

24. Rapid but relaxed and participatory rural appraisal: Towards applications in health and nutrition

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For researchers involved in or following the developments of Rapid Rural Appraisal (RRA) this paper, by its strongest proponent, provided an outline of its major characteristics and an update on both standard and emerging techniques. As implied by the title, and surely by the author's recently completed assignment in India, there is a growing movement by some to enhance even further the participatory nature of RRA, even at the expense of its stress on timeliness.

By mid-1991, the momentum of evolving what had begun as "Rapid Rural Appraisal" toward "Participatory Rural Appraisal" had become even stronger and new methods continued to evolve. - Eds.

THE PHILOSOPHY, APPROACHES and methods now known as rapid rural appraisal (RRA) [1, 2] began to emerge in the late 1970s. They originated in growing awareness both of the distorted views gained from rural development tourism (the brief rural visit by the urban-based professional) [3], and of the limitations of many large-scale and long-drawn-out questionnaire surveys. In most professions and disciplines, quicker and more cost-effective methods were being invented and used, but practitioners were reticent to write about them for fear of professional ridicule or rejection. In the 1980s, however, RRA came of age. It was recognized for its own paradigm and rigor [1, 4], and articles describing methods and findings were published in "hard" journals.

In establishing principles and methods of RRA, many people and institutions took part. The diversity can be guessed from the long list of countries where RRA has evolved and practiced, including Australia, Bangladesh, Benin, Ethiopia, Fiji, Ghana, Guatemala, India, Indonesia, Kenya, Mali, Nepal, Nigeria, Pakistan, Papua New Guinea, Peru, the Philippines, Sierra Leone, Sri Lanka, Sudan, Tanzania, Thailand, the United Kingdom, Zambia and Zimbabwe. Perhaps the strongest and most creative tradition has been that of agroecosystems analysis, pioneered by Gordon Conway and others at the University of Chiang Mai and elsewhere, stressing the value of observation, mapping and diagramming; and it was the University of Khon Kaen in Thailand that did most to establish its credibility, emphasizing the management of multidisciplinary teams and the techniques and value of semi-structured interviewing. Most recently the International Institute for Environment and Development in London has played a leading role.

Rapid procedures in health and nutrition have largely evolved separately, with surprisingly little cross-fertilization with other schools and practitioners of RRA, and have evidently drawn upon medical anthropology, emphasizing qualitative assessment. More exchange of ideas, experiences and methods between these different traditions should occur.

Principles of RRA

Most practitioners of RRA would include the following among its basic principles:

1. Learning rapidly and progressively, with flexible use of methods, opportunism, improvisation, and iteration, not following a blueprinted programme but adapting in a learning process;
2. Offsetting the biases (spatial, project, person, seasonal, professional, diplomatic...) of rural development tourism, and not rushing but relaxing;
3. Learning from and with rural people, directly face-to-face;
4. Triangulating, meaning using more than one, and often three, methods or sources to cross check;
5. Optimizing, relating costs of learning to the useful truth of information, with trade-offs between quantity, relevance, accuracy and timeliness. The principles apply here of optimal ignorance - not trying to find out more than is needed, and of appropriate imprecision - not trying to measure what does not need to be measured, or not measuring more accurately than is necessary for practical purposes; and
6. Critical self-awareness, reflecting on what is being seen and not seen, who is being met and not met, what is being said and not said, and sources of error.

A menu of RRA methods

In its early days, RRA seemed little more than organized common sense. During the 1980s, however, creative ingenuity was applied and more methods invented. A summary listing can indicate some of the types of methods known, without covering all:

- secondary data review
- direct observation, including wandering around
- DIY (doing-it-yourself), taking part in activities
- key informants
- semi-structured interviews
- group interviews
- chains (sequences) of interviews
- key indicators
- key probes
- workshops and brainstorming
- transects and group walks
- mapping

- aerial photographs
- diagrams
- ranking and scoring
- quick quantification
- ethnohistories and time lines (chronologies of events)
- stories, portraits and case studies
- team management and interactions
- short, simple questionnaires, late in the RRA process
- rapid report writing in the field

Diagramming and ranking have provided some of the less obvious methods. Diagramming has come to include many topics, aspects and techniques, such as transects, seasonalities, spatial and social relations, institutions, trends and ecological history. Ranking methods have been evolved to elicit people's own criteria and judgements. These and other methods have been modified and developed, and the intervention of more can be expected in coming years.

