



MONITORING & EVALUATION

Success and Learning Stories

Guidelines and Tools for Writing Effective Project Impact Reports

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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 manmade disasters. Through development projects in fields such as education, peace and justice, agriculture, microfinance, health and HIV/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.

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To access the full series, please visit: www.crs.org or www.redcross.org.

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Preface

Monitoring and evaluation are core responsibilities of American Red Cross and Catholic Relief Services (CRS) program managers and help ensure quality in our programming. The *Success and Learning Stories* module is one in a series of M&E training and capacity-building modules that the American Red Cross and CRS have agreed to collaborate on under their respective Institutional Capacity Building Grants. These modules are designed to respond to field-identified needs for specific guidance and tools that do not appear to be available in existing publications. Although examples in the modules focus on Title II programming, the guidance and tools provided have value beyond the food-security realm.

Our intention in producing *Success and Learning Stories* is to provide readers with a document that helps them respond to Food for Peace's (FFP's) original request for short stories as part of their regular reporting requirements. The module provides brief guidance on how to write good impact stories that will address the needs of a number of audiences, including FFP. Underlying the module is a desire to improve the learning associated with the human impact of project implementation.

Please send any comments or suggestions for this module to:
m&efeedback@crs.org.

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Acronyms

CRS	Catholic Relief Services
EOP	Emergency Operations Project
FAM	Food Aid Management
FANTA	Food and Nutrition Technical Assistance Project
FFP	USAID's Office of Food for Peace
M&E	Monitoring and evaluation
ORT	Oral rehydration therapy
PVO	Private voluntary organization
SO	Strategic objective
SOW	Scope of work
USAID	United States Agency for International Development
W/H	Weight/height

Introduction

The module gives suggestions and guidance so that stories can be prepared in a way that consistently provides the type of impact information that would be most useful to FFP.

In Fiscal Year 2003, USAID’s Office of Food for Peace (FFP) requested that short narratives of Title II activities and impacts be included as part of annual results reports. A number of private voluntary organizations (PVOs), coordinating under the Food Aid Management (FAM) project’s Monitoring and Evaluation (M&E) Working Group, decided to address the need for guidance on how to write clear and consistent impact stories that would serve a variety of purposes and audiences, including FFP.

To this end, working group members collected a score of stories from their PVOs’ files. These stories were then analyzed for content and style by, respectively, a member of the group and the head of marketing and communication at the respective PVO.¹ As anticipated, the sample varied widely in content, style, and overall quality from program to program and from organization to organization. From their analysis of this variation, the two-person team produced preliminary lists of key topics and basic stylistic “do’s and don’t’s.” These items were further analyzed and refined by members of the M&E Working Group as a whole, with added inputs from communication and editorial personnel from various PVOs collaborating in this task.²

The working group’s goal was to produce the present package of guidance for harmonizing the formats of what it termed success and learning stories. The success stories are defined as descriptions of “who, what, when, where, why, and how” a Title II project has succeeded in its objectives and perhaps even had unanticipated positive effects. The learning stories narrate cases of unanticipated project difficulties or negative impacts, how these were identified and overcome, and what was learned from the experience that may be helpful to other projects.

1 Dr. Constance M. McCorkle, former Senior Headquarters Technical Advisor for M&E, and Paul Tillman, Senior Director, Marketing, Catholic Relief Services (CRS).

2 Task Organizer: Trisha Long; Contributors: Judy Bryson, Erica Tarver, Elizabeth Dalziel, Constance McCorkle, Paul Tillman, Mara Russell, Paula Bilinsky, Keith Wright, Roger Burks, and Tom Ewert.

The result is this *Success and Learning Stories* module. The module gives suggestions and guidance so that stories can be prepared in a way that consistently provides the type of impact information that would be most useful to FFP for its reporting and other communications needs, while also furnishing PVOs with better information to highlight accomplishments to local counterparts, private donors, and internal constituencies.

