

Introduction to PRA Visualisation Methods

I Introduction

As some readers of this pack will be unfamiliar with the visualisation methods used in Participatory Rural Appraisal (PRA), this short piece is intended as a kind of extended glossary. 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 methods I describe and illustrate here are part of a broader corpus of visualisation techniques developed through practice by PRA practitioners, mainly in the south. Some have been invented, some adapted from visual images used in other ways (such as maps, venn diagrams, or pie charts), some borrowed from the toolboxes of psychologists, ecologists and anthropologists. Adapted to the context and to the forms of visualisation that people come up with, no two applications of a method are the same: creativity and innovation are at the heart of many practitioners' approach to using PRA visualisation methods.

This glossary does not pretend to be exhaustive or authoritative: it simply seeks to illustrate some of the possibilities. Most of the methods described here can be used for a range of different purposes. Many have come to be used to build rapport and enhance communication between residents and those who work for or with them. While they appear appealingly simple, using them well requires skills in communication and facilitation that can only be learnt through training and/or considerable practice. This guide does not seek to explain how to use them, nor how their use might become part of a participatory process: this is a theme that articles in this pack explore in some depth.

What is PRA?

The term 'PRA' has now come to mean many different things to different people, as it has come to be used for purposes as diverse as consultation, capacity building, project evaluation and empowerment. The most common definition, however, is that it is an approach that seeks to catalyse reflection and analysis with and by local people through the use of visual methods, interactive processes and group learning. Originating in overseas rural development around ten years ago, PRA has come to be used in diverse settings, North and South, rural and urban. Some commonly used defining principles are:

- an emphasis on enabling people to speak up and out, especially the otherwise marginalised, such as poorer younger women, children and the socially excluded;
- a focus on interactive learning, between and among local people and those who provide, or make decisions about the provision of, health and other social services;
- an explicit concern with the quality of interaction, including a stress on personal values, attitudes and behaviour as a prerequisite for effective work;
- the use of open-ended, adaptable, visual methods within a flexible, iterative learning process, rather than the use of set sequences of specific methods for pre-identified ends;
- a commitment to generating knowledge for action, rather than simply for understanding, and to addressing tangible, do-able action plans for immediate or intermediate follow-up.

PRA and RRA

The term 'PRA' was coined in the late 1980s. PRA emerged from experience with Rapid Rural Appraisal (RRA) in the late 1970s and 1980s. It is worth commenting briefly on distinctions between them, although these are far from clear in practice. RRA was developed as a way of quickly gaining qualitative insights into a situation, and was used principally for project appraisal. It was regarded as an alternative to costly, time-consuming and often badly done or poorly used surveys, and 'rural development tourism' (Chambers 1983). RRA involved multi-disciplinary teams, a structured process of enquiry, strategies for ensuring reliability (such as triangulation) and consisted of short, intensive, bursts of fieldwork. Many of the methods of RRA have become standard fare in PRA. Writings on PRA emphasise a shift from communities providing information to becoming co-researchers who set the agenda for follow-up action. It is common, however, for the label 'PRA' to be used for activities that more closely resemble 'RRA' in terms of their orientation and purpose.

Complementarities with Other Methodologies

Many people use PRA in combination with other methodologies, depending on what kind of work they do, and their objectives. Community development workers, for example, might draw on PRA as a complement to community organising or empowerment work using other methodologies like Training for Transformation or participatory theatre. Project workers might combine PRA with logframes or stakeholder analysis for appraisal and planning, or might integrate PRA into participatory monitoring and evaluation work. Participatory researchers might use PRA tools with residents as part of a process of identifying and analysing issues, and developing strategies for action.

PRA methods can be used for qualitative research, and there are clear complementarities with other qualitative methods such as participant observation, oral histories and focus group discussions. They can also be used by quantitative researchers in combination with questionnaires, and to generate quantitative data, such as for a rapid census or rapid epidemiological assessment. There is nothing particularly 'participatory' about using these methods in conventional research in which the researcher sets the agenda, does the analysis and uses the results for their own purposes.

PRA in Health

PRA can offer health professionals and communities a different approach to prioritisation and planning, one that takes as a starting point the needs local people themselves identify. Used to enable local people to articulate their own perceptions of need, it can help broaden the lens of 'health' to bring the wider dimensions of wellbeing into focus. By giving people on the receiving end of services and interventions a voice, PRA can involve them in determining priorities and developing strategies for improving wellbeing and. Used to enable local people to assess the effectiveness of services or interventions, PRA can become part of efforts to strengthen accountability. But used insensitively, in a hurry, for purposes of display or legitimation, or for pseudo social science, these methods – like any methods used in this way - can serve to shore up existing prejudices and produce 'findings' of questionable value to anyone.

II PRA Methods

The methods described below are divided, for ease of explanation, into four categories: the first contains methods used for spatial analysis, either of the natural or social environment or of the body; the second deals with methods used for temporal analysis, both of the everyday, the seasonal and the historical; the third provides methods for exploring networks and linkages between people, things, events and causes; and the last set of methods describes techniques used for prioritisation, sorting, piling and ranking to establish relative values and reasons for choices. Illustrations are given for some of the methods, from PRA work in Africa, Asia and the UK.

