



A Step-by-Step Field Guide to Participatory Tools and Techniques

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CHAPTER 1

PARTICIPATORY LEARNING AND ACTION (PLA): AN OVERVIEW⁽⁸⁾

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1.1 Definition and background

PLA is defined as a growing family of methods and approaches that enable local people to analyze, share and enhance their knowledge of life and conditions, and to plan, prioritize, act, monitor and evaluate (Absalom et al., 1995; Chambers, 1997). This methodology is also known by several other labels, the most common among them being Participatory Rural Appraisal (PRA).

PRA methodology evolved during the late 1980's as a response to the need for finding ways by which the local people could play a more active role in the development projects being implemented in their communities. This response stemmed from the growing dissatisfaction with the existing practices and ways in which development practitioners and researchers collected information, and used the same for planning, managing, monitoring and evaluating rural development projects.

PRA has evolved from, and draws on, several sources and traditions. Five streams that have influenced this evolution are (Chambers, 1997):

- ♦ Activist participatory research
- ♦ Agroecosystem analysis
- ♦ Applied anthropology
- ♦ Field research on farming systems, and
- ♦ Rapid Rural Appraisal (RRA).

RRA has been a close relative of PRA. RRA emerged in the late 1970's in search of better ways for outsiders to learn about rural life and conditions. It has three main origins (Chambers, 1997):

- ♦ dissatisfaction with the biases of 'rural development tourism'⁽⁹⁾;
- ♦ disillusionment with the time consuming and costly questionnaire surveys which tend to collect large amounts of irrelevant information and are also difficult to analyze and use; and
- ♦ growing acceptance of the fact that rural people themselves have rich and valuable practical knowledge which can be tapped by development professionals.



Everyone wants to have her say! A group of school girls prepare a picture story. Zambia

These led to the search for less costly and more rapid methods of data collection by development professionals. While many methods and techniques used in PRA are the same as used in RRA, there is a fundamental difference between them. While in RRA it was the outsider professional who applied and controlled the use of these methods for data collection, PRA enables the local community to use these methods themselves for analyzing their situation and preparing their own plans. The shift has been from 'extracting' information to enabling the community to take over the process of analyzing their conditions, and planning and implementation of development activities.

The label PRA continues to be more commonly used in the growing literature on the subject. However, in recent years it is increasingly felt that the term is too restrictive with its accent on 'rural' and 'appraisal'. This methodology does have its roots in the field of rural development, but during the past three to four years it has been adapted for use in urban areas as well, where it continues to spread in new fields. It is also felt that the word 'appraisal' indicates a false limit to the use of the methodology in the subsequent stages of the project cycle. Participatory Learning and Action (PLA), in comparison, is a more appropriate label for the methodology in its present form. 'PLA' is applicable to rural and urban contexts, and indicates its continued use during the 'action', or implementation phases of the project cycle.

1.2 Key principles of PLA

Chambers (1997: 156-157)) describes the following key principles of PLA⁽¹⁰⁾.

- ☞ **A reversal of learning:** Learn directly from the local community, gaining from their local physical, technical and social knowledge.
- ☞ **Learning rapidly and progressively:** Learn with conscious exploration, flexible use of methods, maximizing opportunities, improvisation, iteration, and cross-checking, not following a blueprint program but being adaptable in a learning process.
- ☞ **Offsetting biases:** Offset biases, especially those of rural development tourism, by being relaxed and not rushing, listening not lecturing, probing instead of passing on to the next topic, being unimposing, and seeking out marginalized groups within the community (the poorer people, minorities, children and women) and learning their concerns and priorities.
- ☞ **Optimizing trade-offs:** Relate the costs of learning to the useful truth of information, with trade-offs between quantity, relevance, accuracy and timeliness. This includes the principles of optimal ignorance – not learning more than necessary, and of appropriate imprecision – not measuring what need not be measured, or measuring more accurately than needed.
- ☞ **Triangulating:** Learn from several (often three) methods, disciplines, individuals or groups, locations and/or types of information, to cross-check, compare and verify. Verification also involves



The facilitator takes a back seat and allows the participants to carryout their analysis without interruption. Zambia

asking different questions during the same conversation to further probe an issue or theme.

- ☞ **Seeking diversity:** Seek and enable the expression and analysis of complex and diverse information and judgements. This includes looking for and learning from exceptions, dissenters and outliers in any distribution. It goes beyond the cross-checking of triangulation, for defined broadly it deliberately looks for, notices and investigates contradictions, anomalies and differences.
- ☞ **Handing over the stick (or pen or chalk):** The local people themselves facilitate analysis of their information and make presentations so that they generate and own the outcomes, and also learn. This requires confidence that ‘they can do it’, that the local people are able to map, model, rank, score, diagram, analyze, prioritize, plan and act. The facilitator may initiate the process of analysis and presentation, but then sits back and observes while the local people take over the process.
- ☞ **Self-critical awareness:** The facilitators need to continuously examine their behavior and try to do better. This includes embracing error – welcoming it as an opportunity to learn; facing failure positively; correcting dominant behavior; and being critically aware of what is seen and not seen, shown and not shown, and said and not said.
- ☞ **Sharing:** Ideas and information are shared between the local people, between the local people and the facilitators and of experiences between different communities and organizations.

The three pillars or foundations of PLA are (Chambers, 1997:105-106):

- ♦ the behavior and attitudes of outsiders, who facilitate, not dominate;
- ♦ the methods⁽¹¹⁾, which shift the normal balance from closed to open, from individual to group, from verbal to visual⁽¹²⁾, and from measuring to comparing; and
- ♦ partnership and sharing of information and experience between insiders and outsiders, and between organizations.

1.3 Menu of PLA methods

A variety of visual and verbal methods (explained in Part 3, Chapter 2) are used in PLA⁽¹³⁾. Following is a list of some of the key methods that can be used for reproductive health analysis with a community. It is important, however, to remember that new methods continue to be innovated and designed to meet specific needs in a particular context. Hence, this list is by no means complete.

Social mapping	Census mapping
Body mapping	Dream mapping
Transect walks	Time lines
Trend analysis	Seasonality analysis
Daily time-use analysis	Ranking and scoring
Wealth/well-being ranking	Livelihood analysis
Sex census	Picture stories/cartooning
Venn diagrams (institutional analysis)	Causal-impact analysis (flow diagrams)
Semi structured interviews (SSI)	Focus group discussions (FGD)
Case studies, stories and portraits	Role plays

1.4 The importance of 'sequencing'

Sequencing the use of methods generates a lot of anxiety among many first timers⁽¹⁴⁾. Many want to know "which method do I use first?" or "which method should follow which?" There are no fixed rules. It is usually better to start with a discussion and analysis of a general nature.

Participatory mapping⁽¹⁵⁾ is usually a good starting point. Different types of maps can be tried out, like social maps or census maps. The participants find maps easy to prepare and the maps help the facilitator get a general idea about the community. This can be followed by a transect walk in the area. A transect helps us observe the living conditions of the people in the area and to understand the layout of the settlement. It also provides an excellent opportunity to meet with a lot of people on the way, discuss and explain the objective of the appraisal to them, invite them to join in the transect and invite more people for discussions. The facilitators can also decide to take a transect walk first and then facilitate the preparation of a social map. Timeline is also a good method to use at the start. It helps as an icebreaker. It is always easier to start the process with more general discussions and analysis (like discussing the area and its features using the social map or transects, the changes that have taken place in the area using the timeline or trend analysis methods, etc.) and only when the discussion warms up and the facilitators are able to build a rapport with the community members, should more specific, and individual, information be discussed (like well-being ranking, ranking and scoring, venn diagramming, sex census, etc.).

The map or a transect walk should lead to some discussions with the participants. Depending on the issues being raised, the facilitators can decide which method would be most suited to analyze the topic. It is important not to be guided by the methods to be used in the community; do not allow the tools to drive the process. It is more important to be clear on the issues being discussed and to select a method that can enable a better analysis of the issue being discussed.

DO NOT ALLOW THE TOOLS TO DRIVE THE PROCESS.



PLA team members conduct a transect walk through a rural community in Rwanda.

PLA is essentially an incremental process. Discussion on one issue should lead on to another, as should analysis with one group provide a lead to start discussions with another group in the community.

1.5 Setting the objectives for a participatory appraisal

The first thing that we need to work out before starting a participatory appraisal process is the broad objective of the exercise. We need to be clear about what we hope to achieve from the process and what we intend to do with the information generated from the initial interaction with the community.

In the case of the PALS project in Zambia, the one thing that was clear at the very beginning⁽¹⁶⁾ was that we wanted to work with the adolescents in the peri-urban areas. Since we were entering a relatively unknown field, we wanted to get a complete understanding of their knowledge, attitudes and behavior in respect of sexual and reproductive health. Keeping this in mind, the following objectives were decided for the PLA:

- ♦ To learn about male and female adolescent knowledge, attitude and behavior as they pertain to sexual and reproductive health; their knowledge about sexually transmitted infections and pregnancy; their sources of information; their attitudes to these issues; and their patterns of sexual behavior.
- ♦ To learn about adolescent gender and generational relations, e.g. how do age mates interact when it comes to sexual activity and more specifically preventing STIs or pregnancy; and how do cross-generational couples interact; what are the various patterns of social interactions for adolescents; and where do adolescents go for help and support during crisis in their lives.
- ♦ To identify the obstacles to high utilization of reproductive health services by adolescents at public sector clinics and determine potential points for intervention.

Source: Shah and Nakhama, 1996, Sarah Degnan Kambou

Given the incremental learning that occurs during a PLA process, it is recommended that the facilitating team reviews the process and reflects on the findings while the appraisal is being carried out so that, if necessary, the objectives can be modified.

1.6 Preparing a check-list of issues to be covered

Once the objectives have been set, it is helpful to prepare a tentative list of issues and themes that need to be explored during the participatory appraisal. The facilitating team can prepare this list before the fieldwork starts. It is useful to have a brainstorming session with all the facilitators to generate this list. If all the facilitators are not present while preparing this checklist, it is important that this be discussed with them before the appraisal starts. However, it must be noted that this is only an indicative and tentative list, which can be modified and changed during the appraisal process. We may start with a list of issues that we (facilitators) think are important and must be covered, but it is very difficult to pre-determine all the issues and concerns that will be raised by the participating community members during the appraisal. Hence the process has to be flexible to incorporate all of the necessary modifications. It must also be noted that this checklist should not be used as a blueprint or the basis of a questionnaire that has to be followed in the field. This checklist should only help the facilitators to keep track of the process and to review their progress. In case the facilitating team is large and works as sub-teams in the field, this checklist also helps to ensure that there is at least some common ground covered by all the teams and that the process does not move in several different directions based on the specific interests of the particular facilitators.

For each of the issues listed in the check-list, a ‘menu’ of methods can be provided. This helps the facilitators to gain confidence in selecting appropriate methods for analyzing specific issues.

The following matrix gives an example of a detailed checklist of issues that can be covered while facilitating participatory appraisals on sexual and reproductive health with adolescents, along with a ‘menu’ of PLA methods that can be used to explore and analyze each of these issues (this list has been developed from the PALS experience in CARE Zambia).

ILLUSTRATIVE CHECKLIST OF ISSUES AND METHODS FOR USE IN PARTICIPATORY ASSESSMENTS ON SEXUAL AND REPRODUCTIVE HEALTH WITH ADOLESCENTS

	TOOLS AND ACTIVITIES FOR SHARED LEARNING																
	Social Maps	Census Mapping	Transect Walks	Wealth & Well-being Ranking	Body Maps	Venn Diagrams	Listing, Ranking & Scoring	Causal Impact Analysis (Flow Diagrams)	Daily Time Use Analysis	Seasonality Analysis	Trend Analysis	Participatory Sex Census	Picture Stories/Cartooning	Semi-structured Interviews	Focus Group Discussions	Case studies, stories and portraits	Role-plays
ILLUSTRATIVE ISSUES																	
Information/Knowledge																	
From what sources do adolescents get information on sex, reproductive health and contraceptives?						X	X					X	X	X	X	X	X
Type of knowledge they possess and depth of information about: reproductive health system, pregnancy, contraceptives, STIs, treatment of STIs					X		X	X		X			X	X	X	X	X
Needs expressed for other information					X	X	X									X	
With whom do they feel free to discuss their health problems and fears?						X	X					X	X	X	X	X	X
Attitudes																	
What is the ideal age to get married?					X		X	X			X		X	X	X		
What is the ideal age to have children?					X		X	X			X		X	X	X		
Views on use of contraceptives					X		X	X			X		X	X	X		
Conditions under which contraceptives are used							X	X					X		X		
Conditions under which contraceptives are not used							X	X							X		
Do girls or boys carry more STIs?							X	X			X	X			X		
In case of pregnancy, who takes responsibility?							X	X			X	X	X	X	X		
Is it acceptable to have sex with a close relative (which relatives and why)?						X	X				X	X	X	X	X		
Why sex?							X	X			X	X	X	X	X	X	X
Why no sex?							X	X			X	X	X	X	X	X	X
Proportion of girls and boys abstaining from sex							X					X					
Behavior																	
Age at first sex					X		X				X	X	X	X	X	X	X
Gap between first and second sex							X					X	X	X	X		
Number of partners and reasons				X			X	X	X			X	X	X	X	X	X
Payment for sex - what and how much?							X	X	X			X	X	X	X	X	X
Preferences for sex partners: type, age, wealth/well-being, relationship		X		X			X	X				X		X	X		X
In which places do adolescents have sex?	X		X				X						X		X		
What do they do when they have STIs?								X					X	X	X	X	
What do they do when they become pregnant or make a girl pregnant?								X					X	X	X	X	X
Proportion of girls becoming pregnant							X	X			X	X	X		X		
Proportion of pregnancies ending in abortion (with reasons for the same)							X	X			X	X	X		X		
Who decides whether/type of contraception to be used?							X	X					X	X	X	X	X
Who obtains contraceptives?							X	X					X	X	X	X	X
Preferences for different types of contraceptives							X	X							X		
Use of condoms, proportion of couples using condoms							X								X		
Where do they get the condoms?	X		X				X						X	X	X		
Are the condoms easily available?															X		
What are the constraints to increasing the adoption of condom use?							X	X					X		X		
Impact of adolescent sexual activity							X	X					X		X	X	X
Living Conditions and Sexual Relations																	
Distribution according to living arrangements (who do they live with)?	X	X	X				X		X								
Most preferred living arrangement							X										
Relation between level of sexual activity and living arrangement				X			X	X	X			X	X		X	X	X
Frequency of sexual relations with close relatives				X		X	X		X			X		X	X		
Circumstances under which this sexual activity takes place (forced or voluntary)				X		X	X	X			X	X	X	X	X	X	X
Trends																	
Cross-generational changes with respect to: age of sexual initiation, levels of sexual activity, sources of information, traditions/beliefs, methods of family planning, number of sexual partners, practice of safe sex, types and treatment of STIs							X			X	X				X		
The Use of the Clinic																	
Proportion of adolescents using the clinic	X	X				X	X	X		X	X				X		X
Reasons for which the adolescents use the clinic							X	X							X		
Can the utilization of the clinic facilities be increased - how?							X	X							X		
Information on whether any services are provided free of charge at the clinic															X		
Adolescents' Suggestions																	
Regarding improving the clinic services							X	X							X		
Regarding improving their reproductive and sexual health					X		X	X							X		

1.7 Composition of the facilitating team

Participatory appraisals are best facilitated by teams of three to four members. In case the team size is more than five, it is best to sub-divide the team in smaller groups. In any case, care must be taken that the *facilitators do not outnumber the participating community members*.

It is important that the team of facilitators includes some members from the community (i.e. local residents), partner organizations (e.g., clinics, MOH, etc.) and other local NGOs. Having local residents on the team increases the acceptance of the process by the community, and provides a practical approach to generating durable and meaningful partnerships with communities and partner agencies. This way the ownership of the process, and subsequently the Project, is well shared with the community. During participatory appraisals with adolescents in Zambia the facilitating teams included clinicians, members of the Neighborhood Health Committees (NHCs) comprising of local residents, and representatives from other NGOs.

A good gender balance within the facilitating team is recommended. In general, mixed teams of facilitators function well in the field. However, for facilitating analysis on sensitive subjects, it may be necessary to have a separate group of female facilitators interacting with female, and male facilitators with the male community members. During the PALS appraisals we used both, gender – segregated as well as mixed teams of facilitators. While the female facilitators did not have any problems in interacting with girls or boys, some of the male facilitators found it difficult to facilitate discussions on sensitive and personal subjects with the girls.

The facilitators were having separate semi-structured interviews with some adolescents in Kanyama Compound when a girl approached the older looking female facilitator. The girl mentioned that she had already had a discussion with another (much younger) female facilitator but had not told her everything. Making her feel comfortable, the facilitator started a discussion with the girl. The girl informed that she had not been able to tell the other facilitator that she had been gang raped some time ago.

After a long one-to-one discussion, the girl told the facilitator that she had felt much more comfortable because she had shared her story with her.

From the field notes of Betty Muleya, Old Kanyama Compound, Lusaka, Zambia

There are other characteristics that should be considered when composing a facilitation team. Age can be a sensitive factor, especially when facilitating discussions on reproductive health with older men and women. In other settings, ethnicity and language groups might be important characteristics.

1.8 Assigning roles for all the facilitators

An important aspect of preparing for the fieldwork is to discuss with the facilitators, and to prepare them for the different roles they have to play during the appraisal. The three main roles are that of:

- ♦ the facilitator (who leads the discussion);
- ♦ the documentor and observer; and
- ♦ the logistics coordinator

A facilitating team should have at least two members, one to facilitate the discussions and analysis and the other to document the process. The facilitators can take turns at these different roles.

The person who leads the facilitation should have the confidence to handle discussions, to facilitate the use of visual methods, and to ask probing questions. S/he should also be prepared to handle the introductions with the community, including explaining the purpose of the appraisal. This has to be repeated several times during the course of the appraisal as we keep meeting new groups and individuals.

The documentor has to record all of the discussion and the visual analysis carried out by the participants in the field. The process of documentation is discussed in detail in Part 3, Chapter 3. If the facilitating team is comprised of more than two members, all of them other than the facilitator should take notes and document the process. The observer has to observe the process and can also support the facilitator and the documentor in their roles. The observer should be able to give feedback on the process to his/her teammates.

One person also needs to be made responsible for logistics (i.e., carrying material required for the visuals such as chalk, marker pens, paper, counters [seeds, beans, stones, etc.] and is responsible for tracking time).

1.9 Site selection; informing the community and collecting secondary data

As a part of the preparation before the fieldwork, it is important to have selected the site or the community with whom the appraisal is to be carried out. While selecting the site it should be borne in mind that the appraisal needs to be followed up by supporting activities in the community. Select sites where it will be possible to support and implement some activities or a project. Participatory appraisals should not be carried out if there is no intention to follow them up.

