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ARTICLE

Research for change

Outcome mapping's contribution to emancipatory action research in Africa

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ABSTRACT

Although emancipatory action research has been practised for decades and continues to evolve, the method can benefit from the support of fresh approaches. Outcome mapping is an innovative planning, monitoring, and evaluation methodology recently conceived by Canada's International Development Research Centre in partnership with others. This article sets out the ways the two approaches complement one another on the level of theory, and describes how they have worked together in the everyday management of a specific initiative: the Infant Feeding Research Project, which aims to reduce the rate of paediatric HIV/AIDS in southern Africa through enhancing the effectiveness of infant feeding counselling.

KEY WORDS

- emancipatory action research
- HIV/AIDS infant feeding counselling
- outcome mapping
- southern Africa
- women-centredness

Have you ever been in the middle of an action research project and realized that you had gone astray, that you had become so invested in the process that you lost sight of its ultimate purpose? Or, have you ever found yourself controlling the participants, rather than helping them build their own confidence?

When engaged in the complex process of knowledge construction for social development, all action researchers focusing on emancipation, can face pitfalls such as these. This is because action research happens in real life, outside the lab, and it needs real-life tools, concepts, and frameworks to help it confront these challenges.

One real-life protocol that can offer valuable support to the action researcher is outcome mapping. Outcome mapping is a planning, monitoring, and evaluation methodology that has been developed by Canada's International Development Research Centre (IDRC) in company with researchers from Africa, Asia, and Latin America. The approach is not 'technical' – it does not, for example, help design better research instruments or determine appropriate sample sizes. It does, however, use strategic planning and evaluative thinking to help researchers plan for and assess the influence of the research process and its findings. Outcome mapping is rooted in systems theory, 'appreciative inquiry', and evaluation focused on utilization.

Outcome mapping can be used simply as a project management or strategic planning tool. When integrated with emancipatory action research, however, it can enhance the effectiveness and quality of this form of action research.

The Infant Feeding Research Project (IFRP) in southern Africa demonstrates how the use of outcome mapping can benefit the ownership of the research process, the management of the project, the uptake of findings, even the transformation process of individual action researchers. The authors hope to help the practice of other action researchers working in development contexts by encouraging them to use outcome mapping in their own projects.

This article briefly defines action research and outcome mapping, and explains the links between them. It sets out why and how outcome mapping was used in this multi-site HIV/AIDS action research project. And it describes how outcome mapping supported changes in the counselling of women on infant-feeding practices and changes in the IFRP researchers.

The experiences underpinning this article relate to emancipatory action research that explicitly intends to influence policy. The case study described here concerns health policy in southern Africa, but the authors have worked on projects in other sectors and in other world regions, and have come to the same conclusions.

Emancipatory action research and outcome mapping

What is emancipatory action research?

The term ‘action research’ was coined in 1946 by psychologist Kurt Lewin. He saw this category of inquiry not in the conventional way – as a dispassionate undertaking that seeks so-called objective knowledge – but instead as a form of social action. Over the years, many types of action research have been developed. Nowadays, the term emancipatory action research is applied to a variety of approaches that focus on participative inquiry and practice for social development. This article sets out the authors’ particular interpretation and application of the method.

If we consider Habermas’s classification of research on the basis of three ‘knowledge interests’ – empirical-analytical, hermeneutic-interpretive, and critical-emancipatory – action research would respond logically to the third category (Habermas, 1981; Smaling, 1994). In other words, action researchers are concerned that their work contributes to a better world – in Goran Carstadt’s phrase, ‘a world worthy of human aspiration’ (Reason & Bradbury, 2001, p. 12). The method is oriented towards a future that could be realized, or even that *should* be realized (Ludema, Cooperrider, & Barrett, 2001). The vision of the future that is articulated within an action research project is often ‘bigger’ than the project’s immediate goal, thus allowing the project to align itself more broadly, within a wider collaboration of community and academic interests (Senge & Scharmer, 2001).

Emancipatory action research seeks to use knowledge processes to inform action. In an international development context, action researchers seek to improve the lives of marginalized people both through the process of enquiry as well as through the practical application of the research findings. They operate within a context of change, advancing toward social justice and ecological well-being. As such they are concerned about issues of power, gender, and ethnicity, not only in society at large but also within the research milieu itself (Reason & Bradbury, 2001).

While action researchers do consider questions of research quality and rigor, the concepts of validity, reliability, and methodological objectivity as traditionally used in the empirical analytical paradigm are not considered helpful, as they are perceived to be discordant with the fundamental nature of action research. Sometimes these concepts can be applied in such a way that justice can be done to the practice of action research, as does, for instance, Smaling (1995, 1998). In general, however, criteria for good action research would focus instead on such qualities as participation, practical outcome, the plurality of knowing, the significance of the effort, and whether the effort leads to a new and enduring structure (Reason & Bradbury, 2001).