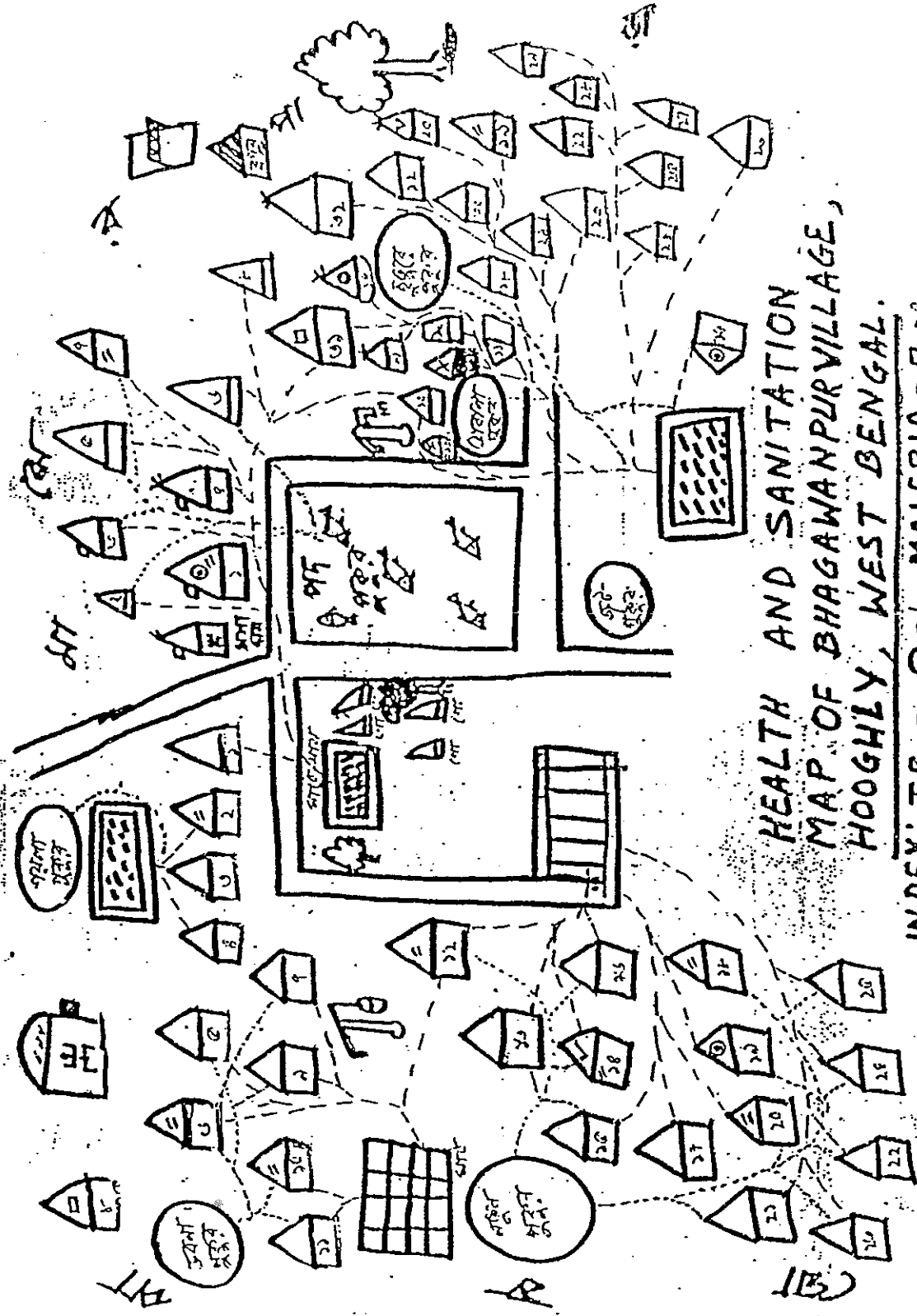
Space

Many of us, at one time or another, will have drawn sketch maps. Participatory mapping builds on this principle. It aims to create a guide to the area being mapped, and to what residents of the area know and feel about where they live. Depending on the context, a flip chart and pens or a bit of open ground and chalks can be used to create maps. Maps can be drawn by individuals or groups: often, however, the discussions that arise from group mapping exercises provide the richest opportunities for learning and for moving towards action.

'Mental maps' of an area can show what is most important to the people who live there - what they draw first, draw largest or leave out all give important clues to their perceptions. People can be asked to draw various aspects: things they like or dislike, areas that they feel safe or unsafe in at different times of day, parts of the area that are problematic for various reasons, parts that they know and use a lot. Drawn by different interest groups, mental maps can offer insights into the different perceptions of members of communities as well as commonalities between them and can be used for analysis by participants to work out what they would like to see changed.

Social maps work on a smaller scale. These are maps of the houses in a block, street, deck or area, which indicate the kinds of people living in each house and the social amenities in the area. They have been used in a range of different ways. In some settings, different coloured counters (beans, seeds, stickers) have been used to indicate women, men, children under five, disabled people, pregnant mothers, people suffering from chronic illnesses, people suffering from endemic or epidemic disease. Social mapping can be used as a rapid census, a way of rapidly and relatively reliably quantifying proportions of people in particular categories and locating them spatially. Drawing on the local knowledge of people in each segment of the area mapped, social maps can be built up rapidly to encompass areas as large as quarters of towns. Some PRA practitioners have used social maps to identify categories of household, such as richer or poorer households, or people working in particular occupations.

Health and Sanitation Map, West Bengal, India



HEALTH AND SANITATION
MAP OF BHAGAWANPUR VILLAGE,
HOOGHLY, WEST BENGAL.

INDEX: T.B. - O - 1 MALERIA - O - 2
 POLIO - O - 3 PNEUMONIA - = - 1
 DEAF - X - 1 DUMB - Y - 1
 ASTHMA - ✓ - 1 WAY FOR DEFICATION - - - -
 LITERACY CENTRE - // - 1 WAY TO POND - - - -

Social maps can help to identify people who are excluded or vulnerable, whose views might be particularly important to hear. Social maps can be used by local people for a range of purposes. In one case, a social map drawn on their own initiative was used by a group of older women in an Indian village to demonstrate to the authorities that wife abduction was a serious problem. By mapping all the recent cases, they were able to present a detailed picture of the problem and press their demands for action (source: Sheelu Francis, Alice Welbourn pers. comm).

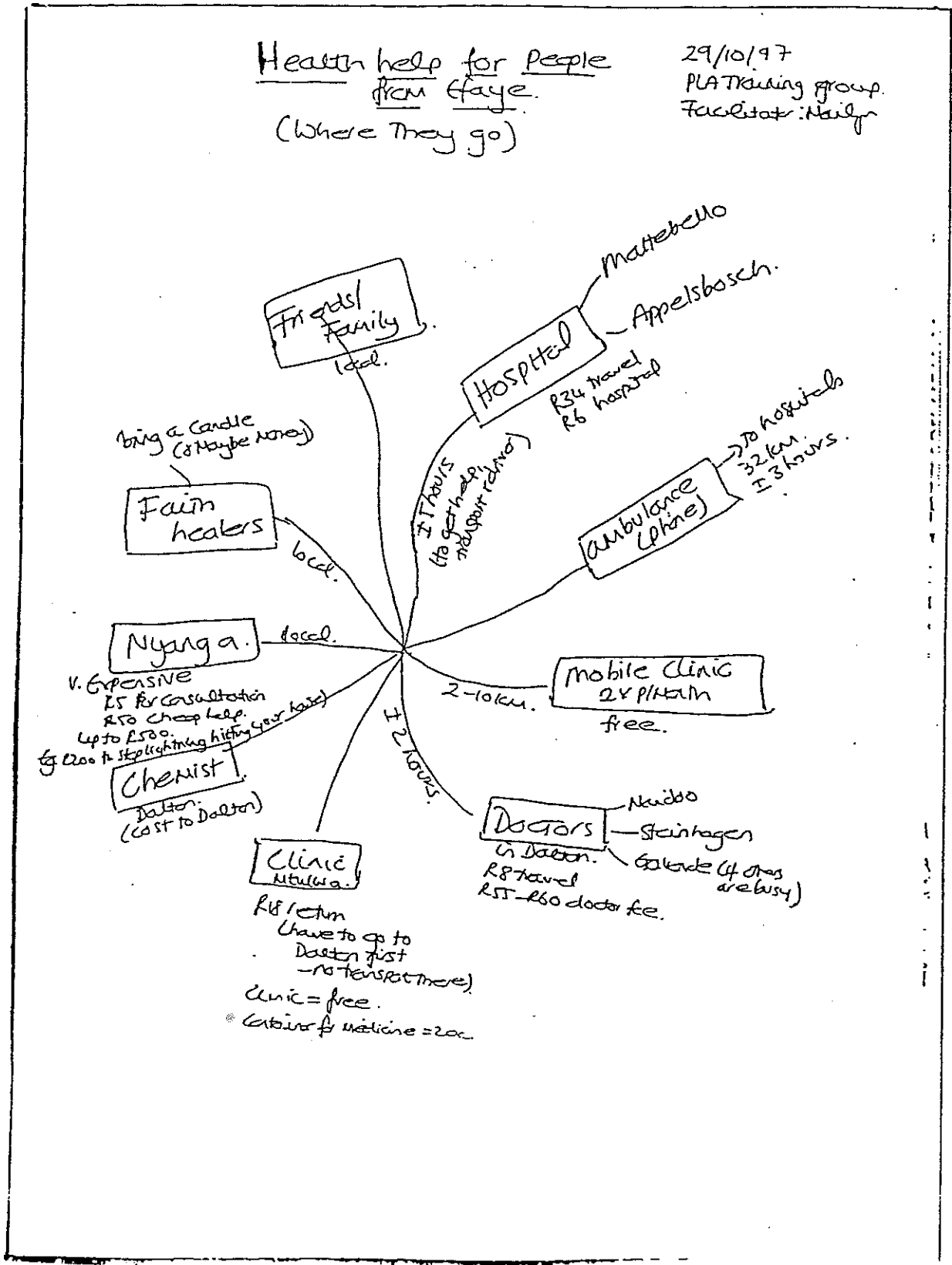
Transect walks are walks across a cross-section of a community and are designed to take in a range of topological or social features of the area, guided by people who live in the community. Along the way, facilitators can observe features of the environment, come across activities and sites that are of further interest and learn about the area as a whole. As the group walks and talks, others may be drawn into discussion. Transect walks provide good opportunities for triangulation through direct observation: seeing as well as hearing about problem spots and experiencing aspects of life in the area in the process. It can be useful to do transect walks at different times of day to meet different groups of people or to get a general feel for the area. On one housing estate in the UK, for example, an tea-time transect brought the team in contact with parents and bored youth while a late evening transect helped them to understand people's fear of leaving their homes at night.

