	_____
Grandmother Station	_____
School Station	_____
Gift/Token Station	_____

ANNEX C: Sample Clinic Station M&E Tool

Child's Name: _____

DOB: _____

Height: _____ **cm**

Weight: _____ **kg**

MUAC: _____

Questions to Ask the Child	Child's Response	
	YES	NO
Do you know where the clinic is located?		
When was the last time you were sick?		
What happened?		
Did you go to the clinic?		
Describe what happened when you went to the Clinic.		
Do you think the visit to the clinic made you feel better, if not why not?		
Do you normally visit the clinic when you are sick?		
If no, why not		

Ailments (allergies and/or chronic illness identified):

Are all immunizations up to date?

☐ Yes

☐ No

Describe any other observations and comments:

Describe any other issues for referral or follow up:

ANNEX D: Sample Counseling Station M&E Tool

Child's Name:

EXISTING KNOWLEDGE

HIV and AIDS
(Before ticking the answer, prompt and ask for more information and examples where necessary)

Knowledge of HIV and AIDS	☐ Yes	☐ No
HIV transmission modes	☐ Yes	☐ No
Breastmilk	☐ Yes	☐ No
Sexual intercourse with an infected person	☐ Yes	☐ No
Childbirth	☐ Yes	☐ No
Prevention methods	☐ Yes	☐ No

CHILD RIGHTS

Understands Children's Rights   ☐ Yes   ☐ No

Example of one right

Understands Child Abuse   ☐ Yes   ☐ No

Example of one type of abuse

Understands what to do in
an abusive situation   ☐ Yes   ☐ No

Example of one strategy

DIETARY DIVERSIFICATION

Number of meals eaten in a typical day:

Types of foods typically eaten:

Frequency of meat consumption: ☐ Daily   ☐ Sometimes   ☐ Rarely   ☐ Never

Presence of a household garden   ☐ Yes   ☐ No

If yes, what is grown and who eats it:

PSYCHOSOCIAL CARE AND SUPPORT

Does the child feel comfortable at home? ☐ Yes ☐ No

What makes the child happy/unhappy?

What makes the child unhappy?

Who does the child talk to when (s)he is not happy or has a problem?

EMOTIONAL WELL-BEING OF THE CHILD

Sample exercise: Children should draw what their community looks like. They should include their houses, their neighbors' houses, their school, church etc. Once the drawing is finished, ask them to label the houses. Ask children to circle places they like, and then ask them to explain why they like these places. Ask children to mark with "**X**" places that they do not like. Gently probe to determine why they do not like the places

TYPICAL DAILY ROUTINE *(Tick the correct activity)*

Time	Activities						
	Household Activities (specify)	**Read**	**Fields**	**Herding**	**School**	**Play**	**Other (specify)**
06:00 – 08:00							
08:00 – 14:00							
14:00 – 17:00							
17:00 – 20:00							

Suggested topics or issues for follow-up:

ANNEX E: Sample School Station M&E Tool: In-School

Child's Name:

ACCESS TO SCHOOL:

Common means of transport to schools: ☐ walking ☐ minibus/bus

Time taken to reach the school: ☐ <30min ☐ 30min-1hr ☐ >1hr

ATTENDANCE:

How frequently does the child attend school?

☐ Everyday ☐ Every other day ☐ Once a week ☐ Once a month

REASONS FOR ABSENTEEISM:

Gently ask the child, why they were absent from school. If there are multiple reasons given, rank the first and second by how often the child attributes their absenteeism to that reason.

Reasons	Rank
Economic reasons	
Sickness	
Field preparations	
Social/cultural activities	
Interchange schooling days (e.g. herding)	
Other:	

CHILD'S SCHOOL PERFORMANCE: *(Look in exercise books and analyze marks/scores received)*

☐ Very Good (100 – 80%) ☐ Good (79-60%) ☐ Average (59 – 50%) ☐ Poor (49 – 30%) ☐ Very Poor (Below 30%)

ADDITIONAL COMMENTS ON PERFORMANCE:

SCHOOL FACILITIES AND INFRASTRUCTURE:

Facility	Quality						
	YES	NO	Very Good	Good	Poor	Very Poor	N/A
Water Sources							
Toilets							
Classrooms							
Lessons							
Playground							

Any comments about school administrators or teachers from the child:

ANNEX F: Sample School Station M&E Tool: Out-of-School

Child's Name:

Is the child attending any informal education/vocational classes? ☐ Yes ☐ No

If yes, please describe.

Reasons for non-enrollment:
Gently ask the child, why they do not attend school. If there are multiple reasons given, rank the first and second by how often the child attributes that reason.