Participatory rural appraisal

Participatory Rural Appraisal (PRA) is a further development of RRA. The mode of RRA has been mainly extractive: "we" have gone to rural areas to learn and then left to analyze the data. To quote a recent source: "The major advantage of RRA is its ability to generate, in a short time, information that can then be used by development planners" [5]. In contrast, PRA shifts more of the presentation and analysis of information to "them," more of which is undertaken there in the field.

The term PRA was probably first used in Kenya to describe village-level investigations, analysis and planning undertaken by the National Environment Secretariat in association with Clark University, USA. A form of PRA was introduced in India in a joint exercise of the Aga Khan Rural Support Programme (AKRSP) in Gujarat and the International Institute for Environment and Development, London [6]. Since then it has evolved rapidly and spread, with MYRADA, an NGO based in Bangalore [7] taking a leading role, with other NGOs such as AKRSP in Ahmedabad, Action Aid in Bangalore, SPEECH in Madurai, Tamil Nadu, and PRADAN and Krishi Gram Vigyan Kendra in Ranchi, Bihar, all active and innovating. Nepal also now has a PRA network with over 150 members.

PRA can be defined as a semi-structured process of learning from, with and by rural people about rural conditions. It shares much with its parent, RRA, but is distinguished from it in practice in South Asia by correcting two common errors: roles of investigation are reversed; and rushing is replaced by relaxation and rapport.

1. The roles of teacher and learner are reversed. They teach us. Rural people own more of the process and output. Investigation, presentation and analysis are done more by the people themselves, including visual sharing of information in maps, models, and diagrams, and quantification is made and presented by them. Most of the activities that we thought necessary - interviewing, transects, mapping, measuring, analysis, planning - are done jointly with villagers

or by them on their own. The appraisal and learning are not just by us from them, but with them and by them.

2. Rapport with villagers is primary. To achieve good rapport often requires the reorientation and relaxation of outsiders, and critical self-awareness. Rural people's suppressed incapacity and ignorance have often been an artifact of our ineptitude. With few exceptions, we - the outsider professional community - have not known how to help them to express, share and enhance their knowledge. The ignorance of rural people has been a self-sustaining myth, created and maintained by our confident and overweening clumsiness. By wagging the finger, holding the stick, sitting on the chair behind the table; by dominating and overwhelming thought and speech; by being rushed and impatient; by demanding information and answers; by believing that we know and they are ignorant, that they are the problem and we are the solution; by failing to sit down with respect and interest and listen and learn - in these ways we have impeded expression of knowledge and creative analysis by rural people.

The approach and methods of PRA recently brought together and developed tend to overcome these obstacles. The key is that outsiders should have appropriate attitudes, demeanor and behaviour. These include:

- participation by the outsider
- respect for rural people
- interest in what they know, say and show
- patience, wandering around, not rushing, and not interrupting
- humility
- materials and methods which empower villagers to express, share, enhance and analyze their knowledge.

Given these, the results can be astonishing. I have a prejudice that rural people know more, and are more rational and capable than most outsider professionals give them credit for. But even so, I have been amazed during the past year at the wealth of detailed information presented and analyzed. Social anthropologists [8] and others can legitimately point out that much of this has been known and tried in the past. What is new is the combination of attitudes, behaviour and methods and their synergism.

Strengths of RRA

1. Visual sharing. Diagrams, maps or quantification are presented physically by rural people in a manner they readily understand, since they have created it, and that can be cross checked and amended. Successive approximation is thus built into the process.

2. Ranking and scoring, rather than measuring. Of course, measurements and estimates can be and are sought. But especially for sensitive information like income or wealth, people are often willing to present relative values when they would conceal or distort absolute values. In seasonal analysis, for example, people readily use seeds or other counters to show relative amounts of

income and expenditure by month. Similarly, with changes and trends over time, relative values can be given. Ranking items by people's own criteria, and scoring different items out of ten, five or three, have also proved feasible and popular.

3. Combinations and sequences of methods have proved powerful and practical. Participatory mapping and modelling, where villagers make their own map or model on the ground or on paper, leads easily and naturally to other activities, such as discussing routes for walking transects in which they are guides, and to household listings and wealth ranking, to identifying numbers and types of people in a community, and to marking in other details.

4. The approach and methods are popular and empowering. Questionnaires are often a bore for all concerned. PRA methods are often enjoyed. We have had to learn not to interview and not to interrupt when people are being creative with a map or model, when they are thinking, when they are reflecting on estimates. People are no longer "respondents." They are players, performers, presenters, and own their play, performance and presentation. And the word "fun" comes into the development vocabulary.