Participatory modelling draws on the principle of mapping, adding a further dimension by encouraging people to mould and sculpt a three-dimensional model of the area. Models can indicate natural features, such as rivers or hills, and social aspects such as houses, religious institutions and so on. They can be especially useful in identifying some of the spatial aspects of health - for example, by showing high slopes that might not be apparent in a two-dimensional 'flat' map, as well as by offering a scaled down version of an area for people to reflect on when thinking about issues like improving the water supply or tackling vandalism.

Opportunities and services or mobility maps are guides that indicate the kinds of services people use within and outside the community: where they go for health, education, shopping, training, entertainment and so on. Such maps can be drawn to indicate the perceived numbers of people visiting particular places (indicated by the thickness of the line leading to them), distance to places (marking time taken to reach services or amenities by foot or bus on lines leading to them) and ranks can be assigned to similar places to indicate their popularity. Drawn by different groups, they can indicate the mobility of groups such as the elderly, young mothers, teenagers etc. It is useful to start with where the person or group live and work out from there, probing to cover all possible services and amenities then investigating further which ones people use and why. In one case, this kind of diagram showed that one group of people had to travel right out of the area to get the services they needed and for another group this posed a serious barrier to access to health services, yet in both cases there appeared on the face of things to be adequate local provision.

Opportunities and Services Map, Efaye, South Africa

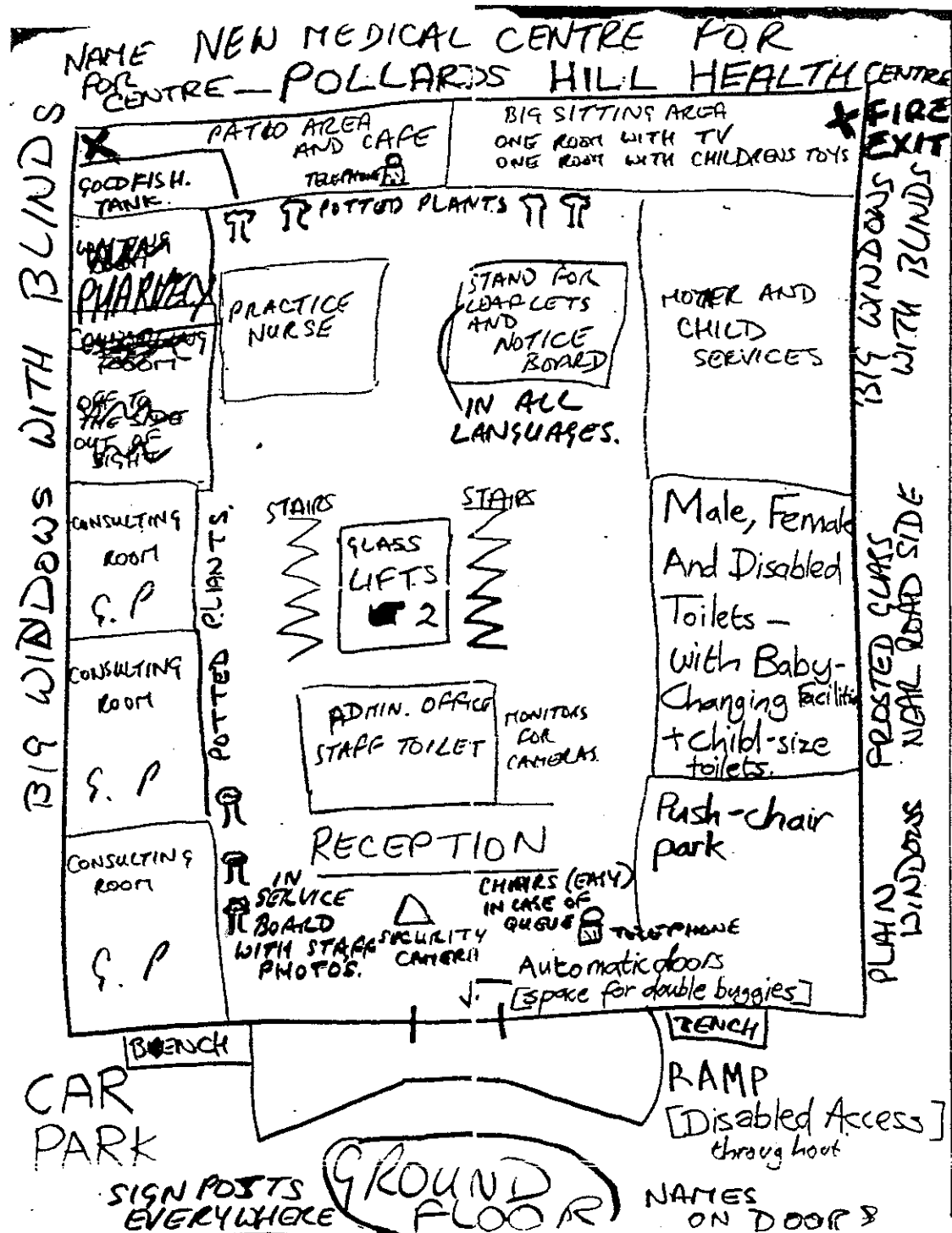
Diagram to show types of health help used by people in Efaye, distance, and costs of travel and consultation



Ideal Services Map: 'Design a Clinic'

Mapping can also be used to explore with residents how current or planned services might work best for them. If, for example, community plans involve revamping the clinic or health services are planning new service delivery from existing premises, this method can help promote dialogue on what would work best for the community. In one case, this exercise was used with different groups in a community to find out how to make a new clinic that was being built more user-friendly. Their suggestions included a number of things that might have been overlooked, and many features that would make the clinic a welcoming place.

'Design a Health Centre': Pollards Hill, UK



Time

Seasonal calendars are pictures that show fluctuations or trends in a range of aspects of life that vary over the span of a year. They are used to analyse relative change, based on the principle that often we don't need to know by exactly how much things are better or worse in order to start to find ways of tackling problems. Seasonal calendars use relative change as a way of focusing analysis on how trends in aspects of wellbeing as diverse as sociability and disease incidence relate to each other, so as to get closer to root causes as well as to seek creative solutions. A line is drawn to represent the year, then it is divided up according to local categories of time: people may think more in terms of seasons than months and it is best to ask them. Participants would then suggest factors associated with wellbeing or health that vary over the year. These should be led by the participants' interests and concerns.