Once the site/community has been selected, collect whatever secondary information is available for this community. This could include census data, a map of the area, DHS service statistics, clinic records, any relevant reports, studies or situational analysis, etc.

Having selected the site, it is important that at least some of the residents are informed about the intended appraisal. They need to be informed about the purpose and duration of the appraisal and that this will not be possible without the active participation of the local people. It is best if the timing of the appraisal is finalized with the residents, so that they can take part in deciding the best time for them. In the case of PALS project in Zambia, this information was passed to the clinic in the compound and to members of the Neighborhood Health Committees (NHC). They in turn were requested to pass on the information to other residents in the area.

1.10 Material required

While carrying out any visual analysis with the participants, it is best to use any locally available material. Leaves, sticks, seeds, empty cigarette cartons, matchboxes, pebbles, etc. are very effective and easy to use on the ground. However, most facilitators do like to carry some material with them as well. It is useful to have the following at hand:

- ☐ Large sheets of paper
- ☐ Marker pens (in different colors)
- ☐ Masking tape
- ☐ Rubber bands or string (to use on rolled paper bundles)
- ☐ Colored chalk
- ☐ Seeds and/or beans (to be used as counters)
- ☐ A-4 size plain paper
- ☐ Scissors
- ☐ Pencil
- ☐ Eraser
- ☐ Glue
- ☐ Small notebooks (for the facilitators to record notes)
- ☐ Plastic bags (they are very handy for carrying the above listed materials)

Even though the facilitators may be carrying all these items, it is important to allow the participants to first start preparing their visual analysis using any locally available materials on the ground. Only if it is not possible to use the ground for some reason, should paper be used. Paper can be used later to record the visual analysis carried out on the ground.

1.11 Duration

It is not possible to recommend a standard duration for a participatory appraisal. The time required can vary from a couple of days to several weeks. This will depend on the topic being analyzed, the size of the community, its internal dynamics, the diversity within the community and the size of the facilitating team. Urban communities tend to be very large, and therefore, take more time as compared to rural communities.

During the participatory appraisals with adolescents in Zambia we had fairly large teams of facilitators, ranging from 12 to over 20 members in a compound. It was, therefore, possible to divide the team into sub-teams of 3-4 members each. This made it possible for us to cover a lot of ground within a relatively short span of time. Usually we spent about five to seven days in a community.

The first few participatory appraisals may require more time. As the facilitators gain experience in handling the methodology and the process, it is possible to facilitate the same process in less time in subsequent appraisals.

While planning for participatory appraisals it is important to budget for some days at the end for writing the reports. During the participatory appraisals carried out with adolescents in Zambia we allocated two days at every compound to complete the report. The synthesis report for the seven compounds in Lusaka took about a week to prepare.

1.12 The daily routine⁽¹⁷⁾

A participatory assessment must necessarily take place when people are available to participate. Therefore, the team must assemble early in the morning so that the day's agenda can be reviewed and material gathered before setting out. An example of a fairly typical schedule is working in the community for five to six hours without taking a break, e.g., from 8:00 AM until 1:00 or 1:30 PM. It is possible that the team of facilitators spends this time with one group of people in the community, however, there is some fatigue and often it is difficult for the people to spare 4-5 hours at a time. It is common, therefore, for facilitators to meet, and have discussions with, several groups of people in the community in one morning. The teams disengage slowly from the community activity, discussing if appropriate with community members whether they should all meet to continue discussions the next day (sometimes it may be necessary to follow up the discussions in the afternoon on the same day), and then thanking the people for their time and effort. The teams then return to the central meeting point for a short break and lunch.

After lunch, each team gathers its members together and begins sifting through and recording data generated during the morning sessions; as a team, they then pull out the main findings and results. In the late afternoon, by about 4:00 PM, each of the teams then briefly presents the day's outputs to the larger group, including the display of important visuals prepared by the community. Once all the teams have presented, data are then systematically compared and contrasted

to identify similar findings and variations and to determine: 1) whether the findings have been adequately substantiated with several groups in the community, and 2) whether additional discussion and analysis is required with a specific group or different groups in order to triangulate the findings. Team members must take notes on the discussions to include in the team's daily field journal (Part 3, Chapter 3), which is written later that evening.

The process of comparing and contrasting data assists the teams to draw up the following day's agenda and plan, (i.e., issues or questions to be pursued with the community). The other daily activity is for the team leaders to review progress against the original research objectives to ensure that all topics are being or will be addressed. Depending upon the complexity and richness of the day's process in the field, it is possible that the day's work may not end until late in the evening. The final activity for the day for the team members is to write up the daily field journal.

**A SAMPLE DAILY SCHEDULE USED
DURING A PARTICIPATORY REPRODUCTIVE HEALTH NEEDS
ASSESSMENT IN GITARAMA, RWANDA**

7:15 AM	Meet at rendezvous point and drive to the field
8:30 AM	Gather materials at CARE Gitarama office and leave for the field
9:00 AM	Begin participatory exercises
1:30 PM	Wind down participatory exercises and return to CARE Gitarama
2:00 PM	Lunch at the field office; team data review and prepare presentation
3:30 PM	Team presentation (15 minutes per team)
5:00 PM	Return to Kigali
6:00 PM	Team Leaders plan following day's agenda

Source: Kambou (1999)

1.13 Monitoring quality and encouraging innovation

It is important to remember that there is no 'fixed' way of facilitating a participatory appraisal process. Since the process is flexible and iterative, each context presents a unique situation. This poses challenges for the facilitator, for they have to continuously adapt and innovate in the field. Facilitators should be encouraged to 'use their own best judgement at all times', and try out any new ideas or adaptation of existing methods. PLA methodology is young and still evolving, and all its major innovations have taken place in the field.

Flexibility and open-endedness of this methodology poses another challenge – that of ensuring quality. Since there are no standard procedures, or recording or reporting formats, it is very important that the facilitators, and especially the supervisors, make a conscious effort to monitor quality. This can be done in several ways. First, ensure that the facilitators are trained and briefed well about

the process. Since there are several facilitators functioning at the same time, they need to have a shared understanding of the process. Second, daily review of the process is crucial to gauge the progress. Review and reflection enables the facilitators and the supervisors to assess whether the analysis carried out is in-depth and clear. It also enables facilitators to learn from each other. Third, poor or inadequate documentation is another factor that can affect the quality of the assessments. Last, and perhaps the most important, is being rigorous about triangulation.

1.14 Points worth remembering in the field

1.14.1 *Don't lose sight of the objectives*

The most important point to remember as a facilitator of a participatory appraisal is not to lose sight of the objectives of the appraisal. It is very easy to get carried away by the quantum of information generated during such a process. The facilitators have to be careful about ensuring the quality and depth of the analysis rather than discussing too many issues with no real depth of understanding on them. Reflection is an important aspect of this process.

1.14.2 *Establish a 'Group Contract' for facilitators*

Coordination and a good understanding among the facilitators are also very important. It helps to discuss individual behavior and attitudes (of the facilitators) before going out in the field. Many facilitators find it useful to prepare a commonly agreed 'group contract' before starting out in the field. This contract comprises a set of behavioral norms collectively decided by the team of facilitators in relation to how they will relate to each other during fieldwork and also with members of the community. Such a contract acts as a reminder to us when we are in the field. It also helps in giving feedback to fellow facilitators and team members and in reflecting on our experience. Following is an example of a group contract used by the team while facilitating participatory appraisals with the adolescents in Lusaka Compounds.

TEAM GROUP CONTRACT

We agree to:

- ~ practice active listening⁽¹⁸⁾;
- ~ be punctual;
- ~ be respectful towards the community members;
- ~ not to be biased against any individual or group;
- ~ try to put in my best efforts and work hard; and
- ~ not to argue amongst ourselves in front of the community members.

Source: Field notes of Meera Kaul Shah, Chawama Compound, Lusaka, Zambia

Giving feedback to each other is a good way of reminding ourselves of the group contract.

1.14.3 How to ask questions

Sensitive facilitation is the key to a successful participatory appraisal. Facilitators have to be good listeners. Other qualities that are necessary for good facilitation are patience, ability to work in a team, good communication skills and cultural sensitivity. Facilitators should also know how to ask open-ended questions and to refrain from asking closed questions. Using the following seven helpers can enable the facilitators to ask open-ended probing questions:

What?
Why?
When?
Who?
Where?
How?
How much?⁽¹⁹⁾

1.14.4 Verify and triangulate results

Facilitators also need to remind themselves constantly about triangulating the information generated from any analysis. It is important to ensure that the views and the concerns of all the different groups within the community have been heard and analyzed. Diversity within any community can be on account of social hierarchies, economic or well-being categories, gender, age, location (especially in urban settlements), etc. During appraisals with the adolescents in Zambia we also included differences according to those who attend school and those who don't.

1.14.5 Seek local terminology and definitions

It is important to be clear about the terminology, and the definitions, used by the local people. Very often what we assume to be a standard meaning of a term may not be the case in that area. This can cause confusion and misinterpretation of data. Attempts should be made from the start to understand the local terminology and how these are defined before we start using the same in the appraisal.

GANGSTERS, WENGES AND YOOS:

Wenge, refers to boys/men who wear very high waisted trousers. This term is coined after a Zairian Band of the same name, who are known for wearing these high waisted, almost at chest height, trousers.

Yoos are boys who dress in baggy trousers which are worn very low down the waist, almost halfway down the hips.

Both these styles of trousers are considered stylish and fashionable, which makes the boys who wear them look very attractive to the girls. Usually these 'well-dressed' boys also have more money.

Gangster is yet another fashion terminology, which refers to the very well dressed boys and men (and could include Wenges and Yoos), who can be identified by their good looks, their particular style of walking, they usually carry a lot of money, and can be found wearing check shirts and jeans. They also wear 'head socks' (woolen cap). Gangster has nothing to do with the boy being involved in a gang, or involved in violence, as we had first misunderstood the term to mean.

Source: Field notes of Meera Kaul Shah, Chipulukusu Compound, Ndola, Zambia

1.14.6 Transparent and clear introductions

One question that most of the first-time facilitators of participatory appraisals worry about is 'how do I start?' There are no fixed rules. However, it is best to start any discussion with an individual or a group with introductions and explaining the purpose of the appraisal. Transparency is very important in building rapport. It helps in not generating any false expectations. It is always best to clearly state the intention and the possible outcomes.

During participatory appraisals with adolescents in Zambia, the introductions with any group or individual included:

- introductions by name (facilitators as well as the adolescents)
- explaining the purpose of the appraisal, which would go something like the following:

"We are from CARE, and are here to understand the problems and concerns faced by adolescents in this compound, especially those related to sexual and reproductive health. We are having discussions with different groups of adolescents and some elders in this compound this week. We want to first discuss with you and find out what kind of problems and concerns you are facing so that we can know from you whether and how CARE can provide some support in the future. We are not sure about the outcome of this process or what kind of project it will be at this stage; but, if a project is needed here, we would like to finalize it only after discussing these problems and concerns with the adolescents, their parents and guardians, the NHC members and the clinicians. We will be having discussions in groups and talking with some of you individually. We request that you feel free to discuss any issues and invite more friends and neighbors for these discussions. If you do not wish to speak in a group, you can decline freely."

1.15 Reporting back to the community

An important part of the participatory appraisal process is reporting back to the community. This includes sharing and presenting the findings of the appraisal with the community. Since the facilitating teams include some local representatives as well, it is best to let them handle the presentations to their fellow community members. This sharing of information not only helps in triangulating and verifying the results once again, but also takes the process to its next step – i.e., that of preparing the community action plan.

While it is relatively easier to handle this reporting back process in a rural community, it may require several meetings to do the same in a large urban community.

1.16 Questions often asked about a PLA

1.16.1 Where, and how many, PLAs?

One question that is often asked is whether it is necessary to facilitate participatory appraisals with the target group (e.g., adolescents, women and men of reproductive age, or sexually active women and men) in all the communities that a project plans to work in or is it sufficient to cover one or two zones of a larger catchment area.

The first step in a participatory development process is the involvement of the community in identifying their needs. This process builds rapport with the community. It also involves the community, as an important stakeholder, in their own development process. The results of participatory appraisals may be similar or common to several communities/groups, though this was not the case in Zambia (see box on the following page), but by not carrying out a participatory appraisal with the community we lose out on an important first step in the process. Also, the process then tends to become top-down and imposed from outside, rather than be initiated by the community. The important aspect is to establish rapport and to create partnership or ownership of the activity that will follow as a result of the participatory appraisal.

There were some differences that we observed in the KAP of the adolescents, regarding their sexual and reproductive health across some of the compounds in peri-urban Zambia. Whereas in most cases we found a fairly high level of sexual activity among the adolescents aged 8-14 years, in a couple of compounds this did not seem to be the case. The same was also found in the case of age of sexual initiation. This was found to be higher in a couple of compounds as compared to the rest. These variations could be on account of one or all of the following factors:

- differences in economic and general well-being of the communities;
- differences in the size and the layout of the residential plots (the closer the houses are to each other and the more densely the area is populated, the higher the probability of adolescents starting sex early);
- differences in the proportion of boys and girls attending school;
- differences in the location of the compound - how close is it to the town center; and
- facilitator's biases and inadequate triangulation.

These differences are important to understand as they do have a bearing on the project design and the activities that can be supported in the compounds.

As an important part of the participatory process, therefore, it is essential that appraisals are carried out with the local people in every community that the project wants to work in. Since urban settlements tend to be large and spread out, it may be easier to facilitate separate appraisals in different sections/areas of the same community.

Participatory appraisals can be carried out even after a project has started functioning. However, such a step should be taken only if the project has the flexibility and willingness to make any changes in their approach or plans, in case the results from the participatory appraisals show the need for such a change.

1.16.2 How much does a participatory assessment cost?

Most first timers want to know how much a participatory assessment costs so that budgetary provisions can be made and the necessary resources are made available to carry out the same. It is not possible to give an estimate because contexts and conditions vary so much. What may be a necessary expense in one place may not be the case in the next. Other variations can be due to the duration of the appraisal, the size of the community, the size of the facilitating team, etc. In many cases the cost of conducting a participatory appraisal is small, such as when the agency may have their own vehicles and sufficient staff. The usual expenses include the following:

Material and stationery (details in Section 1.10);
 Vehicles and fuel;
 Staff time;
 Camera and film/cassettes (if photographs, slides and/or video are used);
 and
 Refreshments and snacks (if provided).

Per diem for local participants can also be included, if that is a part of the local CARE Country Office policy. The costs of a consultant/trainer should also be included in this list in case one is being invited to support the process. The following box gives the estimated cost of carrying out a participatory appraisal with adolescents in one compound in Zambia.

**ESTIMATED COST OF CARRYING OUT A
 PARTICIPATORY APPRAISAL IN ONE COMPOUND:**

Participatory appraisals were carried out over seven days in one compound. Each day refreshments (soft drinks) were served at the clinic before the team left for field work. Lunch was also provided for all the members of the facilitating team, including local representatives, clinicians and members of the NHC who took part in the process, to maintain group dynamics. A transport allowance was also given to non-CARE facilitators who had to find their way to the compound. The break up was as follows:

	US\$
Transport allowance for partners	500
Refreshments/Lunch	440
Stationery	177
Motor vehicle fuel	140
Total	1257

The above costs do not include the staff time spent on this activity. Also not included here is the cost of hiring a consultant who trained the facilitators, supported the appraisal process in some compounds, provided support for synthesizing information and writing the reports, and also helped with initiating some of the early activities with the adolescents during the project implementation phase.

Source: PALS, CARE – Zambia, cited in Shah (1999)

The cost of participatory appraisals should be considered, however, within the larger context of project implementation. While participatory processes by nature require intensive interaction with the community, the time and resources required in the early stages of the project tend to taper-off as the activities gain momentum and the community takes over a large part of the responsibility of implementing them. External support costs are relatively much lower in the later stages of the project. Costs should also be evaluated with long term sustainability of the initiative in mind. While it may cost less to implement an activity in a top-down manner, it is more likely that it will not be sustained, and more importantly not owned, by the community.

1.16.3 The qualitative vs. quantitative debate

Another issue that often comes up for discussion is whether we need to top-up a participatory appraisal with quantitative data collection (e.g., that collected by a questionnaire survey). We feel this is not necessary. While many may believe that it is not possible to collect quantitative information during a qualitative analysis, we feel otherwise. It is possible to collect quantitative data in a qualitative mode, as was made possible by developing and using methods like the 'Participatory Sex Census' (see Section 2.12 on page 3.56) during the participatory appraisals carried out with the adolescents in Zambia. The challenge is in innovating and finding ways by which the participants themselves collect and analyze quantifiable data in a systematic and participatory manner. It is important, however, to be aware of this challenge from the start and to be prepared to facilitate quantitative analysis during the participatory appraisals. Most community members have no difficulty in quantifying their analysis. In most cases it can actually be carried out in a much easier and quicker way with the involvement of the community as compared to tedious questionnaire surveys. However, while dealing with sensitive subjects, like sexual behavior, which are also of a very personal nature, care is required in facilitating these discussions in a large group. Such subjects are easier discussed in smaller groups or with individuals, and only when the participants are ready to discuss the topics.

If it is necessary to collect quantitative data through surveys, it is best to base their design on results of the participatory and qualitative assessments. This helps to ensure that appropriate questions are asked and that there is complementarity of the information generated.

1.17 Some problems and challenges

1.17.1 Behavior and attitudinal

It is easy to learn and understand the use of PLA methods. It is more difficult to develop the appropriate personal attitudes and behavior required to facilitate the use of these methods. For facilitators who lack the ability and patience to listen to the community, and the willingness to learn from them, these methods are of little use.

Many facilitators find it difficult to 'hand over the stick' (or pens or chalk or whatever material is being used) and to allow the community to carry out their own analysis. It is important to move away from being in a dominant and extractive mode to one which enables the community to take an active role in the decision-making process. This attitudinal change is usually the most difficult part. Attitudes cannot be changed in a day. It is, however, important that the facilitators are aware of how they behave and present themselves (e.g., our body language, the way we ask questions, the kind of responses we give, how well we listen, etc.) so that some of the negative attitudes can be identified and reversed over time.

We need to constantly remind ourselves that PLA is about reversals – in our attitudes, in the way we perceive the community's role in their own development process and how we enable them to take over what we have for long understood to be our role (Chambers, 1997).

1.17.2 Methodological

One of the biggest problems faced by the facilitators of a participatory appraisal process is their hesitation to use visual methods of analysis. Those who have not used visual methods before find it difficult to introduce them in discussions with the community. They feel more comfortable remaining in the verbal mode of analysis. This is partly because of a lack of confidence in being able to facilitate a visual analysis and in the ability of the participants to use them. This confidence comes only from practice. The only advice that can be given to a beginner is to move to visuals at the very start.