Applications of PRA in health and nutrition-related programmes

There are numerous potential applications in health and nutrition-related programmes. Discussion here will be limited to five of the more obvious.

Participatory mapping: people, health, nutrition

In India, participatory mapping has shown that villagers' mental maps are more detailed and accurate than those of urban dwellers in the North who have provided much of the evidence on mental maps [9] than most outsiders might have supposed. If the rapport and materials are right, maps can be diagrammed on the ground or drawn on paper in a matter of minutes to show all the houses or huts in a small village (say 10 to 15 minutes for 50 households), while larger villages take longer. For diagramming on the ground, literacy appears to be irrelevant. Maps can be drawn on the ground with a stick, or coloured with powders, and stones, seeds and other markers can be used to add detail. Some of the best maps have been made using coloured chalks on flat cement or stone surfaces. For practical guidance, see reference 10.

Participatory maps can lead rapidly into the presentation of social information. Villagers in India often mark in the castes of households using colour codes. Recently, seeds have been used to present rapid censuses of villages. One villager on the outskirts of Hyderabad recently made a chalk map of some 20 households in his Hamlet. He did this on his own, with no outsider present. He then took only about 5 minutes to place on it the numbers of men, women and children in each household, using three different types of seed, while others who were watching cross checked and confirmed.

Health mapping has also been developed by John Devavaram of SPEECH, James Mascarenhas of MYRADA, and Same Joseph and Bhakthar Solomon of Action Aid. Villagers use seeds, bindis (the small spots women wear on their foreheads), stones or other markers to indicate households with pregnant women, persons who are handicapped, malnourished children, or widows. Relative wealth and poverty have also been marked in with colour codes.

A recent innovation is the use of small models of houses, wells, hand pumps and temples, developed by Joseph and Solomon. These are arranged by villagers in their correct positions. In Iyyanhalli village, Jagalur Taluk, Chitradurga District, where this was first done, the roofs of houses were colour-coded with green for thatch, black for black tiles, and red for red tiles. The model was used to identify, house by house, the names of household heads (later used for wealth ranking), households with no adult literates (for focusing an adult literacy programme), the educational status of children in each household, children under one year of age (for health follow up), immunization status, pregnant women (for health education), and cattle ownership. By marking details on the model houses, a permanent record, visible to all the village, is being kept and used for planning and monitoring programmes. Should participatory mapping of households and health become a standard practice in community health programmes?

Seasonal analysis

Villagers in India have shown ability to estimate and rank conditions that vary seasonally. Festivals, major seasons, months, or kartiks (fortnightly periods distinguished and named especially during the monsoon) are used to define times of year and intervals. Most commonly, months have been used, represented by 12 stones. Villagers then use seeds or other counters, or sticks they break to required lengths, to estimate and rank such conditions as numbers of days of rain, amount of rain, soil moisture, numbers of days (or proportion out of 10) of agricultural labour in each month, income, expenditure, debts taken, food availability, and so on. When presented as a histogram, this information points clearly to the months of greatest difficulty and vulnerability.

The prevalence of diseases by season has been one of the conditions indicated. In one case near Madurai (personal communication John Devavaram), villagers indicated by month the number of cases of different diseases during the previous year. Should participatory seasonal analysis become a standard practice in community health programmes?

Ranking of wealth and well being

Wealth ranking ([11] and RRA *Notes* 2, 4 and 7) is an ingenious and simple method of eliciting relative wealth or well-being in a community. Knowledgeable informants are presented with slips of paper, one for each household, and asked to place them in piles according to their wealth or poverty, or according to their well-being or ill being, depending on local criteria. The piles, usually three to six in number, are then checked. The criteria used can be elicited by asking, for example, why each household in the worst-off pile, was placed there. It usually emerges that there are four or five different criteria (far more subtle and realistic than a crude poverty line) for the rankings, and respondents weigh these mentally in making their allocations to wealth or well-being groups.

Wealth ranking is increasingly used by NGOs in India to identify the poorest and those most at risk. Should wealth and well-being ranking become a standard practice in community health programmes?

Matrix ranking and scoring

Matrix ranking and scoring (RRA *Notes 1 and 3*) is a method for assessing entities in a class, such as fodder trees, varieties of a crop, types of firewood, domestic animals, or even political parties and political leaders. The entities are selected, their good and bad qualities listed to elicit criteria, and then ranked or scored for each criterion. The method can be taught as a routine, and generates insight into other people's criteria and preferences. Rural women, for example, readily indicate their preferences for different fuel woods according to such factors as availability, ease of collection, and quality of smoke in the kitchen.