Seasonal calendars can be used to explore seasonal trends in, among other things:

- disease prevalence, either in general or for specific diseases
- income and expenditure
- intensity of work
- water availability or quality
- (risky) sexual activity
- levels of sociability as well as specific festival or celebration periods
- depression and other mental health problems
- accidents

Analysis then focuses on opportunities for intervention at particular times of year and on finding out more about the seasonal problems people identify, in order to work towards appropriate solutions.

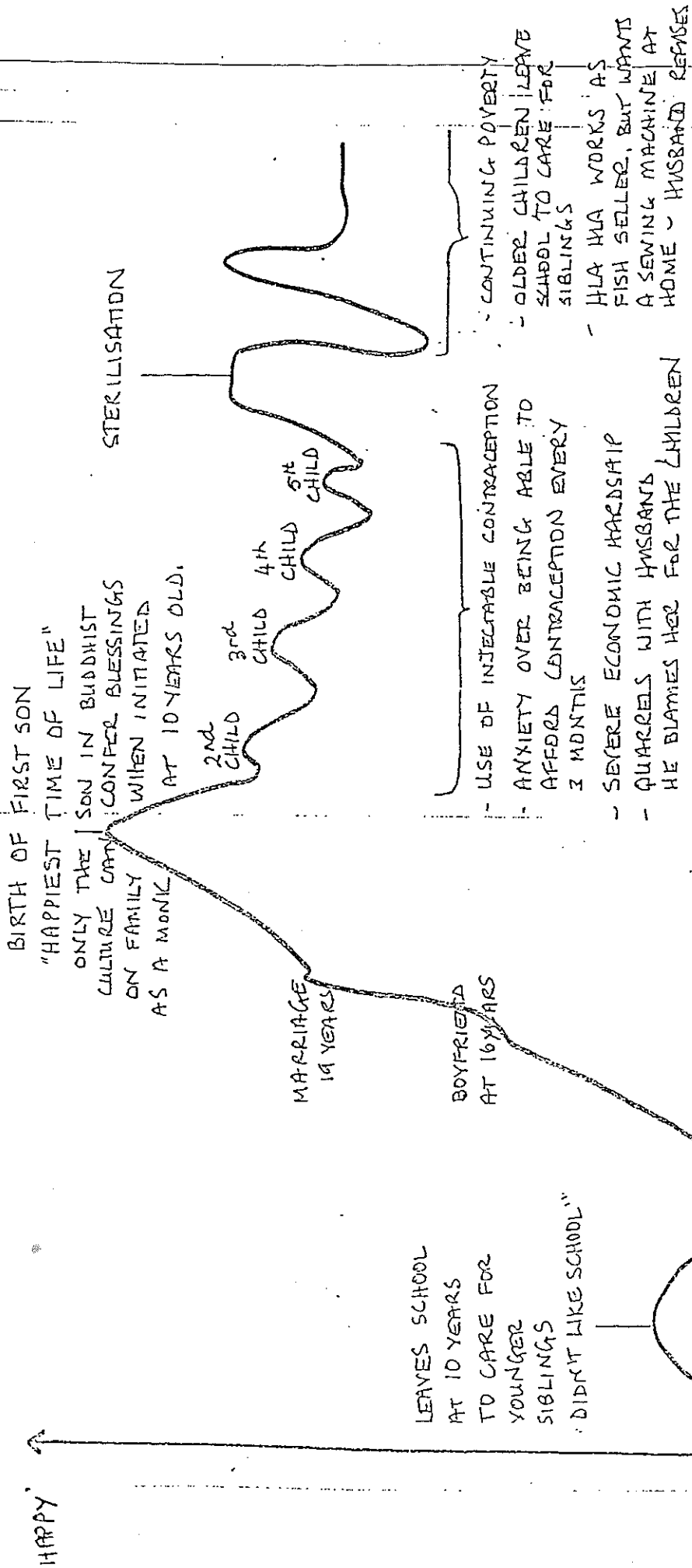
Daily activity routines work on the same principle as calendars, but describe activities over a day. By dividing up the day into hours, or chunks of activity, participants build up a picture of how they spend their days. This can be used to identify appropriate periods of day when people have time to take part in community activities, to analyse how people are spending their time and go on from this to explore the kinds of activities they would be interested in having more of, or what could be done to save time on other activities. Variations include representing the intensity of activity using piles of beans or larger segments, using a pie chart to represent the time given over to types of activity (see later note on pie charts), getting one interest group to draw a daily activity routine of another and use this as a basis for discussion of different perceptions. This can be used to raise awareness i.e. men draw one for women, employed people for unemployed people - then compare with ones drawn by women and unemployed people themselves. In one case, in Kenya, men realised as a result of this exercise that their lack of co-operation in domestic activities was not only creating a lot of stress for their wives but making them objects of derision. Ashamed of their own time-line, which indicated the amount of time they spent drinking, the men decided to do something to change themselves and those who took part reportedly began playing a much more responsible role at home (Jane Muema, pers. comm.).

Lifelines are pictures of a person's life from birth until the present that show the major events they have experienced and how they feel about them. They can take the form of a road, a river or any shape people choose to draw, and indicate high points and low points along the way. Much depends on what people are asked to draw. Specific issues and themes might be addressed. People could be asked, for example, to draw 'health lines' to show their health over their lives, any major events, times when they have felt better or worse. This is an individual exercise that can be nicely combined with a group analysis session, to bring out themes for discussion. It is, however, very important that this is used sensitively. It is, therefore, important to establish clear ground rules at the beginning of this exercise.

Sexuality Lifeline, Myanmar

SEXUALITY LIFE LINE

1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050



MENSTRUATION BEGINS MUST CHANGE BEHAVIOUR, DRESS LIKE A WOMAN

Time lines consist of a list of significant events in the life of a community, spanning a period from the earliest memories of the community to the present day. This exercise generates a series of events important to the people who live in a place and gives a sense of their perceptions, and knowledge, about community life. By asking people to recover and name events that are significant to them, timelines affirm their knowledge and experience. They also serve as a very useful way of finding out about previous initiatives and interventions, both successful and unsuccessful. A lot of effort can be saved by understanding why changes failed to come about in the past as well as knowing more about successes. Timelines can also be used, in a more focused way, to explore major events in the 'biographies' of services in the area, from a particular clinic to area health services in general.

Timeline, Hull, UK

timeline of influences on adolescent sexual health

1980

1980s		HIV/AIDS awareness
Mates condoms		Emergency contraception
Teenage Magazines		Anti-coil campaign
'Outing'		Anti-pill campaign
Eastenders	1985	Gillick
Madonna		Live Aid
Unemployment	1986	Education Act
Cinema certs regraded		Childline
Socio-economic factors	1987	Availability of condoms increased
Satellite TV		Sex education circular
		DEPO
	1988	Cleveland enquiry
		Videos to Secondary Schools
	1989	Children Act
		Government AIDS campaign
	1990	Condom adverts
		NHS Reforms
1990s	1991	Death of Freddie Mercury
Frank Beck -		
abuse in care	1992	Education Act
Internet		Femidom
Orkneys		Health of the Nation
Teenage magazines		Eastenders - Jill & Mark
Soap operas	1993	Michael Jackson (child abuse)
Unemployment		Age of consent (homosexual men)
Homelessness	1994	Catholic Church (sexuality, condoms, etc)
		Sex education circular
		Mars bars - school nurse
		Patten's speech
		Pill scare (Femodene)
		Emergency contraception
		Barrymore

1995

Time trends analysis again uses the principle of a time line but this time to explore changing trends over a period of years or along a continuum (i.e. 2, 5 or 10 year intervals or along a line from 1968 to the present). In this sense, it is very similar to seasonal analysis. Trends might include perceived changes in: the incidence of particular diseases such as asthma, HIV/AIDS or malaria; health service provision and satisfaction with health services over time; community spirit, co-operation, sociability, community participation; social problems such as drugs, gangs, violence, unemployment.

