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Barriers to the institutionalisation of PRA in NGOs in Nepal

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with a response from Michel Pimbert

Feedback is a forum for discussion in PLA Notes. It features articles which raise common concerns or challenges in fieldwork or training, together with a response from another PRA practitioner. Letters and articles are welcomed for this section, as are your comments on any of the issues raised by **Feedback**.

- **Introduction**

I have been working with local NGOs to try and support a capacity building process for the last two and a half years. As part of this process, I constantly reflect on what progress is being made. It was during one such reflection that I decided to write this paper on the barriers to acceptance of PRA in the NGO community.

PRA training has become a 'fad' in Nepal. There are many supposed PRA trainers organising PRA training for donor projects, International NGOs, NGOs and less frequently, for government offices. Recently the PANDA¹ team (a district level network in Dhankuta) carried out an evaluation of the use of PRA in local NGOs in Dhankuta (Gibbon et al. 1998). They found that many of the participants who had received training in PRA had used their new skills in their individual lives, but very few were using them within their organisations. I feel certain that this finding would be replicated elsewhere and therefore decided to consider why so few people who have received training are actually utilising it.

¹Participatory Appraisal of Needs and the Development of Action

Many development organisations have either had people in their organisation trained internally or have sent people on training. Kahji Shrestha (pers. comm.) of Women Acting Together for Change said their workers had received PRA training, but they were not using the approach on a systematic basis. He thought the reason for this was that trainers are only teaching the tools and rarely consider the process of implementation.

The Medical Bachelor in Science programme of Tribhuvan University in Kathmandu, Nepal, is ensuring their medical students are trained in the use of PRA. They are not, however, implementing any programmes using a PRA process. The students are therefore learning the skills in their ten day course but do not have the opportunity to see the important part of PRA, namely the process whereby communities are able to make decisions and act together for change.

It seems, therefore, that PRA is not being put into practice because of the lack of process orientation that many PRA trainers have. Running a one-off workshop results in no follow-up by the participants and little thought to the importance of supporting a continuing process.

Recommendation: Both trainers and trainees need to be involved in a longer term training process. Training should not be of a one-off nature with no follow-up.

A further consideration that trainers have not taken into account sufficiently is that the training should be participant-centred. The

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needs of the participants are discussed during the expectation phase of training but insufficient thought is given to how a participatory approach could be put into action. The trainers do not ever consider the potential barriers to the implementation of PRA within the trainees' organisations.

Recommendation: Training needs to be more participant-centred and should consider how participants can put PRA into practice. They need to consider the potential barriers to implementation during the training.

Very often, training is not context specific. It is carried out in a classroom with a possible field visit. Instead trainers need to consider that training people should not simply be an exercise to sharpen technical skills. It should stimulate the transformation of staff into social animators and community mobilisers. To do this, training needs to take place where participants actually work or will be working. In this way, their learning process will be enriched by feedback from their environment. In the process of acquiring skills, the trainees will also be creating the beginning of a social change process.

Recommendation: PRA training needs to be context specific. The training should take place with the field staff in their working environment.

The time taken to put a PRA process into action is rarely taken into consideration. My work on a health analysis cycle took a ten month period to plan with the organisation who was interested in using a more participatory approach to look at the health needs of communities. Many local NGOs receive funding from donors who are looking for immediate results. The plea from organisations is that donors should realise that the process of development takes time and to allow them to use methods that will be lengthy but sustainable. Donors at the moment are requesting the use of PRA but not allowing for the time that a PRA process takes.

Recommendation: Donors need to be educated that a PRA process cannot be implemented overnight. Their concern for immediate results needs to be tempered to the local environment.

I have worked closely with two organisations who are putting PRA training into action. These are the Community Health Development Programme of the Britain Nepal Medical Trust which works in Sankhuwasabha district and the Nepal Anti-Addiction Society which works in Dhankuta district. The reasons PRA is actually put into practice in these organisation is, I feel, due to a consideration of process.

The Community Health Development Programme has developed the Health Analysis Cycle for use with women's groups to improve capacity and to develop an awareness of health issues within the community. This cycle has then been developed further for use with non-literate groups using a more pictorial method. The Health Analysis Cycle has evolved bearing each of the aforementioned recommendations in mind. The staff were involved with the design and made suggestions for improvements throughout the process. An on-going monitoring and evaluation of the approach has been put into place which enables the approach to be innovative and flexible. Tools are not static ways of doing things, but are continually changing to suit the local context.

PRA trainers in Nepal charge rates which often exceed what a local NGO can afford. PRA is supposed to serve the interests of the marginalised and disadvantaged sectors of society. At present in Nepal, PRA does not affect the status quo but has become mercenary. PRA practitioners need to consider their attitudes, behaviours and ethical practice and what motivates them as trainers.

Who is PRA in Nepal serving: is it the disadvantaged or advantaged in society?

For PRA to be more effectively institutionalised, it is necessary to take into consideration the following points. It should be:

- process-oriented;
- participant-centred;
- context specific;
- continuously evolving; and,
- aware of ethics and motivation.

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If trainers would consider not being drawn into a one-off workshop situation where they simply teach tools, there is a chance that PRA could be more effectively used in Nepal.

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Barriers to the institutionalisation of PRA: a response from Michel Pimbert

Mainstreaming the use of PRA methods and approaches in NGOs is part of a larger process of institutionalising participation in development. But, as Marion Gibbon shows in her sobering article, many NGOs and consultants have mushroomed in recent years and have started using participatory methods in a manner which undermines local initiative, analysis and action. Whilst the paper focuses on the NGO community in Nepal, the author's observations and conclusions have much wider relevance.

