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Training workshop on participatory rural appraisal for planning health projects

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• Introduction

The 1980s have seen the growth of the use of RRA in health and nutrition. The mode of RRA was initially mainly extractive: that is *we* learning from them and analysing data later by ourselves. This took a change and in the late 80s PRA 'analysis of information by them', was given importance and most analysis happened in the field. SPEECH, Society for Peoples' Education and Economic CHange, had an opportunity to be introduced to the technique and were convinced of its relevance. We have been practising it in our work area since 1990. We also felt the need to disseminate the new information and skills we have learnt. Thus we conducted a series of workshops in PRA for NGO and Government officials in Tamil Nadu, southern India.

• Workshop objective

The health PRA conducted at Manavarayanenthal is one example of these workshops. SPEECH's objective in doing this topical PRA on health was primarily to introduce the NGO participants to an overview of general PRA principles and to evolve new strategies in planning specific health projects with participation of the village analysts.

• Preparation

The PRA workshop started on October 2, 1991 at Manavarayanenthal, which is 6 kms from Tiruchuli, where SPEECH has its field office. There were 23 participants from 11 NGO groups. They arrived at the workshop site on the morning of October 2. The villagers had arranged accommodation for the participants.

Our field workers had done a lot of spade work for the training workshop dividing themselves into small committees, i.e. food committee, local arrangements, accommodation, purchase. Some of the staff were also participants. The earlier experiences of conducting PRA training workshops had helped our staff to plan and implement individual responsibility well. At the end of each day, the SPEECH staff team met, though it was as late as midnight some days, to evaluate the day's performance and correct it then and there.

• First lessons

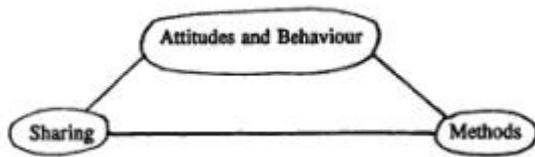
The PRA training workshop on health started at about 6 in the evening with a brief introduction on the organisation to the participants and of the outside participants to the various committees. We discussed about how care should be taken in working in a village, which is a work area of another NGO, especially in a PRA training which involves villagers. Working with people is not like other trainings which are usually organised in classrooms with a book and pen. The heavy rain in the evening did not allow us to proceed further with the training.

• Principles of PRA

The second day of PRA workshop started at 08.30. The NGO participants were given some background of PRA, its history, different types, principles and methods. The points highlighted how PRA can be defined as a semi-structured process of learning from, with and by the rural condition. The main applications of PRA have so far been at the community level with participatory appraisal and planning, leading through to the implementation of plans. These

have been concerned mainly with natural resources, especially Watershed Management, Social Forestry and Tank Rehabilitation but increasingly applications are being explored in Health and Nutrition. PRA is refined form of RRA. Instead of Rapid (Rushing), it is done in a relaxed way with a good rapport with people. Thus extracting from them and planning for them has changed to analysing and planning with them.

The three legs of PRA:



There is a need to show appropriate attitudes, basic respect, an interest in what people know, patient listening, and humility. Role play was done to highlight the role of outsiders, especially our attitudes and behaviours.

• Concerns and expectations

Later the participants clarified doubts about the methods and how they could be used in the village. The representatives from SPEECH shared their earlier experiences. In groups, the participants brought out their expectations and raised some questions. They are:

- What are the PRA techniques?
- What are the methods?
- How can we do PRA in villages?
- What are the experiences of SPEECH?
- Will all the villagers participate?
- Can we conduct PRA in a new village?
- What are the problems? How to approach the villagers?
- How can the villagers and outside participants do this together?

• Learning techniques

The outside participants were divided into five groups on the first day. The villagers were also divided into five groups. Three exercises were introduced:

- Village Mapping;

- Village Modelling; and,
- Time Line/Historical Transect.

• Mapping/modelling

The village mapping was done by three village groups. The first group did Social Mapping, the second group did Health Mapping and the third group, which was exclusively a women's group, did Social Health Mapping. The village mapping and model group brought out the village layout, types of houses, infrastructures, castes, religion, joint family, electricity connection, chronic health cases, handicapped, malnourished children, family planning, pregnant mothers, lactating mothers, adult men and women, under fives, destitutes, widows, orphans, and second marriages. Each group had five outside participants and 15-20 village analysts.