Related to the lack of confidence in using visuals is the doubt that facilitators have in selecting methods to be used for analyzing a specific topic. Very often facilitators are driven by their 'methods fixation', i.e., the urge to try out the different methods in the field. This approach can lead to a lot of frustration when methods may be used without any purpose. Facilitators must learn how to use the different methods as a means and not to see them as an end in themselves. Identifying themes and topics for analysis before and during discussions with the local people, and sequencing the analysis, should be of primary concern. Only when the topic for discussion is clearly understood should the facilitator introduce a suitable method to enable the analysis. Again, practice is the only way facilitators can acquire this skill.

It is also very easy to get carried away during a participatory appraisal. Those who have never facilitated the use of visual methods in a participatory mode can be amazed at the quality of the visuals and the depth of analysis generated by the local people. It is important to remember that getting a large and detailed map made by the community is not an end. The important thing is what the map means to the community members who developed it, what is done with that map and how it gets used during the subsequent stages of the appraisal process.

Many facilitators do find it difficult to innovate and to adapt the methods to suit different topics and situations. Very often facilitators only follow the examples that they may have seen during their training. We had to face this problem repeatedly during the PALS appraisals when facilitators continued using only a few methods the same way day after day. Innovative application of the methods is a skill that also develops with practice.

1.17.3 Analytical

Proper analysis of information generated is crucial for the success of a participatory appraisal (as also in monitoring the implementation of activities during the implementation phase). Analysis should be understood as a continuous process of reviewing information, classifying, and verifying it before any conclusions are drawn. The first level of analysis is with the community itself. Very often visual outputs prepared by the community are not probed enough. Outputs have to be 'interviewed'. A discussion must follow a visual presentation.

Information given by only one group or individual should never be taken as applicable for the community as a whole. Triangulation is very important before any results can be finalized.

It is important to remember that a participatory appraisal is an incremental process. Results from one set of analyses have to be linked to the analyses carried out earlier and that will be facilitated in the later stages. The role of the facilitators is important during this second level of analysis. While most facilitators are, with practice, able to master the use of methods in the field and in facilitating participatory appraisals, many find it very difficult to analyze the huge quantity of information that such a process can generate.

1.17.4 Process related



A group of girls working on a visual analysis. Zambia

Very often PLA is understood to be synonymous with 'rapid'. This is a myth. A participatory process takes time to develop and evolve. A map or a matrix ranking exercise may take less than an hour for the community to prepare, but this is only a small step towards developing a participatory process.

Another common misconception is that of achieving a participatory process by merely facilitating a participatory appraisal with a community. It has been mentioned several times here that a participatory appraisal is only the beginning of a participatory process. Without following up the appraisal by the preparation of a community plan and its implementation in a participatory manner, the process is only half-baked. Methods, it must be repeated yet again, are only a means to facilitate a participatory process.

1.17.5 Institutional

The greatest danger to the successful facilitation of a participatory process is the lack of understanding of the support that such a process requires in the long run. In order to support a participatory development process it is necessary to have the institutional willingness and capacity to:

- ♦ be flexible enough to allow the community to prioritize its own needs and plan its own action;
- ♦ have a flexible time-frame (participatory processes usually take more time to get started);
- ♦ have access to flexible funding (usually the funding plan is decided way before the first dialogues are held with the community and this may not match the community's plans and priorities);
- ♦ be able to support the process initiated with the community (especially as the appraisal translates into preparation of plans and their implementation); and
- ♦ be able to negotiate with donors to gain support for the process.

Participatory appraisals should not be initiated unless the above are ensured.

A lot of interest has been generated in the use of PLA within the development community in recent years. While this creates the potential for greatly improving the way development projects are designed and implemented, there is an underlying danger. It is increasingly becoming fashionable to be able to say that, 'we are using PLA'. Donors are placing the use of PLA as a condition for funding. In the quest for being able to join the bandwagon, a lot of poor quality work gets passed off as PLA. Many participatory appraisals never get followed-up or translated into action, or are followed by the conventional top-down planning and implementation of projects and development activities. The challenge lies in ensuring a proper understanding of the process and its implementation.

CARE has always upheld excellence in programming so it benefits CARE field staff to practice participatory methodologies with integrity.

CHAPTER 2

A STEP-BY-STEP GUIDE TO POPULAR PLA TOOLS AND TECHNIQUES⁽²⁰⁾

Meera Kaul Shah

This chapter lists and describes some of the main tools/methods that can be used during participatory appraisals on reproductive health⁽²¹⁾. Each of these methods is described here along with some tips on how to facilitate its use in the field, and the material required for the same. The examples given here are only illustrative of the ways in which the tool can be adapted and used in different contexts⁽²²⁾. It is worth remembering that the tools are a means of analysis and not an end in themselves. It is important to be clear about the issue that is being analyzed and select the tool accordingly, rather than the other way around.

2.1 Social maps



Map of Rusumo Commune, Kibungo Prefecture as made by a group of community men. Rwanda

A social map is a visual presentation of the residential area. It gives the boundary of the settlement, the social infrastructure (roads, water supply, schools, playgrounds, places of worship, clinics, and other public spaces) and the housing pattern – with all the houses in the area being depicted on the map.

This is one of the easiest methods to use and can be introduced in the early stages of interaction with the community. Mapping generates a lot of enthusiasm among the local people and acts as a good icebreaker.

Maps are best prepared on the ground using any locally available material (sticks, leaves, seeds, beans, stones, etc., or by simply drawing in the sand with a stick)⁽²³⁾. It is best to copy the map carefully on paper as soon as it is ready on the ground. Having a copy on paper ensures that it is preserved and can be used for further analysis and reference at later stages.

As with any visual method of analysis, there should be some warm-up discussion about the settlement, the area, infrastructure and facilities available before the participants are asked to present the information in the form of a map. Mapping, as most other participatory methods, is best carried out in a group rather than with individuals.



Kibungo Prefecture Rwanda. A young woman draws her community map as others look on.

STEPS

1. Select an open space where the map can be prepared on the ground.
2. Ask the local people to prepare a visual presentation of their settlement that can help us understand their community.
3. Ask the group to show all the features of the settlement that they can think of.
4. Leave the group to prepare the map and observe the process.
5. Labels or symbols can be used to identify different facilities, features or infrastructure (allow the participants to select the symbols).
6. Any additional information that the facilitators want to discuss should be introduced only at the end, after the group has finished preparing their map.
7. Once the map is ready 'interview the output' by asking questions.

Social maps can lead to discussions about diversity within the area and the differences between different parts of the settlement. Sometimes discussions may even bring out social, economic or political conflicts within the community, for which possible solutions can also be discussed.

During participatory appraisals with adolescents in urban compounds in Zambia, we had to use social mapping in stages and sequences. On the first day, when we had a de-briefing session at the clinic, the NHC members and the clinicians that took part in the appraisals were asked to prepare a map of the compound. Since the compounds are very large, it was important to zone and divide the compound, so that we could capture the diversity and natural divisions within it. This also helped to crosscheck that we did not leave out any area during the appraisal. The NHC members, who are local residents, decided the basis on which to make these divisions. Usually the criteria included – population density, type of housing, plot sizes, access to services, perceptions of relative well-being, etc.

Since the first social maps covered a large area, it was not feasible to have all the houses plotted on them at this stage. Once the different zones were identified, the facilitators were divided in smaller teams and were allotted separate work zones. Once the smaller team started working in a zone, a detailed map of the zone was prepared with the residents. Most of these also included a visual representation of all the households living in the area. Usually these were prepared by groups of adolescents, but there were instances when we started the mapping exercise with a group of adults. In both cases it proved to be an excellent way to introduce ourselves to the community and to build rapport with them.

The local residents, using their own criteria, also divided the zonal social maps into different neighborhoods. When we worked with adolescents in several of these neighborhoods, detailed social information was either plotted on the zonal map or they prepared a separate neighborhood map. It was on these maps that demographic details were also presented (see Census Mapping in next section for details).

These detailed maps were very useful reference materials as they helped in understanding the diversity that exists in a compound. We found them of great use throughout the subsequent stages of the appraisals.

It is important to mention here that mapping is probably the easiest visual technique that can be used with the local people. Those who use it for the first time never fail to be amazed by the depth of analysis and the ease with which the local community can carry it out. It is, therefore, important to not get carried away by the first maps – this is only the beginning. Participatory mapping has to be used as a means for further analysis and is not an end in itself.

2.2 Census Mapping

As the name suggests, this is a quantitative tool used in the qualitative appraisal (or monitoring) process. Census mapping is used to put together easily quantifiable information about the settlement. Household information, like number of adults (men and women), number of children (boys and girls), education and literacy, employment, resource ownership, health problems (e.g., incidence of malaria or tuberculosis), use of contraceptives, etc. can be analyzed using this method.

Census mapping can be carried out in two different ways

1. using cards; and
2. using the social map.

Using Cards

In this case, household cards, one per household, are prepared. Each card carries a number or a name that identifies the household it represents. All the information pertaining to that household is completed on the card. This can be done using symbols or colors for different variables (e.g., red dots for girls, green for boys, etc.) or by writing on the card⁽²⁴⁾.

Using the Social Map

Since the social map shows all the households living in the area, it is very easy to fill in census information for each of the households on the map. This is a fairly simple method and within very little time it is possible to prepare a basic demographic database for the settlement with the local people.

STEPS

1. Start with a discussion on the need to put together some quantitative information for the area.
2. Decide whether the census will be carried out using the card method or the social map.
3. Ask the group to first prepare the household list. The numbers or the names of one representative for each of the households can be written on their respective cards or on the households depicted on the map. This makes it easy to identify the households for reference.
4. The group decides which variables to select. The facilitator can give an example of human population to start with, but allow the participants to select the other variables. In case the facilitators have any specific issue in mind, which has not been included by the group, it can be introduced at the end, after the group has finished its analysis.
5. For each indicator, quantified information is written or placed on the card or in the house on the map.
6. At the end, ask the group to aggregate the information for all the variables. Some simple analysis can also be carried out with the same group.

During the appraisals carried out with the adolescents in Zambia it was easier to use the social maps to carry out the census. Since social maps were one of the first visual outputs to be prepared in a compound, it was easy to continue using them for further analysis. The following information was usually collected:

- ♦ demographic details, including number of adolescents by gender; and
- ♦ school attendance of adolescents.

Since the compounds in Lusaka (and urban settlements in general) are very large, it is not possible to carry out the census for the entire compound in one attempt. Census mapping was possible only at the neighborhood level, considering 50-100 households at one time.

The social map containing census information was very useful for carrying out wealth/well-being ranking of households later during the appraisals (discussed later). This also provided a good base for selecting samples for the questionnaire survey, which was carried out in some of the Compounds at the end of the participatory appraisals.

We were having a discussion with a group of girls who had just completed the census analysis for their neighborhood. Amidst some laughter and joking we casually asked whether they would have been able to identify all the sexually active boys and girls on the social map that they had just used for the census exercise. Promptly the map (which had been prepared on paper) was pulled back into the middle of the group and all the adolescents marked on the map were given spots of color to show which ones were sexually active!

While this group had no problem in carrying out this analysis, we felt that such information is of sensitive nature and those who are not present there for the discussions may not approve of their sexual behavior being discussed and analyzed in public. We, therefore, did not use that output for any further discussions nor did we try the same analysis elsewhere.

Source: Field notes of Meera Kaul Shah, Dambwa Compound, Livingstone, Zambia

2.3 Transect walks

A transect is a structured walk through an area. This walk is best carried out with a group of local people who live there and know the area well. These local people should act as guides for the walk, showing and discussing all the diversity that exists within the area.

If a map of the area has already been prepared it can be used to decide the route of the walk.

The transect walk should be used as an opportunity to meet with different people on the way, and to stop to have discussions with them. It is important to be observant on this walk and to ask probing questions. Also ask the guides what they would like to show you.

It is also helpful to revisit the social map (if it has been prepared earlier) after a transect to see if any additional details can be added. If the map was not prepared before the transect, it can be prepared after the walk by the local guides who participated in the transect.

During transects with the adolescents in Zambia, we focused on the following:

- ~ learning areas frequented by the adolescents and their meeting places;
- ~ using this as an opportunity to meet more adolescents and to invite them for discussions;
- ~ using it as an opportunity to introduce ourselves in different sections of the compound (meeting parents, guardians, opinion leaders and other elders to explain the purpose of the appraisal);
- ~ visiting video shops, bars, taverns, market places and other locations where we found many adolescents to have discussions with; and
- ~ observing the activities of the adolescents.

2.4 Wealth and well-being ranking

Wealth and well-being ranking is a method used to analyze ways in which a community identifies differences and divisions among its members. Usually this analysis identifies different categories of households within a community. The same can also be used to categorize individuals in a group.

Wealth and well-being ranking can be a relatively difficult analysis to facilitate in the community. People can become suspicious about the purpose of the analysis. They may also hesitate to discuss individual or household level information in public. Sensitive facilitation skills are required since this analysis is about individual and personal information. It is best to introduce this subject at the later stages of the appraisal after establishing rapport with the community. Go ahead with this analysis only if the community members feel free to carry it out. Do not impose. It is also important to be observant of the process and follow the discussion while the analysis is going on. Care needs to be taken that there are no individual biases influencing the ranking. This analysis is best carried out in a group, so that the facilitator can follow the discussion and debate among the participants.

Upon arrival in Lubuto for the third day during the appraisal with the adolescents, we were told to present ourselves at the police station immediately. Taken aback, and wondering why we had been summoned, the entire team of facilitators reached the police station in the compound.



*Posing for a photograph outside the police station.
Lubuto, Ndola, Zambia*

We found a visibly upset woman and her daughter and some very angry men from the compound waiting for us. Soon we learned that these men had found out the day before that this girl, along with some other adolescents, had participated in the wealth ranking analysis. Not quite understanding the purpose of such an analysis the men were understandably infuriated. The matter had been reported to the police and the girl was being held at the police station for questioning.

It took some time to explain the purpose of what we were doing and showing the visual outputs to all the people present at the police station. When satisfied, the policeman on duty said, "Well, you are doing good work for our children. We appreciate it. But you should enter the compound through proper channels. If you had met me the first day, I could have explained everything to the residents myself". We had found an ally!

Before starting work in any compound, we informed and sought permission from the local clinic as well as the neighborhood health committee (which included resident representatives). The same practice had also been followed in this case. It never occurred to us that it might be necessary to seek permission from the police!

The residents explained that the area had recently witnessed a spate of armed robberies and that they had assumed us to be a part of the gang of robbers, getting innocent children to give us information so that we could strike again!

One hour after our arrival at the police station, we were getting invitations from the men to visit their area again. They, along with our new found policeman friend, even posed for photographs with us outside the police station!

Source: Field notes of Meera Kaul Shah and Roy Mwilu, Lubuto Compound, Ndola, Zambia

There are two different ways in which this analysis can be approached. We can first start by asking the group to discuss the criteria on the basis of which they differentiate among households. These can be listed. Then the group can be asked to use the criteria to decide how many categories they would like to divide the households into. Ask them to describe each of the categories. They can then proceed with the ranking of all the households.

Alternatively, it is possible to first start with the ranking itself and, once they have completed the analysis, the group can be asked to describe the criteria on the basis of which they differentiate the categories.

This ranking of households can either be based on the relative economic well-being of the household (called wealth ranking) or can have broader criteria for analyzing the relative well-being of the household (which includes less tangible aspects like problems, access to services, etc). Well-being analysis can also include wealth as one of the criteria, while focussing on other (e.g., social) criteria that contribute to the general well-being of the household. In some cases the classification is done using categories like 'happy' and 'unhappy' households.

This ranking of households provides an insight to ways in which the community understands and sees differences within it. It also provides an idea of all the different groups of households that must be considered in order to involve them in the appraisal process. This categorization is also useful as a purposive sampling technique, since it helps in identifying the different categories of households in a community with whom separate discussions can be held on their sexual and reproductive health needs.

The ranking of households can be carried out using one of the following two methods:

Card sorting method

In this case one card is used for each household. A name or a number on the card identifies every household. If the census mapping has already been carried out using the card method, the same cards can be used for the well-being ranking. The group is asked to sort the cards into different categories.

Using the social map

If a social map of the community is available, the same can also be used to mark the categories on each of the households depicted on the map. Symbols or numbers can be used to identify the categories. Following is an example of well-being ranking carried out by a group of boys in Chipulukusu Compound, Ndola, Zambia (Shah, 1997):

A group of boys first prepared a social map of the neighborhood. A total of 101 households were shown on the map. Having prepared the social map, they carried out the human census and added this information on each of the households. Later they were asked whether it is possible to categorize the households in this neighborhood into separate groups. They came out with four categories

Category 1 – the poorest

Category 2 – poor

Category 3 – Efilyako (better-off)

Category 4 – Abaikala Bwino ('some of us' – the few best-off)

The same group of boys was asked to list the criteria on the basis of which they had decided on these categories. They listed the following:

Category 1 – the poorest

- Roofs are made of cardboard or plastic waste material
- People wear rags and use sacks for blankets
- They eat once a day or beg for food
- Their children attend the literacy school run by the Catholics, where education is free
- They have poor hygiene
- The poorest are so hungry that they do not have the strength to sweep or maintain their surroundings
- These people are often neglected and live in isolation from the rest of the community
- This category is comprised of the handicapped, the aged, or orphans who have lost either both or one parent (and are being looked after by a step-parent who neglects or mistreats them)
- Some households are even headed by children

"The poorest usually depend on funerals", commented one man. He explained that the area has a high death rate and nearly every day there is a funeral. The poorest people attend each and every funeral, and move from one funeral house to another, so that they get some food to eat.

