

Editorial

- **IDS seminar**

This edition of RRA Notes has resulted from a two-day workshop, held at IDS in November 1991 and hosted by Robert Chambers.

The first substantial document to be produced on PRA techniques in relation to health was presented by Robert Chambers in December 1990 at the Nutrition Society of India in Hyderabad. Whilst that document provided a comprehensive overview to date, fieldwork has moved on dramatically since then. It was therefore considered appropriate to call together practitioners for the IDS meeting.

There has been growing interest in PRA, also known as RRA, RAP, and with other names also. Scrimshaw and Hurtado's work on Rapid Assessment Procedures for PHC is mentioned by several authors in this volume and reflected a shift in approaches to community based health studies. In March of this year, a Special Issue of the Journal, Health Policy and Planning was produced on rapid assessment methods for the control of tropical diseases. Thus the papers of this volume contribute to a highly topical debate within the health field as well as beyond.

- **Themes**

At the workshop there was much fruitful discussion, both of individual papers which were presented and of more general issues relating to the development of PRA in health. Susan Rifkin's overview paper highlights four key issues which were addressed during the discussion sessions. These included:

- reflection on the relative values of qualitative and quantitative data;
- the position of 'the community' as subjects or objects of health service delivery;

- the importance of the process of community-based health information collection, as opposed to a more conventional pre-occupation with the product; and,
- the importance of the development of health worker skills towards learning and facilitation as opposed to imperious superiority.

- **Process and mutual learning**

It is clear from several articles how much the staff - particularly health staff - involved in the studies have gained from them. They have gone through a changing process of scepticism, disbelief, unlearning and relearning about the communities with whom they work and should be communicating.

Several articles also point out how much community members themselves declared that they had gained from the exercises. By being given time and space by health staff to discuss and analyse with them their health and other problems, they too went through a learning process. As Eng et al (1990) also found through their work on focus group discussions in Togo, the sense of learning from the process gained by community women and health workers alike, resulted in greater mutual respect and confidence and an increased uptake in western health services.

- **Analysis of difference**

Another theme recurrent amongst several articles stresses the importance of the analysis of difference. This recognises that different members of a community have different experiences, needs, problems and therefore require different solutions. Aspects of difference with regard to gender, age and well-being in particular are illustrated in the case

studies. This theme is becoming increasingly important in PRA work and cannot be ignored.

- **Expansion and quality control**

Finally a key issue which was aired at the workshop and which Richard Heaver's paper also addresses is the question of PRA expansion, institutionalisation and quality control. This is a question not just of relevance to the health field but to all practitioners of PRA. How can a methodology and approach which so fundamentally challenges the conventional centralised, bureaucratic forms of project implementation, be accepted and embraced by governmental and donor agencies? This is a challenge, which also presents itself to existing NGO practitioners. It may form all the more of a barrier to PRA uptake by larger bodies. This is a key area for further study, in all sectors of PRA work.

- **Order of presentation**

Whilst only some of the papers presented in this volume were actually delivered at the workshop at IDS, others have been received separately by IIED for publication. It seemed appropriate, however to present them all together in one volume, since issues raised in all of them have many common threads.

Rifkin's paper, as well as setting out the main themes of the discussion (see above), presents the workshop in the broader framework of current health data collection developments.

Heaver's paper, also in the overview section, presents a review of PRA with specific reference to its potential for the India Family Planning, Health and Nutrition Programmes. In this context he studies the issue of quality control described above. The combination of Heaver's macro-level paper - which focuses on potential governmental level health development - with subsequent papers from different Indian NGOs - which work on the small scale - provides a valuable all-round perspective of unfolding PRA interests in the health field in India.

Subsequent papers present a variety of specific case studies of health related field work. Together they provide a wide geographical

spread. There are a variety of examples of the use of RRA/PRA from Asia, Africa and one each from Latin America and Britain. The latter two provide examples of the use of the approach in deprived urban environments.

The papers also reflect a certain chronological development in the use of the PRA approach. Whilst the first three case studies, presented by LaFond, Cresswell and Moneti, were essentially studies conducted without the use of graphic representation, the spirit of their approach and the experience of the participants of those studies clearly relate closely to those of participants in other studies presented here. These three examples have therefore been presented as the first of the specific case studies. The rest of the case studies, accompanied mostly by illustrations, have then been divided up according to continent.

Four of the papers (Francis et al, Joseph, Appleton and Tolley and Bentley) are reports of training sessions and data collected in that context. Other case study papers also have given detailed methodological accounts. They have been published partly to enable those readers who are interested in practising these techniques for themselves, to understand more clearly how to set about doing so. Each paper also reflects once more the important role of the process of conducting the exercises, in the development of community rapport and confidence.

- **Conclusion**

The wealth of experimentation and innovation apparent in the articles and their accompanying illustrations is most impressive to behold. In order to share these and other ideas for the use of PRA in health, we held a small group brainstorming session towards the end of the workshop. The results of that session are presented at the end of the volume. Do please experiment with these suggestions for yourself. Please also write back to us with your ideas and experiences, together with your comments on this volume, for inclusion in future editions of the RRA Notes. We look forward to hearing from you.

• Alice Welbourn

REFERENCES

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