Facilitators and NGO participants divided the responsibilities such as process and content writing. The group was given approximately 3-4 hours to complete the exercises of interviewing and observation. The groups did the mapping on charts as well on the ground. The exclusive women's group, which did the village mapping on the ground, used seeds, vegetables and colours as counters to mark different data on the map. The groups which did the map on the chart used different colour bindies¹ to bring in different information (Figures 1a and 1b).

The village modelling group used small cards to bring out the individual family details using bindies. The advantage in this method is that these cards could be preserved by the organisation and later updated by local animators/village analysts during the project life time (Figures 2a and 2b).

¹ Bindies are stickers used by girls and married women in this area to decorate the forehead.

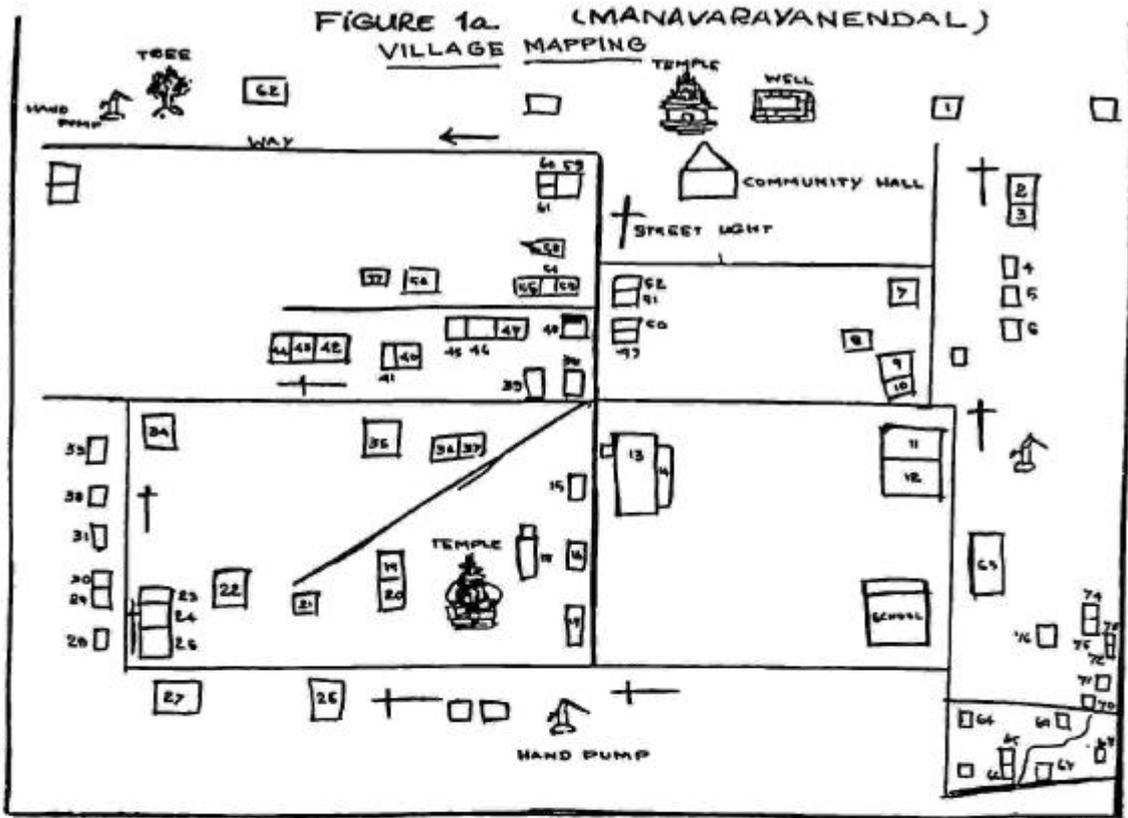


FIGURE 1b: INFO FROM VILLAGE MAPPING

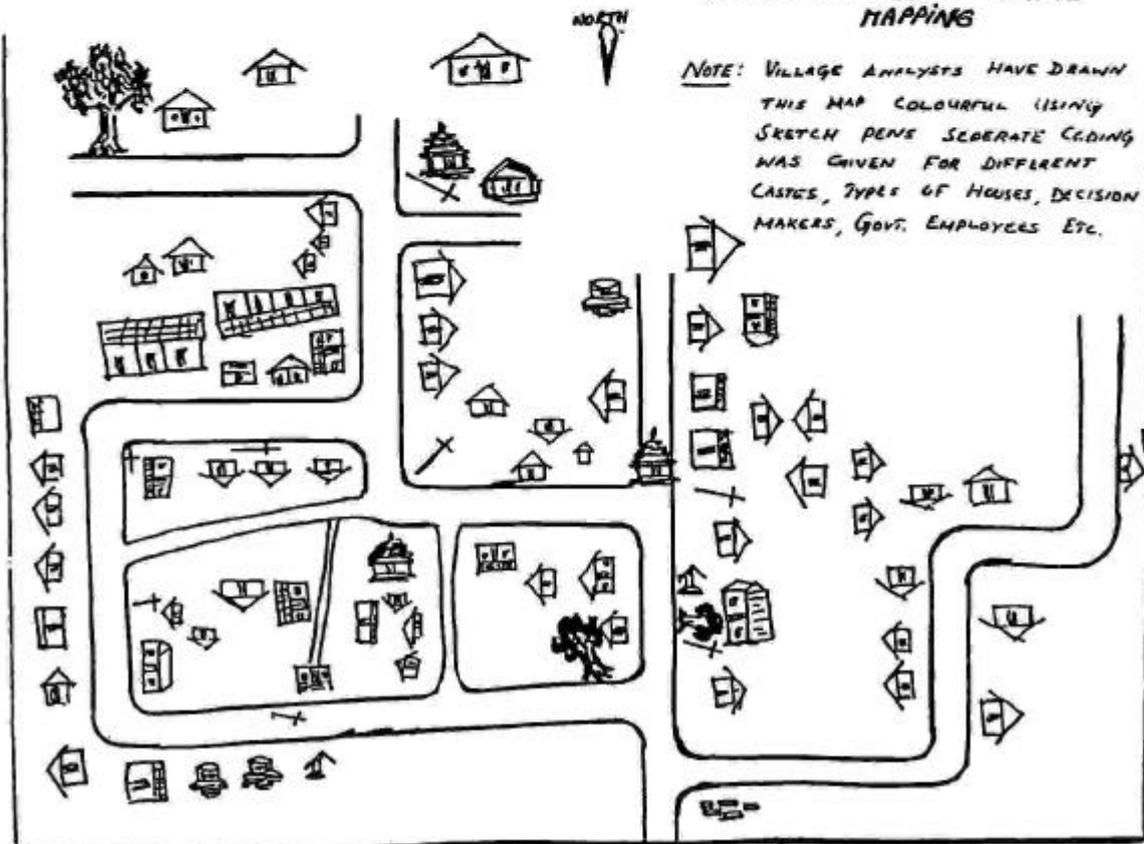
SAMPLE REPORT PURPOSE

1) மகாலக்ஷ்மி	2) சூர்யன்	3) சமீரன்	4) ச. சமீரன்	5) மாலன்	6) நந்தன்
M F ●● 2 ●● 2 • 1 •• 2	M F ● 1 ●● 2 •• 2 • 1	M F ●● 2 ●●● 3 •• 2 •• 3	M F ● 1 ●● 2 •• 2 •• 2	M F ●●● 3 ●● 2 ••• 3 -	M F - ● 1 - -
7) சந்திரன்	8) கீர்த்தி	9) வைஷ்ணவன்	10) v. சமீரன்	11) ஜயலக்ஷ்மி	12) ஜகதீசன்
NIL	M F ●●●● 4 ●●● 3 • 1 • 1	M F ● 1 ●●● 3 • 1	M F ● 1 ●● 2 • 1	M F ● 1 ● 1 • 1 • 1	M F - ● 1 - -
13) சமீரன்	14) மீரன்	15) சமீரன்	16) சமீரன்	17) சமீரன்	18) சமீரன்
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19) மகாலக்ஷ்மி	20) சமீரன்	21) சந்திரன்	22) சமீரன்	23) சமீரன்	24) சமீரன்
M F ● 1 ● 1 • 1 ••• 3	M F ● 1 ●●●● 4 • 1 -	M F NIL	M F ●● 2 ●● 2 •• 2 -	M F ● 1 ● 1 - • 1	M F ●● 2 ●● 2 •• 2 -

