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Actual or potential uses of RRA/PRA methods in health and nutrition

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On 13 November 1991, the 23 members of IDS Study Course 20 *Implementing health for all: health sector reform for primary health care* listed potential practical applications of several RRA/PRA methods. On the second day of the IIED/IDS Workshop on PRA Applications in Health and Nutrition, 14-15 November 1991, small groups brainstormed about actual and potential applications of particular methods. We benefitted especially from the work of SPEECH (Madurai), ActionAid (Bangalore), the Jamkhed Project (Maharashtra), and Activists for Social Alternatives (Trichy), and the reports and innovations of John Devavaram, Sam Joseph, Sheelu and others. This note summarises experience and ideas from these sources, with a few additions.

• Participatory mapping and modelling

This refers so far to maps made by people on paper, the floor or the ground, and to three-dimensional models on the ground. Used or usable for identifying, presenting, checking, analysis, planning and monitoring to cover the following, showing numbers and locations:

People

- census-type information on men, women, children, age cohorts, and compiling a community register;
- key informants;
- health specialists - TBAs, herbalists, traditional health practitioners, therapists, etc.;
- social groups (ethnic, caste, clan etc);
- household characteristics;
- handicapped;

- the sick, by types of disease (TB, cataract, etc) by location and social group;
- pregnant women and month of pregnancy (one seed per month);
- alcoholic husbands;
- widows;
- children who do/do not go to school;
- women who do/do not go to the clinic;
- child marriage;
- deaths, by category; and,
- malnourished children.

Social

- dowry;
- ownership of assets;
- wealth/wellbeing status; and,
- marriage from outside the village.

Natural resources

- community natural resources; and,
- land use.

Facilities

- community facilities - schools, temples, churches etc.;
- clinics, health posts;
- medical shops;
- water supplies;
- street lighting; and,
- communications (roads, paths etc).

Hazards

- pollution;
- zones of defecation;
- places where mosquitoes breed;
- drains;

- no go and problem urban areas;
- ghetto areas;
- street lighting; and,
- road-racing problems (UK).

Utilisation

- who uses health services, and where they live;
- immunisation status of children;
- family planning status (sterilisation);
- who receives assistance; and,
- participants in a programme, those targeted.

Useful for

- establishing rapport;
- starting point of entry with community;
- part of analytical process of better understanding the health/nutrition situation;
- demographic - census, household survey, baseline etc;
- identifying vulnerable groups;
- identifying health risk factors according to household and area;
- visible ranking of households according to wealth/well-being/health;
- ad hoc investigations in the community;
- identifying risk factors;
- awareness and planning by the community;
- participatory location of facilities; and,
- monitoring by the community, graphical representation of changes in health/nutrition over time.

• **Seasonal diagramming and analysis**

- Rainfall;
- labour in agriculture;
- crop/harvest;
- food availability;
- illness by type and prevalence;
- gender perceptions of disease-prone periods;
- water supply;
- fuel sources;
- access to facilities; and,
- stress, happiness.

Useful for

- awareness and planning: community and health worker awareness and planning for health initiatives in relation to disease trends, times of stress, etc.;
- timing of interventions in conjunction with variations of:
 - water supply;
 - disease;
 - type and availability of food;
 - income;
 - migration;
 - festivals; and,
 - how busy/free people are;
- monitoring - by them, and by us;
- health workers' and communities' monthly monitoring of biggest problems.

• **Matrix ranking and scoring**

- health care providers vs diseases;
- types of illness vs access and utilisation;
- scoring characteristics of health providers;
- scoring characteristics/effectiveness of types of treatment by type of illness
- characteristics of diseases;
- food availability/food use: what is there vs what is used;
- health/nutrition problems;
- food preferences and characteristics;
- sources of credit and characteristics;
- sources of income and characteristics;
- reasons for needing credit (illness, funeral, hunger etc) vs. choice of sources (husband, sister, moneylender etc.);
- areas according to health/disease status;
- patterns of health service usage;
- patterns of service supply/drug availability; and,
- vulnerability/debility (linked to income, food supply, etc.).

Useful for

- part of analytical process, including values placed on the non-tangible as well as physical things;
- people's own analysis, sharing knowledge etc.;

- people identifying and expressing priorities, and options for action; and,
- targeting, and allocation of resources.