The components of the package consist of:

- Background and instructions
- A suggested list of “do’s and don’t’s” concerning story information, stylistics, tone, and so on
- A sample template consisting of questions to be answered so as to provide the necessary information for a complete and meaningful narrative ([annex I](#))
- Examples of stories written from the sample template (one written better than the other according to the instructions here)
- A blank template to be used to write a success or learning story ([annex II](#)).

Instructions

The package's primary purpose is as a guide or a checklist for field staff to first understand what type of information is needed for a good Title II story, and second, to systematically collect and record that information.

The package is largely self-explanatory; but, perhaps a few points should be noted. For instance, overall, the template asks for:

- *Project-specific* and *participant-specific* information, e.g., what the project is trying to do, often in a single project component, and how specific participants have experienced the project's impact on their lives
- Both *qualitative* and *quantitative* information, e.g., not only what a project component is trying to do and how certain participants are affected, but also what is that component's geographic or demographic coverage, and how many such participants (or even non-participants) can be expected to benefit
- *Intended positive impacts*, but also *unintended positive and negative impacts*—and in the latter case, what corrections or mitigations are being taken.

The template is explicitly geared for gathering key details for Title II success and learning stories by or from those who know them best: project participants and staff in the field. However, this is not to say that others who are familiar with particular project (e.g., regional or technical support staff or evaluation consultants) cannot use the template as well. Although it was designed with Title II efforts in mind, it can be adapted to many other types of projects and programs.

The template is also designed to be adaptable to how a PVO typically collects, compiles, and writes up information for its results reports and for other reporting and outreach purposes. Again, the package's primary purpose is as a guide or a checklist for field staff to first understand what type of information is needed for a good Title II story, and second, to systematically collect and record that information. With regard to collection, it is not always necessary to interview a participant to fill in the template. But if interviews are conducted, be sure to tell interviewees why the interview is being done and how the information from it will be used.³

Once the template information is collected and recorded, field staff can try to write up their Title II success and learning stories using the other tools in the *Success and Learning Stories* module. In some PVOs, field staff may rely on regional or headquarters staff or consultants to write the stories for them.

³ If interviewees do not want their names to appear in the story, pseudonyms (false names) can be used instead.



No matter which of these routes is taken, however, copies of the completed templates should always be shared with headquarters' communication units. Such information is invaluable to them for producing stories and other materials aimed at multiple audiences besides just FFP (e.g., other donors, the public, and local or other partners around the world).

The template can be used as often as deemed necessary by project and PVO headquarters staff. At a minimum, however, it should be used once a year in preparation for the annual Title II results reports.

Finally, the authors hope that the template will serve as an incentive for providing story information by clarifying what information is needed; by simplifying the process of collecting and organizing the information; and, above all, by showcasing field staff's successful work in overcoming difficulties and achieving project objectives. That said, some PVOs have provided staff incentives to provide story information. Examples are: a small amount of money for an office party upon completion of the story (ies); a small bonus to the staff who gather the information; alternatively, a trophy or certificate; in documentation other than FFP reports, perhaps a personal photo and short acknowledgement of the staffers' work, and so on.

Please send your feedback on this module to: feedback@crs.org. It will be used to update and improve the template. Please send your responses to the following questions:

- Did using this template make writing a Title II success story easier, more difficult, or was there no difference?
- How could the template be improved?

The table below provides information on what to do—and not to do—when writing a success story. A project information datasheet follows, and then a sample story information form. Using information from the story information form, two sample stories are presented—one rated “fair” and one rated “good.” Tools and resources are in the annexes.

