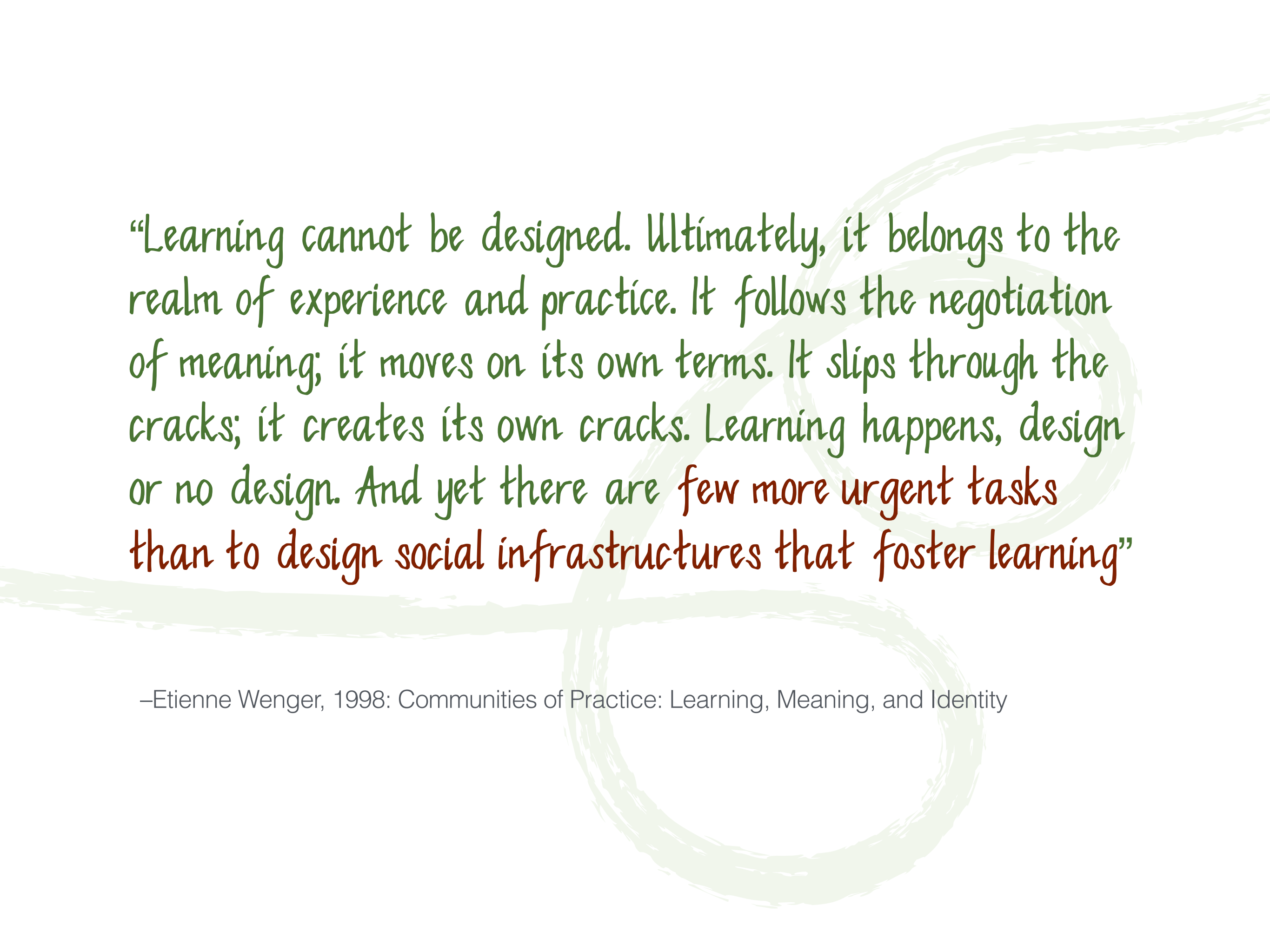


A space for a potential  
Community of Practice

LEARNING  
LOOP





“Learning cannot be designed. Ultimately, it belongs to the realm of experience and practice. It follows the negotiation of meaning; it moves on its own terms. It slips through the cracks; it creates its own cracks. Learning happens, design or no design. And yet there are few more urgent tasks than to design social infrastructures that foster learning”