Emancipatory action research is often evolutionary in nature; that is, the characteristics of a particular intervention will be developed as it goes along, in collaboration with all participants. To put it another way, practical knowledge is constructed by way of dialogue and action. Action research is focused on learning, and therefore may lead to changes in the very process itself. Thus there is an affinity toward 'research capacity development' since at the outset the participants often may not have the necessary knowledge and skills (Ludema et al., 2001; Meulenberg-Buskens, 1996, 1998; Senge & Scharmer, 2001).

Emancipatory action researchers know that their calling demands they be deeply involved in the process, and furthermore that they themselves will likely change as a result. Thus they should be able and willing to acknowledge and process their own thoughts and emotions (Buskens, 2002; Wadsworth, 2001). Self-awareness is a crucial quality in this type of inquiry. Whether one engages in a first-person exploration of the self, in a second-person analysis of colleagues or partners, or in a third-person investigation into issues such as race, gender, or class, all action research has an inward-looking dimension (Senge & Scharmer, 2001).

What is outcome mapping?

Outcome mapping is a planning, monitoring, and evaluation methodology that defines a program's outcomes as changes in the behaviour of direct partners. The process has three broad stages: intentional design, outcome and performance monitoring, and evaluation planning. Outcome mapping promotes participation and is most effective when it includes program staff and partners throughout all three stages.

The method focuses on how programs facilitate change, rather than on how they control or cause change. Outcome mapping encourages programs to be intentional about those with whom they are working and the changes they are working towards. It looks at the logical links between interventions and outcomes, because the complexity of development processes together with the contexts in which they occur often make it impossible to attribute results to any particular intervention. As such, outcome mapping is focused on contribution, not on attribution. Furthermore, it locates a program's goals in larger development challenges that are beyond the reach of the program, and so it encourages the risk-taking that is necessary to achieve real social change.

Outcome mapping is founded on four questions:

- 1 What is the program's vision?
- 2 Who are its boundary partners?²
- 3 What changes in behaviour are being sought?³
- 4 How can the program best contribute to these changes?

Outcome mapping was developed in response to the limitations of tradi-

tional evaluation and impact measurement methodologies for development research. In particular, the fundamentally linear and predictive nature of many traditional methodologies does not suit or support the innovative, exploratory, and inherently risky nature of the development research process. Development researchers require evaluation methodologies that promote systems thinking, provide opportunities for iterative learning throughout the research process, and permit researchers to assess the results of their work.

Emancipatory action research in harmony with outcome mapping

Outcome mapping is consistent with action research in terms of a) paradigmatic thinking, b) process management, and c) capacity level.

First, in both outcome mapping and emancipatory action research, the knowledge quest proceeds in the service of social change and development. The knowledge sought is practical; it can make a difference in people's lives. The human element is emphasized. Whereas most evaluation focuses on changes in state, outcome mapping looks for changes in behaviour, and thus it may be termed 'people-centred'. Similarly, emancipatory action research is often characterized as research 'for the people, by the people, with the people'.

Both approaches are unashamedly partisan. Practitioners openly embrace their values and belief systems, and formulate their dreams and plan their actions out of these. Both approaches, while allowing for an individual dream-based focus, seek to collaborate, create, and act upon knowledge in company with others. Neither approach seeks linear or causal explanations, but seeks alliance in systems thinking, and respects the contexts in which these processes take place.

Second, both emancipatory action research and outcome mapping are open-ended activities. The commitment to learning and the acceptance of what that learning might bring to the process itself require that facilitators have a flexible attitude toward change. In action research, research questions, interventions, methods, and techniques may need to be adjusted as things go along. Likewise, in outcome mapping the mission, outcome challenges, and progress markers⁴ all may change. In both approaches, the dedication to the dream paradoxically provides a clear direction on the one hand, while on the other hand creates not only the possibility but almost the necessity for change.

Both outcome mapping and emancipatory action research are grounded in an iterative cycle of planning, design, action, and reflection. Every step in the outcome mapping journey is a destination, and every moment in the action research process is a research result. Both methods are built on participation and dialogue. There are, however, no blueprints or recipes for how to elicit this dialogue; every situation requires its own response and is furthermore in constant flux.

In both methods, the investigation proceeds on three levels. In action research one speaks of first-person (self-inquiry), second-person (relating to co-

researchers and partners), and third-person research (relating to issues such as race, gender, and class). Outcome mapping, on the other hand, monitors the changes in behaviour of the program's boundary partners, the strategies that a program employs to encourage change in its partners, and the performance of the program as an organizational unit.

Third, in both approaches reflection and self-awareness are important, and the capacity to engage effectively in interpersonal communication, to listen, and to share is essential. The willingness to bring all of yourself to the process and to allow inner change to occur requires self-confidence and trust. The personal qualities one develops as an action researcher are remarkably similar to those needed to engage effectively in outcome mapping.

Balancing process and purpose

Action researchers know that the 'how' is crucial to the 'what' – the process is key to the results. This does not mean that the process distorts the findings or that the findings can be predicted by the process; rather, it means that the process serves the purpose. Outcome mapping helps the action researcher to balance the need to attend to the process with the need to focus on the overall purpose of the project. By providing planning and monitoring tools that keep an eye on both, outcome mapping links all the activities and behaviour changes in the program's direct partners to the broader purpose of positive social change. The metaphor of the map is fitting, because the method helps the action researcher manage the journey so as to arrive at the destination.