Recommendations for Title II Success Story Writing

What to Do When Completing the Template	What to Avoid When Completing the Template
Tell the stories of individuals who are being served as well as stories about the communities to which they belong	Overdramatize the information (e.g., “she often experienced chest pains while weeding in the <i>pesticide-soaked</i> soil”) – this may lessen credibility
Include quotes from beneficiaries, project and partner staff, relevant government workers, and so on	Make qualitative statements that might cause skepticism about the impartiality of the program (e.g., “Baghya is a <i>beautiful</i> girl.” Does this mean the program only helps pretty girls?)
Provide brief background credentials on any staff that are quoted (e.g., number of years of experience, their academic degree, and so on)	Portray local cultures or indigenous knowledge as backward or outdated (e.g., “The Sori farmed by traditional methods, which led to a noticeable decrease in crop yields”)
Include details that will help nontechnical readers understand the information given in context (e.g., “a healthy child’s weight/height ratio is 100 percent—anything less than 80 percent is considered dangerous”) Base the story on a real person whose existence can be independently verified	Make up an individual just to complete the template!
Check the math; if statistics are used, make sure they add up correctly	Dehumanize beneficiaries by using clinical terms (e.g., “150 of these children were <i>rehabilitated</i> ” versus “150 of these children regained their health and strength”)
Provide a U.S. dollar equivalent when reporting how much something costs or how much a person earns in local currency	Attempt to oversimplify complex issues such as child labor or land tenure as this can harm credibility
Help the writer and reader by putting the work in perspective, by explaining things such as: <ul style="list-style-type: none"> ▪ costs relative to average income in an area ▪ why a development organization would be concerned about natural resource extraction ▪ the definition of microfinance 	Assume the reader will understand common industry terms and conventions (e.g., referring to “the hungry season” without explaining what that means, or writing that a program helps “the women and children of the community” why not the men?)
Remember that the information given will be used for multiple purposes (such as donor reports and press releases)	Use jargon, acronyms, or foreign words without explaining what they mean
Ensure that a native speaker of the language in which the story will be written proofreads any information in the story template, especially when this information is written by a speaker of another language	Forget to mention the country you are working in! Do not assume that the reader will know where you are if you mention only a major city in the country

Basic Project Information Datasheet

1. Grant #: XX-XXX-XXXXX
2. Date this information was completed: *Month, Day, Year*
3. Project title: *Full title*
4. Donor(s): *USAID's Office of X*
5. Start and end dates of project: *Year - Year*
6. Total number of beneficiaries (direct and indirect): *XX, XXX direct and XXX,XXX indirect*
7. Project location: (communities, districts, regions, country): *Be as specific as possible*
8. Food aid commodities used, how used, and amounts: *Provide details*
9. Names (first names and surnames) of all individuals who contributed information for this story (yourself and project participants):
10. Contact people—name and email address of whom to contact if a question arises regarding information on this form:
11. Reference documents (e.g., annual reports, related journal articles)—title, date, and location:
12. Are local partners or other organizations involved? Who are they? (Be sure to spell out acronyms.)
13. Are there photos available (or attached) that relate to this information? If yes, who took each photo, and what does it show (please provide a caption)? When were the photos taken?

Sample – Story Information Form

Story Information Form

1. What are the project's strategic objectives (SOs) as stated in the results framework?
Improved agricultural livelihoods for targeted tribes in Southern Sudan.
2. Which of the SOs (or component of them) does your story address?
The livestock component.
3. Who are the primary project beneficiaries?
The Lafon, Acholi, and Lango tribes in Southern Sudan who are being affected by drought and also conflict with groups in the North.
4. What special characteristics of any subgroup(s) of beneficiaries lead them to be involved with this project component?
The targeted tribes are currently suffering particular hardships.
5. What activities does the project undertake to achieve its objectives/the SO in question?
The provision of health clinic services and community feeding centers
6. What kinds of communities/beneficiaries are being targeted for these interventions? Why?
As described above, and in 10, below
7. What are the beneficiaries' predominant livelihoods?
Farming and stock raising
8. What is the landscape and climate locally (if relevant to the story)?
The climate is generally very dry, but has experienced severe drought in the last five years.
9. When, in the project's lifetime, did the story profiled here occur (e.g., early on, around mid-term, or near the end)?
Near mid-term
10. Where, exactly, does the story take place (community names/general location)?
Southern Sudan, Equatoria Province (which is just north of the Ugandan border) – there are four communities where we have feeding centers (Mugale, Kongor, Waat, Ayod) and Nimule (where the clinic is).
11. Is the season or time of year relevant to the story (e.g., harvest time, lean season, and school year)?
No.

