

Determining priorities in rural communities in Jamaica

Jane Dodman

The Mel Nathan Institute (MNI), the human and community development agency of the United Church in Jamaica and the Cayman Islands, has been contracted by the Jamaica Social Investment Fund (JSIF) to conduct organisational strengthening training programmes in several communities in rural Jamaica. Participatory Learning and Action (PLA) is the prime approach used in these programmes.

This is a report of the outcome of a PLA activity in one of the groups. The group comprised 15 people from three adjoining remote rural communities, who were working towards implementing an economic project, which would provide employment opportunities in the area. The participants were all members of community organisations in their communities. These groups included churches, youth groups, citizens' associations, the Jamaica Agricultural Society, and local farmers' associations. Most of the group members were farmers who grew Blue Mountain coffee, bananas, coconuts, and otaheite apples. The different community groups from the three communities had recently come together to form a Community Development Council (CDC). Each community group had representation on the CDC, and the CDC had responsibility for planning and implementing community projects. Although some of the impetus for the formation of the CDC came from an economic initiative, the group also sought to address other community needs.

A community centre had recently been refurbished with the intention of establishing a banana chips factory¹. This factory would use the bananas grown by the farmers in the three communities and would also provide employment for additional persons in the production, packaging, and distribution of the banana chips. Some of the participants had a particular interest in the establishment of the factory. Others had a general interest in a variety of community development programmes. The leadership of the CDC was male, with an average age of about 30. Two members of the group who attended the training sessions were teenagers; most of them were aged 20 to 35 and about four were over 35, but under 50. There was an equal balance of male and female members in the group. Although the training was primarily offered

to the leadership of the CDC, other interested community residents were invited and did attend.

There were some marked differences between the three communities, particularly in terms of their accessibility to main roads and some basic amenities. The first community was some distance from the main road, but was just accessible by car. The second community was about a mile from the first community, up a steep, winding hill. This community, which was at over 4000 feet above sea level, was only accessible in a four-wheel drive vehicle. The local All-Age school was based here and served the three communities. This was the location for the training. The third community was some two miles away from the second and again was only accessible in a four-wheel drive vehicle. There was no piped water in any of the three communities. Most of the homes in the first two communities had electricity, but there was no street lighting. There was no electricity in the third community.

In one of the training modules, *Planning and Management*, the participants were asked to prepare a list of the main community needs and then to place them in order of priority. This was done using four different ways of determining priorities, and then participants discussed the four ways and their effectiveness as planning tools.

The participants engaged in a period of brainstorming and drew up a list of the following nine community needs:

- Health centre
- Roads
- Water
- Transportation
- Electricity
- Employment opportunities/income generation
- Recreational facilities
- Educational opportunities
- Sanitary conveniences

The participants used four different ways to determine the priorities:

1. Priority ranking

Each community need was written on a separate piece of card. Participants placed them in order of priority, starting with the most important. People explained their reasons for the ranking, and the list was drawn up through

¹ Banana chips are the most common savoury snack eaten in Jamaica and are made from green (unripe) bananas.



PLA techniques in action with a group from St. Thomas

discussion and consensus. As none of the participants had piped water in their communities, this was a vital need for everyone. Participants from the two larger communities had electricity in their homes but no street lighting. Their need for electricity was for street lighting. As the three participants from the smallest and most remote community had no electricity at all, they were adamant that this had to be the first priority, and would not agree to any other community need taking precedence over it. It was agreed that this would be the top priority for that community, and then all the other needs were put in order by overall consensus, as follows:

- Electricity for the smallest community
- Water
- Educational opportunities
- Roads
- Health centre
- Employment opportunities
- Transportation
- Recreational facilities
- Sanitary conveniences

2. Voting

Voting for community needs was done by 'body voting'. The nine community needs were written on cards and placed at intervals around the room. Participants were asked to determine the first three priority needs. They moved to stand at their first priority need and this need was given four points. When they moved to their second priority need, this need was accorded two points, and finally the third need was given one point. Six of the community needs were identified by the voting method.