Emancipatory action researchers desire influence. Their goals go beyond simply coming up with research results to achieving real social change, in relationships, policies, and behaviours. Emancipatory action research, in other words, is an intervention intended to have positive development outcomes. Outcome mapping offers tools to articulate that broader purpose. The vision represents the dream toward which the research project aims to contribute. Outcome mapping alone cannot bring about that vision, but it is a guide. In particular, its concepts of 'outcome challenge' and 'progress markers' are the articulation of these changes in behaviour.

Outcome mapping does not limit the emancipatory action researcher to a simple or linear understanding of change. It admits the complexity of relationships and of different change processes happening in specific contexts. It recognizes that a single activity or set of activities may not lead directly to a desired outcome, and it encourages the action researcher to think about a varied menu of activities that might support the desired change. Outcome mapping encourages the action researcher to see themselves as part of a broader system of interconnected change agents who will all change as a result of their interactions. Like emancipatory action research, there is no single way to do outcome mapping.

Both must be designed to be context appropriate and aligned with the intended purpose.

Outcome mapping and the infant feeding research project

Purpose and background

The IFRP aimed to lower the rate of paediatric HIV/AIDS caused by unsafe infant feeding practices in southern Africa through enhancing the effectiveness of infant feeding counselling. The focus was on women in low-resource settings and primary care facilities in Namibia, South Africa, and Swaziland.

While exclusive breast or exclusive formula feeding is recommended by various government policies, mixed feeding is the norm in this region. Mixed feeding, however, carries a higher risk of HIV transmission than does exclusive breast feeding (and, obviously, formula feeding). Evidence suggests that in exclusive breast feeding the virus is digested like all other protein, with minimal risk of transmission. The risk from bottle feeding is thought to be due to micro-trauma to the bowel by any additive, even water, which in the presence of the HIV virus in the breast milk provides an entry point to the infant's bloodstream.

The project's first phase, conducted during 2003–2004, was an exercise in exploratory, ethnographic research. The research team tried to understand how pregnant women and mothers with infants using the 'Preventing Mother-To-Child Transmission' (PMTCT) services as provided in public health clinics in low resource areas, made their decisions in the context of their everyday realities. For seven months, at 11 sites, 16 indigenous language-speaking female researchers did in-depth qualitative research grounded in ethnographic fieldwork methods (Buskens, 2004; Buskens, Jaffe, & Mkhathshwa, 2007; Buskens & Jaffe, 2008).

Findings on three levels

The data gathered in the IFRP's first phase confirmed findings by others that mixed feeding has remained the norm, and furthermore that PMTCT services have not been effective. These results reflect the realities of the counselling services on three levels:

- a) The project found ways to improve infant feeding counselling practices by sensitizing counsellors to the realities of HIV-positive mothers.
- b) It found that the current counselling format is not really suitable, and so the researchers embarked on the design of alternative counselling methods and for counsellor training, based on Brief Motivational Interviewing (BMI). BMI is an approach to behaviour change adapted from Motivational Interviewing that was originally developed in treatment programs for addiction. It has been

modified for more general health care settings, and can be applied in short sessions. BMI is essentially a guiding style which is collaborative, evocative of clients' internal resources, and respectful of their choices. Responsibility for decisions regarding behaviour change is correctly attributed to the client and not to the health worker. BMI relies on empathic listening, developing a discrepancy between clients' goals and current actions, building self-efficacy, and rolling with rather than confronting resistance.

- c) The project found that even when the first two dimensions were successfully addressed, the problematic nature of the relationship between counsellors and mothers tended to diminish the effectiveness of the counselling. The original research plan had to be adapted to accommodate this finding – new knowledge which led directly to the project's second phase. Just as feminist research in general has only recently taken on the taboo subject of women's hostility towards women (Chesler, 2001), the IFRP is coming to understand that the woman-to-woman dynamics in the PMTCT context may evoke hostility, over-identification, and avoidance. These dynamics may interfere with the BMI counselling style, making it difficult for women to apply it to other women with whom they identify closely. The concept of 'woman-centeredness', used in the context of PMTCT had exclusively focused on the women receiving the counselling service (Daoussi, 2002). Given the challenges the counsellors are facing within the relationship with the mothers, the concept of woman centeredness should also be extended to the women giving the care. Since such woman-to-woman exchanges have been under-researched, this concept must be further developed and tested in the IFRP's second phase.

Tasks for phase two

- a) The counselling and training formats will be tested and adapted in the action research sites. The action researchers will train the counsellors at these sites, which will necessitate liaising also with clinic staff, superintendents, and other stakeholders.
- b) Training materials – including a video featuring the new counselling style – a training manual, and a reader will be developed.
- c) The concept of woman-to-woman gender dynamics will be further developed in relation to woman-centeredness.
- d) On a continuing basis, the phase one findings will be circulated in various forums.