Important Trends in the Community 1940s-1990s, Jamaica Analysed by a Group of Older Men

1940s	1950s	1960s	1970s	1980s	1990s
Means of transport Tram car	JOS bus	JOS bus	JOS/Mini bus	Mini bus	Mini bus
Economic life Real bad	Gets better under N. Manley	Gets better	Remains the same under M-Manley	Went down but came back a little under Seaga	Gets down lower under PJ (prices too high and pay low)
Job availability Many adults working, fewer youth working	Greater job opportunity for the youth	Increase in jobs for both	Highest employment for youth under M. Manley	Jobs begin to be tied to politics - no party, no job	Redundancies Job increasing again
Training for youth	Small increase under Bustamante & N. Manley		Increase under Marley Youth Core Programme	A dive under Seaga	Nothing done by PJ
Political life Very good - everybody are friends, but not all can vote	More black people voting. Bustamante and Manley hold	political meetings side by side (peaceful meetings)	Under Manley youth take politics seriously. Pol. violence begin.	High violence low political life	PJ non-violent. So it going back up.
Crime & violence Little or no violence and crime	Little or no	First few hold-ups with knives in community	Serious fights and gun introduced	Serious war. Community youth have to protect	Crime and violence on the decrease
Guns The police carry a baton, rude	youth have knife. Police and rude youth	have no gun	The police got guns. Youth hold-up people & take guns	Politicians give out guns	Guns are still around
Activities of the police Boys off street after 6 pm	Might threaten to beat & break leg of bad boys. Attend and participate in festivals etc.	Same	Begin to hit bad boys hard and shoot	Attack communities & lock up a whole bunch of youth - even the innocent	Same
Housing	Madame Rosé Leon & N Manley built houses in the 1950s		No more built by any Government		
Population					All more people than bed space
Church attendance and respect for God	Great respect for God and Minister	Same	Less respect for God	Church becomes a business. Pastors are con men	Same
Respect Parents very strict. Any adult could flog a neighbour's child - good community	Same	Younger parents	Children having children	Parents and children are the same due to activities	Parents not raising children but dragging them up

Other PRA methods can also be used historically, as a means of comparing past and present and exploring possibilities for the future

Historical maps can be used to compare perceptions of an area in the past to now - and to visualise the future (how it could be, how it may well be without action). These can be used to initiate analysis and discussion around what strategies are needed to achieve people's visions of what they would like to see in the future.

Historical matrices can be used to share strategies and tactics used by people in a community to cope with particular kinds of situations or events, as well as to understand preferences in the past (see section on matrices below).

Networks and Linkages

Livelihood systems diagrams explore the different sources and outputs of money, goods, assistance and energy in and out of a household. They represent both where people go to earn or spend money, who gives them help with cash, who they help out with money, who visits them to help out in other ways and who they visit. Clearly, for people on income support - or those dealing in illicit business - these are sensitive issues! However, systems diagramming around some of these issues also gives a sense of people's social support networks and can be framed around getting and giving help. These diagrams combine an analysis of *where* with *who* and *what*. On a completed diagram, the most important links can be prioritised, using a thicker line or different colour.

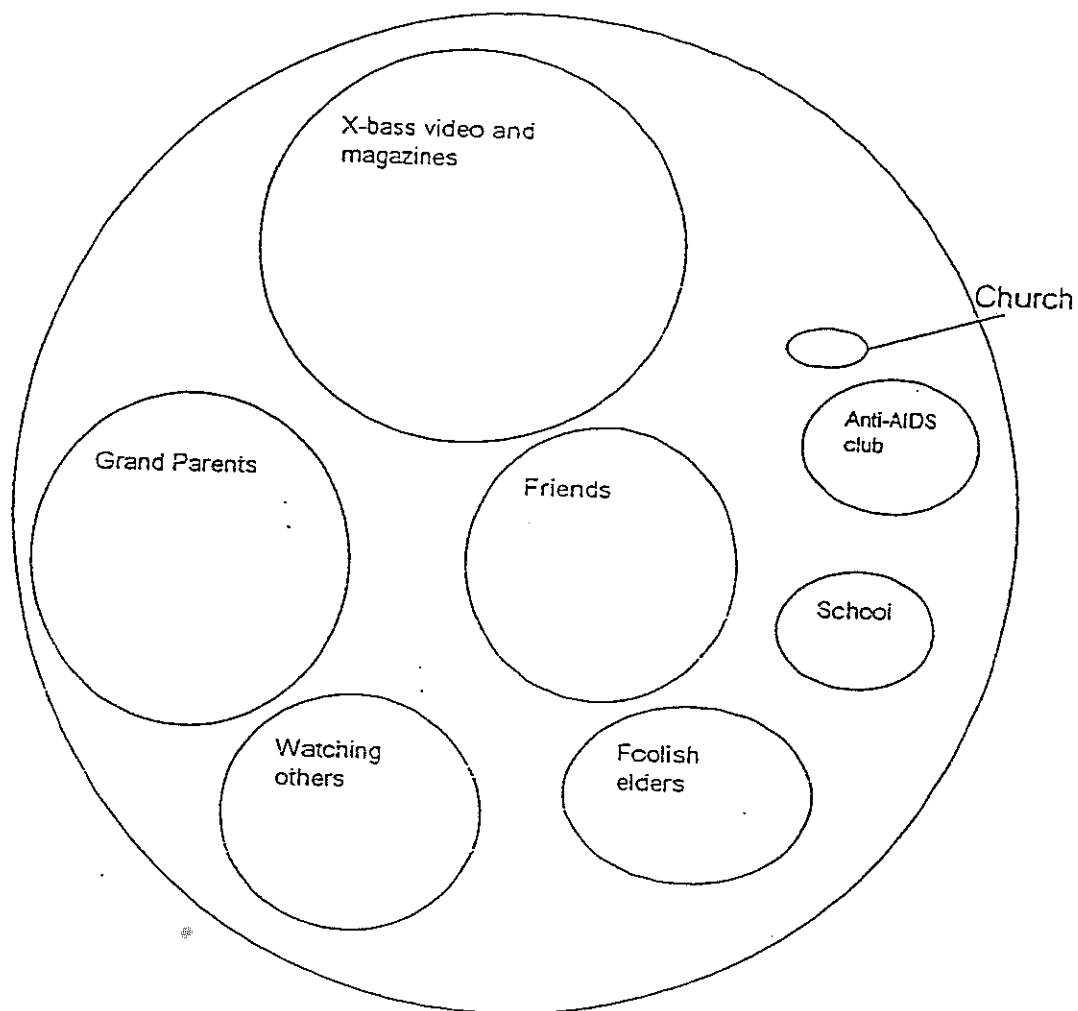
Network diagrams use a similar principle, but are built up using a series of cards or circles to represent individuals a person relies on or is relied on for different things. After generating a list of all the people a participant sees regularly, these names can be written on cards and arranged in terms of proximity to a central card indicating the period to indicate how often or how close the relationship is, then the diagram can be used to investigate support networks. Questions that might be asked to facilitate this include: who would you go to if you needed to borrow some money, wanted some advice about your relationship, if you were ill who could you rely on to help you out with things etc. Again, sensitivity clearly needs to be exercised in asking these questions!