Source: Field notes of Mary Simasiku, Chipulukusu Compound, Ndola

Category 2 – the poor

- They have fields from where they get some seasonal food
- Sometimes they work for 'food for work programs' like PUSH
- They beg food from neighbors
- Husbands do not work
- Houses are partly roofed with Korrie⁽²⁵⁾ sheets and partly with cardboard
- Women engage in prostitution while men resort to stealing in order to raise money
- They depend on a vegetable diet without oil or tomato
- This category is mainly comprised of widows, or households where the husband does not work and the wife runs some small business. However, the little money she makes will be grabbed by the husband, who will use it to buy beer

Category 3 – the better-off

- They can afford to eat meat or chicken once a month
- Houses are well roofed with iron or korrie sheets but sometimes they leak
- They dress well
- They have blankets and beds
- They have furniture and mats
- They own black and white TVs and radio cassette players operated by batteries
- Their children go to government primary schools

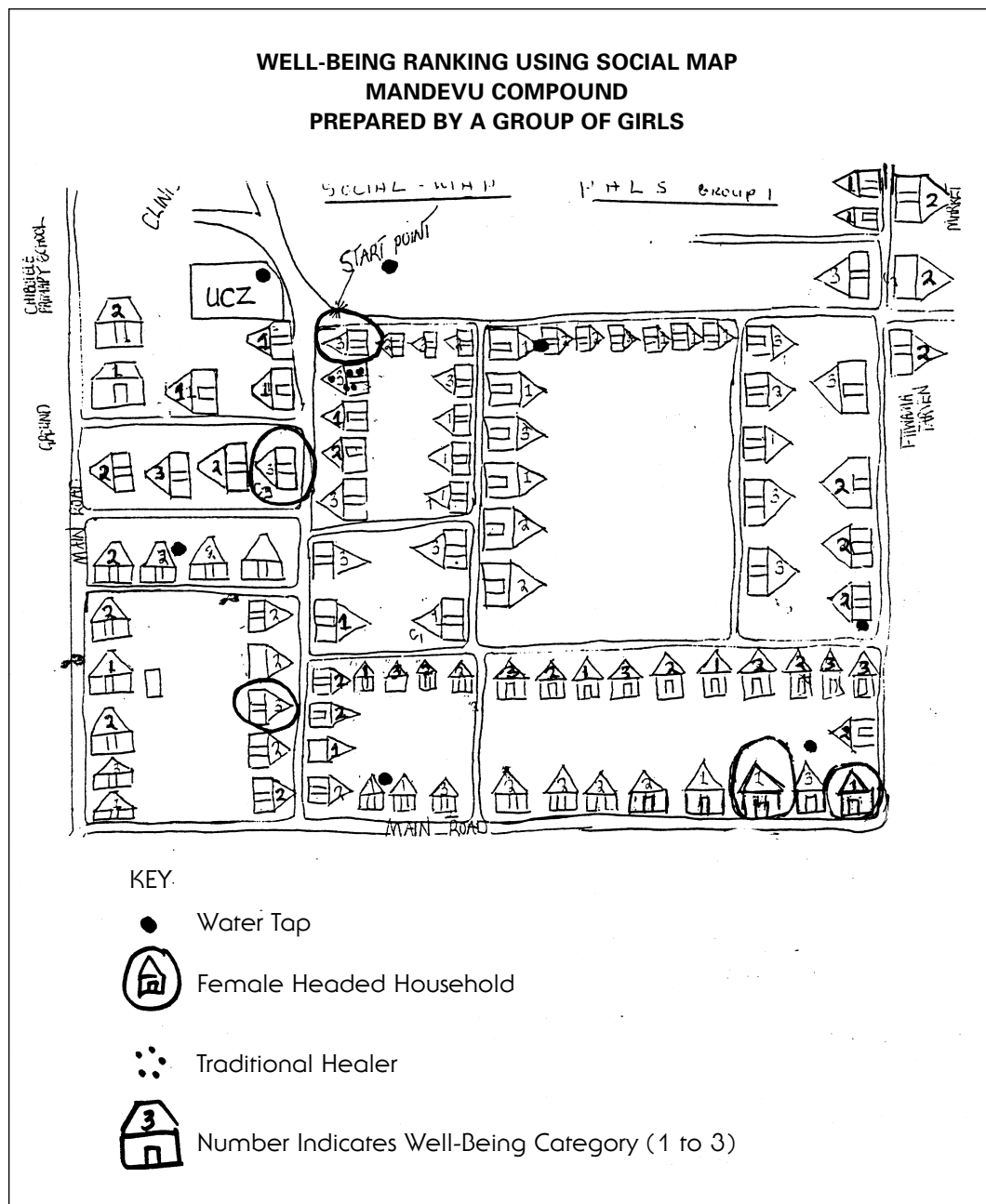
Category 4 – some of us

- Own a tavern
- Houses are wall-fenced
- Own color TV and fans, which are operated by generators
- Work for big companies like ZESCO
- Their children go to schools where the fees are high (private schools like Modern School)
- They dress in the acceptable standards
- They own two houses, some are rented out
- They engage people to work in their fields
- They own hammermills, salons, barber shops, or mini buses
- They can afford to book taxis
- They are able to sponsor funeral costs

After having listed the criteria for the classification of households, the group categorized the households they had shown on the social map for their cluster. The aggregated information from this analysis is as follows:

CATEGORY	NO. OF HOUSEHOLDS
Poorest	17
Poor	53
Better-off	17
Rich-some of us	14
Total no. of households on the social map	101

Following is a copy of the social map that was used to carry out the well-being analysis in Mandevu Compound, Lusaka by a group of girls.

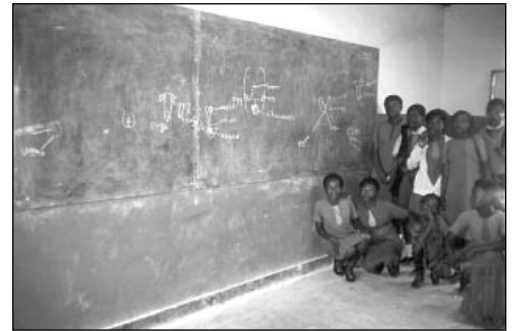


2.5 Body maps

The body mapping technique was used a lot during the participatory appraisals carried out with adolescents in Zambia. This tool is very useful for understanding the level of knowledge and the type of information individuals and groups have about the human reproductive system. This diagramming method requires the participants to draw maps of the female and male bodies, with emphasis on detailing the respective reproductive system and how it functions. The same can also be used by the participants to mark what they consider to be the male and female erogenous zones.

With a visual like the body map, it is very easy to focus the discussion on the group's understanding of the reproductive system and to find out whether there are any gaps in their knowledge and whether the information they have is distorted in any way.

These body maps are best carried out in gender-segregated groups, with 4-7 participants. Body maps can be prepared on large sheets of paper or on the ground using chalk. Following are two examples of body mapping.



School girls used the blackboard to draw body maps in Chawama, Zambia.



Young women in Kibango, Rwanda draw body maps.

A PREGNANT WOMAN

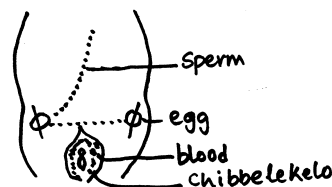
*drawn by a group of
13-year old girls (not attending school).
Old Kanyama Compound*



Note: The fetus is shown as a baby in a dress and also has a hair-do! When we asked what this woman is carrying in her hands we were told - "Her handbag and a basket of fruits. A pregnant woman must eat a lots of fruits."

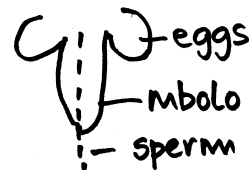
Body mapping by a group of school girls. Chawama Compound

FEMALE REPRODUCTIVE SYSTEM



Note: The girls explained that the sperm flows from the top of the body ("from somewhere") to one egg and then to the other egg.

MALE REPRODUCTIVE SYSTEM



2.6 Venn diagrams

These are also known as Chapati Diagrams because of the circular paper cutouts used in this analysis. This method is mainly used for institutional analysis. Venn diagrams help in understanding the role different institutions (formal or informal groups or key individuals) play in a community. It is possible to analyze the relationship among these institutions, how important they are in peoples' lives and how the people perceive their relationship with them.

This method is best used with a group rather than individuals, as the discussion and debate that accompanies the analysis is as important as the final visual output.

A large circle represents the community and other circles, each representing an institution, can be placed in or around the main circle. The size of these circles represents their importance to the community (the bigger the circle, the more important the institution). Different colors can be used to show negative and positive relationships the community has with these institutions. The placement of the circles represents how close the community feels to these institutions. Institutions placed inside the main circle are institutions the people feel close with. Distance between the circles represents the links they may have between them. Circles touching or overlapping each other show a close link between them.

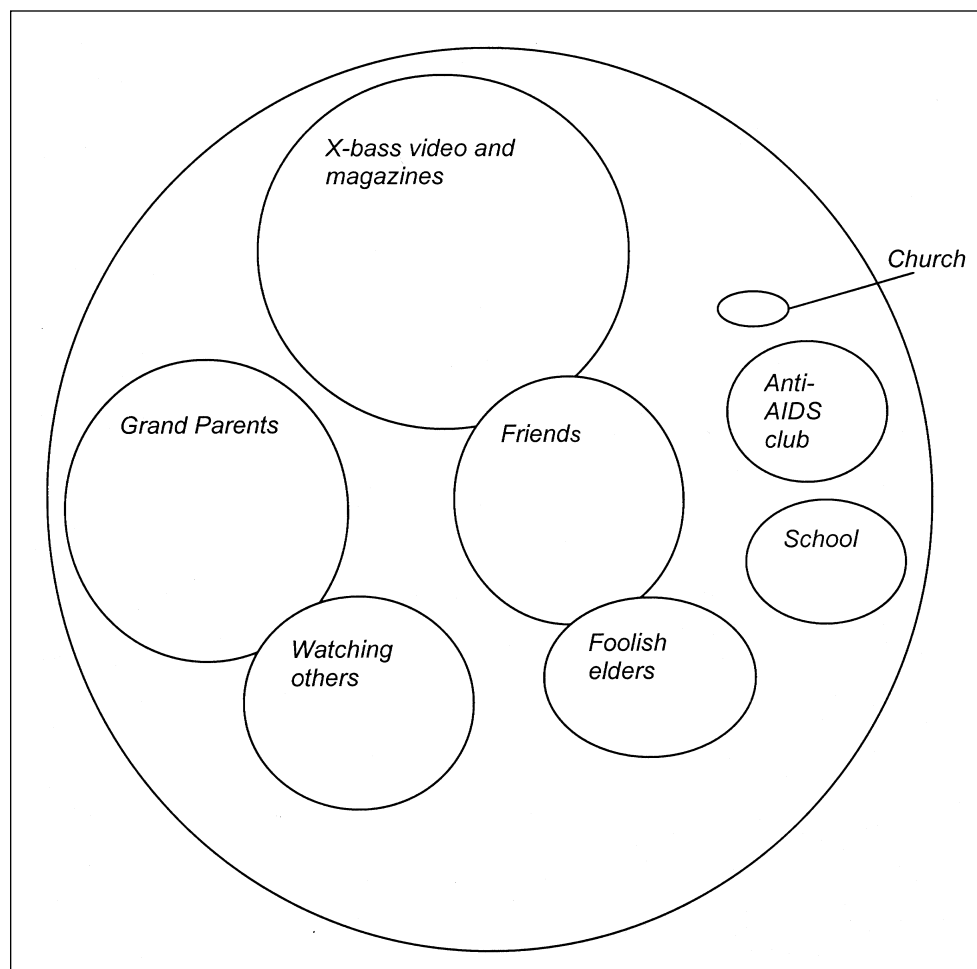
It is important to remind the group that this is not a physical map of the institutions showing their location. This is a perception map of the role these institutions play in their lives and does **not** show whether these institutions are physically within or outside the area, nor does this show the physical size of the institution. This analysis should include all the institutions the community has links with and can include those which may be physically located outside the area (e.g., the village headman who resides outside the village, or a clinic, located three kilometers away).

This visual can also be used to discuss possible conflict among the institutions and the degree of their contact. We can also include institutions that are new and old, as well as those that are functional and those that are dysfunctional.

This visual is usually prepared on a large sheet of paper using paper cutouts for the different institutions. It is useful to carry large sheets of paper or cards (at least two colors), scissors, marker pens, and glue or tape. This visual can also be prepared on the ground using colored chalk.

One of the main applications of this method during the participatory appraisals with the adolescents in Zambia was to analyze the main sources of their information on sex and reproductive health. The following example illustrates this application.

ADOLESCENTS' SOURCES OF INFORMATION ON SEX AND REPRODUCTION
 ANALYZED BY A GROUP OF BOYS, OLD KANYAMA COMPOUND, LUSAKA



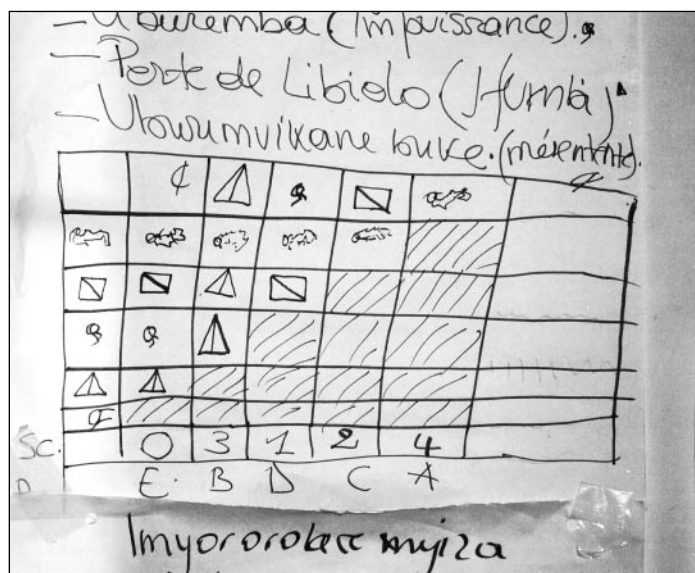
From the above analysis we get the following ranking of the different sources of information, according to their importance, for this group of adolescents:

1. X-bass video and magazines (pornographic material)
2. Grandparents
3. Friends
4. Watching others
5. Foolish elders
6. Anti-AIDS club
7. School
8. Church

It was explained that foolish elders are those who get drunk and then insist on talking about sex with young children. They mentioned that the adolescents do get some information at the church but most of it is about abstaining from sex before marriage, rather than any information on sex and reproduction.

2.7 Ranking and scoring

This technique is most useful in analyzing preferences, prevalence and decision-making processes. We can use ranking and scoring in any situation where different options are to be weighed against different criteria. This technique helps in analyzing the different options available or considered under one subject, the criteria on the basis of which these are evaluated by the individual or group, how each of these options fares against the selected criteria, and the final choice of the participants.



A pair-wise ranking exercise where the men opted to use symbols instead of labeling problems in Ki-Rwanda. Rwanda

The ranking and scoring technique not only helps in understanding the different options available to the individual or group on a particular subject/topic, but also assists in eliciting criteria on the basis of which choices are made. Together these help in determining the important elements for future action and decisions.

This technique is particularly helpful for analyzing sexual behavior and people's attitudes, including topics like:

- ~ sex partner preference;
- ~ contraceptive preference, and the prevalence of their use;
- ~ prevalence of different STIs;
- ~ gender differences in sexual behavior;
- ~ differences in sexual behavior according to age groups;
- ~ levels of sexual activity among different groups of males and females;
- ~ analysis of problems faced by the different groups; and
- ~ sources of information.

This analysis is best carried out in a group. It is the discussion among the participants that clarifies why they evaluate options the way they do.

This technique can be used in a variety of different ways, ranging from a simple ranking or scoring of various options available, to the more complex matrix ranking or scoring analysis which evaluates all the available options against each of the selected criteria. The choice of using ranking or scoring is best left to the participants. This may seem difficult at first, more because of our (facilitators') own hesitation, but is very easy to introduce as we learn with practice. The best way to handle this is to ask the participants themselves to decide the way in which they would like to analyze the differences between the options. The facilitator can help by suggesting the use of counters (stones, seeds, beans, etc.) for enumerating the difference.

We can also use the pair-wise ranking technique, which evaluates options, by considering them two at a time.

Each of these applications is described as follows.

Ranking

Ranking is a fairly straightforward method, whereby the options are evaluated and ranked in a sequence.

STEPS

1. Start with a discussion on the selected topic (e.g., use of different types of contraceptives).
2. Once the participants have mentioned some of the options available, ask them to prepare a list of all the possible options. This list can be prepared on the ground using chalk, by using symbols or by writing on slips of paper which are placed on the ground. It is also possible to use large sheets of paper for preparing this visual with literate groups.
3. Once the list is ready, ask the participants to select the most preferred option. This can be ranked one. The next most preferred option could be ranked two, and so on till the list is exhausted.
4. The facilitator's role is important in initiating the discussion and to explain the technique. Once the participants start doing the analysis, it is best for the facilitator to be an observer and not to interfere with the analysis.
5. Once the ranking is complete, ask the participants to explain the reasons for their preferences.

Following is an example of a ranking analysis carried out by a group of boys. We first started with a focus group discussion (FGD) on whether they perceived any differences in the risk of contracting STIs among the boys. When they started mentioning different categories of boys and how they differed in their sexual behavior and attitudes, they were asked to prepare a list on a large sheet of paper. Once the list was ready, they were asked to rank the different categories according to the risk they carried.

RANKING DIFFERENT CATEGORIES OF BOYS ACCORDING TO THEIR RISK OF CONTRACTING STIS

(Prepared by a group of boys in Luburo Compound, Ndola)

RANK ACCORDING TO RISK OF CARRYING AN STI (1=HIGHEST RISK)	DIFFERENT CATEGORIES OF BOYS IN THE COMPOUND **
1	Yoos – those who wear fashionable big clothes and like music. They move in groups and move with knives. They also wear earrings.
5	Niggers – They don't fear anyone, they only fear God and only God can judge them. They dress smartly. They don't go for girls because they are homosexual.
3	Gangsters – These are 'young' brothers of niggers. They move in groups and they have a leader of the gang known as 'Stalin'. The members of this group move with dangerous weapons like knives. Usually they share their girlfriend amongst them – even nine of them could be having sex with one girl, by turns. It will be up to the girl to keep a timetable for each one of them, so as to not annoy the others.
4	PLO (Posse Lazy) – these put on nice clothes but they have no money. They come from poor families and like to have friends from rich families. For them to have clothes, they do piece work and spend all the money on clothes and beer.
2	Rasta – These smoke dagga, listen to reggae music and they are vegetarians. Rastas propose girls but girls don't like them because they are dirty, are slaves, and walk to town.
6	Home Guys – these are ordinary boys, they go to church sometimes and some may have girlfriends.

** NOTE: The terminology and the language presented above is the same as used by the adolescents who carried out this analysis. Please note that some of the terms used by the adolescents do not carry the same meaning as is understood in general.

The above analysis shows how the boys categorize themselves in different groups. They do not perceive 'home guys' and 'niggers' to be at risk of STIs. They feel that homosexuals and those who have few girlfriends are relatively safe from STIs.

Scoring

Scoring is another way by which different options can be evaluated. In this case the analysts give a score for each of the options instead of a direct rank. Scoring provides a much more in-depth analysis as compared to simple ranking. While scoring does give the overall ranking, it also gives a weight to the differences. Counters can be used to evaluate, by quantifying, the differences between the different options.

Following is an example of using the fixed scoring technique. In this case the group decided to give scores out of a fixed maximum of 100 in order to analyze the prevalence of sexual relations among relatives. As in ranking, scoring also starts with preparing a list of options (in the following example it is a list of different sets of relatives who could be involved in sexual relations), followed by giving scores to each option to analyze their preference, prevalence, etc.

SCORING DIFFERENT RELATIONSHIPS ACCORDING TO PREVALENCE OF SEXUAL RELATIONS AMONG THEM

Prepared by a mixed group of girls and boys in Chipulukusu Compound, Ndola (Shah, 1997)

RELATIONSHIP	FIXED SCORE OUT OF 100 SHOWING HOW COMMON IT IS FOR THESE TO HAVE A SEXUAL RELATIONSHIP**
Brother and sister	5
Cousin and cousin	50
Grandfather and granddaughter	0
Grandmother and grandson	0
Uncle and niece	25
Aunt and nephew	0
Father and daughter	15
Brother-in-law and wife's sister	60
Sister-in-law and husband's brother	30
Neighbor and neighbor	100

**The higher the score, the higher the probability of sexual relations among these relatives

++Although not a relative, neighbor was later added as a category because it was felt that they are as close, and as important, as the relatives.