While these four tasks are interrelated, they require different approaches, expertise, and resources. The IFRP team therefore is an inter-disciplinary one. The ten researchers include three medical doctors, one psychologist, three nurses,

two adult educationalists, one cultural anthropologist, and one public policy law student. The team represents both sexes, five nationalities, and four ethnic groups. The four action research sites are in three countries. Three desk studies will support the process as a whole.

The IFRP's approach to action research: Appreciative inquiry

Appreciative inquiry was chosen because, instead of focusing on the problem, this tactic uses unconditional, positive questions to guide the process of transformation. Already, public health settings in southern Africa receive much criticism from the public and the media, and it is imperative that the IFRP avoids that kind of thinking.

Appreciative inquiry is a participatory consultation process that can inspire large numbers of people to 'discover, dream, and design' a better 'destiny' for an organization, institution, or even a city. It is based on the premise that organizations move in the direction of their focus (Ludema et al., 2001). The IFRP has adopted from appreciative inquiry the positive focus of building on what works, what participants describe as their best practices, while also 'naming the Elephants' (Hammond, 2002). 'Naming the elephants' is a discussion technique that raises those dynamics that everybody knows contribute to the failure of a program's or organization's efforts, while nobody wants to talk about them. In the counselling session, Woman's Inhumanity towards Woman was such an Elephant (www.ifrapfrica.org).

The IFRP's research aim

The goal of the project is to explore how the PMTCT counselling services can be conducted in a spirit of mutual respect and understanding. Ideally, every mother will be informed of her options for feeding her infant without being judged or stigmatized for her status or decisions. The researchers hope that the effect of this enhanced interaction and dialogue will be optimal concordance with national PMTCT feeding guidelines, as well as improved satisfaction and better decision-making for both the counsellor and client.

The IFRP second phase research question and intervention methodology

The intervention consists of a counselling and counselling training format in combination with an action research process and a monitoring and evaluation process (ifrapfrica.org). The intervention is applied in four sites in southern Africa: Stellenbosch and Eshowe (South Africa), Mbabane (Swaziland) and Oshakati (Namibia). The study is guided by the question: *how can counsellors be prepared effectively for their task?*

The four action researchers received initial training in research and counselling. They will conduct the training of the counsellors in their site and engage their counsellors in an action learning process over a period of six months. They will support each other in regular project meetings and will be mentored by another core group of four researchers.

The action researchers will document their learning on an ongoing basis through research diaries and they will videotape research discussions with counsellors. The material will be transcribed, translated and analysed by the action researchers and the core group.

Outcome mapping: the right approach

Why is outcome mapping an appropriate method for the IFRP? The reasons are many.

It seeks behaviour change

The IFRP's core business is changing people's behaviour. It aims to motivate PMTCT clients to modify their infant feeding practices and to stimulate the counsellors to change their counselling behaviour. Meanwhile, the action researchers have to adjust their own behaviour too, and learn to be good counsellor-trainers and supporters. Outcome mapping frames development precisely in these terms; it defines a program's outcomes as changes in the behaviour of its direct partners.

It echoes appreciative inquiry

The vision in outcome mapping corresponds with the unconditionally positive approach taken in appreciative inquiry. Both methods summon the future in a positive way. Both focus on the dream rather than on the problem to be solved. The dream concerns the future and incorporates (in this case) a new 'future counsellor self' and a new 'future clinic self'. Thus the language used in both approaches is similar. Dream and vision are both meant to be 'bigger than life' so that they can exert an inspirational pull that transcends the specific limitations of the immediate project.

It can tackle several questions simultaneously

Typically, emancipatory action researchers involve themselves in various communities of inquiry and can confront several research issues at one time. In a similar way, outcome mapping helps the IFRP researchers to manage various knowledge quests and their communities separately and in relation. Here are three:

- a) During its *intentional design and monitoring stages*, outcome mapping allows for the posing of certain questions within the intervention's community of inquiry, for example: do we 'see' the changes or outcomes that we want? To what degree? What can boundary partners (in this case, counselors, action researchers, and the core team) do to enhance the intervention?
- b) It also allows for *action research* questions, such as: how can BMI and the concept of woman-centeredness be adapted in the context of PMTCT? What is the learning to be gained from that process? Can this learning be transferred to other health research contexts, such as gynaecological examinations or maternity wards? Can it even be transferred to other contexts where the relationship among females is important?
- c) Finally, outcome mapping smoothes the way for *evaluative policy research* questions, for example: is the intervention effective? In this case, is the number of mothers who are able to adhere consistently to their chosen feeding method increasing because of this form of counselling? In action research terms, this question addresses the norm of 'creating something new and enduring' and at the same time reflects the evaluation stage of the outcome mapping method.

Its evaluation function eases change

Outcome mapping gives researchers a framework for regarding their procedures and findings from an evaluation perspective. It is a flexible tool, inviting practitioners to review their programs regularly (Earl, Carden, & Smutylo, 2001). Boundary partners may have been dropped or added; the vision or the mission may no longer reflect the dream; outcome challenges and progress markers may need to be adjusted. Outcome mapping thus is suitable for monitoring action research processes because it would frame their potential for change not as a weakness, but as a strength, and would accept even that the researchers themselves might change. In the case of the IFRP, since the second phase has evolved from an adaptation of the original research plan, outcome mapping's potential is highly relevant.