Reasons	Rank
Economic reasons/ schooling costs	
Sickness	
Field preparations	
Social/cultural activities	
Alternative employment	
Negative attitude towards school from parents/guardians/caregivers	
Early marriage	
Lack of adult caregiver support/mentoring (death of parents or prolonged absence)	
Don't like school	
Other:	

Is the child interested in schooling? ☐ Yes ☐ No

Please explain:

What are possible solutions for non-enrollment (from the child's perspective)?

ANNEX G: **Suggested Themes for Data Collection**

Not all data collection sessions can gather all information. It is important to narrow the scope and focus on only the most critical data. The project manager and/or counselor should refer to the original M&E plan in the project proposal/design in determining which types of questions to use. Below are several suggested sets of questions grouped by themes. It is important to select questions which are age and developmentally appropriate for the children being interviewed.

When asking these questions, data collectors need to clearly state the time frame to be covered (e.g., "in the last three months" or "in the last year"). The timeframe should be based on the data collection schedule.

1. **Food distribution**
   a. How was food distributed the last time you received it? Who received it?
   b. What was done with the food? How was it decided who ate what and when?
   c. Did receiving the food affect your relationship with your friends, peers, neighbors, and other community members? If so, describe these effects.
   d. If there were negative effects, what were they, how were they resolved? How could this situation improve?
   e. Did the volunteer counselor play a role in the food distribution or how the food was used? Describe that role.
   f. Did this volunteer's participation have negative effects? If so, describe them. How did you handle these negative effects? How could this situation improve?
   g. Has anyone tried to take the food away from you? If yes, please describe the situation and what you did about it. Did anyone help you? Explain.
   h. What could be done to prevent others from trying to take your food away?

2. **Health**
   a. Tell me about the last time you or your siblings was sick. Who helped you?
   b. Did you need medicine? Were you able to get it? Explain.
   c. Did you go to a hospital? How far did you have to go? Did you have to pay for something? Explain. Are there special problems you encounter when sick? Tell me more. Are they resolved? How? If not, how could they be resolved?
   d. If someone asks you for sex, can you say no? Explain.

3. **HIV**
   a. Who has talked to you about HIV?
   b. Tell me what they told you.
   c. What else do you know about HIV?
   d. What would you like to know more about?
   e. What are you doing about HIV? Explain.
   f. What could be done to help you better protect yourself against HIV?
   g. Are there people living with HIV in your community? Do you know them? Please describe your relationship with any the people living with HIV in your community.

4. **Perception of the community's attitude toward OVC and their problems**
   a. How does the community view you? Does this view create problems? Explain
   b. What is the community's attitude towards your problems? How does their attitude make you feel?
   c. Do you think the situation can be better? How so?
   d. Does the community treat you differently because you are a girl (boy)? Describe.

e. When decisions are made in your community? Are you consulted? If so how? Give a specific example.

f. Are local leaders and/or authorities concerned about your problems? Explain. How have they helped you? When? Tell me more.

g. Tell me about a time when a local leader and/or authority asked your opinion concerning vulnerable populations? Explain.

h. Do you have a national identity card? If not, why not?

5. Relationships inside the household

a. Describe how you and other children in the household get along. Describe how you and adults in the household get along.

b. When was the last quarrel you had with a family member? What happened? How did other family members respond to this quarrel?

c. How would you like to improve the relationship among the children in the household?

d. If the beneficiary is a child and/or bedridden adult: Who takes care of you? Tell us about that person. What is your relation to him/her?

e. How would you like your caretaker to treat you? Does he/she treat you that way?

f. How would you like to improve your relationship with the person who cares for you?

6. Protection/Psychosocial well-being

a. Are you ever afraid for your personal safety or security? Why?

b. How do you protect yourself?

c. Who helps to protect you? How do they help?

d. What would be the best way to provide this help? By whom? How?

e. Tell me about what the other children in your community think about you.

f. Who do you talk to when you have a problem?

g. Who are the people or organizations that could help you when you are afraid or sad?

h. Tell me about a time when you used these resources before. What was it like? How could it have been better?

i. Tell me what your future looks like.

7. Recreational activities

a. Have you attended recreational activities? Which activity? Describe.

b. Tell me what you enjoyed most. What did you enjoy least?

c. If you could create the recreational activities in the future, which ones would you create?