INFO FROM
FIGURE 2a. VILLAGE MODELLING

TOTAL FAMILIES	→ 58	<u>CASTE BREAKUP</u>		
TOTAL POPULATION	→ 320			
0 - 5	23 M	25 F	NADAR	— 28
6 - 13	36 "	39 "	THEVAR	— 24
14 - 45	73 "	64 "	PILLAI	— 4
45 (ABOVE)-25 "		31 "	NAYACKER	— 1
JOINT FAMILY			CHETTIYAR	— 1
NUCLEAR FAMILY				
HANDICAPPED				
ANC CASE				
SECOND MARRIAGE				
WIDOW				

FIGURE 2b. VILLAGE SOCIAL MAPPING



- **Time line/historical transect**

The time line and historical transect group chose old people in the village as their key respondents, who were able to recollect the history of the village, educational scene, important events, health, agricultural practices and evolution of the village. They also did a historical transect of education, health, agriculture and other cultural practices in three periods, i.e. before independence, after independence up to 1970 and 1970-1990. This information was presented in chart form.

- **Presentations and evaluation**

All the groups presented their group maps, model and time line charts to the villagers in the evening and some corrections were made in the village mapping. The modelling group's individual family cards were used to check against the women group's village mapping information. Thus, it was triangulated. After the presentation, the outside participants gathered and presented the process. The following drawbacks were highlighted:

- no coordination between NGO participants while in the small groups;
- the domination of men in the group;
- wrong selection of key informants;
- outside participants' attitudes such as lead questions and imposing ideas;
- selection of place for group work; and,
- women only brought out minute details, not broad issues.

After this, an evaluation of the day's work was done. The facilitators shared their observations about individual trainees and the changes needed. The trainers felt that the NGO participants were open to suggestion and new learning. By the end of the day, the trainees learned that PRA had attracted the participants and that they were convinced of its usefulness.

The day ended with a presentation of a cultural programme by the village youth which really inspired the outside participants later to contribute from their side.

- **Day Three: more techniques**

The third day started with the usual enthusiasm. The outside participants gathered at 8.30 am. They were briefed about seasonality, trend change matrix ranking, Venn and linkage exercises. There was a slide show and a video show about earlier PRA exercises. The slide and video shows were very effective and educational. They clarified and resolved some unanswered questions for the participants. Then the outside participants and villagers were divided into four groups.

Trends

The trends in diet, diseases, health treatment (practices), feeding practices, cooking vessel, fuel, education, cultural practices, *panchayat* and political representation, marriageable age, festivals, celebration around attending puberty, marriage, etc. from 1930-1990 were recorded.

Seasonality

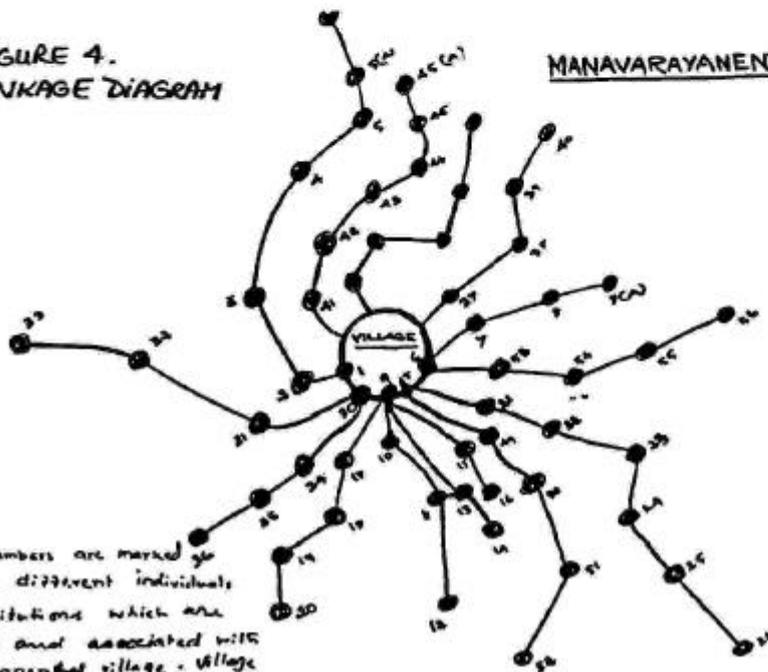
The seasonality exercise was done by the only-women group and they brought out very sensitive issues this time. The seasonality exercise included: food practices, health practices, cultural practices from puberty to marriage, work load, husband and wife sexual relationships during pregnancy (from first month to delivery and to five years), feeding. The seasonality group also learnt about the recurrence of rainfall and diseases for 18 months. Wages, income, savings, loans and expenses, as well as agricultural practices, employment and festivals were recorded for each month on a twelve month chart.