It encourages dialogue

Outcome mapping fosters open discourse about changes envisaged in the project (Smaling, 1995, 1998). The process of developing progress markers taps into tacit knowledge, and forces practitioners to make explicit their theories behind the interventions and their knowledge of the context and the boundary partners. Outcome mapping brings a systematic perspective to possibilities for influence, and as such invites openness about the motives for change. It allows academic researchers and practitioners to share, on equal ground, as experts. While aca-

democratic action researchers are often ambivalent about revealing their motives – for fear of ‘imposing’ – exposing these motives builds trust and relationships. Openness is a prerequisite for intersubjectivity, an important criterion for quality action research (Smaling, 1995). What is more, the IFRP has embraced a ‘culture of openness and sharing’.

The IFRP’s use of outcome mapping

It will be remembered that outcome mapping aims to specify a) the research program’s vision, b) its boundary partners, c) the changes or outcomes that it seeks, and d) how the program contributed to achieving these changes. Here is a look at how the IFRP has applied each of these elements.

Vision

Inspired by appreciative inquiry, the IFRP frames its ‘primary intent’ in this way:

Imagine a world where no child is ever infected with HIV . . . The IFRP’s vision is to contribute to reducing the number of children dying through mother-to-child transmission of HIV by focusing on the positive potential of the woman-and-counsellor relationship to promote safe infant feeding practices. Imagine the encounter as a sacred space where women and health workers are empowered by their interactions to realise autonomy, self-love, and mutual respect, and where the communication is a genuine collaboration to promote health and well-being. Imagine that the woman-centred interaction will build the capacity of both groups of women to acknowledge and transform female internalized sexist consciousness and sexist attitudes and behaviour. (www.ifrpafrica.org)

With outcome mapping, an evaluation will measure the program’s contribution toward this vision – not whether the vision was achieved. The vision expresses the ideal that the program supports. While it is related to the program’s narrower and more immediate objectives, the vision goes deeper, is wider in scope, and is longer term (Earl et al., 2001). The vision is meant to be inspirational and to guide the project and boundary partners’ efforts, while anchoring these efforts in the values and beliefs that give meaning to their lives in a broader sense.

Although the project gathers data on its actions and on changes in its boundary partners, no attempt is made to imply a causal relationship between the two. The project is assumed to be only one of many influences on boundary partners, and cannot claim sole credit (Earl et al., 2001).

Boundary partners

Boundary partners are those individuals, groups, and organizations with whom the program interacts directly and whom it can reasonably expect to influence.

A single boundary partner may include multiple individuals, groups, or organizations if a similar change is being sought in all of them. Other actors that the program needs to work with, but does not necessarily want to change, may be listed as 'strategic partners'.

'Boundary partner' is a nesting concept. The researchers' boundary partners may have their own boundary partners. Specifying a boundary partner thus depends on one's perspective (Earl et al., 2001).

The IFRP comprised various teams with each their own purpose and culture. The core management team identified the following boundary partners:

- Action researchers
- Training development team
- IFRP trainers
- IFRP desk researchers
- Funders
- Motivational Interviewing Southern African Network (MISA)
- Department of Family Medicine at University of Stellenbosch
- Health researchers in southern Africa

For the action researchers, the nurse counsellors and the PMTCT program were the most important boundary partners. Other boundary partners included the government structures at the local, provincial and, sometimes, national level. The primary beneficiaries of the IFRP, the mothers coming for infant feeding counselling, were the nurse counsellors' most important boundary partners.

Boundary partners is a nested concept. As such it differs from the concept of stakeholders known in action research. In the actual research practice, this meant that the researchers could create and maintain a spirit and culture of participation without the unwieldy, often unmanageable, 'stakeholder' meetings. The various teams met with their own boundary partners and the meetings were always aligned with the specific purpose of that team's task and thus highly productive and time effective.

Outcome challenges and progress markers

Outcomes are defined as changes in the behaviour, relationships, activities, or actions of the people, groups, and organizations with whom a program works directly. Outcomes are the effect of the program 'being there', with a focus on how boundary partners behave as result of being reached. An outcome challenge describes how the behaviour, relationships, activities or actions of an individual,

Table 1 Example progress markers for the key boundary partner of the action researchers–nurse counsellors

<i>Expect to see</i>	Nurse counsellors	
	<i>Like to see</i>	<i>Love to see</i>
Counsellors are aware of and know how to use brief motivational interviewing (BMI)	Counsellors regularly use BMI effectively in their interactions	BMI empowers the counsellors and improves their satisfaction. They promote its use to others
Counsellors are aware of the need for client and woman-centredness	Counsellors display a client- and woman-centred approach in their interaction with the clients	Counsellors promote client- and woman-centredness to other care-givers
Counsellors take part in the action research component of the study	Counsellors reflection leads to improved personal knowledge	Counsellors are empowered by the process of AR and grow as individuals
Most counsellors have clearly defined boundaries	All counsellors have defined their boundaries and some show increased satisfaction in their work	All counsellors have clearly defined boundaries and show pride in their work
Counsellors are clear on the guidelines for infant feeding	Counsellors are able to utilize their knowledge in their counselling	Counsellors are experts in infant feeding and PMTCT and are utilized as such

group or institution will change if the program is extremely successful. The outcome challenge incorporates multiple behavioural changes within a single statement. A set of progress markers is identified that outlines the progressive levels of change leading to the achievement of the outcome challenge (Earl et al., 2001).