Institutional diagrams, also known as *venn* or *chapati diagrams*, consist of a series of circles of different sizes to represent institutions or organisations in the area. From a list of institutions (i.e. the police, social services, health visitors, the church etc.) named by the participants, circles are chosen according to the perceived importance of each institution. These are then placed in relation to the group the participants represent (i.e. elderly, unemployed, working women etc.) where the degree of overlap indicates the extent of closeness. Some institutions may have no overlap at all with a group, indicating potential challenges. Institutional analysis can also be used to investigate different perceptions of relationships: from the perspective of the health services, for example, there may be a range of specialised institutions which a resident would categorise in a different way; from the viewpoint of the service providers there may be a relationship which is seen quite differently from the users' point of view. Institutions outsiders regard as important may be of minimal relevance to local people. And so on. This method is also a very useful management tool within organisations. Possible adaptations include using the circles to represent projects or to explore needs (i.e. using circles of different sizes to indicate most important perceived needs and how they intersect with each other and with a goal of well-being at the centre). Venn

diagrams can also be used to explore people's perceptions of the relationship between issues, benefits, problems and so on.

Venn Diagram of Sources of Information on Sex and Reproduction, Old Kanyama Compound, Zambia

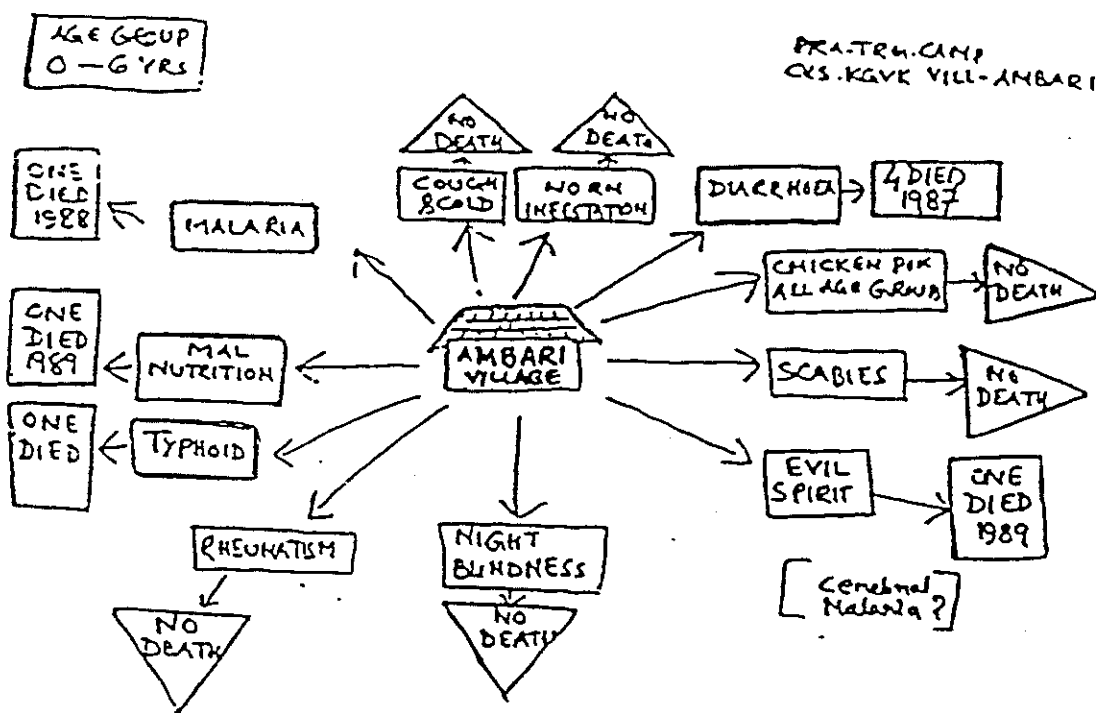
Adolescents' sources of information on sex and reproduction
(Analysed by a group of boys, Old Kanyama Compound)



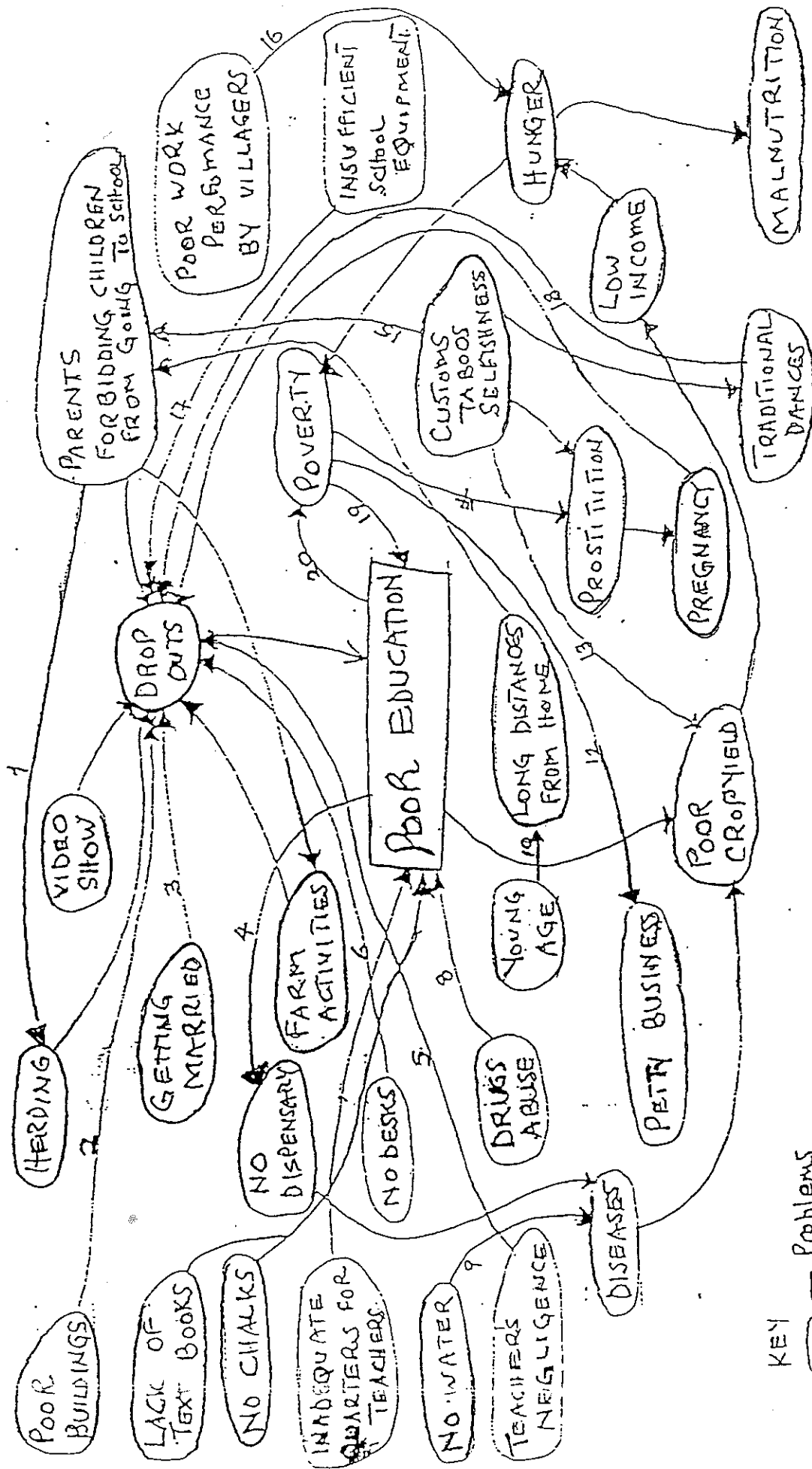
Causal or impact flow analysis is an adaptation of a flow diagram, which starts from an event or project or condition and explores the causes and consequences, or the potential impact. Topics can range from the most general, such as 'poverty' or problematic child behaviour, to specific themes like smoking, drug taking and so on. It can be used to investigate the perceived negative and positive impact of schemes or projects, to anticipate problems that might arise - or, in the case of an evaluation, that have arisen. It can also be used as a means of prioritising issues that are associated with situations or projects (each factor can be ranked or given a score).