• **Sequence matrices**

- sequence of going for consultation and treatment; and,
- sequence of a disease, with characteristics and treatments.

Useful for

- agenda for discussion, participatory definition of needs and priorities; and,
- learning how services can be improved.

• **Causal and flow diagramming**

- tracing the sequence of a disease and action taken at each stage;
- causal diagram - impact of a cash crop;
- food chain;
- what happened after immunisation; and,
- sequence of weaning practices in relation to seasonality and food availability.

Useful for

- analysis of processes, sequences of action, causes, choices, and potential effects;
- planning sequences of shorter and longer-term actions;
- 'what if' analysis, before and after, understanding what has happened and what might happen...; and,
- evaluation.

• **Chapatti (venn) diagramming**

Also 'interviewing stones' used in the UK for individuals concerning family relationships. Rough, smooth, chipped, damaged etc stones. Therapist does her own stones first. Very useful for personal interpretations of psychological problems. Could be used in communities for how groups see themselves and others.

- institutions and linkages;
- access to linkages;

- social groups, key individuals; and,
- health service organisations, local health care providers (inside and outside village) and which act on immediate causes, which on longer-term.

Useful for

- conflict identification and resolution; and,
- identifying sources of health advice and treatment.

• **Case histories**

- acute/longer maturing diseases - tracking leprosy, TB etc treatments, what done etc.;
- history of an illness in the area;
- history of an illness episode and treatment in an individual;
- history of drought and its after effects on particular families;
- project case histories from villagers' point of view;
- status change in people working on projects; and,
- verbal autopsies.

Useful for

- learning about the above;
- communicating perceptions of illness; and,
- communicating to managers through quotations, recordings, video.

• **Wealth/wellbeing ranking**

- wealth or wellbeing ranking;
- health ranking, leading to what is health/malnutrition; and,
- health ranking, leading to what is health/malnutrition (criteria, characteristics) etc.

Useful for

- targeting;
- sampling;
- research comparing different groups;
- correlations between sickness and socio-economic etc status; and,

- identifying focus groups by wealth/well-being/health.

• **Time lines and trend analysis**

- time line of events to provide framework;
- major changes in the past;
- trends in time spent fetching water, fuelwood;
- incidence of disease;
- trends of epidemics;
- changes in access to services; and,
- changes in environment.

Useful for

- establishing rapport;
- building on previous successes/failures;
- helping people analyse and make sense of what has occurred;
- conflict resolution; and,
- identifying focus groups.

• **Focus groups**

- mapping/modelling;
- seasonal diagramming and analysis;
- perceptions of health and health problems;
- matrices; and,
- chapattis.

Useful for

- enabling homogeneous groups, especially the poorer, more deprived, women, etc to express and analyse their knowledge, perceptions, problems, needs, preferences, priorities...

• **Body mapping**

- people draw or diagram 'maps' of their internal organs.

Useful for

- enabling people to show how they perceive their bodies, leading to more appropriate programmes (e.g. for family planning).

Combinations and sequences of methods

Combinations and sequences of methods can be strong. For example:

- map/model leading to wealth/health ranking on the map or model; and,
- wealth/health ranking leading to focus group discussions leading to seasonal diagramming, causal diagramming, matrix ranking and scoring, all leading through analysis to action.

Dangers

- Putting practical people off. Long lists like these can intimidate. They could inhibit practical people. But they are a menu, not a syllabus. Practical people can pick and choose what they want, and start, experiment, adapt, invent, and learn to do better as they go.
- Instant 'fashion'. Donor agencies, Government departments, and large NGOs are in danger of sudden, widespread adoption of some RRA/PRA approaches and methods. It is probably better to learn piecemeal, to experiment and test, to allow and encourage practical people to invent and adapt what seems to fit local needs and conditions, learning from successes and failures as they go.

Hopes

- that practical people in the field will be encouraged to try out some of these methods and combinations, adapt them, invent others, and share their experience;
- that these participatory methods, such as diagramming and then 'interviewing the diagram' will be less intrusive and disturbing than some others, will strengthen rural and urban people's own analysis, and will help better communication of their priorities and needs to managers.

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NOTE

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