The outcome challenges and progress markers identify the results that the program would like to see its boundary partners achieve. They are defined in consultation and collaboration with these partners (Earl et al., 2001). For different boundary partners one would anticipate different opportunities for influence and thus different outcome challenges.

Benefits of using outcome mapping

The IFRP's use of outcome mapping benefited the project in at least five areas.

Project management

Outcome mapping enabled the project team to design the management of this very complex research initiative in a single day. The three-person core group defined its members, colleagues, related research networks, and even the donors as boundary partners. The outcome challenges in relation to the various boundary partners, the progress markers that would grade success, and the strategies that would accomplish that, together formed the total project management plan.

Outcome mapping facilitates participatory project management because it makes transparent the relationship between tasks and researchers. In the case of the IFRP, the method not only mapped the management process, but it also specified all persons involved and made the director's leadership a function of this shared orientation. While the director thus became accountable to her team members, she was still able to maintain her responsibilities towards the various governments and donors.

The team discovered that the main task of project management is actually a clear allocation of tasks. Lack of clarity in this area endangers cooperation; outcome mapping can make this task distribution very clear. At the same time, for all participants, there remains room for change in terms of personal growth and choice to do certain tasks. To extend the metaphor, having a map means that one can change course without getting lost.

Indeed, outcome mapping has provided a map to design the process and to track its progress, and does so in a language that facilitates communication. Because of its focus on vision and purpose, the method resonates with the dream for a better world that underlies the IFRP. Outcome mapping's focus on the vision and the purpose creates a platform for communication that is grounded in a shared platform so that the differences between all partners do not divide, but serve to connect.

Action research processes

The IFRP action researchers are using outcome mapping as the heart of their project design. Because all are using the same process, the similarities and the differences among the four local contexts are clear. This makes it easy for the researchers to learn from one another, and simplifies the project manager's task in supporting and coordinating their efforts.

Normally, emancipatory action research processes operate simultaneously in various so-called communities of inquiry and of practice. The most important communities would be, of course, the actual environments in which the intervention is developed and will be accepted. Outcome mapping forms the foundation for the conversation with and within these communities. In the case of the IFRP, the community comprises the local clinics, the health districts, and the provincial and national health departments.

When the outcome mapping process is applied in an actual intervention community, however, it can exhibit an autonomous character. To put it another way, outcome mapping can generate texts that can stand on their own, with their own language and logic. In the context of intervention, the logic of outcome mapping can be regarded in isolation from the logic of the action research process that gave it birth. Often, the people who are interested whether the intervention works and whether and how it can be replicated, do not necessarily want to understand its theoretical background in action research. At the same time, outcome mapping focuses on the specific outcomes pertaining to the intervention while continuously affirming the relationship between these outcomes and the wider vision. Thus, the outcome mapping process actually strengthens the theoretical framework of the action research project in a practical way. An example of this was the presentation to counsellors and their supervisors within the provincial health structure in one of the provinces of South Africa by one of the action researchers. Having identified these boundary partners as the primary users of the project, this action researcher focused his presentation on their experiences and the potential benefits of their participation. This meeting with the key boundary partners proved more useful than traditional stakeholder meetings used by action researchers.

Enhancing partnerships

Toward the end of the project, the IFRP researchers learned of a proposal that their counselling and training techniques be considered for use in general HIV community-based programming in three countries in southern Africa. The funder of the research intends to take up the IFRP's intervention approach throughout its HIV/AIDS community development initiatives.

The uptake of the research findings in this way is at least partially the result of the close partnership that developed between the funder and the action research team. The action researchers approached the relationship in a fresh manner, and explicitly recognized the funder as a boundary partner who could be influenced. They acknowledged the interdependence of their contributions and worked to get the funder more actively involved in the process and aware of the findings. This helped contribute to the funder's engagement with the research and decision to consider scaling-up the intervention throughout its programming in southern Africa.

Managing power dynamics

In the worlds of emancipatory action research and outcome mapping, power can be defined as the 'capacity for influence'. This capacity comprises the desire to wield this influence, the knowledge, and the communications and other skills and resources that can achieve this influence.