–Etienne Wenger, 1998: Communities of Practice: Learning, Meaning, and Identity

# The opportunity of a CoP

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We're all working to make a difference in this world. The CoP is an opportunity for you to

- 1) **Share your wisdom with the world:** Your questions, your experiences (challenges, successes), and your hopes!
- 2) **Listen** to others who have experiences and questions that may challenge yours or inspire you to think and act differently!
- 3) **Develop** and shape a community that supports us all to make a difference



# Our focus

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Using Outcome Mapping and Outcome Harvesting as frameworks and tools to support transformational change

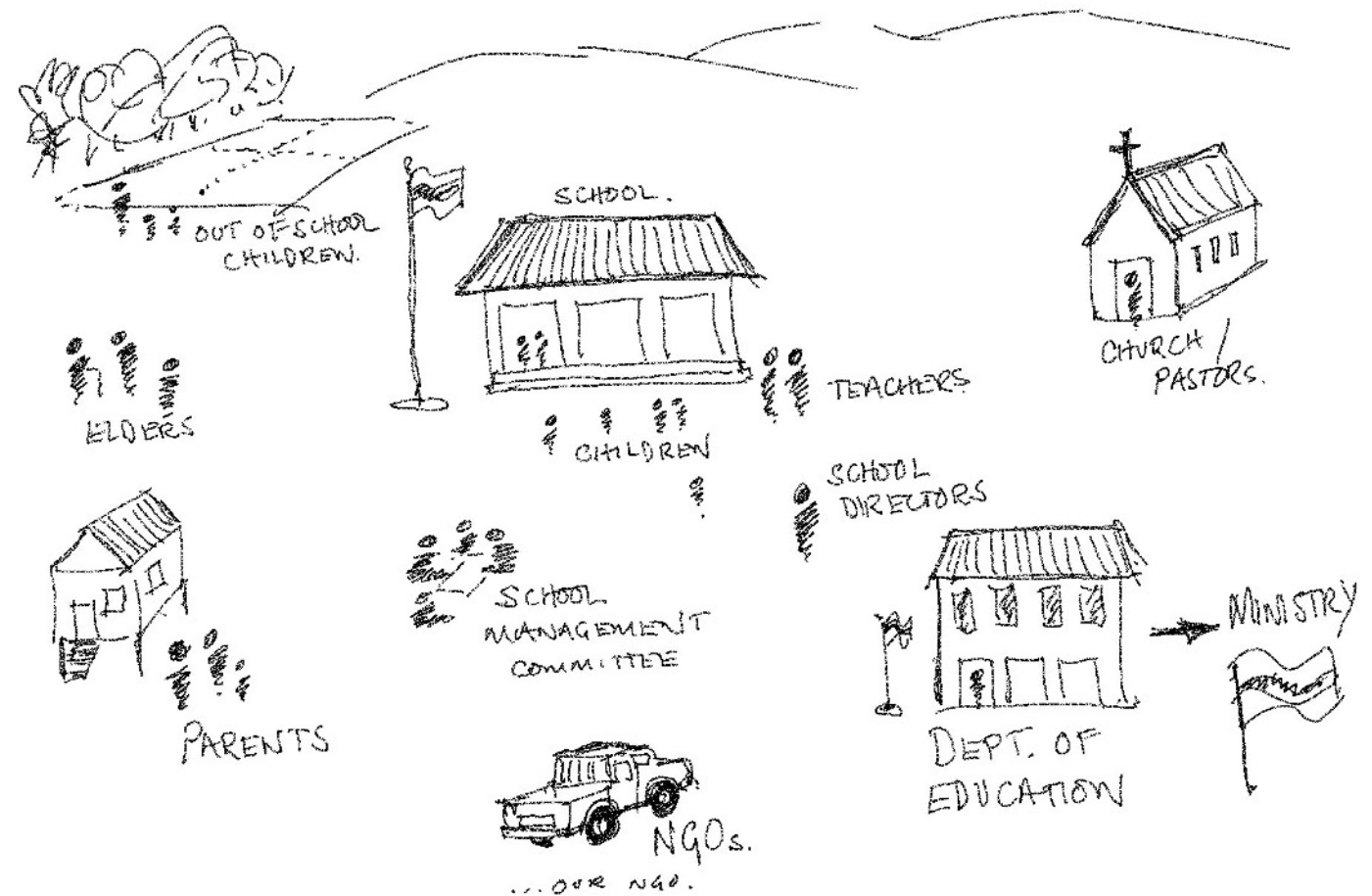


OM & OH

LEARNING  
LOOP

# Common Features of both OM and OH

1. Actor-centred
2. Outcomes as behaviour change
3. Contribution not sole attribution
4. Utilization Focused Evaluation (UFE)



