

'Introduction to PRA and Health': an Overview

This booklet is a condensed version of the IDS Participation Group's 'Topic Pack' *Using Participatory Approaches in Health*. The Topic Pack contains a selection of readings on the application of participatory health issues, a small section of readings on participatory methods and methodologies, abstracts of other related articles held by the IDS participation group, and information on web resources and other resource centres.

The booklet is designed to provide a 'taste' of the larger Topic Pack. It will be particularly useful for health care workers who are new to participation and who have limited time in which to explore the subject. However, it can also be helpful to more experienced practitioners, as well as students or health managers, as it provides an overview of some of the most recent and innovative uses of participation in health care.

The **first section** contains abstracts of all of the articles contained in the Topic Pack. The abstracts are divided into five areas, following the division of readings in the Topic Pack.

The areas covered by the abstracted articles are:

- introductory readings
- public participation in health
- using participatory approaches with health workers and communities
- applications in women's health, sanitation, nutrition, sexual health and gender
- further readings on participatory readings and methodologies.

The **second section** contains a small selection of readings from the pack. These readings reflect the five areas covered by the Topic Pack. The selected readings give an idea of the various ways in which participation is currently being used.

- Kauser S. Khan provides an **overview of participatory approaches** and their use in health, problematising 'participation' and exploring some of the problems and potentials with the use of participatory research for health improvement.
- Florence Musembi and Christine Kilalo **explore community-level participation in health care**. They sketch the shift in approaches to PHC in Kenya and highlights lessons learned from experience in community-based health care.
- Karabi Bhattacharyya and John Murray describe **the use of PRA together with an integrated household survey**, to help health workers plan with communities in Ethiopia and Zambia.
- Marion Gibbon and Isabelle Cazottes provide an account of a model for participatory health work, the **Health Action Cycle**, developed in the context of work with women's groups in Nepal.
- Dan Maxwell et.al. article focuses on the use of one method, **concept mapping**, to explain the complexity of malnutrition. It provides an example of how a simple technique can help generate discussion of considerable depth.
- Tilly Sellers and AJ Oloo describe an innovative combination of participatory tools in generating **community awareness about the risks of HIV**, and exploring potential avenues for prevention.
- Andrea Cornwall provides a brief account of **participatory visualisation methods**, with examples from health-related work in different parts of the world.

The **third section** contains a list of web-based resources on participation and health care.

All of the articles reviewed in this booklet are available for reference in the Participation Room of the IDS Participation Group. In addition, the Participation Group's website has an database of many other articles and reports that may be of interest.

The Participation Group
Institute of Development Studies
University of Sussex, Brighton
BN1 9RE
Brighton, UK

Tel: +44 (0)1273 606 261
Fax: +44 (0)1272 621 202
Email: participation@ids.ac.uk
Website:
www.ids.ac.uk/particip/index.ht

Abstracts from the Topic Pack 'Using Participatory Approaches in Health'

1. Introductory Readings

Participation and health: setting the context

Kausar S. Khan

Aga Khan University, Pakistan

This article provides a background to the issues covered in the Topic Pack. It explores the emergence of participation as an important concept in health care, and looks at some of the recent trends in how it is being used. A review of the movement in the 1970s towards 'Community Participation in Primary Health Care' sets the context for looking at some of the problems with current uses of participation.

For copies of this paper, contact:

Included in Section 3 of this reader

What is participatory research?

Andrea Cornwall and Rachel Jewkes

1995

Social Science and Medicine

Vol.41 pp.1667-1676

This article argues that the most important difference between participatory research and conventional research is the position of the researcher. The authors

explore the ways in which the concept of 'participation' is interpreted and used in the practice of participatory research. They review the ways in which 'participation' has been used over the last two decades. Many of the methods used in participation are not new or unique, but are drawn from methods used in conventional research. It is not the methods themselves, but how they are used by researchers, that makes research truly participatory.