FIGURE 3. SICKNESS ACTION MATRIX (SAM)

RANKING	STOMACHACHE	VILLAGE TREATMENT	RAZAKANI MEDICAL	THIRUCHULI, ARUPPUNATHI, VIEUDUNAGAR, MADURAI
1.	●●●●●●●●	●	●●	●●●
2.	KNEE PAIN ●●●●●●	●	●●	●●●
3.	FEVER/HEADACHE ●●●●●●	●	●●	●●●
4.	POR ●●●●●●●●	NIL	NIL	NIL
5.	MADRAS EYE ●●●●●●	●	●●	NIL
6.	TOOTH ACNE ●●●●●●●●	NIL	●	●●
7.	HEAT ●●●●●●●●	●	NIL	NIL
8.	WHITE DISCHARGE ●●●●●●●●		●	●●

FIGURE 4. LINKAGE DIAGRAM

MANAVARAYANENDAL



NOTE: Numbers are marked to denote different individuals and institutions which are important and associated with Manavarayanendal village. Village analysts have used different colors stickers and triangulated with larger forms.

Ranking

The group did a ranking of diseases and a pair-wise preference sharing method for health practices (see Figure 3). The venn and linkage group used chapatti diagrams to indicate the relationship of individuals and institutions to the village. The size and distance of chapattis indicated the degree of relationship. The linkage not only explained the relationship but also clearly showed the link between institutions and individuals (see Figure 4). The NGO participants met initially to show the process and their new learning during the day. They were:

- Women's participation had improved;
- selection of interviewer and the relationship with the village;
- suggestive questions/prompting answers; and,
- use of games/ice breakers to involve all participants.

Other questions were raised by the participants, especially about the need to come up with innovative method of presenting and how to involve all the villagers in the group discussions.

The participants were told that participation by the villagers does not mean that all present are drawing a chart or sharing the information. The interviewer should be capable of identifying 2-3 key informants during the first five to ten minutes and later try to involve others by asking questions or second opinions from others. The group will also identify two or three to present the charts.

NGO Group

1. Over-crowdedness
2. Lack of ventilation
3. Goats, birds and people living in the same house
4. Lack of cleanliness
5. Stagnation of water around the house
6. Garbage dumped all over the village
7. Lack of trees

We highlighted that we should not be interested in finding out innovative presentation because our interest is not presentation but quality and triangulation of information. There was also discussion about the objective of PRA training workshops and PRA practitioners in the field.

The third day evaluation brought out the drawback in the selection of the place for group work; improvement in the facilitators' role, and the process writers. Each group met separately to share their observations about attitude and behaviour of each member, which naturally helped the new participants to reflect on their own performance and improvement.

After the presentation, the SPEECH cultural team had a musical evening. The villagers enjoyed the evening very much. Before going to bed, the outside participants were briefed about the next day's exercise (transect exercise) and were divided into three groups.

The fourth and final day started a little earlier than usual. The participants gathered at 7 am and went in three groups across the village. The NGO participants went around the village and observed the environmental sanitation. They came back and discussed health problems, solutions and existing opportunities. This was presented and the process was discussed. By 10 a.m. the villagers had gathered and both outside participants and village analysts were divided into four groups and discussed the health problems, solutions and opportunities.