Story Information Form

12. What are the one or two major problems that had to be overcome in relation to this SO?

(Please relate them in terms of your results framework.)

Our first task was to educate the communities about the services provided at the feeding centers and the clinic. It is the first time they have had such services available to them. After a year of persistent meetings with community leaders, women's groups, herders' and farmers' groups, we saw clinic visits rise 30 percent, to about 50 percent of our target for the end of the project.

Our second task was to provide training to communities on how to recognize the signs or symptoms that indicate when a child or other family member needs to come to the feeding center or the clinic because they are too ill to be treated at home. Focus groups conducted at mid-term showed us that while 80 percent of those trained can recognize the signs that their child needs to come to the feeding center, only 50 percent know when to bring the child directly to the clinic instead. Because of the volume of people that we see at the feeding center, it will help us handle the caseload if people know when to take their relatives to the clinic instead of the feeding center.

13. Whom does the story involve (e.g., a specific family or person— please give names, ages, positions in the household, and family size)?

A 6-year-old girl named Awar and her mother, are members of the Lafon tribe. Awar's mother is a widow who has three other children still alive. Two additional siblings died last year. Awar is the second youngest. The Lafon live on very dry land where the Nile comes down from the hills in Uganda to Sudan.

14. Was anyone else (e.g., government service provider, project or partner staff, village health care worker) involved in the event?

Damaris Ruheni, a CRS nutritionist working in the program, who is originally from Kenya, was involved.

15. How did the project interventions affect the beneficiaries (positively or negatively)?

When Awar's mother brought her to the feeding center in Mugali, she had suffered from persistent, bloody diarrhea for almost three months; she was exhausted and in great pain. Most children who are severely malnourished have a protruding stomach – there was so little left of her that her stomach could not protrude. It was incredible that she was still alive. Her weight/height (W/H) ratio was 60.3 percent and she weighed 11.7 kgs (25.7 lbs - about half what she should have weighed). Her height, however, was normal for her age (110.5 cm/ 3'7"). Her situation was so acute that she was immediately taken to the clinic. At the clinic, she ate very well and responded quickly to medicine. When she left after 10 weeks, she had gained 6 kg (13.2 lbs) and grown 2.3cm (0.9") taller (that she grew that much is a good sign and very unusual), and her W/H ratio was 90.2 percent (acceptable). She was very happy that she had filled out and was ready to go home (she has a huge grin!) and her skin looked very healthy.

16. What is the most significant change the beneficiaries experienced as a result of the project?

(In their own words)

"I know my daughter would have died had I not brought her to the feeding center – she was ill for a long time and I did not know how to help her. Two of my children have died already in the last year. I could not bear to lose another. Now we [the community] have a place to bring our children when they are ill where we know they can be helped."

(Awar's mother)

Story Information Form

17. What changes have project, partner, or government staff noted (in their own words)?

“This little girl was not ready to die: her eyes were too clear. There was determination in her when I first saw her. She would not accept death. I wanted to personally ensure that she lived if I could.” (Damaris Ruheni)

18. What are the long-term consequences of this event for the family/individual, the community, and the project?

This is the first time Awar’s mother brought one of her children to the feeding center (although Awar actually needed to be at the clinic, because she was in such poor condition). She says she did this because her neighbor had taken her husband to the feeding center when he became ill, and he returned to the village healthy. Awar’s mother’s experience is indicative of some of the successes we are having with testimonials about the good work of the clinic and feeding center in the communities we serve. Awar’s mother has agreed to spread the word among her other neighbors that Awar was saved from death, and we have already seen two bring their relatives in and cite Awar’s recovery as the reason they felt comfortable bringing their families.