For copies of this paper, contact:

Elsevier Science

P.O. Box 211

1000 AE Amsterdam

The Netherlands

www.elsevier.com

2. Public Participation in Health

Public participation in health: making people matter

Dr. Rene Loewenson

Training and Research Support Centre, Zimbabwe

Executive summary of a working paper

October 1998

This paper addresses the issue of how public participation in health can be made more effective, looking at the case of Zimbabwe. While there is widespread recognition that participation can improve health care systems, too little is known about exactly how participation impacts on health care. Current changes in the health sector in Zimbabwe, such as decentralisation, offer both opportunities and potential barriers to more effective community participation. The paper documents the experiences of the Community Working Group on Health in Zimbabwe. Their experience showed a number of weaknesses in the interaction between the state and civil society in health care. In particular, more attention needs to be paid to making sure that participation is adequately resourced and that it is accountable to communities. Overall, the report found two major areas in which participation needs to be reviewed and strengthened: firstly, creating realistic expectations between communities and health services about what each can contribute, and secondly, improving the governance of health systems. For

For copies of this paper, contact:

Dr. Rene Loewenson

TARSC

47 Van Praagh Ave.

Milton Park, Harare

Zimbabwe

loewensonr@who.ch

Between communities and health facilities in health service delivery: reality or myth?

Florence Musembi and Christine Kilalo
World Neighbours, Kenya

This paper reports on a model project for community involvement in health service delivery in Makueni District, Kenya. Health sector reforms in the 1990's have meant a switch from government-provided free services to decentralised, fee-charging services. These changes mean new challenges for community involvement. The World Neighbours project sought to help a local community meet these challenges. After extensive analysis of the community's health needs, an action plan was developed that included a Health Management Committee. The Committee was successful in expanding services at the local, government staffed and supplied dispensary. However, private clinics were not influenced and did not change their services to reflect local needs. Lack of a regular supply of essential supplies such as vaccines, contraceptives and drugs also hampered community efforts at health care provision.

For copies of this paper, contact:

Included in section 3 of this reader

Scaling up the Warmi project: lessons learned mobilizing Bolivian communities around reproductive health

Fernando Gonzales, Elizabeth Arteaga and Lisa Howard-Grabman
(1999)
Save the Children Federation, Bolivia

In: *Summary Report: High Impact PVO Child Survival Programs, Volume 2.*

Barton R. Burkhalter and Cynthia P. Green, eds.

Proceedings of an Expert Consultation, Gallaudet University, June 21-24, 1998.

Published for the PVO community and the U.S. Agency for International Development by the CORE Group, Washington, DC, and Basic Support for Institutionalizing Child Survival (BASICS) Project, Arlington, VA.

This paper describes the process of scaling up a participatory model of community involvement in reproductive health care in Bolivia. From 1995 through 1997, Save the Children Bolivia and national partners worked to expand the Warmi project from a pilot in three rural communities to a national programme affecting 513 communities in Bolivia. The Warmi project aimed to reduce Bolivia's extremely high rates of maternal and perinatal mortality through working with isolated rural communities. A gender-sensitive participatory methodology was developed with women's groups and other community members. The project was successful in reducing perinatal mortality by nearly 50%, and women increased their participation in community decision-making processes. Save the Children Bolivia's experience demonstrates how participatory

approaches can be brought to national scale through flexibility, inter-institutional coordination and establishment of common goals.

For copies of this paper, contact:

BASICS Information Center

Suite 300

1600 Wilson Boulevard

Arlington, VA 22209

USA

wwwinfo@basics.org

3. Using Participatory Approaches with Health Workers and Communities

Helping health working to plan with communities in Ethiopia and Zambia

Karabi Bhattacharyya and John Murray

1998

PLA notes 32 pp.4-8

This paper describes the use of a participatory approach to community assessment and planning in Ethiopia and Zambia. The purpose of the assessment was for government health staff and community members to jointly identify and prioritise maternal and child health problems and develop a plan to solve them. This assessment was conducted by a team of community volunteers and health staff. PRA and an integrated household survey were used to select a limited number of maternal and child health behaviours to guide planning a develop a joint action plan. While this method does contain some limitations, the combination of participatory and simple quantitative techniques keeps costs low and accessibility high.