The only-women group came up with the following health problems, which were completely different from the outside participants' ideas.

Women's Group

Lack of clean drinking water facilities
 Workload in the field
 Use of hybrid varieties, fertilisers, pesticides, reducing nutrition
 Marriage age which was 23-25 now reduced to 13-17 as reached resistant power of women
 Lack of road and transportation facilities
 Water sanitation around the village during rainy season, serving as breeding place for mosquitoes
 Lack of medical facilities. Government health worker in Thotiyankullam is not visiting the village regularly

Likewise, even in bringing out solutions and opportunity, differences were expressed. This being a training workshop, SPEECH did not attempt to plan a health programme at this stage

but decided to do it later with its animators and health workers. The key information is already on hand for SPEECH, but needs to be probed in the further exercise.

Information on reproductive cycle shared by only-women group

Age at puberty 13 - 17

Diet Practice

First Day Green Seeds mixed with milk will be given (reason attributed -in order to get more number of children). Then the girl will be kept separate from the house

Second day Gingili Oil mixed with rice water

Up to 30 days Steam boiled food with more Gingili Oil

30th Day Formal ritual will be celebrated to announce/make known to relatives and villagers. Marriage will be arranged between 15 and 17 years of age

Pregnancy When menstrual cycle (villagers have mentioned the colloquial term) stops, they assume the girl is pregnant

Up to 40 days Women feel giddy and some do not feel like eating. Up to 7 months, normal working, husband and wife relationship, etc. During seventh month, parents of the girl will celebrate a ritual and take the girl back home. While mentioning about husband and wife relationship after seventh month, they said they would avoid such action. Reason attributed - so that if baby in the womb is a girl, the father might have a forbidden moral ethics

After childbirth

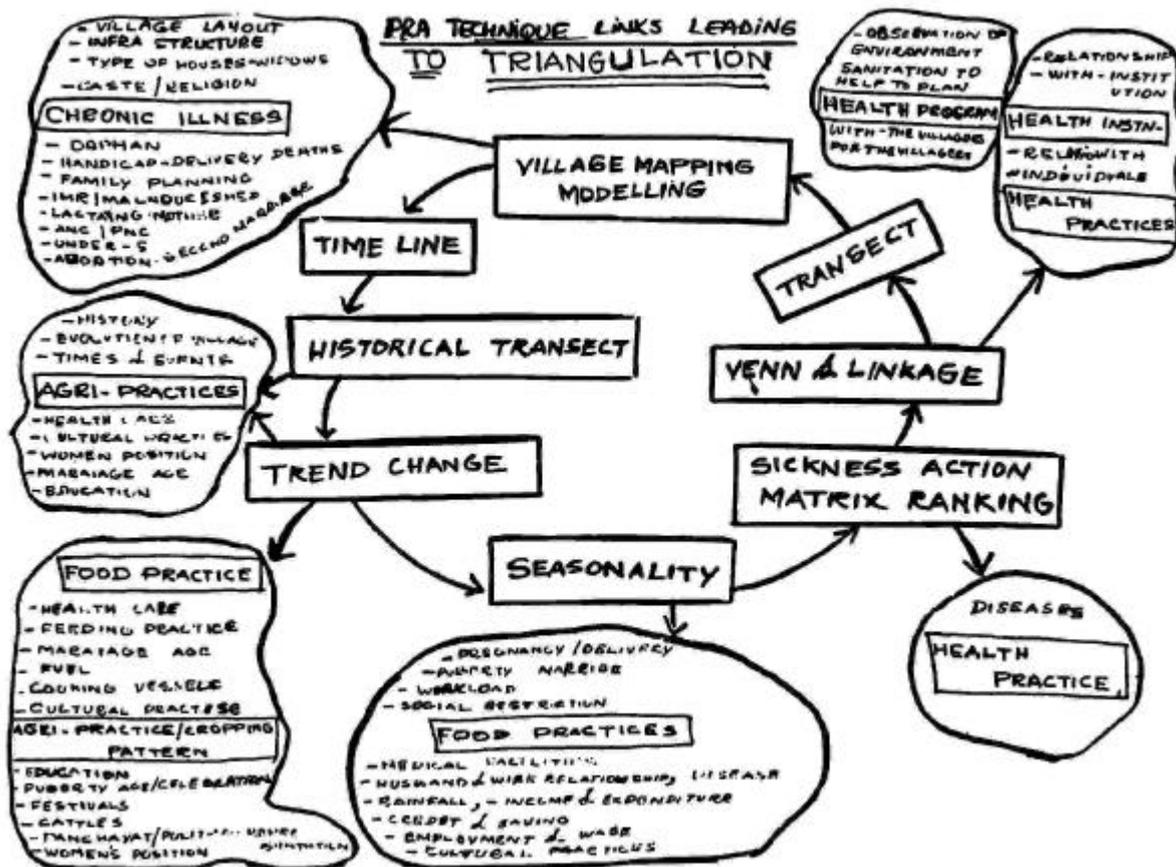
Up to 1 1/2 days after delivery, the mother will be fed only with porridge made out of dry ginger and fried rice powder. Up to 3 days garlic sauce with cooked rice will be given. Up to 5 days, tender bringal (aubergine) and peer gourd (sour gourd) will be added more in food. Simultaneously up to seven days, paste made out of medicinal green leaves will be applied and bath taken after two hours. In breast feeding, there is no difference between a male and a female child. Up to 30 days, drops of Castor Oil will be put in the eyes and ears of the new born before a bath.