In development and emancipatory action research projects, the risk that practitioners will wield undue control is enormous – as is the risk that these same participants will fail to exercise their power sufficiently. Action researchers can fall into extreme opposing positions, sometimes within the context of the same project:

- a) Emancipatory action researchers may allow themselves to be cast as experts – even as saviours – and may direct, nurture, and care for their participants as if these people were followers, victims, or children. It is unlikely, however, that negating these people's inherent, inner power will contribute to bringing about sustainable change. Those participants need to take control of their own situation, including the actual change process itself.
- b) On the other hand, many action researchers feel they ought to restrain themselves so that 'participants can participate' and thus move forward. Many researchers, aware that their own skills may be superior to those of many respondents, fear they will overpower these respondents. In these cases action researchers share less than they could, even become 'invisible' to their participants because they are not expressing what they feel and want – which is to see the situation changed. Their reticence creates a power vacuum that others may seek to fill. While trying to avoid the abuse of their power, academic practitioners may actually invite abuse by others, and in the course of this paradoxical dynamic, the dream can become lost.

Most action researchers realize that occupying either extreme will be ineffective. Often, however, it is not enough simply to be aware of these dangers; needed instead are guiding principles for better communication and facilitation. Otherwise, especially in times of stress (and action research processes, because of their unpredictability, can be very stressful), it will be tempting to fall back into the old patterns.

Outcome mapping can help. Its concepts and techniques can foster a mental and interpersonal space that action researchers can use to transcend both extreme positions.

In the outcome mapping process, it soon becomes obvious that every participant has a vested interest in the dream and can make an essential – and unique – contribution. Thus the worth, the relevance, and the importance of every person's input to the process, to the purpose, and to each other is made visible and acknowledged. This affirms the worth, the relevance, and importance of each person.

In this way the self-confidence of the research beneficiaries is strengthened, while the positive roles of the action researchers, donors, and policy-makers are made visible. By owning up to the influence they aim to have, these latter 'more powerful' partners actually diminish their capacity and potential for wielding excessive control. Outcome mapping neutralizes the potential for a disempower-

ing dynamic by acknowledging the interests and responsibilities of all partners in relation to one another.

Since outcome mapping keeps everything in the open, each person can hold everyone else accountable as to whether they 'walk the talk'. All participants must be up front about what they want: they must voice their dream. In naming their dream, they own what they want to see happening – and they also begin to own the process. The process outlines in simple terms that 'this project belongs to everybody' and that everybody's contribution is essential.

Transformation in emancipatory action researchers

The individual behaviour change that happens in emancipatory action research is not only that of boundary partners and of the environment; the action researchers themselves change too. Outcome mapping can support that process of change. Any kind of research can bring about personal change in researchers, if they allow it. Action researchers, however, use their selves explicitly and reflexively as part of the process; their own personal transformation is expected. Since they learn as they go, these researchers need to be ready to change their methods, their respondents, even the research question itself. Acting on their learning implies that they may change perspective, attitude, and behaviour.

In outcome mapping, meanwhile, the vision is the magnet that holds all partners together. But that same vision also exerts an outward pull – toward the future that does not yet exist. Thus the dream in outcome mapping is bigger even than the scope of the immediate research project itself.

The IFRP project team realized that its dream for a reality where no baby would die of HIV/AIDS presupposed a world where women would be sufficiently empowered to make the choices that would keep them and their babies alive. Such a world would be one where women are equal to men. Such a world, of course, does not yet exist, neither in Africa nor anywhere else on the planet.

This means that participants in the project – researchers, counsellors, and mothers, all of whom have been socialized by male-centred systems – are not yet in harmony with the future that they seek to create. When they have focused on this big and seemingly unattainable dream, many have felt a powerful urge toward personal introspection and change.

This process of reflection has led to interesting moments of insight. Even when a participant desires change, she understands that her current personality is determined by her current reality. The question then becomes: how much of herself – of her *self* – would she be willing to surrender in order to see change toward her dream?

Outcome mapping fosters the owning of the dream, and creates at the same time a space where growth towards the future self – the self visible in the dream – can be safely acknowledged. Coherence, or harmony, is not a given. Coherence

is something everyone must grow into, and it is the psychological work of integration that brings about the change.

Outcome mapping helps everyone remain in harmony with the purpose. The method may not include a tool to manage this self-transformation, but it orients the researcher toward a change of self and context, and accommodates and justifies the change processes in an atmosphere of monitoring and evaluation.

Conclusion

Although not in the case of the IFRP, other action researchers using outcome mapping have faced some challenges. For example, some donor agencies who are not familiar with outcome mapping or who employ another evaluation approach in their organization have occasionally resisted researchers' use of outcome mapping. Also, the way outcome mapping balances utility and rigor, therefore using it to its full advantage, takes human and financial resources. When these resources are not sufficiently available (particularly the time to negotiate expectations in a participatory way, gather and analyse data, engage in social learning, etc.), outcome mapping is of less benefit to action researchers.

Nonetheless, the similarities between these two methods are fundamental. Outcome mapping provides action researchers a framework for discussing – from an evaluation perspective – the process and the findings with donors and other boundary partners. Outcome mapping creates a situation where desirable change is seen as probable, without leading emancipatory action researchers to think that they can control or compel that change. As such, outcome mapping supports the theory and practice of emancipatory action research.