19. What lessons have been learned and are they being applied?

We learned from Awar’s experience and that of other children like her that training in oral rehydration therapy (ORT) – which helps children recover quickly from diarrhea and can be safely made in the home from typical household ingredients – is needed by the Lafon. We are working with a local partner in the diocese to conduct these trainings in the communities that we serve and to provide ORT packets to help parents prepare the ORT.

However, the persistent drought has meant that provision of sustainable, clean water systems (clean water is necessary for proper ORT) must become a priority – people are now relying on unsafe water sources (such as rivers in which they dispose of their wastes) for drinking water. We are currently looking for ways to add a clean-water component to our community health and nutrition outreach trainings.

20. Across the life of the project, how many beneficiaries are expected to benefit from the project work described in this story?

The CRS therapeutic feeding centers in Mugali, Kongor, Waat, and Ayod, and its clinic in Nimule together now serve 1,500 clients per month, 78 percent of whom are moderately to severely malnourished children between the ages of 1 month and 16 years. Over the 5 years that the project will operate, if this rate of use continues, we will see over 90,000 people. This year we plan to open 3 additional feeding centers in the towns of Aswa, Atepi, and Nasir, and a clinic in Nasir.

Of course, we are hoping that our other interventions will lessen the extreme malnutrition we are seeing before the project ends, and the clinic staff’s attention can be further turned to other important health issues in the communities.

Story Information Form

21. Have any other projects, organizations, or communities adopted the model or the lessons learned from this experience? Please describe which projects, communities, etc., and how they are using the experience.

In the communities where the clinic and feeding centers are located, we have seen the greatest growth in the number of people using them. One of our project partners, a local women's organization in Nimule, came to us with the idea of asking people who had used the clinic or feeding centers to become volunteer promoters. These promoters go out to communities that do not have a center or clinic and share their experiences with the clinic's or feeding center's services. We are now looking at ways to use these promoters further to spread our messages about clean water. The experience has been very good for both the Nimule organization, which is working with us to get some extra funding to develop promoter materials, and the promoters themselves, who have seen increased status in their communities.

22. How will the positive outcomes described here be made sustainable?

We hope that through the promoters, the communities will become ever more aware of our clinics and feeding centers and make more use of them. This will allow us to expand the teaching functions of the feeding centers and clinics (e.g., providing training to families in prevention of diarrhea, treatment of illness in the home, and so on) and give communities the resources they need to stay healthy. Given the current security situation and the deteriorated relationship between these communities and the government in Khartoum, it is unlikely that they would be able to successfully advocate for the government to maintain clinic functions. However, if peace is achieved in Sudan, this may become a more realistic possibility.

For Awar, specifically, her mother now knows how effective the clinic and feeding centers can be and will bring her other children to them long before they reach Awar's dire state.

An unintended beneficial impact that may improve sustainability is the growing relationship between the diocesan office and local groups in the community through their interactions in our project. Previously, they operated independently of one another. The diocese may be able to provide resource support to these groups to continue promotion and education functions in which we are training them after the end of the project, now that contacts have been established.

Sample Story 1: Awar’s Story with Comments—Rated “Fair”

Awar’s Story

When her mother brought a gaunt Awar in to the therapeutic feeding center run by CRS¹ at Mugali², no one expected Awar to live through the day. Children suffering from malnutrition often have protruding stomachs. Not Awar. The emaciated 6-year-old’s skin was stretched tight over each of her tiny bones. She had been wasting away with persistent diarrhea for nearly three months. Her stools were bloody. She was too exhausted and wrought with pain to cry. But her eyes were clear and determined. She was not ready to die.

As soon as she laid eyes on Awar, Damaris Ruheni, a CRS nutritionist, rushed the little girl to the clinic run by CRS in Nimule.² Damaris measured her. Her height was 110 cm, but her weight was only 11.7 kg.³ Her weight/height (W/H) ratio was a dangerous 60.3 percent.⁴ Other than her skeleton, there just wasn’t much to her.

