

Table 1 Rapid evaluation and assessment methods

	Real-time evaluation (RTE)	Rapid evaluation method (REM)	Rapid feedback evaluation (RFE)	Rapid assessment (RA), rapid assessment process (RAP), rapid assessment methodology (RAM)	Participatory rural appraisal (PRA)
Origins	The chief proponent and implementer of RTE is the United Nations High Commission for Refugees (UNHCR), which has used it since 2000 (Sandison 2003).	REM was developed by the World Health Organisation.	RFE is attributed to Wholey (2004).	This group of assessments is based on an ethnographic inquiry approach, and are similar to rapid rural appraisal (Beebe 2000:xvi). Vincent et al. (2000) describe RAM as evolving from RA and RAP.	PRA evolved from the Rapid Rural Appraisal (RRA) method, activist participatory research, agroecosystem analysis, applied anthropology and field research on farming systems (Chambers 1994a:953).
Context for use	RTE is used in fast-moving situations such as an international emergency or a humanitarian aid operation (Jamal and Crisp 2002).	REM is used to assess the performance and quality of health care services in developing countries (Anker et al. 1993).	RFE is a problem-solving technique for identifying, diagnosing and improving the functioning of programme processes, and so RFEs are most appropriate in the context of formative, internal evaluations (McNall et al. 2004).	Beebe (2001) does not mention any specific context. Unlike the other REAM approaches, it appears to be used in a diverse range of settings. Vincent et al. (2000) describe RAM as being used as a tool for health research, and to monitor and evaluate health programmes.	PRA is used in third world rural settings. Projects have included agriculture, natural resource management, poverty and social programmes, health and food security (Chambers 1994b).
Description	“RTE is a timely, rapid and interactive peer review ... undertaken at an early phase. Its broad objective is to gauge the effectiveness and impact of a given UNHCR response, and to ensure that its findings are used as an immediate catalyst for organizational and operational change” (Jamal and Crisp 2002:1). “RTE examines a programme against recognizable evaluation criteria while it is still being implemented with the intention of making in situ changes” (Sandison 2003:2).	REM consists of a set of observations and survey-based diagnostic activities. It is problem oriented, focusing on collecting necessary information for decision-making purposes. Therefore REM’s focus is on specific health care problems rather than on overall health care (Anker et al. 1993).	RFE is an evaluation model that is focused on a particular issue, problem or information need, where evaluative information is needed in a short timeframe.	This is an intensive, team-based qualitative inquiry using triangulation, iterative data analysis and additional data collection to quickly develop a preliminary understanding of a situation from the insider’s perspective (Beebe 2001:xv). Vincent et al. (2000:420) describe rapid assessments as being distinguished from other social science research by their speed, cost effectiveness, technical eclecticism and pragmatism. RAM adopts the principle of adequacy rather than scientific perfection (Vincent et al. 2000:421) .	“A family of approaches and methods to enable rural people to share, enhance and analyse their knowledge of life and conditions, to plan and act” (Chambers 1994a:953).

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Key features	<p>The quick timing of feedback is described as an essential feature of RTE: “Rapid feedback is as important as the timing of the evaluation, and without it the evaluation is not real-time” (Sandison 2003:3).</p> <p>The evaluator role is not limited to a passive or analytical one. Evaluators work with the response team and are key players in all stages of the operation, including the planning of the response. They act as a facilitator and provide advice. They should be a “repository of knowledge on lessons from past emergency evaluations” (Jamal and Crisp 2002:2).</p>	<p>REM has a front-end participatory focus. The first step involves the participation of diverse stakeholders to identify the key issues to be examined. Decisions are made about the minimum sample size required for the level of precision that is needed for the decisions to be made. Data collection errors are detected in the field as early as possible (e.g. the supervisor reads all of the completed questionnaires and checks for completeness and consistency).</p>	<p>RFE is based on Wholey's (1983) RTE model which consists of 5 steps:</p> <ol style="list-style-type: none"> 1. collection of existing data on program performance 2. collection of new data on program performance 3. preliminary evaluation 4. development and analysis of alternative designs for full-scale evaluation 5. assisting policy and management decisions. <p>However, McNall et al. (2004) assert that step 4 is not necessarily required because the information gathered during RFEs may be sufficient to answer the client's questions.</p>	<p>The basic concepts of RAP are:</p> <ul style="list-style-type: none"> ▪ data collection using triangulation ▪ analysis using an iterative process, where initial analysis is followed by several cycles of additional data collection and more analysis. 	<p>PRA's primary objective is the empowerment of the local people. PRA is less about gathering data, than it is about starting a process. Ownership of the investigation and the information lies with the local people. The evaluators' role is to act as catalysts and facilitators who enable people to undertake and share their own investigations and analysis. They watch, listen and learn. It requires critical self-analysis and personal responsibility (Chambers 1994a:958).</p>