NOTE: The most common sexual relationship, according to the above analysis, is that among neighbors, ("it happens all the time"). The next is sex among brother-in-law and sister-in-law (wife's sister). It is also common to have sex among cousins. The group felt that only fathers who have no sense will have sex with their daughters. The group analyzed that out of 100 boys about 45 would have had at least one sexual relationship with a close relative and out of 100 girls about 50 percent would have done the same. Usually these relationships are willing and voluntary. While analyzing the relationship between a grandfather and granddaughter, some girls in the group felt that some grandfathers do have sex with their granddaughters, but most boys felt that it was not possible. These boys aggressively asked the girls in the group to confirm, "does the grandfather pouncha (puncture) you?", which made the girls very uncomfortable and they were shy to speak anymore on the subject.

A scoring analysis can also be carried out without fixing a maximum score at the beginning. This is called the **free scoring** method. In this case too the list of options is prepared first, and then the analysts use counters to give weights to all the options. Usually the counters are counted and then placed against the option. Since the number of counters placed against an option is relative to the score given to the other options, the analysts may add or remove some of the counters against the different options as the analysis progresses. It is important for the facilitator not to interfere when the analysis is going on.

Following is an example of using the free scoring method for analyzing the comparative preference of different contraceptive methods for single and married males.

**CONTRACEPTIVE PREFERENCES OF SINGLE AND MARRIED MALES
(USING FREE SCORING METHOD)**

(Analyzed by a group of boys, Old Kanyama Compound)

METHOD	SINGLE MALES	MARRIED MALES
Pills	5	151
Herbs	0	0
Condom	183	41
Safe period (natural)	2	0

NOTE: According to this analysis, boys prefer condoms while they are single. After marriage, condoms are used only with sex partners other than the wife. After marriage it is up to the wife to use a contraceptive. Hence, the high score for the pill for married males. No score was given to herbs, as these are used by females and these did not have an impact on the decision making of the males. It was also mentioned that most males are not aware whether their female partners use any herbs.

Some may point out that if we were to add the scores vertically, for single males and married males, the totals do not match. They are not meant to. In free scoring there is no fixed maximum out of which a score is given. The analysts can start with placing a score in one cell and the remaining cells are filled with numbers relative to the first one as also the scores in all the other cells. Therefore, there is no reason why they should give equal totals either along the vertical axis or along the horizontal axis.

Matrix ranking and scoring

When the options have to be analyzed on the basis of multiple criteria, it is most effective to use the Matrix Scoring or Ranking method.

STEPS

1. Starting with an FGD, the participants prepare a list of options and the criteria on the basis of which they are differentiated, compared, contrasted and evaluated.
2. All the criteria in the list should be positive, or else it is difficult to make comparisons. In case some criteria are negative (e.g., 'expensive'), these should be changed to their positive meaning (e.g., 'cheap' or 'affordable').
3. A matrix can be prepared on the ground or on a sheet of paper.
4. In the cells along the top, on the x-axis, place the different criteria (one in each cell). Along the y-axis, on the left-hand side place the options, again one in each cell. (We could also have the options on the x-axis and the criteria along the y-axis!).
5. Each option on the list is evaluated against all the criteria in the matrix. This can be done by using scoring or ranking methods. Counters can be used to fill up each of the cells in the matrix.
6. It is important to remember that the scores for the options should not be added in order to arrive at the overall preference. Such totals can be misleading as it assumes that all the criteria have equal weight.
7. Overall preference can be arrived at by asking the group to add another column/row to the matrix at the end and to rank or score the different options to show preference.
8. It is also possible to rank (using ranking or scoring) the different criteria in order to understand which ones are more important.

Following is an example of using the matrix scoring method:

MATRIX RANKING OF PREFERENCE FOR SEX PARTNERS FOR GIRLS

Prepared by a group of 14-16 year old girls in South Chilenje, Lusaka
(From the field notes of Meera Kaul Shah and Mary Simasiku)

Type of male sex partner	Criteria for deciding preference (fixed score out of 10; 10=best)						Overall preference (ranking, 1=best)
	Not married	Not moving with many girls	Can take responsibility	Has money	Dresses smartly	Is educated	
School boys	10	5	2	5	8	5	2
Yoos	10	0	0	5	7	5	6
Home boys	10	8	8	2	2	5	3
Taxi drivers	8	0	5	10	5	5	7
Teachers	5	0	5	3	5	10	5
Doctors	5	0	10	10	10	10	1
Cousins	5	5	4	5	5	5	8
Stepfathers	0	2	5	10	5	5	9
Church mates	8	5	8	8	8	5	4
Monku*	10	10	0	10	0	8	

**Monkus* are homosexuals (males). The girls first included them in their list, but when they started evaluating each of the categories as sex partners, they decided that they could not include the *Monkus*. Therefore, they did not give them any preference ranking at the end.

The group of girls carrying out the above analysis decided to give scores out of ten for evaluating each of the types of sex partners against the selected criteria. Doctors, who were ranked the most preferred sex partners, can take responsibility, have money, dress smartly and are educated, but are usually married and move with many girls.

Note that the last column in the above example gives ranks (while the rest of the matrix has used the fixed scoring method). This column was added to the matrix at the end, after the girls had completed their analysis. The group was simply asked to rank the different types of sex partners in their list according to their overall preference. One common mistake made while using the matrix scoring method is adding up the scores to arrive at the overall preference. The scores should never be totaled. Totaling the scores in the cells would indicate that all the criteria have equal weight. This is very rare. Check this with the above example. If the group had simply added up the scores in each row, they would have come up with a rather different overall preference from the one given above. Although doctors would have retained the first rank, it would have been church mates, rather than school boys, in the second place, and monkus (who were not given any rank at all), rather than home boys, in the third place, and so on.

The following example illustrates how the adolescents are capable of carrying out a very complex analysis using an equally complex methodology. Before the group of school girls carried out this analysis, we had a long discussion about the various dimensions of selecting a sex partner. Once the discussion had warmed up, we asked the group whether they would like to list these different dimensions as well as the typology of sex partners they had been talking about. It can be seen that the issues listed on the top of this matrix relate very closely to the questions that we had asked to facilitate the discussion. This, therefore, definitely has the influence of the facilitators. Once these issues were listed on paper, the girls were asked how they would like to evaluate each of the types of sex partners against these different dimensions. This is an interesting example as we can see that the group decided to use a mix of ranking and scoring methods. Such an analysis may seem very complex, and perhaps difficult to understand for the reader, but it must be mentioned that it took the girls only about 40 minutes to carry out this analysis and to discuss the reasons for their analysis.

TYPOLGY OF SEX PARTNERS AND PREFERENCES OF GIRLS

Analyzed by a group of grade seven school girls in M'tendere Compound, Lusaka
(Shah et. al., 1996)

Type of partner	How common is the relationship (score out of 10)	Preference ranking (1=best)	Highest payers (ranking, 1=best)	Use of force (scoring, 10=use most force)	Social acceptability (scoring 10=least acceptable)**
Pastors	4	15	15	3	6
Friends	10	2	5	0	0
Servant	5	7	6	5	10
Drivers	5	3	2	5	0
Gonena ⁺⁺	10	6	4	7	3
Gangsters ⁺⁺	15#	1	3	8	0
Sene Sene ⁺⁺	6	10	1	10	0
Grandfather	4	14	16	10	10
Neighbor	5	5	7	0	5
Cousin	5	9	11	6	7
Brother-in-law	4	11	8	7	7
Teacher	10	4	10	9	5
Uncle	4	13	12	10	8
Doctors	5	8	9	1	0
Father	2	16	13	10	10
Brother	6	12	14	4	9

** This criteria emerged from the question we asked, "If your mother comes to know that you've had sex, which category of sex partner will she be most upset by?" Since the girls decided to use fixed scoring out of ten for this column, the higher the score, the more upset the mother will be.

⁺⁺Gonena are bus conductors. Gangsters are well-dressed boys who hang out in small groups. Sene Sene are Senegalese traders (male).

A score of 15 was given, even though the maximum had been decided at 10, in order to highlight that it is very common to have a sexual relationship with gangsters

NOTE: This complex and detailed analysis shows the variety of sex partners a girl can have in the compound. According to this analysis, it is the most common for a girl to have sex with gangsters. They do use force, mainly by being persuasive (rather than using physical force), with the help of money they pay. The next most common sex partners are bus conductors, friends and teachers. The bus conductors pay relatively well and also give free rides to town. With friends they feel free and since they are familiar with each other, they find it nice to have sex with them. Teachers give 'leakage' (of exam papers) in return for sex.

The most preferred sex partners for the girls are gangsters, friends, drivers and teachers, in that order. Gangsters are liked because they can pay a lot of money, just like the drivers. Sene Sene (Senegalese, usually traders), pay the most, followed by drivers, gangsters and bus conductors. "A grandfather, pastor, brother and father don't pay anything". With the exception of Sene Sene, there is a strong positive correlation between levels of payment and preference. In general, Sene Sene are viewed as physically well built and tall, with large penis and huge appetites for sex, and can be aggressive during sex. As a result, the girls mentioned that even though they pay the most, younger girls like to keep away from Sene Sene as sex with them is painful.

The least preferred relationships for the girls were also the most forced. Sexual relationships with Sene Sene, grandfathers, uncles and fathers are more likely to be forced. Usually the girl is not willing to have sex with these categories of boys/men. Doctors have to use very little force to have sex with a girl. A relationship with a doctor takes place when a girl has no money to pay for the medicines and the doctor accepts sexual favors instead. The issue of forced sex was also discussed with other groups of boys and girls, and it was explained that the type and level of force varies from threats to beating the girls, and in some rare cases boys even use knives to threaten and hurt the girls if they refuse to have sex with them. While most girls enter sexual relationships voluntarily, it was estimated that about 20% of the girls are forced to have sex. However, 'force' here was explained more as persuasion rather than 'rape', except that in the case of Sene Sene, and some close relatives.

Looking again at the previous table on typology of sex partners, it can be seen that a girl's mother is likely to be most upset by her daughter having sex with close relatives, like her father, grandfather, brother and uncle, and also if she has sex with a house servant. All these are people she knows well. It hurts less, it was explained, if she does not know the boy/man. Also, if there is money coming in, she will mind less.

This analysis brought out the complexity of relationships the girls have and how they evaluate them. The bottom line seems to be the 'payments' or 'favors' in return for sex (like the free rides to town offered by the bus drivers and conductors). The same group of girls called payments they receive from boys in return for sexual favors as 'sleeping allowance'.

PAIR-WISE RANKING

This method helps in analyzing different options and choices available under one topic, by evaluating them two at a time. These options could be related to contraceptive preference, preference of sex partner, sources of information, etc.

STEPS

1. The participants prepare a list of the different options they have under the selected topic. If the group is analyzing contraceptive preference, the options could include: condoms, pills, herbs, natural method, withdrawal, magic, etc.
2. These are written on slips of paper and placed on the ground. Alternately, a grid can be prepared on the ground using chalk or on a large sheet of paper.
3. The analysts are asked to consider the options two at a time and select the one that is more prevalent, more common, more difficult, more preferred, or on whatever basis the analysis is being carried out. Each option is directly compared with all the other options, one by one, e.g., - they could be asked between condoms and pills which one do they prefer, between condoms and herbs, between condoms and natural method, and so on till all the combinations are exhausted.
4. The number of times an option is selected is the score that it gets. The higher the score the more preferred the option is for the analysts.

WAYS OF PREVENTING PREGNANCY
Musokkashon
Condoms
Safe days
Silver
Silver bullet
Silver withdrawal
Silver condom
Silver pills
Silver herbs
Silver magic
Silver natural method
Silver withdrawal
Silver condom
Silver pills
Silver herbs
Silver magic
Silver natural method

MOST USED

	Musokkashon	Condoms	Safe days	Silver	Silver bullet	Silver withdrawal	Silver condom	Silver pills	Silver herbs	Silver magic	Silver natural method
Musokkashon											
Condoms											
Safe days											
Silver											
Silver bullet											
Silver withdrawal											
Silver condom											
Silver pills											
Silver herbs											
Silver magic											
Silver natural method											
Total	3	3	1	10	3	5					
Rank	4	3	3	1	2	1					

PUBUTO CHINTU
BOYS 16-25 YRS
14/1/97

Pair-wise ranking of different ways of preventing pregnancy. Zambia

The following example shows how a group of boys analyzed the reasons for early initiation of sex among girls using the pair-wise method.

PAIR-WISE RANKING OF REASONS FOR EARLY SEXUAL INITIATION OF GIRLS

(Analyzed by a group of boys, Chawama Compound)

(Shah and Nakhama, 1996)

Reasons	Anzabo (peer pressure)	Bana (children)	Ndalama (money)	Kumvela Bwino (pleasure)
Kumvela Bwino (pleasure)	Pleasure	Pleasure	Money	X
Ndalama (money)	Money	Money	x	X
Bana (children)	Children	X	X	X
Anzabo (peer pressure)	X	X	X	X
Total Score	0	1	3	2
Rank	D	C	A	B

NOTE: The above analysis shows that this group of boys feels that money is the main reason why girls initiate sex early. The next most important reason being pleasure, followed by the need for having children. The boys felt that there is little peer pressure among the girls (as compared to that among the boys).

It must be noted that while the pair-wise ranking method is very easy to use, it lacks the depth of analysis that is possible by using the matrix scoring method.

	Kubura amashuri	Gushagarama kubyara	Kugabanuka kumuliro	SIDA/MST	Malaria
Malaria	Malaria	Malaria	Malaria	SIDA/MST	X
SIDA/MST	SIDA/MST	SIDA/MST	SIDA/MST	X	X
Kugabanuka kumuliro	Kugabanuka kumuliro	Kugabanuka kumuliro	X	X	X
Gushagarama kubyara	Gushagarama kubyara	X	X	X	X
Kubura amashuri	X	X	X	X	X
SCORE	0	1	2	4	3
RANK	⑤	④	③	①	②

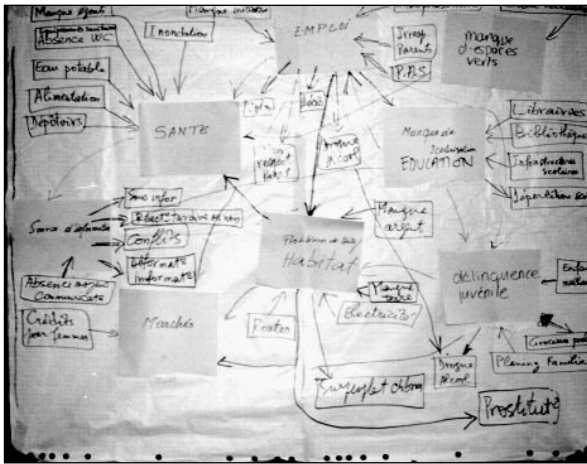
Pair-wise ranking of common health problems by community members in Kibungo Prefecture, Rwanda

METHOD	CHEWING TEA LEAVES	MASTURBATE (PONYO-PONYO)	PILLS	ABSTAIN (LURUNDU)	CONDOM (CHISHAMBA)
CONDOM (CHISHAMBA)	Condom	Condom	Condom	Condom	X
ABSTAIN (LURUNDU)	Abstain	Abstain	Abstain	X	
PILLS	PILLS	PILLS	X		
MASTURBATE (PONYO-PONYO)	Masturbate	X			
CHEWING TEA LEAVES	X				
SCORE	0	2	2	2	4

• Condoms are the most preferred to prevent pregnancy and STI. - "It is accessible to all"
 • ALSO useful during Masturbation to prevent mess
 • Masturbation was seen as another alternative to prevent pregnancy and "it is accessible to all"
 • Chewing tea leaves was left without a score because it is a method used by girls therefore was not seen as important to boys.

2.8 Causal-impact analysis (flow diagrams)

Flow diagrams are very useful for understanding the causes and impact of an event, problem or activity on people's lives. They also help in identifying links between different causes and impact. This analysis helps in initiating a discussion with the participants on how the problem can be approached and the types of inputs required to improve the situation.



A completed flow diagram prepared by young men in Nyeknakpoe, Lomé.

It helps to use this method during later stages of the appraisal, after the group has brought up several issues during the discussions. Prior discussions help in selecting a topic that has been surfacing repeatedly during the analysis. Results from preference ranking analysis can also be used to initiate a causal-impact analysis. This method helps in analyzing a problem in totality rather than discussing it in abstract.

STEPS

1. Select a topic for analysis.
2. The analysis can start with discussing the causes leading to that problem or activity.
3. These can be drawn as a flow diagram on the ground or on paper.
4. The impact or effect can similarly be drawn on the diagram.
5. Different colors can be used for the causes and the impact.
6. Links can be discussed between different causes and impact.
7. Keep asking if there are any other causes or results of the problem or activity. We can also probe into further impact of the results.
8. Both, the causes and the impact, can be given ranks or scores to analyze their intensity.

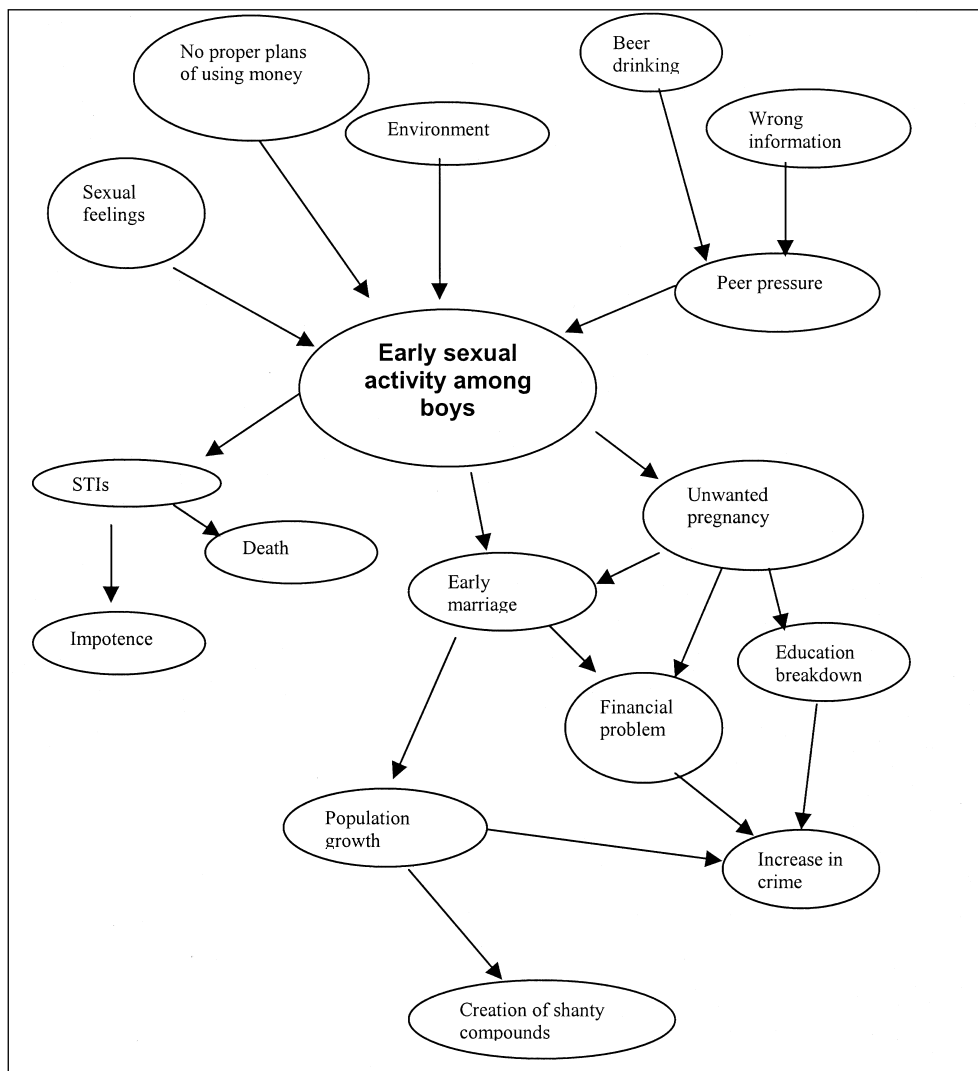
Flow diagrams can also be prepared showing only the causes or only the impact of an event, problem or activity.