Causes of Child Mortality (and Morbidity), Ambari, India

CHILD MORTALITY

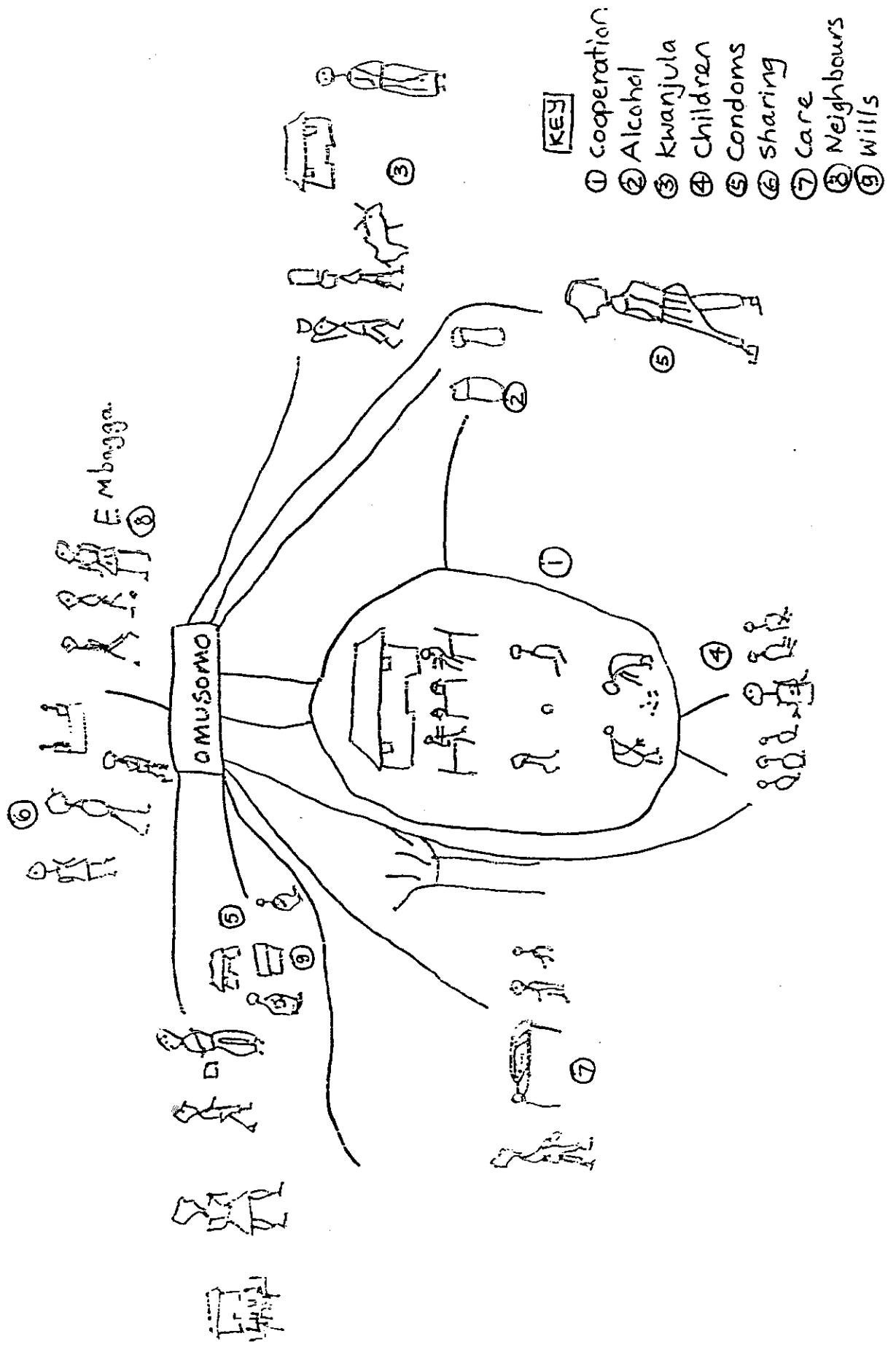


Impact Flow Diagram on Poor Education, Shinyanga, Tanzania



KEY
 ○ = Problems
 □ = Interventions

Impact Diagram, Buwenda, Uganda



Problem Wall

NOISE	THERE SHOULD BE LESS DOGS MWK ON THE DECKS - PEOPLE ALWAYS TREAD IN IT	LITTER AND SMASHED GLASS IS ALWAYS AROUND	TOO MUCH VANDALISM	
NOT ENOUGH BINS	TOO MANY TEENAGERS SELLING DRUGS	THE LIFTS ARE TOO DIRTY, SMELLY AND SOMETIMES THEY DON'T WORK	POOR LIGHTING	TOO MUCH CRIME
SANGES OF OLDER CHILDREN 4KE 14 TO 15	TOO MUCH TRAFFIC	TEENAGERS DON'T HAVE MUCH TO DO SO THEY TURN TO WISHER AND GRAFFITI	NOT ENOUGH DOG BINS	
GRAFFITI	TOO MANY DRUGS AT NIGHT	MIND IN CASE THERE'S DOG MESS	TOO FEW ROAD CROSSINGS FOR PEOPLE TO CROSS SAFELY	
SMASHING BOTTLES	NOT ENOUGH BINS ON DECKS	WHEN PEOPLE MAKE A NOISE NEXT DOOR	PEOPLE SMASHING BUS STOPS	
TOO MUCH GRAFFITI	DOG FOULING	PEOPLE THROW LITTER EVERYWHERE	WHEN PEOPLE TAKE DOGS OUT AND THEY MAKE A MESS AND NO-ONE PICKS IT UP	
WHEN PEOPLE CHUCK RUBBISH ON THE FLOOR	THROWING RUBBISH	THE ALUEYS ARE TOO DARK	THERE SHOULD BE LESS GRAFFITI ON THE WALLS BECAUSE IF IT WAS CLEANER IT WOULD ATTRACT MORE PEOPLE	
FIGHTING	NOT SO MANY PARKS TO PLAY IN	NOT ENOUGH GARDENS FOR PEOPLE TO PLAY IN	I DONT LIKE SEEING DOG MESS ON THE DECKS	TOO MUCH LITTER
RIVALRY BETWEEN TENANTS MAY CAUSE PROBLEMS	TOO MANY PEOPLE STARTING VANDALISM	TOO MANY TEENAGERS HANGING AROUND ON STREETS, SHOPS AND DECKS	VIOLENCE	
HORRIBLE CHILDREN WRITE ALL OVER WALLS AND OTHER THINGS BECAUSE THEY HAVE NOTHING TO DO	DOG MESS OVER THE DECKS	LOTS OF CHILDREN AND ADULTS THROWING LITTER EVERYWHERE		