- Water: 47 points
- Road: 22 points
- Electricity: 12 points
- Educational opportunities: 10 points
- Employment opportunities: 10 points
- Health centre: 4 points



Orientation meeting with the group and staff members from Mel Nathan Institute

The 12 points for electricity came from the three residents of the community without electricity. All three participants from that community placed it first, but it was not in the first three for any of the other participants.

3. Scoring

This activity was done in two groups. This allowed for small group discussion and also for a comparison to be made between the decisions made by each group regarding the priorities for community needs.

Each group drew up the matrix, as below, on a large sheet of paper. The community needs were listed on the horizontal axis and the criteria for determining the needs were listed on the vertical axis. Each group was given 20 counters to distribute along each row. For example, in row one, the 20 counters had to be distributed according to the number of persons affected by the problem. Both groups considered that more people were affected by the lack of water than by any other community need, so they allocated the most counters to water in both groups. Group One allocated five counters to water and Group Two allocated eight counters. Both groups judged that water was the most severe community problem, and also the most difficult to solve, and the one for which it would be most difficult to access funding and resources. Both groups considered that in second place, most people were affected by the poor roads in the communities. They also reckoned that it was the second most severe problem. Overall, electricity was placed as the third most critical community need. There was less consensus between the two groups on the issues of how to solve the problem of roads and electricity and how to access funding and resources for these two community needs. Group One accorded the difficulty of accessing funding and resources for electricity six counters, compared with the three that Group Two accorded the same need.

A word of caution was given about the total at the end of each column, as each of the criteria was independent of

Table 1 Scoring matrix

Group One									
Need/ Criteria	Electricity	Road	Water	Education	Transportation	Health centre	Employment	Recreation	Sanitary conveniences
No. of persons affected	2	4	5	3	0	2	2	2	0
Severity of problem	4	4	6	1	1	3	0	1	0
Difficulty of solving	4	5	8	0	0	3	0	0	0
Difficulty of accessing funding/resources	6	4	10	0	0	0	0	0	0
Total	16	17	29	4	1	8	2	3	0
Group Two									
Issue/Criteria	Electricity	Road	Water	Education	Transportation	Health centre	Employment	Recreation	Sanitary conveniences
No. of persons affected	2	4	8	2	1	1	2	0	0
Severity of problem	2	4	6	2	2	2	2	0	0
Difficulty of solving	3	2	9	2	1	2	1	0	0
Difficulty of accessing funding/resources	3	3	5	2	1	4	2	0	0
Total	10	13	28	8	5	9	7	0	0

each other criteria. The first two criteria primarily addressed need, and the final two addressed the difficulty of solving the problem, including accessing the funding and resources. However, the participants found the totals useful in looking at the total picture, and recognised that there was some correlation between the number of persons affected and the severity of the problem on the one hand, and the difficulty of solving and accessing funding and resources on the other hand. They noted that if the problems had been easier and cheaper to resolve, they would probably have been addressed already.

The full matrices, prepared by each group, are given above.

4. Pairwise ranking

The final method used for determining community needs was pairwise ranking. The grid was drawn on a large sheet of paper and participants went through each pair and decided together which was the priority in each pair. The total scores were then added up and the most

Water									
Electricity	W								
Transportation	W	EI							
Road	W	EI	R						
Health centre	W	EI	H	H					
Education	W	EI	Ed	R	H				
Recreation	W	EI	T	R	H	Ed			
Employment	W	EI	Ed	R	H	Ed	Em		
Sanitary conveniences	W	EI	T	R	H	Ed	SC	Em	

Key and number of listings:

W: Water: 8

EI: Electricity: 7

H: Health centre: 6

R: Road: 5

Ed: Education: 5

T: Transportation: 2

Em: Employment: 2

SC: Sanitary conveniences: 1

Rec: Recreational facilities: 0

Total number of listings: 36

important priority emerged. Water, electricity, and a health centre were the first three priorities.