Also, it is possible that once a problem or issue has been identified by the community as the cause of a problem under discussion, it is then possible to place that 'cause' in the center of a new causal-impact analysis to probe its importance further. This is how the facilitators were able to discuss the issue of Female Genital Mutilation with groups in Somalia and Sudan where the people did not identify it as a primary RH problem but brought it up as a cause of the primary problem (Sarah Degnan Kambou, personal communication).

Following are two examples of causal-impact analysis. The first one has been prepared by a group of boys analyzing the causes and impact of early sexual activity among boys. The second one has been prepared by a group of girls analyzing the same issue for girls. In both the examples the causes are shown on the top and the impact on the bottom (as also indicated by the direction of the arrows).

CAUSAL-IMPACT ANALYSIS OF EARLY SEXUAL ACTIVITY AMONG BOYS

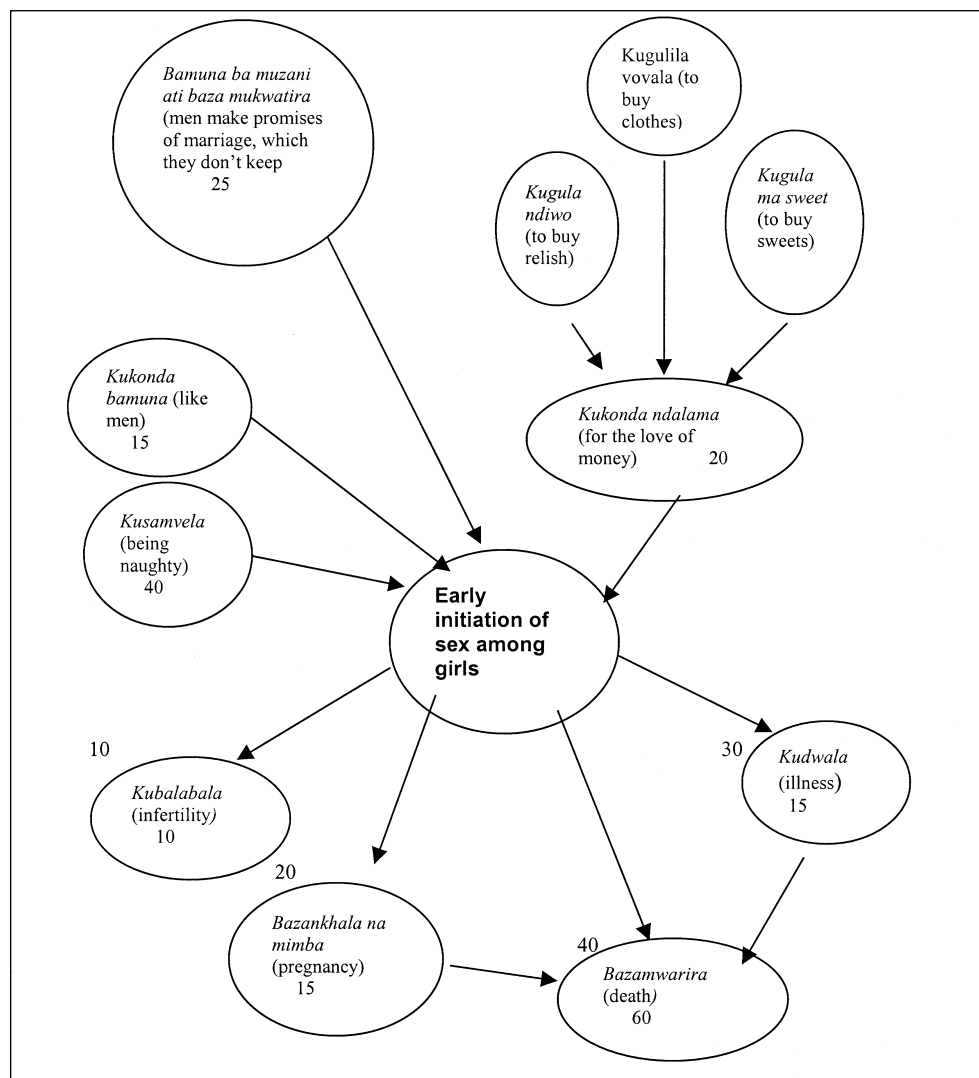
Analyzed by a group of boys from South Chilenje Compound, Lusaka



CAUSES AND IMPACT OF EARLY INITIATION OF SEX AMONG GIRLS

Analyzed by a group of girls, Chawama Compound, Lusaka

(Shah and Nkhama, 1996)



The numbers inside the circles for the causes are the scores (out of a total fixed score of 100) given to show the importance of the cause. The higher the number, the more important the cause. On the impact side, the numbers inside the circles show the score (out of a total fixed score of 100) for the influence that particular result has on their lives. The numbers outside the impact circles give the proportion of girls (out of a total of 100) who are affected by this.

2.9 Daily time use analysis

This is a fairly straightforward method. This analysis of a typical day for a participant is easy to understand and analyze. This method can be used in groups, though it is more effective when used by an individual as there can be specific information to focus the discussion on.

This method is a good ice-breaker and helps in starting a discussion. Questions can be asked on the basis of the analysis carried out by the individual/group.

Since the analysis is about how the person(s) spends a typical day, the first thing to be done is to ask the participant how they would like to divide the day. Some may divide it by the hour and some may simply divide it by morning, afternoon, evening and night. The participant(s) is asked to analyze how his/her time is spent during a typical day.

Following is an example of daily time use analysis, carried out by a group of boys in Chilenje Compound:

**DAILY ACTIVITY CHART OF BOYS
BY A GROUP OF SCHOOL BOYS IN CHILENJE SOUTH, ZAMBIA**

TIME	WHAT THE BOYS DO
0600 hrs	-wake up -tisamba ku maso (wash) -tisukusa mukamwa (brush teeth) -eat breakfast -prepare to go to school
0645 hrs	-report to school
1230 hrs	-lunch break
1400 hrs	-afternoon group reports to class -morning group reports back for football practice
1700 hrs	-practice over -classes over for p.m. group
1745 hrs	-water vegetables and lawns -bath, change into clean clothes -watch TV, video shows -reading
1900 hrs	-supper -some play with girls at school -some play "pool-table", others drink beer – mosi (at bottle-stores), drink kachchasu (local brew) in the Mapoloto area,
2100-2200 hrs	-some sleep with girls along paths -bed time

As can be seen from the above example, this daily activity analysis does not give us complete information, but provides an opportunity to ask a number of questions. Once the group has prepared an analysis like the one above, they can be asked several questions like:

- ~ Do you think this analysis will apply for all the boys in this Compound or would it be different for some?
- ~ Will a girls' daily activity analysis look the same?
- ~ Out of 100 boys living in an area, how many will go to drink beer or kachchasu, how many will play at pool tables, how many will be sleeping with girls and how many will go to bed at home?

Used this way, the daily calendar can open up several new topics for discussion and analysis. It is also important to differentiate between the weekday calendar and weekend calendar, as there can be significant differences in the way time is spent during different times of the week. The other dimension of daily calendars is to check whether they change according to seasons (i.e., is their time spent differently during winter as compared to summer, etc).

2.10 Seasonality analysis



Seasonal calendar being created by community members in Tana, Madagascar.

This method is used to analyze the seasonal patterns of some aspects of life. Activities, events, or problems that have a cyclical pattern can be analyzed using this method, including availability of food, prevalence of diseases, indebtedness, relative prosperity, stress in livelihoods, levels of sexual activity, availability of free or leisure time, etc. By analyzing several related variables in one visual it is possible to analyze the relationship between them and their impact on life.

STEPS

1. Decide on a topic.
2. Ask the participants to decide how they would like to divide the year (months, seasons, quarters, etc.). Do not impose your calendar – there can be different forms of local calendars, which the people may be more familiar with.
3. Develop the calendar on the ground using chalk, sticks, stones, or any other locally available material. This can also be prepared on large sheets of paper.
4. The seasonal variations of the different variables are compared and depicted visually on this calendar.
5. Once the visual is ready, the facilitators can ask probing questions regarding the relationships between different variables and whether there are any other aspects of life that are affected by this seasonality.
6. This visual can also be used to discuss problems and opportunities.

Following seasonality analysis of common health-related problems was carried out by a group of girls.

SEASONALITY OF HEALTH PROBLEMS

Analyzed by a group of girls in South Chilenje Compound, Lusaka
(Source: Field notes of Meera Kaul Shah and Mary Simasiku)

HEALTH PROBLEMS	MONTH											
	J	F	M	A	M	J	J	A	S	O	N	D
Malaria	4	2	1							8	7	6
Cough					6	3	4	9				
STD						9	9					
TB	1	1	1	1	1	1	1	1	1	1	1	1
High blood pressure										5	3	
Wounds	5											5
Burns						8	6					
AIDS	1	1	1	1	1	1	1	1	1	1	1	1
Headache	1	1	1	1	1	1	1	1	1	1	1	1
Madness	8	3	4	4	3	3	1	1	1	1	1	8
Pregnancy	3	2	1	7	2	2	1	7	1	2	2	7

This group used the 12 month calendar to analyze variations over a year.

Numbers in the cells indicate the relative score (using free scoring method) for prevalence of a health problem during different months in a year. The higher the score the higher the intensity of prevalence during that month. This group analyzed that AIDS, headache and TB have no seasonal pattern and are prevalent throughout the year. That's why they gave a score of 1 for all the months. There is high incidence of STDs, and burns during June and July – the cold season.

Pregnancy was added to the list, even though it was mentioned that it is not exactly a health problem, but it is related to health and has a seasonal pattern.

NOTE- By itself, the above analysis does not provide a lot of insight into the community's and/or adolescents' health problems. However, it provides a list of health problems that the adolescents perceive to be important, as well as their perception of when these problems can occur during the year. This can be the starting point for asking probing questions about whose problems these are, why they have a seasonal pattern, what do adolescents do when they are unwell or discover that they are pregnant or have an STD, etc.

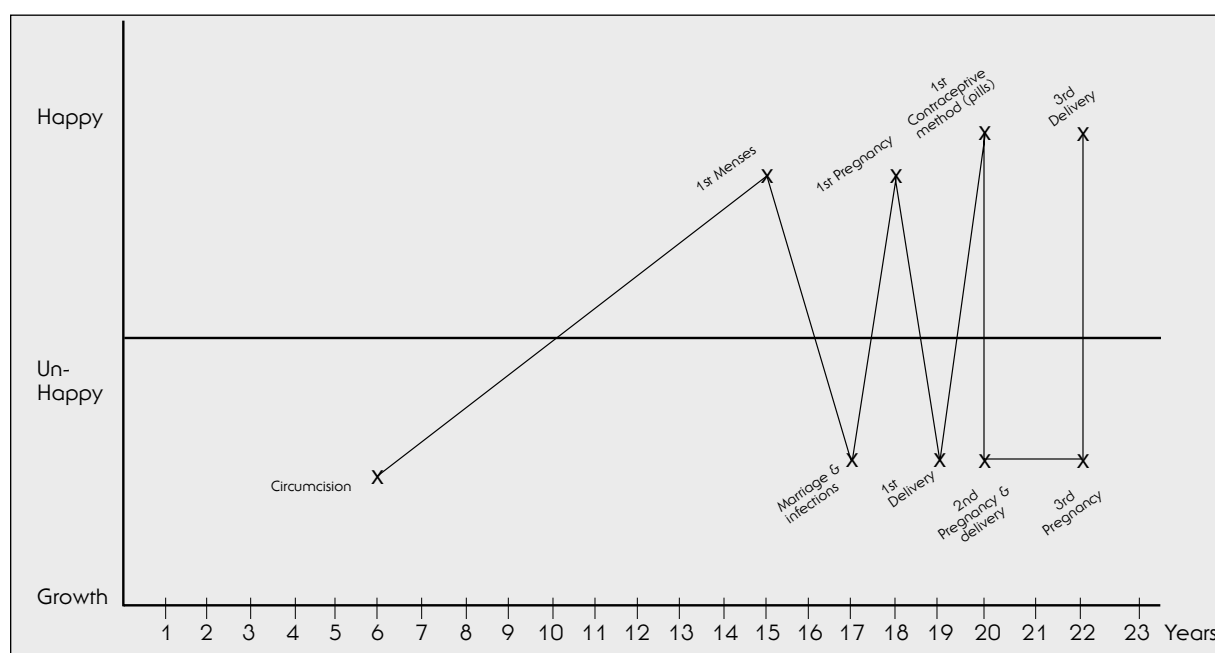
2.11 Trend analysis

Trend analysis is used to understand people's perceptions and patterns of change regarding selected indicators and topics that are of concern to them. Usually a 40- to 50-year period is considered for analyzing these changes. This is a useful tool to initiate a discussion with older people to analyze their perceptions of changes taking place in their community and in their own lives.

STEPS

1. Start with a discussion on major changes that have taken place on a selected topic.
2. Ask the group to decide on how far back in time would they like to go for this analysis. They should identify the years or period when significant changes were witnessed. These can be plotted on the visual.
3. Ask the group to show diagrammatically how the changes for each of the indicators have taken place over the years. This can be shown by line drawings (like graphs) or by scoring.
4. Discuss what prompted these changes. Which ones are considered positive and which are negative. Why? Ask whether any of the negative changes can be reversed.

REPRODUCTIVE LIFE-LINE – UN KENEDIEN - BARA PROVINCE – EXERCISE WITH WOMEN



Source: CARE Sudan. Un Kenedien - BaRa Province – Exercise with Women. The Reproductive Life Line above depicts the "high's (first menses, first pregnancy) and low's (circumcision, marriage and infections and first delivery)" of a women's reproductive life cycle.

2.12 Participatory sex census

This is a methodological innovation. During group discussions with boys and girls in Zambia it became increasingly evident that while boys may talk about their sexual behavior and experiences in an exaggerated manner, mainly to impress their peers, the girls tended to be secretive about their experiences. The girls would usually express themselves in third person or talk about a subject saying: *"I have a friend, who ..."*, *"I know a girl, ..."*, *"There are many girls, who ..."*, or *"Girls don't mind...."*

Given the sensitive nature of the subject being discussed we did not want to impose upon the participants to disclose what they did not want discussed in front of their peers. Hence the participatory sex census was designed, in order to understand, empirically, the sexual behavior of the adolescents. This was also necessitated because of several doubts being expressed by some 'experts' and critics about PLAs providing only an understanding of adolescent's perceptions of their sexual behavior, which, it was felt, could deviate significantly from their actual practice. It was, therefore, important to generate quantitative data during a qualitative process in order to dispel the myth that quantitative analysis is not possible during a participatory appraisal and to test how close the adolescent's perceptions are to their actual behavior patterns.

There are two ways in which this method was used:

- ☞ the paper slips method, and
- ☞ the 'open' method

Participatory sex census - the paper slips method:

This variation of the method was mainly used with groups of girls and boys at their schools. It was used, with similar results, in both gender-segregated and mixed groups.

STEPS

1. Sit with a group of adolescents in a place where the group will not be disturbed. There should be adequate seating space available.
2. At least two or three facilitators are required to handle this process.
3. All the participants should have a pen or a pencil (facilitators can carry some extra pencils with them).
4. Keep a bundle of small pieces of paper ready. The number of paper slips required will depend on the number of participants and the number of questions to be asked (you can always cut out more slips of paper from large sheets if you run out).
5. Explain to the group that you will be asking them a series of personal questions. You will ask one question and they should write their answer on one slip of paper. They should not write their names, as the answers will be kept anonymous. Therefore, they should feel free to write their answers. Also mention at the very beginning that anyone not willing to take part in the analysis can decline freely. You can start with a general discussion with the group as a warm-up exercise and as an ice-breaker, before actually starting with the census.
6. When you sense that the group is feeling at ease with undertaking this exercise, start by asking the first question. The first question could come straight to the point, e.g., by asking - 'have you ever had sex?', or a more general one like 'do you have friends of the opposite sex?'
7. Give out slips of paper, one to each member of the group. Ask them to write their answer. They should not show their answers to the others.
8. Ask them to fold the slips.
9. Collect the folded pieces of paper.
10. Count the responses according to the replies.
11. Destroy the slips of paper in front of the group.
12. Move to the next question, repeating steps 6-11, and then the same with the next question, and so on.
13. After all the questions are exhausted, aggregate the information. This can be shared with the group for further discussions or to seek clarifications on non-personal topics.

The set of questions to be asked has to be prepared beforehand. Additional questions can be asked, or questions can be changed, depending on the responses obtained from the group. Some questions that we asked during such an analysis included:

- ~ Have you ever had a sexual relationship?
- ~ What was your age at first sex?
- ~ With whom did you have your first sexual relationship?
- ~ Did you give/receive any gifts or payment for this sex?
- ~ With how many partners have you had sex so far?
- ~ Have you ever used a condom?
- ~ How many times have you had sex in the last month?

From our experience, we learned that we need to ask the same question in two or three different ways in the beginning to triangulate the information. While answering the first question, usually fewer participants admitted having had sex. When they saw the slips being destroyed after each question, their confidence increased, and subsequently more of them would admit having had a sexual relationship. Such responses increased till about the third question and stabilized thereafter.