Damaris took a special interest in Awar. There was something about this child that just would not accept death. She ate well and responded quickly to the medicine. She started putting on weight. Ten weeks after she was admitted in early December 2003, Awar was rehabilitated.⁵ She had gained more than 6 kg and had grown an astounding 2.3 cm taller.³ Her W/H ratio was now 90.2 percent. Her flesh had filled out and taken on a healthy luster. Best of all, she had a big grin on her face. She was ready to go home.

Home to Awar is where her primitive tribe, the Lafon, live, east of where the Nile descends from Uganda into Sudan.⁶

The CRS team in Nimule is involved in a USAID-funded project called EOP.¹ Activities include agriculture and food relief, as well as maintaining therapeutic feeding centers in Equatoria.^{2,7}

- 1 When using abbreviations, the full name should be spelled out the first time.
- 2 Include the name of the country.
- 3 For the U.S. mainstream audience, provide U.S. equivalents of metric weights and measures.
- 4 Some background on the weight/height ratio and context on what percentage is considered good would be helpful
- 5 “Rehabilitating a person” may have other connotations or sound dehumanizing. It would be better to say “her condition had greatly improved.”
- 6 Additional background information on the way of life of the people in the story would be helpful, as well as some background on the situation that caused the community to need help from a humanitarian organization.
- 7 This story would have been even better with a quote from either Awar, her mother, or the CRS nutritionist.

Sample Story 2: Awar's Story with Comments—Rated “Good”

Awar's Story

The strangest thing was that she was alive

When Awar's mother brought her to the therapeutic feeding center run by Catholic Relief Services (CRS) at Mugali, in southern Sudan's Equatoria province, just north of the Ugandan border, no one expected her to live through the day. Children suffering from malnutrition often have protruding stomachs. Not Awar. The emaciated 6-year-old's skin was stretched tight over each of her tiny bones. She had been wasting away with persistent diarrhea for nearly three months. Her stools were bloody. She was too exhausted and wrought with pain to cry. But her eyes were clear and determined. She was not ready to die.

As soon as she laid eyes on Awar, CRS Nutritionist Damaris Ruheni (BA, Makere University, Kenya) rushed the little girl to the clinic run by CRS in Nimule, 15 miles to the west. There, Damaris measured her. Awar's height was 3 feet, 7 inches, normal enough for a child of her age. But her weight was 25.8 lbs, only half of what it should have been. Even more revealing was her weight/height (W/H) ratio. A healthy child's W/H ratio is 100 percent. Anything below 80 percent is considered dangerous. Awar's W/H ratio was an astonishing 60.3 percent. Other than her skeleton, there just wasn't much to her.

Damaris took a special interest in Awar. There was something about this child that just would not accept death. She ate well and responded quickly to the medicine. She started putting on weight. Ten weeks after she was admitted in early December 2003, Awar was literally a new person. She had gained more than 13 pounds and grown nearly an inch taller. Her W/H ratio was an acceptable 90.2 percent. And her skin had a healthy luster. Best of all she had a big grin on her face. She was ready to go home to her people, the Lafon tribe—a small community of agropastoralists who inhabit the parched land east of where the Nile descends from the Ugandan highlands into Sudan.

As her mother gratefully told Damaris, “I know my daughter would have died had I not brought her to [you].” Actually, CRS learned a new lesson from experiences like Awar's: that parents needed to know more about how to judge whether their malnourished children should be taken to a feeding center or, as in Awar's case, directly to the clinic. As it turned out, a local women's organization in Nimule was so impressed with CRS's work that it proposed the idea of asking people who had used these facilities to volunteer to spread this and other health information back in their home communities.