For copies of this paper, contact:

Included in section 3 of this reader

Partnerships and participation: synthesising methods to improve the quality of planning and training for primary health care services at District level in Nepal

Kate Butcher, Pitamber Dhungana, Badri Pant, Krishna Prasai

Deutsche Gesellschaft fuer technische Zusammenarbeit (GTZ), Lalitpur, Nepal

Improving the quality of health service planning and training in Nepal has been a major task of the Primary Health Care Project in Nepal for the last five years. Taking inspiration from the Client Oriented Provider Efficient (COPE) process which has been proven as an effective tool to improve the quality of reproductive health services at delivery level, a new model for human resource development has been developed. This model combines some of the key components of COPE

with Participatory Learning and Action (PLA) techniques to address broader Primary Health Care issues at local health service delivery sites. The modification primarily involves techniques to help participants visualise their skills, strengths and weaknesses and to reach effective and relevant solutions for their own workplaces in terms of their primary health care service delivery. After initial trials of the new model the outcome is encouraging, particularly in its ability to address gender and equity issues. Including members from the local Health Post Helping Committees and the District supervisors increases the level of local management, ownership and ultimately sustainability. As with any tool for human resource development, crucial factors for success are strong facilitation skills, and regular and effective follow up which can maintain levels of enthusiasm and quality in resource poor settings.

For copies of this paper, contact:

GTZ

Postfach 5180

D 6236

Eschborn 1, Germany

Excerpt from Roundshaw Participatory wellbeing assessment

Andrea Cornwall

1997

This article consists of excerpts from a longer report on a participatory wellbeing assessment held at the Roundshaw housing estate in England. The participatory research process drew community members together to explore, analyse and address the needs that matter most to the residents of the Roundshaw Estate. These priorities, and the needs that residents identified, relate to a broad, holistic concept of 'health' as social, material and psychological as well as physical, well-being. The research involved a team of professionals and residents working together to bridge the gap between the perceptions and priorities of the providers and users of services. The excerpt explains the research methodology, describes how this process was carried out at the Roundshaw Estate, and concludes with an evaluation and reflections on the process.

For copies of this paper, contact:

The Participation Group

IDS

University of Sussex

Brighton, BN1 9RE

UK

4. Applications in Women's Health, Sanitation, Nutrition, Sexual Health and Gender

The health analysis cycle : working with women's groups to promote health in the community.

Marion Gibbon and Isabelle Cazottes

1998

Paper prepared for the 4th FICOSSER General Conference, Cuernavaca, Mexico, 28-30 July, 1998

In: *National health systems at the turn of the century* (proceedings of the 4th FICOSSER General Conference held in July 1998)

Published by National Institute of Public Health of Mexico, Cuernavaca, Mexico 1999

This paper considers the reasons behind the under-utilisation of the health care system in Eastern Nepal and it then presents an alternative approach to health action with women's groups. The Health Analysis Cycle (HAC) enables both literate and illiterate Nepalese women to examine their health and environmental situations. The HAC conceives health in a socio-environmental context and allows women to consider their own beliefs surrounding health and illness, exchange knowledge, and plan and take action for themselves. The paper details the steps involved in piloting the health analysis cycle with women's groups providing a detailed description of the process and the context within which it is implemented.

For copies of this paper, contact:

Included in section 3 of this reader

Applying PHAST: Insights and lessons from Tweerivier, Namaqualand, Northern Cape

Edward D. Breslin and Colleagues

1998

Paper presented at 'Sharing information on best practices: Workshop for stakeholders in the sanitation sector', hosted by the National Sanitation Coordination Office (NaSCO)

25-27 March 1998

PHAST is a participatory learning approach designed to promote health/hygiene, sanitation and community management of water supply and sanitation facilities. A national capacity building and implementation programme in PHAST has been initiated in South Africa. This paper documents the experiences of a group of participants in the National Training Workshop in the Northern Cape, South Africa in 1998. This group tested the PHAST method in the village of Tweerevier. The paper shows that PHAST was used to broaden local debate and understanding on the health aspects of water supply and sanitation.

For copies of this paper, contact:

The Participation Group
IDS
University of Sussex
Brighton BN1 9RE UK

Structured participation in Community Health Clubs

Waterkeyn, Juliet
1999

This article explores an approach to implementing a health promotion campaign using a strategy that combines participatory methodologies within a structured programme. It focuses on the use of health education as the entry point into rural areas in Zimbabwe where water and sanitation projects are to take place. Health education in this instance takes the form of Community Health Clubs, which are formed with the purpose of exploring all the health topics relevant to the area. Meetings are held once a week over six months. Membership in the groups increased greatly after the introduction of membership cards and certificates of completion. The Community Health Clubs work in a participatory, democratic manner that can help ensure that later subsidies and technologies both meet the communities needs and are distributed fairly.