Participatory sex census is somewhat different from the other methods described in this field guide. It is one method where the focus is on the individual. Individuals share and analyze their own personal experiences. Most of the other methods described here are based on analysis by groups of adolescents and their perceptions of reality. Sex census provides an effective means to triangulate information on a very personal and sensitive subject. It also generates quantitative information that can be compared with the adolescent's perceptions, as analyzed by them using other methods.

Following are the results from a sex census exercise using the paper slips methods.

RESULTS FROM THE SEX CENSUS (USING THE PAPER-SLIPS METHOD)

(Schoolgirls and boys participated in this analysis in two separate groups.

The results from both these are presented together here)

Twapia Compound, Ndola, Zambia

Q. NO.	QUESTION	RESPONSES			
		Boys		Girls	
	Total number of boys and girls in the group	Total number of boys = 17		Total number of girls = 16	
1.	Have you ever had sex?	No 3	Yes 14	No 5	Yes 11
2.	Age at first sex (in years)	<u>Age</u> 6 7 8 9 10 11 12	<u>Number of boys</u> 2 1 3 1 5 1 1	<u>Age</u> 7 8 9 10 11 14	<u>Number of girls</u> 4 1 2 2 1 1
3.	With whom did you have first sex	Neighbor = 8 Friend = 5 Cousin = 1		Friend = 7 Neighbor = 4	
4.	Payment given or received for this	Two of the boys paid: K 500 K 200		Seven girls received payments: K 500 K 600 K1000 (three of them) K1500 K10,000	
5.	Number of partners with whom you have had sex so far	No. of partners 2 4 5 8 14 15 17 20 27	No. of responses 4 2 2 1 1 1 1 1 1	No. of partners 1 2 3 4 6 10 15	No. of responses 3 3 1 1 1 1 1
6.	Have you ever had sex with your grandmother or grandfather?	No 17	Yes 0	No 14	Yes 2 (with grandfather)
7.	Have you ever had sex with a cousin?	No 16	Yes 1	No 16	Yes 0
8.	Have you ever had sex with a close relative other than a cousin, grandfather or grandmother	No 17	Yes 0	No 15	Yes 1 (with uncle)

RESULTS FROM THE SEX CENSUS (USING THE PAPER-SLIPS METHOD) (cont.)

(Schoolgirls and boys participated in this analysis in two separate groups.

The results from both these are presented together here)

Twapia Compound, Ndola, Zambia

Q. NO.	QUESTION	RESPONSES			
		Boys		Girls	
	Total number of boys and girls in the group	Total number of boys = 17		Total number of girls = 16	
9.	How many times have you had sex in the last three months	No. of times	No. of responses	No. of times	No. of responses
		1	2	2	1
		2	2	4	1
		3	2	5	2
		5	2	6	1
		6	3	7	1
		18	1		
10.	Number of partners with whom you have had sex in the last three months	No. of partners	No. of responses	No. of partners	No. of responses
		1	5	1	4
		2	1	2	2
		3	2	6	1
		4	3		
		6	1		

Participatory sex census - the open method

Another variation of the above mentioned method is the 'open' sex census method. In this case, there is discussion and the information is put together and analyzed in an open way as compared to the 'secret ballots' used in the paper slips method.

STEPS

1. Inform the participants that we will be discussing personal information. Proceed only if they are willing to discuss their personal experiences in the group.
2. On a large sheet of paper prepare a matrix with the selected questions/indicators on the top along the x-axis. Along the y-axis, on the left hand side, will be the names of the participants (if they wish to write them) who take part in this analysis.
3. The indicators on top can include: age, age of sexual initiation, number of sex partners to date, whether uses condoms (always, sometimes, never), number of sex partners in the last month (or three months), number of times had sex in the last month, whether had a pregnancy/made a girl pregnant, etc.
4. These indicators can be selected and kept ready beforehand. Additional questions or indicators can be added as the discussion progresses. Some may even be dropped. The participants can also be asked to suggest the indicators.
5. Ask the participants to fill up the row against their name with their own particulars in each of the cells.
6. Once everyone in the group has filled up the information on the sheet, aggregate the information and discuss the same with the participants. Ask questions like – Is this representative behavior? Is this behavior different for different categories of people? Does it vary by age? By gender?

It is possible that some of the participants feel shy in front of the others and hide some information. It is also possible that some may exaggerate in order to show off in front of their peers. Sensitive facilitation is very important for getting meaningful results from this exercise.

Following is an example of the open sex census method. Given the personal and sensitive nature of this information, the names of the participants have been withheld.

PARTICIPATORY SEX CENSUS

(Analyzed by a group of boys in New Twapia Compound, Ndola, Zambia)

Name (not mentioned here)	Age	Age at first sex	Age at second sex	No. of times sex in the last 3 months	No. of sex partners in the last 3 months	Ever had an STI	Condom use		
							Never	Always	Sometimes
1	15	10	11	4	2	No	X		
2	15	11	14	1	1	No	X		
3	15	10	13	24	1	No	X		
4	18	10	12	2	1	No			X
5	14	11	12	15	3	No	X		
6	17	7	12	10	7	No	X		
7	18	15	17	30	1	No	X		
8	15	13	14	3	3	No		X	
9	18	12	13	5	3	No	X		
10	14	7	12	Nil**	1	No	X		
11	17	13	16	2	2	No			X

** He has a girlfriend, but he has not proposed to her so far.

One of the important results from the above analysis was that though some boys may be initiating sex as early as 7 or 10 years of age, there tends to be a fairly big gap before they have sex for the second time.

Among other results, it can be seen that all the boys in this group had initiated sex. Only one of them had not been sexually active during the last three months. Eight out of the eleven boys had never used a condom. Only one of the boys uses a condom regularly while two others do so sometimes. None of these boys had ever had a STI. Five of the boys in this group had sex with only one partner during the last three months, while two had two partners each, three had three partners each and one had sex with seven partners.

Name	Age	Age at first sex	Age at second sex	No. of times sex in the last 3 months	No. of sex partners in the last 3 months	Ever had an STI	Condom use
Dennis	20	15	nothing	15	1		nothing
Percy	25	2	nothing	15	1		nothing
Allan	25	8	nothing	8	1		nothing
Clifford	20	14	nothing	6	6		nothing
Dennis	19	8	nothing	5	2		nothing
Aaron	19	13	nothing	4	2		nothing
Vincent	16	11	nothing	1	1		nothing
Collins	17	12	nothing	1	1		nothing
Albert	21	12	nothing	2	2		nothing
Teddy	16	8	KSO	3	3		nothing
Jimmy	17	10	K1,500	3	2		nothing
Moses	12	14	nothing	18	10		nothing
Daddy	12	12	nothing	22	13		nothing
Maxwell	17	16	nothing	22	13		nothing

LUBUTO CHINTU
14/11/97

Participatory sex census. Lubuto Chintu, Zambia

2.13 Picture stories/cartooning

This tool can be used to get a more in-depth understanding of sexual behavior and to triangulate the results obtained on the subject from other discussions. This is a simple technique, where the participants are asked to prepare, individually or in a group, a pictorial presentation of sequence of events that are likely to take place in a person's life. We can also ask them to prepare a picture story on what happens when a boy and a girl start a relationship, or how a couple negotiates the selection, or use, of contraceptives.

Most of the stories that the adolescents prepared, across different compounds in Zambia in gender-segregated and mixed groups, had nearly the same theme and sequence. This was quite an experience for us (the facilitators). Nearly all the stories had boys approaching the girl for friendship which very soon turns to be a sexual relationship. After having sex the girl asks the boy for money, or the boy gives it before he can be asked. The girl becomes pregnant and faces the negative consequences. The repetitive pattern of the story did imply that this sequence must be common. More disturbing was the learning that, in general, the boys and the girls do seem to be aware of the negative consequences of early sexual activity, and yet the practice persists.

Once the stories were prepared, we asked several questions in order to triangulate the information as well as to understand whether these stories were based on hearsay or were based on personal experiences. Our questions included:

- ~ After how much time of knowing each other do they have sex?⁽²⁶⁾
- ~ Where are they having sex? At what time?
- ~ How much time does it take to have sex?
- ~ How long will this relationship last?
- ~ How old is the boy? How old is the girl?
- ~ Will she tell anyone about this experience? Will he tell anyone about this experience?
- ~ With how many boys will she have such a relationship?
With how many girls will he have such a relationship?
- ~ Is money always paid by the boy after sex? Is there any other form of payment?

It is not possible to prepare these questions beforehand, as they should relate to the responses from the participants.



A group of girls engrossed in preparing a picture story. Zambia

On the last day in Chawama, after we had wound-up the field work, the facilitators met at the clinic to discuss the results. While we were busy with our discussions a large group of 10-13 year old schoolgirls turned up at the clinic and said that they wanted to continue the discussions with us. Not wanting to hurt them by asking them to go away, we gave them a sheet of A-4 size paper each and asked them to sketch a day in their lives. They were all asked sit separately and to draw their own routines.

In disbelief we looked at the filled-up sheets. Only one of the 36 girls who took part in the exercise had drawn her daily routine, like sweeping, helping her mother prepare breakfast, going to school, playing with friends, etc. All the rest, 35 of them, had written a story, which ran something like this:

"When I was washing dishes outside my home a girl approached me and said that there is a boy interested to be friends with you."

The girl and boy are introduced. The boy says he wants to be her friend. The girl agrees. They decide to meet again. The boy gives small gifts or money. After two or three meetings the boy suggests having sex. The girl refuses. The boy tries again. The girl refuses. He persists. The girl refuses. End of story.

We asked two or three of them, separately, to tell us what happened afterwards. The girls did not say anything. We asked if they would like to draw what happened next. They refused. We did not persist.

It is possible that all these girls drew a girl-boy relationship sequence, instead of a simple daily routine, because of the influence of the discussions that we had on the subject with them earlier. However, we had not asked them to prepare a picture story earlier. Even then, getting nearly the same story and sequence of events from 35 out of 36 girls was a mind-blowing experience for us. We were stunned for quite some time.

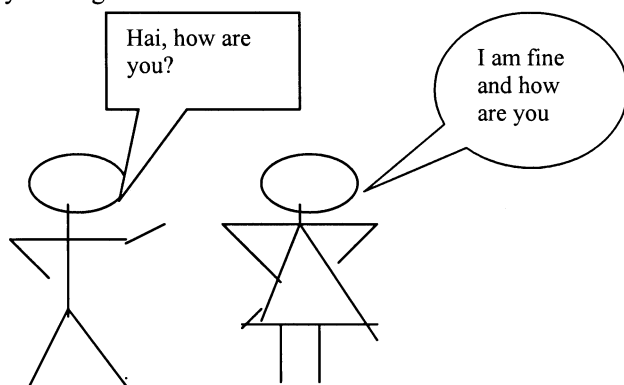
From the field notes of Meera Kaul Shah, Chawama Compound, Lusaka, Zambia.

Following is a copy of one of the picture stories prepared by a group of boys from the M'tendere Compound.

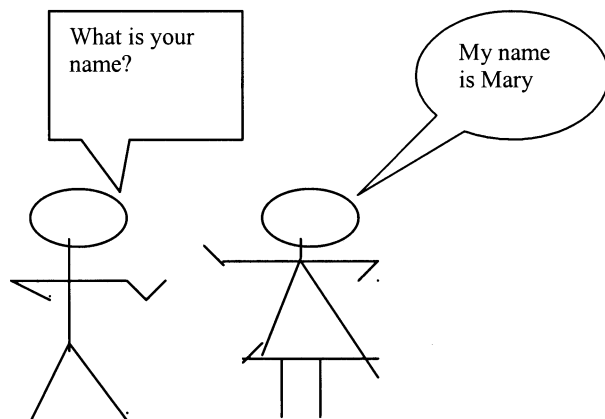
MARY AND JOHN: A PICTURE STORY

Prepared by a group of grade seven schoolboys, M'tendere Compound, Lusaka
(Copied from the original. The original was drawn on large sheets of paper)

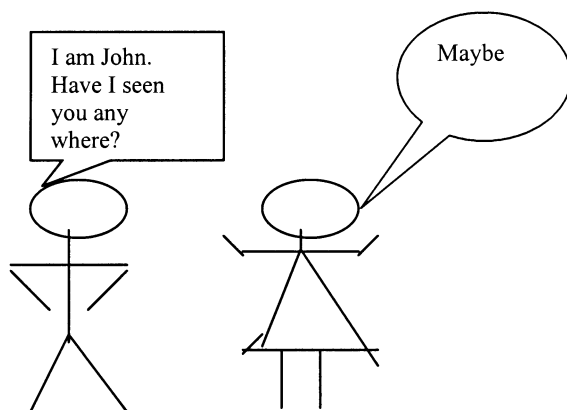
1. A boy coming from school

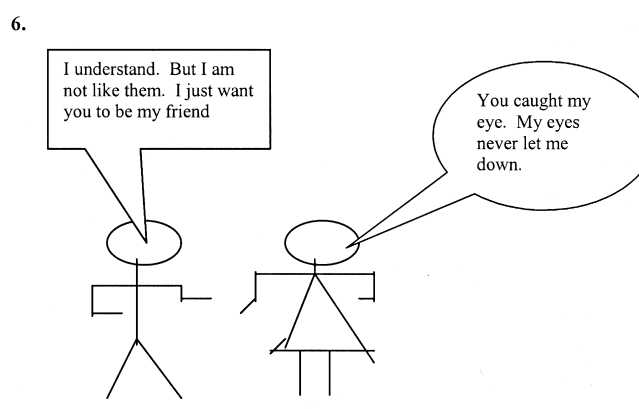
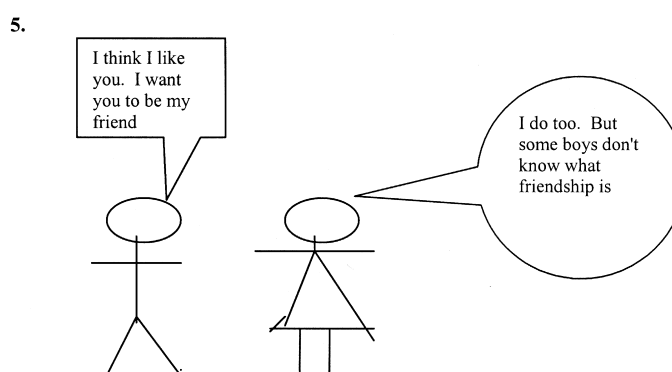
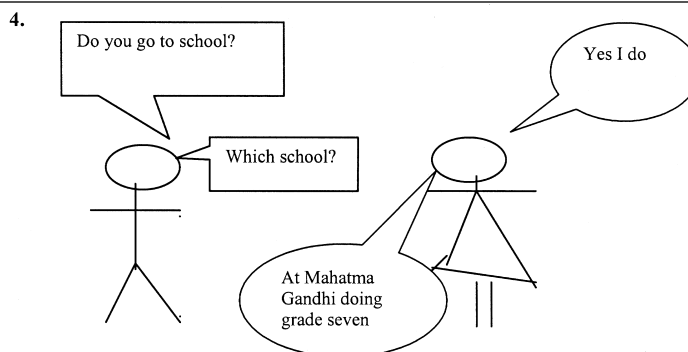


2.



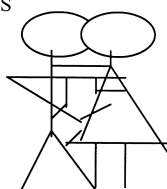
3.



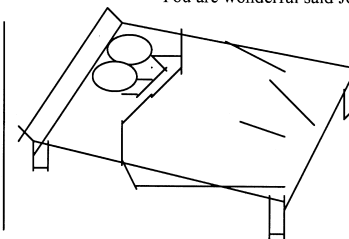
MARY AND JOHN: A PICTURE STORY (cont.)

7.
After two months John and Mary had sex

KISS



You are wonderful said John.



2100 hrs

John's bedroom

MARY AND JOHN: A PICTURE STORY (cont.)

8.

1. After that night Mary asked for some money so that she can go and use it for breakfast at school.
2. John gave her 1000 Kwacha. After that John never saw Mary again and she never heard from him again.
3. She had a new boyfriend. After two weeks of sex she discovered that she was pregnant.
4. She was expelled from school. She did not know who the father of the child was.
5. She had an abortion. As the result she died.
6. John finished school. He had a good job and a good wife.

The above story enabled the facilitators to initiate a long discussion on relationships between boys and girls and why they get into these situations, when they know that it could lead to a negative outcome.

2.14 Semi-structured interviews (SSI)

This section draws from Pretty et. al. (1995:73-76).

Semi-structured interviewing (SSI) can be defined as :

"Guided conversation in which only the topics are predetermined and new questions or insights arise as a result of the discussion and visualized analysis."

Central to all good participatory research and development is sensitive interviewing. Without it, no matter what other methods are used and applied, the discussion will yield poor information and limited understanding. Developing effective interviewing skills is difficult as it largely depends on self-critical awareness, perceptive listening and careful observation. These qualities take time and effort to acquire.

There are seven core components to SSI:

1. *Preparation*: preparing an interview guide or check list of issues to be discussed.
2. *Interview context*: the interviewer has to be aware of the importance of timing, duration, setting, body language, biases, etc., that can influence the interview.
3. *Sensitive interviewing*: involves sensitive listening and an open attitude.
4. *Sensitive questioning*: asking open ended and non-directive questions, and carefully probing the responses.
5. *Judging and cross-checking responses*: by cross-checking and verifying responses.
6. *Recording the interview* (see Part 3, Chapter 3 on documentation).
7. *Self-critical review*: to assess the effectiveness of questions asked and whether the interview was influenced by the facilitator in any way.

SSIs are useful for discussing topics like individual sexual behavior and attitudes. This analysis compliments the general analysis carried out in groups using visual methods. Some of the issues that can be discussed during SSIs include:

- ~ *Sexual behavior*: age at which she/he first had sex; with whom; reasons for the same; frequency of sex and number of partners; why were partners changed, whether she/he receives or gives any gifts or payments in exchange for sex; use of contraceptives; who decides the use of contraceptives; etc.

- ~ *Their source of information on sex:* where they get information on reproduction and STIs, including from where and whom do they seek help regarding reproductive health.
- ~ *Attitudes towards sex:* number of sex partners; use of contraceptives; how they make decisions; etc.

2.15 Focus group discussions (FGD)

FGDs are small group meetings for discussing a specific topic. These are conducted in an informal setting where all the participants are encouraged to present their views and opinions.

FGDs play an important role in a participatory appraisal process. It is difficult to use any of the visual PLA methods without first starting with a FGD. Even after the visual is ready, it needs to be discussed. The main issues arising from the analysis need to be clarified, and there can be several questions arising from the visual analysis that need to be discussed. FGDs can also be used to discuss visual outputs prepared by another group in the community. Sometimes this works out to be an excellent method for triangulation.

Sensitive facilitation skills, with the ability to listen and ask probing questions, are important for facilitating a FGD.

The ideal group size for facilitating a FGD is between 7-12 participants. However, group sizes can be very large during participatory appraisals. The visual analysis can be prepared and discussed in a large group, followed by more in-depth discussions on selected topics in smaller groups. The smaller groups could be self-selective, or the facilitators could ask them to divide according to gender, age or any other criteria appropriate for the context.