8. Gender

a. For Girls:

  i. How do people in the community treat you?

  ii. Are you treated differently from boys your age? How?

  iii. How do men and boys treat you? Do you have stories about that?

  iv. Do you have special problems as a girl? Describe any you have experienced? Was anything done about the problem?

b. For Boys:

  i. How do people in the community treat you?

  ii. Are you treated differently from girls your age? How?

  iii. How do women and girls treat you? Do you have stories about that?

  iv. Do you have special problems as a boy? Describe any you have experienced? Was anything done about the problem?

ANNEX H: Active Listening Techniques

Many cultures place heavy emphasis on speaking skills and often neglect to teach listening skills – forgetting that listening is a valuable skill. Just like speaking, listening skills can be learned, practiced and mastered. It will be critical for the data collectors in any project to be masters of listening skills, especially for their interactions with vulnerable populations, such as children.

Active listening is one set of listening techniques, which is especially useful to Station Days activities because it builds trust, clarifies communication and helps to minimize misunderstandings in cross-cultural and cross-generational situations by requiring interviewers to confirm that they really do understand what the respondent has said. It is a structured way of listening and responding to beneficiaries, which focuses attention on the beneficiary by suspending the interviewers' own frame of reference and mitigating judgment. Additionally, active listening requires interviewers to observe and note respondents' behavior and body language, such as leaning in, eye contact, crossed arms etc. These careful observations assist the interviewer in developing a more accurate understanding of respondents' words and their meaning. Active listening techniques tend to elicit greater and more in-depth responses from respondents, as respondents tend to feel more comfortable responding openly.[9] There are three central techniques to active listening:

1. **OPEN-ENDED QUESTIONS:** Active listening questions are non-leading and should never contain judgment. They should suggest areas for exploration without anticipating the specific content of a beneficiary's response. Interviewers should limit 'why' questions as these are often frustrating or not readily answerable to respondents: "Why won't you do that?" or "Why are you sad?" Individuals, especially children, will answer such questions with "I don't know." If 'why' questions must be used, they should be used to probe for meaning. For example instead of asking, "Why were you punished?" interviewers can ask, "Why do you believe that you were punished?"

   Another type of open-ended question, which may not be productive, is a 'ritual' question. Ritual questions, like "How are you?" may signal that the interviewer is simply trying to be polite and beneficiaries are inclined to respond in a superficial way.

2. **PARAPHRASING:** Another key component to active listening is paraphrasing. As an active listening response, paraphrasing clarifies understanding of beneficiary responses and stimulates greater objectivity on the part of the interviewer. To avoid defensiveness from respondents, it is important for the interviewer to stay as close as possible to the ideas expressed. It is also important, for the interviewer to put the message into his or her own words to avoid sounding like (s)he is mindlessly repeating back beneficiaries' statements. An exception for very short paraphrases, which can serve as transitions towards further detail. For example, a respondent might state, "I hate Mondays," and the interviewer can turn this into a transitional paraphrase by using it is a question, "You hate Mondays?" This technique is also appropriate for use with young children.

   It is important to note that the interviewer is not necessarily agreeing with the respondent through paraphrasing, but rather the interviewer is merely re-stating what has been said by the respondent to confirm comprehension.

3. **REFLECTING FEELINGS:** Reflecting feelings feeds back the emotion communicated nonverbally by the beneficiary. When used correctly, reflecting feelings cuts through to the essence of the message being sent. The interviewer acts as a mirror, allowing the respondent to become aware of the emotion (s)he is experiencing. Reflecting feelings should generally be brief and should be stated in the second person. For example: "You look relieved," "You sound irritated," "You seem embarrassed" or "You appear confused."

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9   Conflict Research Consortium, University of Colorado. (1998). *International Online Training Program on Intractable Conflict.* Retrieved August 20, 2009 from www.colorado.edu/conflict/peace/treatment/activel.htm

The successful use of reflecting feelings requires the interviewer to focus attention on the respondent to feed back (or resonate) the emotion that the respondent is communicating. Often the respondent will be communicating these emotions through non-verbal cues, to which the interviewer must be honed in. It is critical for the interviewer to stay focused on the respondent and avoid mentally processing how (s)he *thinks* the respondent *should* be feeling. Reflecting feelings can be an extremely effective active listening technique, but it should be used sparingly.

Just like any other skill set, active listening takes practice to gain proficiency. Staff can practice the technique with one another and in role-play scenarios to build their confidence and comfort level with open ended questions, paraphrasing and reflecting feelings. It can also be beneficial for staff, who will be data collectors or interviewers, to gain the experience of being the respondent/speaker themselves. By 'turning the tables' in role-plays and practice, data collectors can gain a better understanding of the active listening techniques and the best way to phrase questions.

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