PREPARING A CASE STUDY:
A Guide for Designing and Conducting a Case Study for Evaluation Input

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Acknowledgements

What is a Case Study?

A case study is a story about something unique, special, or interesting—stories can be about individuals, organizations, processes, programs, neighborhoods, institutions, and even events.[1] The case study gives the story behind the result by capturing what happened to bring it about, and can be a good opportunity to highlight a project's success, or to bring attention to a particular challenge or difficulty in a project. Cases[2] might be selected because they are highly effective, not effective, representative, typical, or of special interest. A few examples of case study topics are provided below—the case studies would describe what happened when, to whom, and with what consequences in each case.

Case Study Examples	Uniqueness/Point of Interest
Shifting Attitudes of Youth-Serving Service Providers	Your program was able to change service providers' attitudes towards dealing with Adolescent Sexual and Reproductive Health (ASRH) needs in an environment where provider's attitudes have been a barrier to young people accessing SRH services.
Integrating Youth-Friendly Services (YFS) in the Ministry of Health (MOH)	Your program was effective in introducing YFS to the MOH and in institutionalizing an YFS curriculum in a setting where the MOH did not provide YFS.
Integrating HIV Prevention in Faith-Based Organization (FBO) Health Services Delivery	Your program was able to integrate HIV prevention in several FBO service delivery points in an environment that normally does not include or welcome HIV prevention activities.
Developing Youth Leadership in Tanzania	Your program built the leadership capacity of youth to advocate, promote, and participate in decision making around ASRH. This transpired in a setting that did not include ASRH on the agenda nor encourage youth participation in general or in decision making in particular.

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[1] Yin, Robert K. (2003). *Case Study Research: Design and Methods*. Thousand Oakds: Sage Publications.

[2] Case refers to the unit of analysis or topic chosen for study (i.e., the individual, organization, or program).

When is a Case Study Appropriate?

Case studies are appropriate when there is a unique or interesting story to be told. Case studies are often used to provide context to other data (such as outcome data), offering a more complete picture of what happened in the program and why.

What are the Advantages and Limitations of a Case Study?

The primary advantage of a case study is that it provides much more detailed information than what is available through other methods, such as surveys. Case studies also allow one to present data collected from multiple methods (i.e., surveys, interviews, document review, *and* observation) to provide the complete story. There are a few limitations and pitfalls however, each of which is described below.

Can be lengthy: Because they provide detailed information about the case in narrative form, it may be difficult to hold a reader's interest if too lengthy. In writing the case study, care should be taken to provide the rich information in a digestible manner.

Concern that case studies lack rigor: Case studies have been viewed in the evaluation and research fields as less rigorous than surveys or other methods. Reasons for this include the fact that qualitative research in general is still considered unscientific by some and in many cases, case study researchers have not been systematic in their data collection or have allowed bias in their findings. In conducting and writing case studies, all involved should use care in being systematic in their data collection and take steps to ensure validity[3] and reliability[4] in the study.

Not generalizable: A common complaint about case studies is that it is difficult to generalize from one case to another. But case studies have also been prone to overgeneralization, which comes from selecting a few examples and assuming without evidence that they are typical or representative of the population. Yin, a prominent researcher, advises case study analysts to generalize findings to theories, as a scientist generalizes from experimental results to theories.[5]

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[3] Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure.

[4] Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trials.

[5] Yin, Robert K. (2003). *Case Study Research: Design and Methods.* Thousand Oaks: Sage Publications.

What is the Process for Conducting a Case Study?

The process for conducting case study research follows the same general process as is followed for other research: plan, collect data, analyze data, and disseminate findings. More detailed steps are given below.

1. Plan

- Identify stakeholders who will be involved.
- Brainstorm a case study topic, considering types of cases and why they are unique or of interest.
- Identify what information is needed and from whom (see "What are Potential Sources of Information?" and "What are the Elements of a Case Study?").
- Identify any documents needed for review.
- List stakeholders to be interviewed or surveyed (national, facility, and beneficiary levels) and determine sample if necessary.
- Ensure research will follow international and national ethical research standards, including review by ethical research committees. For more information, please see the International Ethical Guidelines for Biomedical Research Involving Human Subjects, available at http://www.cioms.ch/frame_guidelines_nov_2002.htm.

2. Develop Instruments

- Develop interview/survey protocols—the rules that guide the administration and implementation of the interview/survey. Put simply, these are the instructions that are followed to ensure consistency across interviews/surveys, and thus increase the reliability of the findings. The following instructions for the should be included in the protocol:
  - What to say to interviewees when setting up the interview/survey;
  - What to say to interviewees when beginning the interview/survey, including ensuring informed consent of the respondent (see Appendix 1 for an example);
  - What to say to respondent in concluding the interview;
  - What to do during the interview (Example: Take notes? Audiotape? Both?); and
  - What to do following the interview (Example: Fill in notes? Check audiotape for clarity? Summarize key information for each? Submit written findings?).
- Develop an interview guide/survey that lists the questions or issues to be explored and includes an informed consent form. Please note that you will likely need interview guides/surveys for each group of stakeholders, as questions may differ.
- Where necessary, translate guides into local languages and test translation.