Since the topic is highly sensitive, it took a long time for the facilitators to make the group give this information. Also the women triangulated only among themselves and never wanted to present in the larger forum, where there are men. It was interesting to see that the women

came with a seasonal calendar of 10 months pregnancy period, food practices, workload, family relationship, religious rituals, local health practices etc.

This exercise was mainly done to highlight to the NGOs that their perception of villagers' problems were totally different from that of villagers. As outsiders, we also normally look at things with our own background, and due to our enthusiasm help the villagers adopt our ideas. The differences were brought out by this exercise.

After the exercise, the outside participants evaluated the day's exercise and accepted the fact how we, as outsiders, often try to bring out our own answers by asking leading questions and suggestive questions, especially in such delicate situation, which involves the programme planning. We often think that we know better than villagers and fail to recognise the villagers' wisdom.



In the evening, the trainees brought out the link between various exercises that were done. They took up one issue and expressed how the link is made between different exercises (Figure 5).

The day ended by matching the expectations with learning. We again explained various methods of PRA and that we have used very few of them in this workshop. We have to know how to choose the appropriate method for the type of information we require for our programme. This could be used in planning, implementation, monitoring and evaluation stages of programmes.

The evaluation of the PRA workshop brought out the following points:

- The quantity of information gathered in very little time surprised many of the participants.
- One participant asked whether any training was given to the villagers to do mapping and charts.

- Involving people totally was an enjoyable experience.
- We should have all eyes and ears (maximum observation) during participation.
- I know that the illiterate people have more knowledge and experience than the so called educated
- PRA is something which could be learnt by experience.
- I came to learn about health planning but learnt about novel methods of village survey.
- I learned how to ask non-suggestive questions in non-threatening tones in a more inquisitive way.
- Through PRA, people brought out their needs by themselves very clearly.

- This is the first time, where I found all NGO participants totally taking part in the training.
- PRA, as I observed could be the best and most effective tool in the planning, implementation and evaluation stages.
- PRA involves and makes people participate in their own future well-being. This we never find in any other method of workshop and training.

The training workshop was an eye-opener for the organisers. The group learnt that the facilitation has to be done more professionally, especially in training workshops for NGO participants. It was indeed a pleasure to do training for a group of trainees who were open to new ideas and suggestion. As one of the participants said, it is easier to unite on a new clean slate rather than writing on an already written slate. The process of unlearning what we have learnt, especially the role of advising to villagers and changing to listening to villagers is a very difficult one. The workshop was a positive experience for both organisers and the participants. It was an enjoyable one for the participants who expressed their interest in attending more PRA training in order to prepare themselves as future practitioners.

This report is dedicated to those who wish to 'learn to unlearn'.

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