Many attempts to spread and institutionalise the use of participatory methods and approaches are all too often reduced to exercises in which PRA and related methods are used as mere labels to make proposals and rhetoric attractive to donors. Tools, techniques and methods are often applied by insensitive and expensive training consultants in an extractive manner. PRA is also being used primarily for one-off training of staff members in organisations whose programmes reflect no real commitment and skills for participatory learning and action on a long term basis.

I agree with Marion Gibbon that PRA trainers need to give more emphasis on process, context, and participant-centred, evolving approaches, whilst nurturing respectful behaviour. All these factors are key conditions for institutionalising PRA in NGOs and they remind us of the importance of the personal and attitudinal dimensions of good PRA practice. However, to complement this emphasis on the personal attributes of PRA trainers, NGOs and donors could also take some affirmative action to keep sloppy or

unscrupulous trainers at bay and institutionalise good practice. In my opinion, much of this affirmative action by NGOs and donors would start with a look at their own organisational structures, core values and goals, operational procedures, and relationships with the wider environment. Affirmative action to institutionalise PRA might be about creating enabling conditions for participation within NGOs, donor organisations and the external environment. Some of these dimensions of change are described below.

Creating supportive and flexible NGOs

Commitment to local institution building and handing over the stick. Some NGOs have been able to use PRA methods for effective training, programme implementation and management, but have found it difficult to sustain the participation after the training inputs have ended. Most of these NGOs generally lack adequate skills for the development of local institutions.

The necessary skills include: negotiation, bargaining, common interest group formation, development of procedures and rules for effective functioning of local institutions, evolving mechanisms to increase viability of institutions, incentives for institution development, leadership development, training of local people and development of linkages with external organisations. A very small number of NGOs engaged in PRA training have local institutional development as one of their primary objectives. These more enabling NGOs have realised that their capacity to strengthen or build local institutions requires internal changes in organisational structure, management style, decision-making, resource allocation mechanisms and power relationships within their own organisation. These NGOs make conscious efforts to improve their organisational culture to allow for flexibility, learning and innovation. They perceive the use of participatory methods as an input to organisational growth and are flexible in changing rules and procedures to develop dynamic support organisations.

Quality professionals. Participatory programmes require a higher degree of

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professionalism in the initial phases until local institutions develop indigenous management systems. This is contrary to the general perception that PRA-type methodologies do not require high quality facilitation and training skills. The initial process of capacity building, institution building, programme development and fostering linkages between these aspects, requires good facilitation and management skills. Local community members can learn to acquire these skills over time to reduce dependence on good quality external professionals. However, NGOs need to attract good quality professionals in the initial phases of training and implementation to be effective in the long-run.

Organisational culture and the need to focus on learning. The culture of NGOs should provide opportunities to learn from experiences and mistakes. It should also be flexible to allow for experimentation. In order to institutionalise participatory approaches, NGOs and other organisations need to place high value on learning. Not making enough room for learning usually leads to standardised training and project routines that are out of step with the needs of local communities and their dynamic, diverse local realities.

Organisational management and style. Participatory programmes require change in the management styles of many NGOs, with more emphasis placed on organic styles of management that encourage lateral communication, collegial authority, gender equity and flexible roles and procedures. Incentives and reward systems need to be developed to encourage honesty, transparency, accountability, work in the field with the communities and joint action between NGOs and villagers.

Developing linkages with external agencies and networks. Affirmative NGO action in this area could potentially enhance the quality, spread and relevance of participatory learning and action. Development of effective linkages with external organisations through training exchanges, cross visits, co-management of programmes and information flows often leads to lateral spread of the participatory approaches. This in turn helps to build alliances, networks and mutual support. This

laterally expanding process can create opportunities to influence policies at various levels and thus remove some of the constraints on the institutionalisation of participatory approaches

Transforming donor organisations

Donors need to appreciate and act on the principle that participatory learning and action is not so much about tools, techniques and discrete, time-bound training but more about transformation, institutional renewal, rights, democracy, diversity and decentralisation. In that context, PRA and other related approaches are used as a part of a process of organisational growth and learning coupled with the use of PRA for long term local institution development involving appraisal, planning, negotiation, bargaining and conflict resolution. Spread, scaling up and institutionalisation of participation occurs primarily by the lateral expansion of people's organisations through farmer to farmer, village to village and institution to institution mechanisms.

Long term nature of support and commitment. Donors interested in supporting and promoting the institutionalisation of participation should commit themselves to long term partnerships with NGOs and community organisations. The donors need to look beyond projects to processes and institutions and develop a long term perspective. Current time frames of donor programming cycles need to change from 2-3 years to 10-20 years.

Promoting learning organisations. Donors should invest in learning organisations and ensure that learning is an important objective of development programmes. Affirmative action to support learning organisations usually enhances adaptive programming skills among organisations and individuals resulting in better investments and cost effective impact.

Need for increased and phased investment in local institutional development.

Donors should make significant investments in the development of local institutions and organisations in the initial phase of their programming cycle. Training support cannot

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substitute for this process. The major elements of institutional development are:

- an open ended process of participatory appraisal and planning; allowing time for negotiation and bargaining between various stakeholders;
- a suite of short and long-term programmes, appraised and prioritised by various stakeholder groups; and,
- established transparent operational procedures for management of local institutions and trained village para-professionals selected by the local organisations and accountable to them.

Significant donor investments in programmes should be made only after an initial period of supporting and nurturing local institution development. Donors should not put pressure on support NGOs to take up trainings and programme development in the first year.

• **Conclusion**

In conclusion, overcoming barriers to institutionalising participation might require complementary and simultaneous changes in the personal practice of external PRA trainers and deeper structural transformations within the NGO and donor communities.

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