3. Train Data Collectors

- Identify and train data collectors (if necessary). (See "Training Tips for Data Collectors"[6].) Where necessary, use interviewers that speak the local language.

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Training Tips for Data Collectors

Staff, youth program participants, or professional interviewers may be involved in data collection. Regardless of what experience data collectors have, training should include:
- An introduction to the evaluation objectives,
- A review of data collection techniques,
- A thorough review of the data collection items and instruments,
- Practice in the use of the instruments,
- Skill-building exercises on interviewing and interpersonal communication, and
- Discussion of ethical issues.

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4. Collect Data

- Gather all relevant documents.
- Set up interviews/surveys with stakeholders (be sure to explain the purpose, why the stakeholder has been chosen, and the expected duration).
- Seek informed consent of each respondent (written or documented oral). Re-explain purpose of interview, why the stakeholder has been chosen, expected duration of, whether and how the information will be kept confidential, and the use of a note taker/tape recorder.
- If the respondent has consented, conduct the interview/survey.

5. Analyze Data

- Review all relevant documents.
- Review all interview/survey data.

6. Disseminate Findings

- Write report (see "What are the Elements of a Case Study?").
- Solicit feedback.
- Revise
- Disseminate

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[6] Adamchak, S., et. al. (2000). *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs.* Available at http://www.pathfind.org/site/PageServer?pagename=Publications_FOCUS_Guides_and_Tools.

What are Potential Sources of Information?

Case studies typically rely on multiple sources of information and methods to provide as complete a picture as possible. Information sources could include:

- Project documents (including meeting minutes)
- Project reports, including quarterly reports, midterm reviews
- Monitoring visits
- Mystery client reports
- Facility assessment reports
- Interviews
- Questionnaire/survey results
- Evaluation reports
- Observation
- Other

What are the Elements of a Case Study?

Case studies do not have set elements that need to be included; the elements of each will vary depending on the case or story chosen, the data collected, and the purpose (for example, to illustrate a best case versus a typical case). However, case studies typically describe a program or intervention put in place to address a particular problem. Therefore, we provide the following elements and example on which you might draw:

1. The Problem
    i. Identify the problem
    ii. Explain why the problem is important
    iii. How was the problem identified?
    iv. Was the process for identifying the problem effective?
2. Steps taken to address the problem
3. Results
4. Challenges and how they were met
5. Beyond Results
6. Lessons Learned

1. **The Problem:** It is essential to identify what the problem was. Specifically:

    i. *Identify the problem.* For example, certain FBO leadership was opposed to including HIV prevention activities within their programming. Specifically, they felt that prevention activities would promote sex among youth and thereby increase the incidence of HIV. In addition, the FBO felt that the promotion of condoms as a form of prevention was morally wrong.

    ii. *Explain why the problem is important.* Following the same example, to provide a comprehensive response to HIV/AIDS, prevention activities are an important part of HIV programming, in addition to care and support. Addressing moral and religious concerns and objections of FBO leaders in order to incorporate this component greatly expands the prevention effort and offers a greater breadth and depth in HIV programming.

    iii. *How was the problem identified?* It is likely that program staff will have an idea of what general problems exist. For example, YFS is not integrated in the MOH, FBOs do not include prevention activities, youth involvement does not occur, etc. What was likely missing and required exploration were the details around this general problem. In the case of working with FBOs, an initial project planning meeting was held to discuss the specifics behind the problem. It was revealed during this process that certain FBOs who conducted care and support activities did not offer prevention activities, specifically condom promotion. The primary reason given was religious objections; another reason identified but not explicitly stated was stigma.

    iv. *Was the process for identifying the problem effective?* After additional one-on-one discussions with FBO leaders, it was determined that the leaders had concerns based on moral and religious grounds regarding prevention efforts, particularly promoting condoms. Furthermore, discussions revealed that a number of leaders had limited and/or erroneous information regarding transmission and prevention options.

2. Steps Undertaken to Address the Problem: *What was done (activities/ interventions/ inputs), where, by whom, for whom?* In the case of integrating prevention in FBOs, an illustrative outline of steps undertaken to address the problem is given below:

What was done?	Where?	By Whom?	For Whom?
Phase 1: Sensitization			
Sensitization of leadership: activities included reviewing FBO policies and bylaws by program staff in order to demonstrate to leadership that there were no constitutional objections to prevention activities. Project staff engaged liberal FBO leaders to supply quotes from the Bible to build their evidence-based argument to convince other leaders that there was in fact no biblical basis for the preclusion of prevention activities.	District/ National	Project Staff	FBO leaders
Sensitization of facility managers: meet with managers to discuss leadership approval and present evidence-based arguments on why integration activities can be included.	Facilities	Project Staff	Facility Managers
Sensitization of community: work with groups to explain that these activities have been approved by the FBO leadership and where they can go to receive services.	Community catchment areas	Project Staff	Community members
Phase 2: Integration			
Facility assessments	Selected facilities	Project Staff, FBO representatives	FBOs, Project Staff
Training of service providers	Selected facilities	Local Implementing Partners (IPs)	Facility Staff
Conduct staff orientations	Facilities	Project Staff, Facility Managers	Facility Staff
Physical infrastructure improved	Facilities	Contractor	Facility
Phase 3: Outreach			
Identify peers that you want to work with	Selected facilities	Facility Staff	Beneficiaries
Training	Facilities	IPs	Peers
Provide Tools		Project	Peers
Supervision		Peer supervisors	Peers
Phase 4: M&E			
Reassessments	Sample of selected facilities	Project Staff, Facility Management, Youth	Facility, Project Staff
Mystery client interviews	Facilities	Trained mystery clients	
Monitoring visits	Facilities, Peers	Project Staff, Peer Supervisors	Facility staff, Project Staff