After the discussion about the results from each of the four ways of determining priorities, there was another one about the overall results, comparing the four different methodologies. The participants noted that in each case water and electricity were the top two priorities. For the priority ranking, it had not been possible to come to a full consensus, as the persons who lived in the most remote community insisted that electricity be put at the top of the ranking. Water was the top priority for the other participants using the priority ranking method. There was a discussion about the need for people and communities to work together even if some of the participants would not be direct beneficiaries of the project. In this instance, participants recognised that the three communities might need to work together in order for the smallest and most remote community to have electricity installed in the community. Water came out as the top priority using the other three methodologies. Electricity came as the second priority, using the pairwise ranking, and as the third priority using the voting and scoring methods.

Participants noted that the health centre had a higher ranking (third), using the pairwise ranking. They remarked that when it was a direct choice between a health centre and another community need, they became more aware of the health issues, if not for themselves, at least for other people. As they were all quite healthy themselves, the need for the health centre was not a major priority using the first three methods.

The participants also noted that if they had better roads in their communities some of the other needs would automatically be addressed. For instance private taxis would drive on the roads and their transportation needs

would be addressed. Better roads would also make the health centre a few miles away more accessible. Although there is only one All-Age school that serves the three communities, there are other schools and educational facilities within a few miles, at least of the largest community. These would become more accessible with improved roads and transportation.

It was felt that each of the four ways of determining priorities contributed to the overall decision-making process. Each method allowed for a different form of decisionmaking.

- The priority ranking called for consensus from all 14 participants. In the end, this was not possible, as the smallest community insisted that its dissenting voice be heard. However, this was a learning experience for the group and encouraged them to appreciate the need to listen to the minority voice.
- The voting method allowed for individual choice as each person expressed his/her own opinion with his/her body vote. Everyone could see how the others were voting, and one member of the group was a lone voice for her choice each time. The other participants remarked on this, but she was willing to stand alone for the issues that were the priority needs for her.
- The scoring method was new to the participants. It was the most complicated of the four methodologies, and the most challenging both in terms of the methodology and in terms of interpreting the scores. This allowed for small group discussion, and the interaction towards joint decision making was seen as being as valuable as the actual decisions taken. This method engaged the participants in lively dialogue and the use of the counters meant that they could make an initial decision, review it, and then make a change if they so desired.
- The pairwise ranking encouraged the participants to weigh up each community need against all of the others in turn.

The participants recognised that they could use these same methodologies for making other decisions about their communities.

The *Planning and Management* module was evaluated by the participants, using individual questionnaires to evaluate the training. They were asked to rate to what extent the training had equipped them to plan for and implement their own community programmes. In the evaluation process the participants indicated that they had found the training stimulating, informative, and enabling. In addition a capacity based assessment tool, the MONFIS (standing for management, organisation, networking and mobilisation, financial management and fundraising, impact and sustainability) was administered before and

after the whole training programme of which *Planning and Management* was one of four modules. The MONFIS evaluated the CDC's capacity before and after the training. One limitation of the MONFIS was that it was administered immediately after the training was completed and before there was time for much of the training to be used in community programmes and for its impact to be felt in the wider community.

The Jamaica Social Investment Fund responded to a request from the CDC to work with them on the banana chips project. The training programme was a prerequisite for JSIF and depending on the outcome of the training they would decide whether to fund the factory. The Mel Nathan Institute only had the responsibility to deliver the training. The response to the information provided by the results of these and other activities was primarily the responsibility of the CDC, along with the Social Development Commission (SDC), a government organisation which works through its staff in communities across Jamaica. The CDC and the SDC had the responsibility of informing and working with the wider community in implementing any of the recommendations that came out of the training. On the completion of the training, the Mel Nathan Institute prepared a report for JSIF, which was then passed on to the CDC and the SDC. At the time of writing we await further evidence that the priorities indicated in our training are being implemented by the SDC and other stakeholders in their community planning.

**Jane Dodman,
Associate Executive Chair,
Mel Nathan Institute for Development and
Social Research,
31 Mannings Hill Road,
Kingston 8, Jamaica.
Email: dodmanmni@cwjamaica.com.**