Emanipatory action researchers may have agendas that transcend the specific intervention where outcome mapping was used, and may wish to continue the research conversation in other forums. Even that process of conversation, however, can be 'mapped', because its purpose is to influence the behaviour of boundary partners – and that sort of influence is the terrain of outcome mapping.

Finally, while many action researchers initially may find the language of outcome mapping – with concepts such as 'outcomes' and 'behaviour change' – somewhat off-putting, they should understand that this language can actually serve as an effective bridge to policy-makers and can increase the likelihood that the researchers will have influence with them. Thus action researchers may have a greater policy impact by speaking in the evaluation language of outcome mapping.

Author note

As outcome mapping is relatively new in the world of emancipatory action research, a community of practice has developed at www.outcomemapping.ca to debate ideas and share experiences. It is the authors' hope that other action researchers will join the testing of outcome mapping and bring that knowledge to this community so that we can continue to grow and learn how to bring about positive social change in all the fields and contexts where we work.

For more information on the Infant Feeding Research Project, please see www.ifrpafrica.org.

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Notes

- 1 The views in this article are those of the authors and do not necessarily reflect those of the International Development Research Centre.
- 2 Boundary partners are defined as 'the individuals, groups, or organizations with whom the program works directly and with whom the program anticipates opportunities for influence'.
- 3 Outcome mapping defines outcomes as changes in the behaviour, relationships, activities, and/or actions of a program's boundary partners.
- 4 Progress markers are a set of graduated indicators of changed behaviours for a boundary partner that focus on the depth or quality of change.

References

- Buskens, I. (2002). Fine lines or strong cords? Who do we think we are and how can we become what we want to be in the Quest for Quality in Qualitative Research? *Education as Change*, 6(1), 1–31.
- Buskens, I. (2004). How to counsel on infant feeding practices in times of HIV/AIDS?

- Women's perspectives from low resource settings in southern Africa. The XV International AIDS Conference, 2004 (Poster Exhibition, TuPeD5118 International Proceedings Volume ISBN 88-7587-065-9; ISBN 88-7587-066-7, by Medimond S.r.l. E710L8237).
- Buskens, I., Jaffe, A., & Mkhathshwa, H. (2007). Infant feeding practices: Realities and mind sets of mothers in southern Africa. *AIDS Care*, 19(9), 1101-1109.
- Buskens, I., Jaffe, A., & Mkhathshwa, H. (2008). Demotivating infant feeding counselling encounters in southern Africa: Do counsellors need more or different training? *AIDS Care*, 20(3), 337-345.
- Chesler, P. (2003). *Woman's inhumanity to woman*. New York: Thunder's Mouth Press/Nation Books.
- Daoussi, R. (2002). Feeding infants born to HIV+ mothers in African settings: Mobilizing communities to support a mother's choice. Presentation, Barcelona International Aids Conference.
- Earl, S., Carden, F., & Smutylo, T. (2001). *Outcome mapping: Building learning and reflection into development programs*. Ottawa: International Development Research Centre.
- Habermas, J. (1981). *Theorie des kommunikativen Handelns*. Frankfurt am Main: Suhrkamp Verlag.
- Hammond, S. A. (2002). *The thin book of naming elephants* (2nd edn). Plano, TX: Thin Book Publishing.
- Ludema, J., Cooperrider, D. L., & Barrett, F. J. (2001). Appreciative inquiry: The power of the unconditional positive question. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 187-199). London: SAGE.
- Meulenberg-Buskens, I. (1996). An approach towards learning and teaching in participatory research. In K. de Koning (Ed.), *Participatory research in health*. London: ZED Books/Johannesburg: NPPHCN.
- Meulenberg-Buskens, I. (1998). Reflections on research methodology and research capacity building in a participatory action research project in South Africa 1996-1998. In S. Fehrsen et al., *Coping strategies project report South Africa*, unpublished research report, EU, Brussels.
- Reason, P., & Bradbury, H. (2001). *Handbook of action research: Participative inquiry and practice*. London: SAGE.
- Senge, P., & Scharmer, O. (2001). Community action research: Learning as a community of practitioners, consultants and researchers. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 238-249). London: SAGE.
- Smaling, A. (1994). The pragmatic dimension: Paradigmatic and pragmatic aspects of choosing a qualitative or quantitative method. *Quality and Quantity*, 28, 233-249.
- Smaling, A. (1995). Open-mindedness, open-heartedness and dialogical openness: The dialectics of openings and closures. In I. Maso, P. A. Atkinson, S. Delamont & J. C. Verhoeven (Eds.), *Openness in research: The tension between self and other* (pp. 21-32). Assen: Van Gorcum.
- Smaling, A. (1998). Dialogical partnership: The relationship between the researcher and the researched in action research. In B. Boog, H. Coenen, & R. Lammerts (Eds.), *The complexity of relationships in action research* (pp. 1-15). Tilburg: Tilburg University Press.
- Wadsworth, Y. (2001). The mirror, the magnifying glass, the compass and the map:

Facilitating participatory action research. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 420–432). London: SAGE.

Websites

IFRP website: <http://www.ifrpafrica.org>

MISA website: <http://www.sahealthinfo.org/motivational/misa.htm>

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