Facilitators play a key role in introducing a topic for discussion and in asking probing questions. It is best to allow the group to discuss the issue among themselves, without interrupting them too often. The facilitator should be able to listen attentively, take notes and observe the participants.

This method is central to any participatory appraisal process. Some FGDs can be planned well in advance and people can be invited for discussion at a fixed time and venue. However, very often we may have to start a FGD when we see an opportunity, e.g., if we find a group of 14 year old boys outside a video shop, we can invite them for a discussion right then and there.



During a PLA exercise, a focus group discussion takes place with women on their priority reproductive health needs. Rwanda

2.16 Case studies, stories and portraits

Anecdotes, individual life histories or the description of a significant event in a person's life that may come up during discussions provide a valuable insight on the issues being discussed. Most visual methods of analysis provide a group's or an individual's perception on an issue. Individual experiences and testimonies can be used to support the results from group analysis. Usually these experiences are heard but not recorded by the facilitators.

The boys in the school frequently ask the girls in the same grade for sexual favors. "Sometimes they only want to touch some parts of our body and sometimes they also pinch us. They also ask us to have sex", explained a group of 9-15 year old schoolgirls, and added, "When they ask us to have sex, we have to agree."

"Why do you have to agree?" we wanted to know.

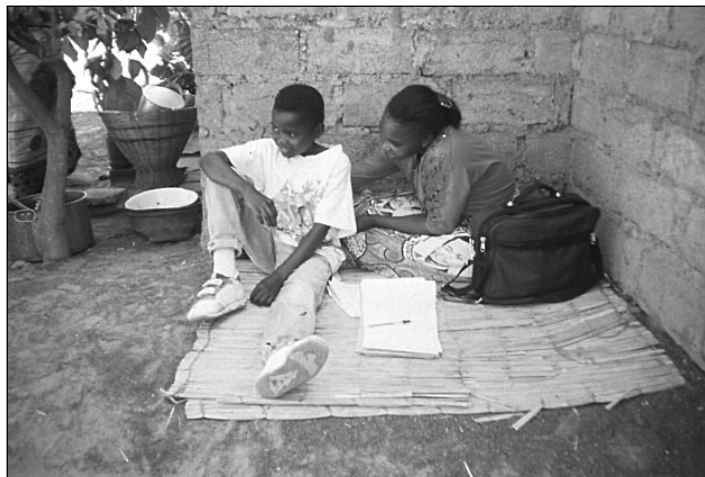
"Because if the girl refuses, the boy will not help her with homework, and may refuse to lend her a pencil when she wants one."

Source: Field notes of Meera Kaul Shah, Chawama Compound, Lusaka

We were discussing the use of condoms with a group of boys. Since some of them had mentioned that they do use condoms, we wanted to know where they obtained the condoms from and whether they purchased them. There was some laughter as the boys replied, "No, we don't buy them. We make them ourselves!" Naturally we were curious to know how they did that.

"It is simple. We take the empty plastic covers of ice-blocks [ice-candy] and use them like a condom. They have to be tied with a string on the penis".

Source: Field notes of Mary Simasiku, George Compound, Lusaka



Christine, a member of the Neighborhood Health Committee, has a one-to-one discussion with a boy from the compound. Zambia

2.17 Role-plays

Role-play is an enacted presentation of a real life situation. Participants can present their own experiences or those of which they have heard or seen. Role-plays can vary from very short sketches, which present an event or a character, to longer ones which may cover several aspects of a theme.

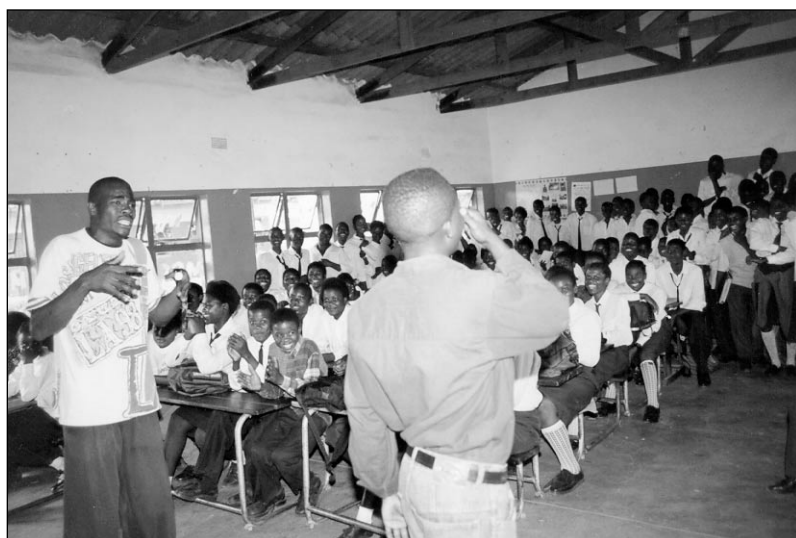
Role-play helps in building rapport with the group as well as in boosting their self-confidence. Usually role-plays are fun and provide an opportunity to understand other people's view points.

Sometimes role-play takes up too much time, especially when the participants feel hesitant to take part. Some may find it embarrassing and threatening to expose themselves in front of others. It is best not to impose, but the facilitator should try to explain the objectives of such an exercise and its use.

Role-play should be followed by a discussion on the presentation by which the problem or issue is analyzed and their solutions are discussed.

During the participatory appraisals with the adolescents in Zambia, we had several impromptu role-playing sessions presented by the adolescents. Usually they depicted how boys approach the girls, and the consequences they face after they are involved in a sexual relationship. Another common theme of the role-playing was how the sugar daddies approach the young girls and persuade them to have sex with them. Adolescents enjoyed role-playing and it helped in building rapport with them. It was possible to initiate discussion on many sensitive subjects after these issues were presented in role-play.

Role-play continues to be used as an effective communication medium by the adolescent peer counselors during the implementation phase of the PALS project.



Volunteers enact a sequence at school, in order to start a dialogue with younger school children on the negative impact of casual sex. Zambia

CHAPTER 3

TACKLING DOCUMENTATION, ANALYSIS, SYNTHESIS AND REPORT WRITING⁽²⁷⁾

Meera Kaul Shah

3.1 The challenge of documenting a participatory process

Documentation and synthesis of information generated during a participatory appraisal is a very important part of the process. Often this is where the facilitators have most problems (Shah and Shah, 1995). Problems in documentation and reporting arise because:

- ☞ Fieldworkers are often more comfortable with, and are more used to, the verbal mode of communication.
- ☞ Facilitators are not used to taking notes in the field, and have to be continuously reminded about it, at least in the beginning.
- ☞ Usually a participatory appraisal process provides an opportunity for enormous learning. Given the way we learn so many new things, at an unbelievably fast pace, it is very easy to get carried away while following the discussions with the community and to forget recording the same.
- ☞ Very often the documentors find it difficult to separate the participants' analysis and views, from their own judgement. This can create a lot of confusion later, while synthesizing the information.
- ☞ Fieldworkers often lack the necessary analytical and writing skills, especially if they have not been trained in this field. Usually their work does not require them to have such skills.
- ☞ Analyzing and documenting information generated through a participatory process is far more difficult as compared to that using a more conventional method (like questionnaire surveys).

3.2 Three stages of documentation

There are three levels at which documentation takes place during a participatory appraisal:

1. taking field notes;
2. preparing daily reports; and
3. writing the synthesis report (for every community/site where the appraisal was carried out, and if several communities are covered, an overall synthesis report as well).

3.2.1 Recording field notes

Proper recording of all the discussions and the visual outputs is of crucial importance in the documentation process. This is the basic data that can be used for analysis and synthesis. Given the huge quantum of information and analysis that is generated during an appraisal it is very easy to lose and forget a lot of it, if it is not recorded immediately in the field. It is for this reason that the role of the documentor is very important in the team. The following should be kept in mind while recording field notes:

- ~ It is good to start by requesting permission from the participants to take notes.
- ~ Use a small notebook for taking notes in the field.
- ~ If for any reason it is not possible to take notes during a discussion, this should be done at the first opportunity available. It is impossible to recall any discussion in full, and important points may be lost if the recording is left for long.
- ~ Record all discussion, debates and disagreements during an analysis.
- ~ Record key phrases and terminology in the local language.
- ~ Ensure definitions of key terms used are elicited from the participants (see box on the following page).

DEFINING 'RAPE'

While discussing preferences for sex partners with adolescents in Zambia, a group of 9-15 year old schoolgirls mentioned that they don't like having sex with grown up men, even though they do give better gifts and more money in return. The reason being that older men rape the girls when they have sex. Not quite understanding how they called it rape, since it was mentioned that the girl would be willing to have sex with the man, we asked what they meant by 'rape'. "Rape is when an older man has sex with a much smaller girl and in the process tears her vagina ... the vagina tears because it is small and the man's penis is large", it was explained.

'Rape' had nothing to do with 'forced sex' the way we understood it to be.

Source: Field notes of Meera Kaul Shah, Chawama Compound, Lusaka

- ~ Carefully copy all visual analysis on A-4 size paper.
- ~ Don't try to 'beautify' the visual. Try and retain as much of the original features as is possible (e.g., if the lines drawn on a map are not straight, don't try to straighten them while copying).
- ~ Record names of all the participants on the visual outputs. In some situations, especially while analyzing sensitive topics, the participants may not like their names to be recorded. Also, the facilitators may decide in some situations that it is too sensitive to record the names. If it is too sensitive to ask for or to record the names of the participants, record the number and composition of the group.
- ~ Record who participated in the analysis – older men, younger women, children, boys not in school, better-off women, etc.
- ~ Record the date, time and place.
- ~ Don't make visuals of your own. If you are presenting data that was only discussed verbally – it is best to write in a narrative style. If you do make visuals in your notes (presenting discussions for which the participants did not prepare a visual), state clearly that this is your presentation and not that of the participants.

- ~ Don't forget that the analysis is not complete until the visual is interviewed. Probe and ask questions after the participants have finished preparing the visual. Record the questions asked and the responses given. If there are any arguments or disagreements among the participants, these should be recorded as well.
- ~ Be careful to be factual while recording. Record what was said or explained, rather than what you think was implied.
- ~ It is important that the responses are judged according to the type of information that is being shared. Information can be divided in three categories:

FACT - a commonly agreed time and place a specific truth

OPINION - a person's or a group's view on a particular topic

RUMOR - unsubstantiated information from an unknown source

(Source: Sam Joseph, cited in Pretty et. al., 1995: 193)

Hence, it is useful to mention which information was triangulated, and how, and that which was only stated by a group or an individual.

- ~ While recording the visual outputs, make sure to have notes on the symbols or methods they have used (e.g., if using ranking, explain whether 1=best or 1=worst, etc.).
- ~ Any stories, anecdotes or case studies should also be recorded as these provide supporting information to the analysis carried out in groups.
- ~ Any observation should be recorded separately.

3.2.2 *Preparing daily reports*

It is important to review the appraisal process on a daily basis. After completing the fieldwork for the day, the facilitators must meet to reflect on the day's process and to share their experiences with each other. Daily reviews are important, especially when the facilitators are divided into several teams and work in different locations with separate groups from the community. This review makes it easy to triangulate and analyze the results. This can also be used as an opportunity to give feedback to each other.

Once the outputs are shared, the team should divide and share the responsibility for writing up the process notes for the day. All the analysis carried out in the community should be written and the visual outputs copied with proper explanatory notes. Having lots of visual outputs with no explanation renders them of little use. (*Note how examples in these Guidelines have explanatory notes without which many of them would have conveyed little meaning to the reader.*)

Wherever there is any quantification, aggregate the data (e.g., total number of households, or female-headed households shown on a map, or the distribution of households according to the wealth/well-being categories, etc.).

These daily reports should be ready before the start of fieldwork the next day. All reports should be collected by one person and kept together in a safe place.

The daily review also helps in reflecting on the progress made and in planning for the next day's fieldwork. Information that needs to be triangulated can be identified, and issues not explored so far can be included in the next day's plan.

3.2.3 *Synthesis reports*

Synthesis reports are written at the end of a participatory appraisal with a community. Synthesis reports are more difficult to write as they have to take into account a variety of information generated in a variety of different ways. Often it is this analysis which proves to be the most difficult part of the participatory appraisal process. The necessary analytical skills have to be acquired in order to be able to use the results effectively. Unless the documentation is carried out properly, and in a disciplined manner, there is always the danger of missing out on learning from the process which would allow one to begin planning and designing activities with the community in the future.

Before the report can be written it is necessary for all the facilitators to review the process together. All daily reports should be analyzed before conclusions are reached. The best way to start is to revisit the checklist of issues used for the fieldwork. All the information available on each of the topics should be analyzed. Any new themes or topics that may have emerged during the appraisal, and not listed in the checklist, must be added.

It is important to bear in mind that the final report need not give single statements as results on a particular topic. It is quite common to get multiple responses on a topic that do not match. These will depend on the diversity within the community. The synthesis report should reflect this diversity. It should also clearly indicate results which cut across the different groups within the community.

The synthesis report should present all these major findings and only at the end should the facilitators give their views and deductions separately.

In case there are any gaps in the information, or some questions have remained unanswered, state this clearly in the report. Do not give your own views on a subject that was not analyzed with the community.

3.3 Sharing the results

It is best to share by reporting back the findings from the appraisal process to the community before the synthesis report can be considered final. This can be done in a large gathering in the community, or if the community is too big (as is often the case in urban settlements) several such presentations can be made with different groups within the same community.

Such a process provides an opportunity to verify and triangulate the results; as well as to keep the community involved in the synthesis process.

The same meeting can also be used to discuss the next steps to be taken with the community for planning different activities that could be supported there.



Writing the daily report for a Reproductive Health PRA conducted in Tana, Madagascar.

ENDNOTES

- (1) In October 1997, the Health and Population Unit held an international conference for project staff from CARE's global health and population program to review best practices in reproductive health programming. Prior to the conference, each of six task forces reviewed the literature and CARE experience in a specific programmatic domain, and then presented findings and recommendations for programming directions at the conference; community participation was one subject area.
- (2) Stan Burkey is an experienced NGO field-worker who recently wrote People First: A Guide to Self-Reliant, Participatory Rural Development, detailing his reflections on self-reliant, participatory rural development. See the reference list for the book's citation.
- (3) 'Area' here refers to between 12-15 villages that may fall under one group village headman.
- (4) Preparatory dialogues were held earlier with both the group village headman (to inform him of the purpose of the exercise, gain his cooperation, and to arrange the meeting), and CPAR, a NGO that undertakes health-related activities in the area, with whom CARE is cooperating.
- (5) See Meera Kaul Shah and Gladys Nkhama (1996) 'Listening to Young Voices: Participatory appraisal on adolescent sexual and reproductive health in peri-urban Lusaka', CARE Zambia.
- (6) Operations Research or action research involves testing various interventions with the client population through a quasi-experimental research design, and is quite often considered to be the pilot phase of a project before it is scaled up.
- (7) Editors' Note: For an example of a PRA tool that has been specifically adapted for measuring reported prevalence of sexual behavior, refer to the description of the "sex census" in the Step-by-step guide to participatory tools and techniques in Part Three of these *Guidelines*.
- (8) This Chapter has been adapted from Shah (1999).
- (9) Chambers (1983) describes rural development tourism as the phenomenon of brief rural visits by urban-based development professionals leading to five kinds of biases: spatial (visits to villages closer to the cities and on the roadside to the neglect of interior regions); project (visiting areas where projects are being implemented); person (meeting the elite rather than the poor, men rather than women, the articulate, etc.); seasonal (visiting during the cool and dry rather than the hot and wet season); and diplomatic.
- (10) Chambers (1997) continues to use the label PRA.
- (11) These methods are explained in detail in Chapter 2.
- (12) This is an important shift. Most of the PLA methods require diagramming and preparation of visual presentations by the community. Visualisation enables the shift from the 'closed' to the more 'open' means of communication. Preparing maps, models, diagrams and using counters (like seeds, beans, stones, etc.) for quantification and ranking enables more people to see and participate in the analysis. Preparing these visuals on the ground also means that there is no direct eye-contact between the facilitators and the local people. Their eye-contact is at the ground-level, on the visual. This helps in building confidence among the community to carry out their own analysis as well as in building rapport with them. Since several people participate in preparing and analyzing a visual, it is easy to triangulate the information.
- (13) In this part of the field guide, we focus mainly on the use of these methods during a participatory appraisal process. The same methods are also applicable and adaptable for monitoring and evaluation purposes.

- (14) Facilitating participatory development processes in a community requires appropriate skills. While most experienced field-workers find it easy to initiate dialogues with individuals and groups, they find it more difficult to introduce the use of visual methods of analysis. It helps to start with providing some training to the facilitators. If possible invite someone with experience of using PLA methodology to conduct training and to provide support during the first fieldwork. This makes learning easier. However, if it is not possible to get any external help, you can always start on your own with the help of reference material like this guide. A good understanding of the PLA methods and process comes only with practice in the field.
- (15) Participatory mapping and other PLA methods are explained in Chapter 2.
- (16) At this stage the PALS project did not exist. In fact, in the beginning we did not even know whether any new project would emerge from this interaction at all, or indeed what it would look like. This flexibility, of allowing the project framework to emerge from the participatory appraisal is an important element of the process. Having available flexible funding in the initial stages significantly strengthens the participatory process.
- (17) Section 1.12 has been adapted from Kambou (1999).
- (18) Active listening includes: paying attention when someone is speaking, allowing others to complete whatever they want to say and not interrupting, and not having conversations on the side during a group discussion.
- (19) Usually six helpers are listed (see Pretty et al., 1995). I have added 'how much'. I feel that very often we place a fictitious constraint in qualitative fieldwork of not being able to quantify. In my experience local people, including the non-literate, have no problems in carrying out most types of basic quantitative analysis.
- (20) This chapter has been adapted from Shah (1999).
- (21) This list is by no means exhaustive. There are several other PLA methods, which are used in other contexts, but were considered inappropriate for our topic and hence are not discussed here.
- (22) Examples given in this chapter have been taken from the PALS project for adolescent sexual and reproductive health, being implemented in peri-urban Zambia by CARE.
- (23) A map, or any other visual analysis, prepared on the ground enables more people to participate in the process and to observe it. Using local material also makes the participants feel free. It is also easier to make corrections on the ground as compared to that on paper.
- (24) This version of census mapping can also be prepared on the ground by making a grid, which has one cell for each of the households. Then using locally available materials these cells can be filled with the information for each of the households.
- (25) Korrie is the brand name of a popular vegetable oil, sold in 20 liter tins. The empty tins are cut and used for roofs.
- (26) We also asked questions to clarify whether it is 'playing at sex' or 'penetrative sex' that they were discussing
- (27) This chapter draws from Shah (1999), Listening to Young Voices: A Field Guide for Facilitating Participatory Appraisals on Sexual and Reproductive Health with Adolescents (CARE International in Zambia and FOCUS on Young Adults)

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