To my knowledge, matrix ranking and scoring has not been used directly in health and nutrition, but there are potential applications such as for assessing different foods, methods of cooking, fuel types, treatments for diseases, and sources of treatments for diseases. Should the potential of matrix ranking in community health programmes be explored?

Time lines and trends

Time lines establish past events that are well known and that provide a framework for discussing changes that have taken place. Changes in the composition of diets can be quantified using counters. In one case an old woman showed with small stones the main staples she ate as a girl, and those she eats now, using 12 stones for her staples as a girl, when she ate more, and only eight for now, when she eats less. Trends can be shown and estimated in various ways. Presumably, such health and nutrition-related aspects of life as changes in diet, the prevalence of diseases, treatments, costs of treatment, and ways of raising resources for treatment, could be analyzed. Indeed, in some places these may already be standard questions in health and nutrition appraisal.

Should the potential of time lines and trend analysis in community health programmes be further explored?

The future

The rapid developments with PRA in India and Nepal in the past year make it difficult to assess its potential. Developments in other countries and continents should contribute to any assessment. There are dangers that PRA will spread and be adopted too fast, without changes in outsiders' attitudes and behaviour, and will then be discredited. As with any other approach and methods, when done badly the outcomes will be bad. Also, for many Government organizations and staff, PRA entails something of a revolution. Even for an NGO, much reorientation is often required. PRA is no panacea. Nor are rural people always right, and outsiders always wrong. But the experience to date does suggest that a new balance can be struck in the mix of knowledge, ideas, and creativity between outsiders and rural people, with outsiders metaphorically and

literally sitting down, "handing over the stick," listening and learning, and empowering their clients.

This may be more difficult for professionals in medicine than in some other fields. The dominant medical value system, with the taught knowledge of the medical school, points away from rural life. Of the values of the vast majority of medical students in India, N.H. Antia has recently reaffirmed the condition, also widespread that, "the glamorous high tech and lucrative fields like medicine and surgery and their subspecialties like cardiology and plastic surgery are the first choice while preventive and social medicine and community health are at the bottom of the ladder" [12]. This can be reinforced by the fact that, compared with agriculture, indigenous technical knowledge is somewhat weaker in health, and external scientific knowledge relatively stronger. And more than agriculturalists, doctors receive a training that conditions them to believe that they know best and are right in what affects human beings, often feeling superior to their clients. They may not find it easy to sit on the floor. In matters of dress and demeanor (and not only the symbolic stethoscope), many distance themselves from rural people. They then, like other professionals, look away towards urban high technology. For rural work, for rapport with rural people, they are victims of dominant professional values and of trained disability.

For such medical professionals, to make "flips" or reversals, and to see things the other way round, is likely to be difficult. But unless achieved, the relaxed rapport that releases the knowledge and creativity of rural people will be weak. Experience with PRA training in India so far suggests that outsider professionals vary. Some will never be able to change, and that is not their fault. Others could start straight away and experiment and field test on the basis simply of ideas, such as those in this paper. Such people can invent and adapt methods on the run. Such pioneers could gain from the field training experience organized in India by MYRADA, Action Aid, and AKRSP. These typically involve four or five days camping in a village that provide opportunities to learn from and with villagers, and to test and use a variety of methods. Self-selected, interested professionals in health and nutrition who are interested are the best people to start. They could innovate and enable the PRA approach and methods to evolve into different forms. Crucially, they could try to develop cheap and effective approaches and methods for unlearning and reorientation that suit the professions concerned most with health and nutrition.

If PRA or something like it, by whatever name, spreads, it will be through the efforts of people who find it good. It will then spread not just because it is cheap, which it is; but because it is popular, flexible and diverse, because it empowers and serves the poor, and because it is often fascinating and fun. Quite simply because, done well, it works.

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Participatory Rural Appraisal: Past, present and future," written for seminar to be held at the University of Chiang Mai on 23 November 1990.

Sources

The two following are free on request, and are a way of keeping up-to-date with some current developments with PRA:

1. The PRA/PALM Series, available from Vidya Ramanchandran, MYRADA, 2 Service Road, Domlur Layout, Bangalore 560 071, India. (PALM = participatory learning methods)
2. RRA Notes, available from Sustainable Agriculture Programme, International Institute for Environment and Development, 3 Endsleigh Street, London WC1H 0DD.

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