The CRS team in Nimule is involved in a project funded by the U.S. Agency for International Development (USAID) called the Emergency Operations Project (EOP). Activities include agriculture and food relief in addition to the centers and clinics, which support therapeutic feeding to moderately to severely malnourished people, especially children. CRS is operating two clinics, with four feeding centers linked to each, thereby covering nearly half of Equatoria Province. These facilities serve three of the most drought- and war-stricken tribes of Southern Sudan (besides the Lafon, the Acholi, and Lango). Based on client numbers to date, by the end of the 5-year EOP, it is estimated that more than 90,000 people will have been seen at these CRS-run facilities. From these former clients and the women volunteers sharing their experiences and health messages “back home,” many others are also expected to benefit.

In these and many other ways, CRS's work seeks to improve the health and lives of many thousands of men, women, and children, like Awar, in communities all over Africa.

Catholic Relief Services is the official international humanitarian agency of the U.S. Catholic community. The agency provides assistance to people in 94 countries and territories on the basis of need, not race, creed, or nationality. For more information, please visit www.catholicrelief.org.

Annex I

Basic Project Information Form

(To be filled in either at headquarters or by the project staff)

1. Grant #: _____

2. Date this form was completed: _____

3. Project title: _____

4. Donor(s): _____

5. Project start and end dates: _____

6. Total number of beneficiaries: _____

7. Project location: (communities, districts, regions, country):

8. Food aid commodities used, how used, and amounts:

9. Names (first names and surnames) of all individuals who contributed information for this story (including you and the project participants):

10. Contact people—the names and email addresses of people to contact if a question arises regarding information on this form:

11. Reference documents (e.g., annual reports, related journal articles) – title, date, and location:

12. Are local partners or other organizations involved?
If so, please list the names and locations of these organizations and their contact information (address, email, contact person). Be sure to spell out acronyms.

13. Are there photos available (or attached) that relate to this information?
If so, please attach the photos and list the name of the person who took each photo, and what each photograph shows (such as the names of the people in the photo and their location). Please provide a caption to the photograph that describes what is going on in the photograph. Include the month and year when the photos were taken.

Annex II

Story Information Form

- 1. What are the project's strategic objectives (SOs) as stated in the results framework?**

- 2. Which of the SOs (or a component of them) does your story address?**

- 3. Who are the primary project beneficiaries?**

- 4. What special characteristics of any subgroup(s) of beneficiaries led them to be involved with this project component?**

- 5. What activities does the project undertake to achieve its objectives/the SO in question?**

- 6. What types of communities/beneficiaries are being targeted for these interventions? Why?**

- 7. What are the beneficiaries' predominant livelihoods?**

- 8. What are the landscape and climate locally (if relevant to the story)?**

- 9. When, in the project's lifetime, did the story profiled here occur (e.g., early on, around mid-term, or near the end)?**

- 10. Where, exactly, does the story take place (community names/general location)?**

- 11. Is the season or time of year relevant to the story (e.g., harvest time, lean season, and school year)?**

- 12. What are the one or two major problems that had to be overcome in relation to this SO? (Please relate them in terms of your results framework.)**

- 13. Whom does the story involve (e.g., a specific family or person– please include the names, ages, positions in the household, and family size)?**

14. Was anyone else (e.g., government service provider, project or partner staff, village health care worker) involved in the event? If so, please provide details on the organization or person involved such as the name, location, and contact information.

15. How did the project interventions affect the beneficiaries (positively or negatively)?

16. What is the most significant change (in their own words) the beneficiaries experienced as a result of the project?

17. What changes has the project, partner, or government staff noted (in their own words)?

18. What are the long-term consequences of this event for the family/individual, the community, and the project?

19. What lessons have been learned and are they being applied?

20. Across the life of the project, how many beneficiaries (direct and indirect) are expected to benefit from the project work described in this story?

21. Have any other projects, organizations, or communities adopted the model or the lessons learned from this experience? Please describe which projects, communities, etc., and how they are using the experience.

22. How will the positive outcomes described here be made sustainable?