3. **Results:** What were the results of your intervention, particularly the significant or unique results? For example: your activities resulted in the FBO including HIV prevention activities in their programming, which contributed to an increase in condom distribution. Or, your activities resulted in youth-serving service providers adopting a youth-friendly attitude which contributed to improved services and an increase in youth visits. Church leadership may have made a commitment and modified policies to include ASRH activities, leadership talking about the issues publicly. Facility managers may make financial commitments to refurbishments, training, etc.

4. **Challenges and how they were met:** This focuses on what challenges or difficulties you encountered and what you did to overcome them. One of the challenges in working with FBOs may have been dealing with Catholic FBOs and your response could have been to negotiate with them to include certain prevention activities like abstinence, and/or providing a referral point to youth who may want to get information about condoms. Another possible challenge is that not all FBOs who you had hoped to work with were willing to come on board and this required additional attention.

5. **Beyond Results: Are the results mentioned above sustainable?** Why or why not? For example, an integrated approach to programming (which included a strong policy and advocacy component) created an enabling policy environment with strong stakeholder support that can be nurtured and leveraged beyond the project duration.

6. **Lessons Learned:** What lessons were learned: programmatic, technical, financial, process, etc.? For example, the experience showed that it was imperative for project staff to have a very solid understanding of government policies to speak to these issues with key stakeholders. In addition, it was important to have a good understanding of the various religious beliefs in addition to their respective policies and by-laws for developing and delivering advocacy arguments.

How are Case Studies Presented?

Case studies are flexible in that they can be presented in a number of ways—there is no specific format to follow. However, like all evaluation results, justification and methodology of the study should be provided, as well as any supporting information (i.e., copies of instruments and guides used in the study). Case studies may stand alone or be included in a larger evaluation report. If presented as a stand-alone report, the following report outline is suggested:

1. Introduction and Justification
2. Methodology
   a. How was the process carried out? (Describe the process of selecting the case and data collection sources, as well as how data was collected.)
   b. What assumptions are there (if any)?

> c. Are there any limitations with this method?
>
> d. What instruments were used to collect data? (You may want to include some or all in the appendix.)
>
> e. What sample(s) is/are being used?
>
> f. Over which period of time was this data collected?

3. The Problem
4. The Steps Taken to Address the Problem
5. The Results
6. The Challenges and How They were Met
7. Beyond Results
8. Lessons Learned
9. Conclusion
10. Appendices

Where Can More Information on Case Studies be Found?

Information on Case Study Research

Adamchak, S., et. al. (2000). *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs.* Available at http://www.pathfind.org/pf/pubs/focus/guidesandtools/PDF/Part%20II.pdf.

Patton, Michael Q. (2002). *Qualitative Research & Evaluation Methods.* Thousand Oaks: Sage Publications.

Stake, Robert E. (1995). *The Art of Case Study Research.* Thousand Oaks: Sage Publications.

United States General Accounting Office, Program Evaluation and Methodology Division. (1987). *Case Study Evaluations.* Available at http://161.203.16.4/t2pbat22/132683.pdf.

Yin, Robert K. (2003). *Case Study Research: Design and Methods.* London: Sage Publications.

Examples of Case Studies

Cornwall, A. and Welbourn, A. (2002). Realizing *Rights: Transforming Approaches to Sexual and Reproductive Well-Being.* London: Zed Books.

Population Council. *Quality/Calidad/Qualité* series. Available at http://www.popcouncil.org/publications/qcq/default.htm.

SRI International. (2001). *The Organization of Learning in Community Technology Centers: Learning with Technology in Six Communities.* Available at http://www.americaconnects.net/research/SRI_case_study_report.pdf.

Appendix 1: Sample Informed Consent Form

Key Components:	
• Thank you • Your name • Purpose • Confidentiality • Duration • How interview will be conducted • Opportunity for questions • Signature of consent	I want to thank you for taking the time to meet with me today. My name is _____ and I would like to talk to you about your experiences participating in the African Youth Alliance (AYA) project. Specifically, as one of the components of our overall program evaluation we are assessing program effectiveness in order to capture lessons that can be used in future interventions. The interview should take less than an hour. I will be taping the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that we don't miss your comments. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained? Are you willing to participate in this interview? _____ _____ _____ Interviewee Witness Date _____ Legal guardian (if interviewee is under 18)

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