About people and our relationships

# Actor-focused systems perspective

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*Social issues are constructed by social actors; therefore in order to change the systems, we need to change the actors in the system.*





Progress is therefore  
about the **people** (actors)  
that we have been able  
to influence towards new  
behaviours and  
relationships.





# Main differences...

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- **Outcome mapping** = a whole project management approach (actor-focused design, M&E tools, learning/adaptive approach)
- **Outcome Harvesting** = monitoring and evaluation tool (reverse logic, foraging for outcomes, learning/adaptive approaches)



# Monitoring: OM vs OH

OM

BP1

BP2

BP3

**Resource Challenge for People Affected by Leprosy**

People affected by leprosy have good knowledge of self care practices and are organized into self care groups. These groups have a clear vision for growth and are active in creating, offering and maintaining services to self care. The groups are contributing to the provision of materials, providing and practicing new approaches to self care, and advocating locally for the provision of relevant medical resources and support from other actors. Through these activities groups have visibility and transmission are being achieved. The groups are supporting one another to overcome self discrimination, and by doing so are becoming active in local healthcare and are actively included in society and therefore moving towards zero discrimination. The groups are actively learning about how best to support people affected by leprosy and are sharing their learning with other communities. The groups are active in advocacy and are collaborating with DFPIs and other NGOs for policy change at the state and national levels.

**During the program, TLM expects to see people affected by leprosy...**

System	System change observed	Audience capacity
1	Participating in a structured medical training on leprosy	practices / mental models / human
2	Establishing structure, clear vision groups	relationships / social
3	Assuming new roles in the treatment and management of self care	practices / mental models / human, environmental
4	Contributing material human and financial resources to the provision of self care	practices / social
5	Contributing material human and financial resources to the provision of self care	practices / social

**Resulting from the program, TLM would like to see people affected by leprosy...**

System	System change observed	Audience capacity
1	Advocating a clear vision for action and participation in self care groups	practices / mental models / human
2	Providing clear vision for action and participation in self care groups	practices / mental models / human
3	Expanding the self care group participation	practices / mental models / human, social
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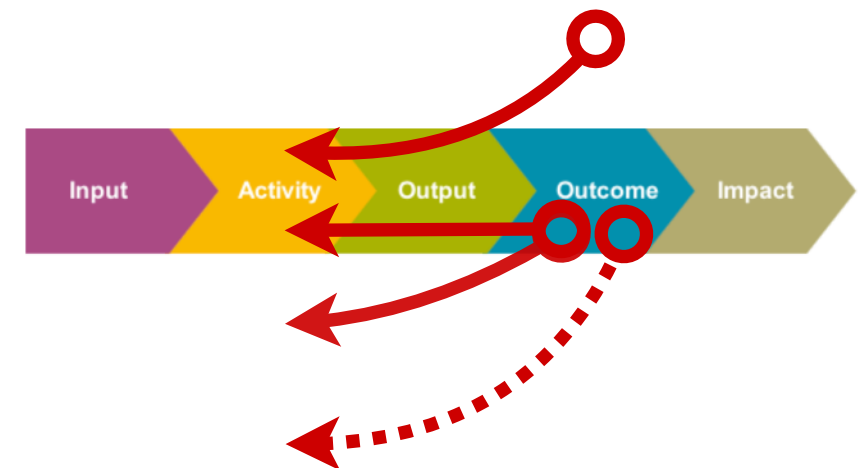
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OH