For copies of this paper, contact:

The Participation Group
IDS
University of Sussex
Brighton BN1 9RE, UK

Participatory concept mapping to understand perceptions of urban malnutrition

Dan Maxwell, Margaret Armar-Klemesu, et al.
1997

PLA notes 30: 11-15.

This article describes how mapping of local women's perceptions of child malnutrition was used to improve the quality of focus group discussions. Time was taken at the beginning of the study to understand all the words related to malnutrition and ensure that all members of the group had the same definition, since in the urban setting there was no one single language which all members shared. The concept maps that resulted showed a highly sophisticated understanding of the causal relationships determining child malnutrition. The authors suggest that a mapping approach can have applications in other PRA studies in which the central concern of the study is a complex, multi-factorial phenomenon.

For copies of this paper, contact:

Included in section 3 of this reader

Notes from a food and nutrition PRA in a Guinean fishing village

Judith Appleton

This article gives a detailed description of a two and a half week long PRA training and exercise in coastal Guinea. Staff at a local fisheries project were given on-the-job PRA training around the issues of food and nutrition. All the staff were either administrators and technicians and had little knowledge or experience of food and nutrition. Participatory training generated a number of statements that staff felt might be causes of nutritional deficiency in fishing villages. In the villages, the staff carried out PRA exercises with villagers, including seasonal calendars and time-lines. The article contains detailed descriptions of the process, along with diagrams.

For copies of this paper, contact:

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IDS

University of Sussex

Brighton BN1 9RE

UK

Community mobilisation against HIV infection in Kenya

Tilly Sellers and AJ Oloo

1995

PLA notes No. 23: 75-81.

This article describes the use of PRRA (Participatory Rural Research on AIDS)) to mobilise communities against HIV infection in Kenya. PRRA is a modified form of PRA, in which other techniques are added. The approach is intended to reveal gaps in knowledge, attitudes, risky practices and beliefs which villagers have the potential to change without a huge resource input. It is used to assist villagers in finding out what stops them from protecting themselves and others from becoming infected with the AIDS virus, so they can look at solutions and plan to prevent the spread of AIDS within the community.

For copies of this paper, contact:

Included in section 3 of this reader

Gender, sex and HIV: how to address issues that non-one wants to hear about

Alice Welbourn

1999

Paper presented at the Geneva Symposium: 'Tant qu'on a la Sante', January

1999

This paper discusses the limitations of conventional Information, Education and Communication (IEC) approaches to HIV prevention and describes 'Stepping Stones', one approach which surpasses these limitations in a number of ways.

Firstly, Stepping stones is more holistic in recognising the location of HIV in a broader sexual and reproductive health context. Secondly, it emphasises the importance of a gendered perspective throughout. Finally, it works the basis that, would good facilitation, ordinary community members are those most able to develop the best solutions for their own sexual health needs. The paper gives examples of how the 'Stepping Stones' approach works in practice, and concludes with a discussion of both the positive and the negative outcomes of the approach.

For copies of this paper, contact:

www.stratshope.org.

Go to the Stepping Stones page, where a copy of the full article can be found under "Feedback and Reports."

5. Further reading on participatory methods and methodologies

Rapid and participatory appraisal for health and nutrition

Robert Chambers

1990

Paper presented at: Silver Jubilee Celebrations of the Nutrition Society of India, National Institute of Nutrition, Hyderabad, India. Proc. Nutr. Soc. India Vol. 37: 18 p.

This concise article will serve as a useful introduction to the origins and potential of PRA in the health field for both students and practitioners. The author briefly describes the origins of RRA, the evolution of Rapid Assessment procedures and the development of PRA. PRA has demonstrated that rural people have a strong capacity to map, model, quantify, rank, score, diagram and analyse. The potential of PRA in the field of health and nutrition includes participatory social, demographic and health mapping of villages, seasonal analysis of deprivation and disease incidence, ranking wealth and wellbeing, matrix ranking, time lines and trend analysis. PRA can be used with direct relevance to health issues.

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The Participation Group

IDS

University of Sussex

Brighton BN1 9RE

UK

Actual or Potential Uses of RRA/PRA Methods in Health and Nutrition

Robert Chambers

1991

This paper presents a list of potential practical applications of PRA methods to health and nutrition. The paper summarises experiences and ideas drawn from several workshops on health sector reform and health and PRA. The method, for example participatory mapping and modelling, is described, and then followed by a large number of different ways that this method could be used for health work.