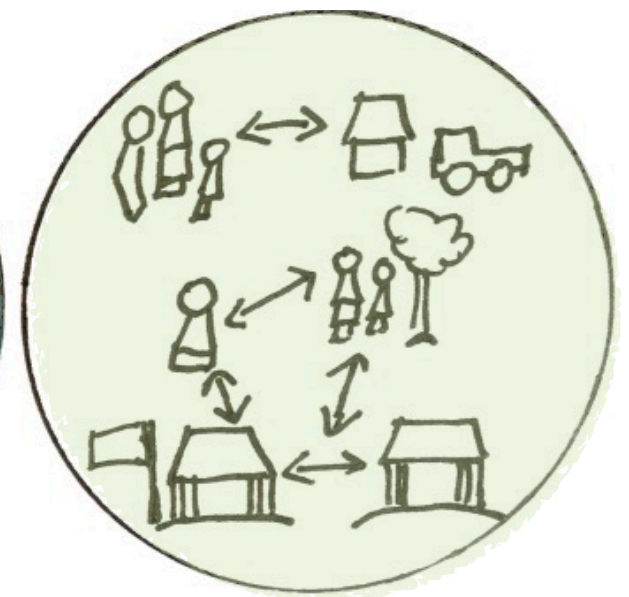
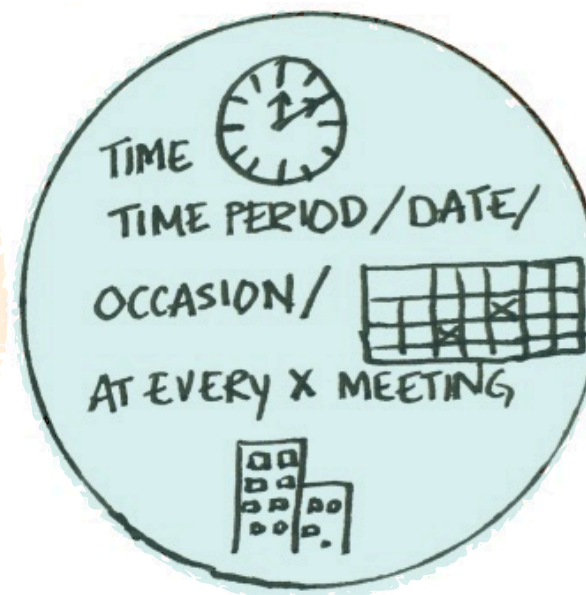
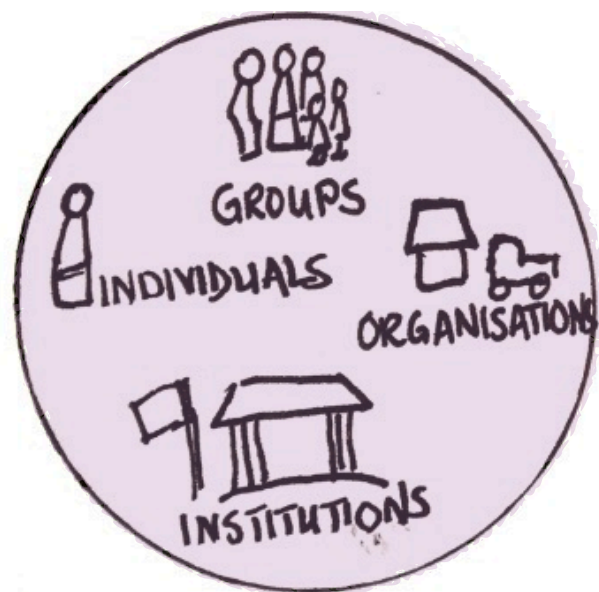
- + reminds what to look for per actor
- + gives framework for analysis
- boxed in (forget to look outside)
- heavier structure and tools require effort to develop (but give you a good ToC)

- + Open - encourages looking everywhere!
- + lightweight, easier to get started (can be easily added to existing systems)
- Less clear how to analyse
- can get stuck in what is familiar

# OH as discipline

WHO

Did or said WHAT differently WHEN&WHERE with WHOM



- **OUTCOME:** What was the change that happened? (Who, what, when, where, how, and with who?)
- **CONTRIBUTION:** How were **we** part of that story of change?
- **SIGNIFICANCE:** Why are we especially interested in this change?

# So...

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- If you want to **design** an intervention using the thinking common to OM and OH, use OM.
- Use OM and/or OH for **monitoring**. In high levels of uncertainty or with no OM design, use OH.
- Both OM and OH can both be used for **evaluation**. OM has a framework that can be assessed. OH has a defined process for it.
- **Adapt, evolve, merge** the tools and make them useful for your project **with** those you hope to use it for.