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The Participation Group

IDS

University of Sussex

Brighton BN1 9RE

UK

Participatory approaches to the use of drama in sexual and reproductive health programmes

Gill Gordon

1997

PLA Notes 29 pp.75-78

This article describes the use of drama techniques in sexual and reproductive health. Drama techniques, such as role play and mime, can greatly increase the potential for innovation in participation. Not only may people be able to express themselves more freely through drama, they may also find drama techniques more enjoyable and interesting than participatory techniques based on visualisation. These advantages are particularly evident when working in areas of sexual and reproductive health. The article includes examples of how drama was used successfully as well as tips for using drama in a reproductive/sexual health context.

For copies of this paper, contact:

IIED

3 Endsleigh St.

London WC1H 0DD

UK

<http://www.oneworld.org/iied>

Introduction to PRA visualisation methods

Andrea Cornwall

1999

This piece is intended to serve as an introduction to the various methods used in PRA. Unlike many of the methods of conventional research, those of PRA offer templates for people to work from to create their own adaptations rather than

fixed formulas for practice. The article describes a range of different methods, and contains a large number of diagrams and illustrations.

For copies of this paper, contact:

The Participation Group

IDS

University of Sussex

Brighton, BN1 9RE

UK

Photovoice as a tool for participatory evaluation : the community's view of process and impact.

Caroline Wang, Yuan Yan Ling, Feng Ming Ling

1996

Journal of contemporary health Vol. 4: 47-49.

Photovoice is the process by which people use photography to record and reflect their lives from their own point of view. Through doing this their collective knowledge about community issues is increased and used to inform policy makers and the broader society about issues of greatest concern and pride to them with the aim of bringing about change. In this case study from rural China women involved in a community health project used photovoice to evaluate project activities. The way in which photovoice can contribute to a community's ability to reflect its own culture is discussed.

For copies of this paper, contact:

The Institute for Health,

79 Tithebarn Street,

LJMU

Liverpool, L2 2ER

UK

A Selection of Web-Based Resources For PRA and Health

<http://www.hsph.harvard.edu/Organizations/healthnet/> : This is the website of the Harvard University-based 'Global Forum for Reproductive Rights'. There is some information on participation, and the site provides links to searchable databases as well as other web-sites.

<http://www.ihpr.ubc.ca> : The website of the Institute of Health Promotion, based at the University of British Columbia. The Institute is dedicated to promoting 'personal participation and public responsibility' in health. The site contains a number of down-loadable papers on participation and health, as well as links to others sites.

<http://www.ippf.org>: The website of Planned Parenthood International contains information on sexual and reproductive health. The site is searchable, and a number of the documents and publications focus on participation.

<http://www.unfpa.org>: The United Nations Family Planning Association website has briefings that address a range of issues in reproductive health care, including community participation and NGO partnerships.

<http://nt1.ids.ac.uk/eldis>: The 'gateway to development information' hosted by IDS. Contains abstracts and links to full-text versions of over 10,000 documents, as well as links to over 100,000 websites. Use the search function to find documents and websites about participation and health.

<http://kabissa.org/equinet/index.html>: The Network on Equity in Health in Southern Africa site. Click on 'current priorities' than 'participation and health' for abstracts of articles, information on joining in, and an excellent list of links to research papers and other documents on the web.

<http://nrccph.latrobe.edu.au> : National Research Centre for Consumer Participation in Health, Australia. This site does not contain much information relating to 'development', however, the resource library contains a number of full-text articles which can be useful, such as those on 'participation theory' and 'policy reform'. The Centre can also be contacted for advice and support.

<http://www.fao.org/waicent/faoinfo/sustdev/PPdirect/PPhomepg.htm> : This site is from the People's Participation section of Sustainable Development Dimensions, a service of the Sustainable Development Department (SD) of the Food and Agriculture Organization of the United Nations (FAO). It is searchable, and contains many full-text documents on health, including project reports, policy papers and briefings.

<http://www.pria.org> : PRIA is an international center for the promotion of participation and democratic governance. Click on the 'Centres' button to go to pages about the Centre for Participation in Development. The information does not specifically focus on health, but provides a good insight into ways in which participation can be used. Some resource materials on occupational and environmental health are available to order.

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