[CHILDREN OF FORESTERS PRIMARY SCHOOL, ROUND SHAW, SURREY]

↓
BRICK SHAPED CARDS
USED

Prioritisation and Rapid Quantification

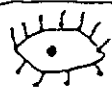
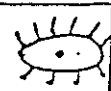



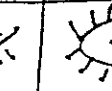


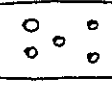
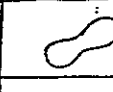



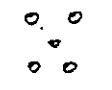



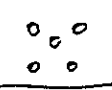
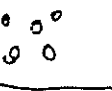


Matrix ranking and scoring is used to investigate people's own criteria for choosing between different options, and to reach decisions on priority issues. A matrix is drawn up which indicates a series of like things over the top (i.e. places to buy food from, playgroups) and criteria down the side (i.e. cost, accessibility). It is important that participants generate their own criteria. Facilitators can add extra criteria if they wish after the participants have completed their part of the matrix, but the exercise should be led by the participants. This can be used to evaluate a range of things, from health service provision to choice of foods eaten to places of entertainment etc.

Matrix Scoring of Health Providers, Ado-Odo, Nigeria

<i>Scores are out of 10</i>	Ado PHC clinic	Igbo medicine shop	Otta hospital	Oke Padre clinic	Omo Odua clinic
staff are highly skilled	2	1	7	8	5
staff are kind & friendly	1	8	4	7	5
drugs are available	1	9	3	8	6
affordable cost	4	8	2	6	1
used by many people	2	10	1	6	4
Overall Preference	4th	2nd	last choice	1st choice	3rd

[Young men's group, S.W. Nigeria, July 1996]

Pairwise Ranking, Bubuya, Sierra Leone

SCORPIONS	MEASLES	ABDOMINAL PAINS	HEART COMPLAINT	MALNUTRITION	WHOOPING COUGH	EYE INFECTION
						X
					X	X
				X	X	X
			X	X	X	X
		X	X	X	X	X
	X	X	X	X	X	X

EYE INFECTION-5 MEASLES-4 ABDOMINAL PAINS-3 HEART-2 MALNUTRITION-1

Treatment sequence matrices are used to investigate what people actually do when they are sick with different conditions. General categories of sources of treatment (including home remedies) are listed along the top and types of illness along the side. People then indicate for each illness which treatment they would seek first, then if it didn't work second etc. This can be used to get a sense of what different kinds of people treat at home or take to the doctor, as well as to explore some of their choices further, and what might be done to address them.

Treatment Sequence Matrix, Tamil Nadu, India

TREATMENT SEQUENCE MATRIX

Presented on the ground using colours, local fruits and paper slips

	HOME REMEDIES	MEDICAL SHOP	GOVT HOSPITAL	PRIVATE HOSPITAL	PRAYERS REQUEST GOD	SPIRITUAL ASHES	TRAD METHOD THOKKAN	COM MOINES
SCABIES	1	2	3	4	-	-	-	2
HEADACHE, COUGH, FEVER	2	1	3	2	-	-	-	1
SKIN COMPLAINTS, BOILS, ABSCESS	1	-	2	-	3	3	-	5
STOMACH COMPLAINTS	1	-	2	2	-	-	3	3
MEASLES/CHICKENPOX	3	-	-	-	1	2	-	6
EAR INFECTIONS	4	1	2	3	-	-	-	4
WOMEN'S SPECIAL PROBLEMS	1	4	2	3	-	-	-	7
MEN'S SPECIAL PROBLEMS	4	2	1	3	-	-	-	8
DEVIL OR EVIL SPIRIT	-	-	-	-	2	1	-	10
JAUNDICE	1	-	-	2	-	-	-	9

* 1 = go first 2 = go second etc

* What people actually do

* Types of sickness originally written in Tamil

ANALYSTS

Gopal s/o Panabia Nayakar
 Eswari w/o Ramakrishnan
 Seralathar s/o Nagesundaram
 Perummalakal w/o Pandi
 Moskammal w/o Selvaraj

FACILITATORS

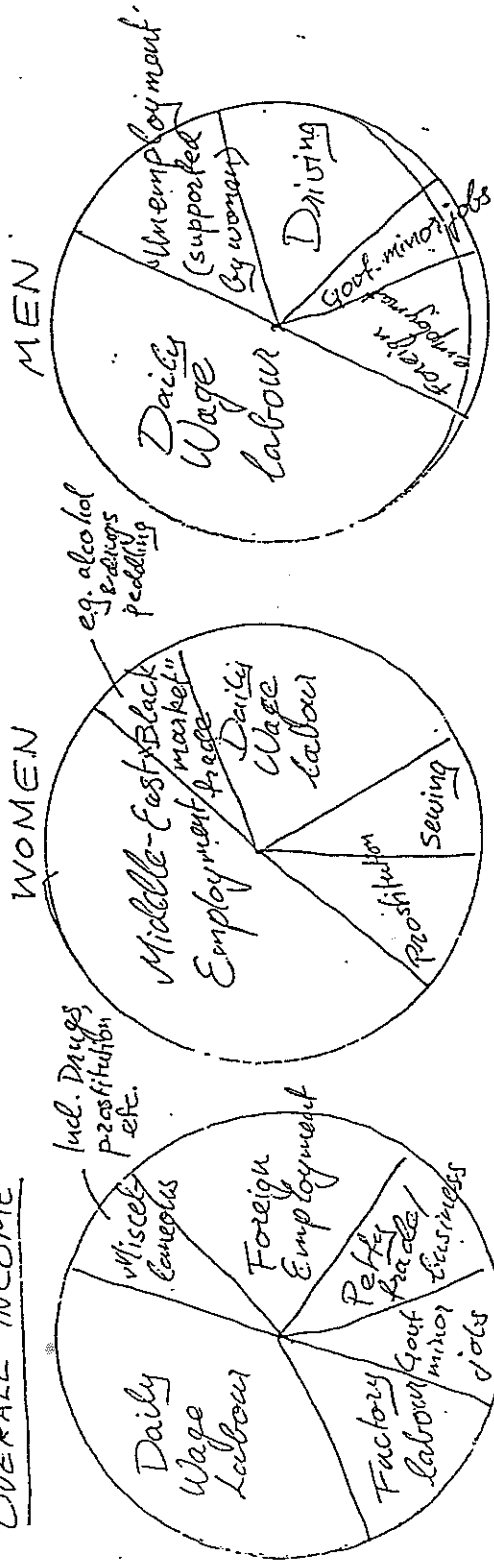
Mayandi
 Kela
 Tavamani
 Joseph raj
 Gumasekaram
 SPEECH
 Anandagaram
 REOS
 PERD
 Vasantham

SPEECH PRA TRAINING, KEITHANAYAKARIPATTI VILLAGE,
 near TIRUCHULLI, TAMIL NADU 30 Jan 91

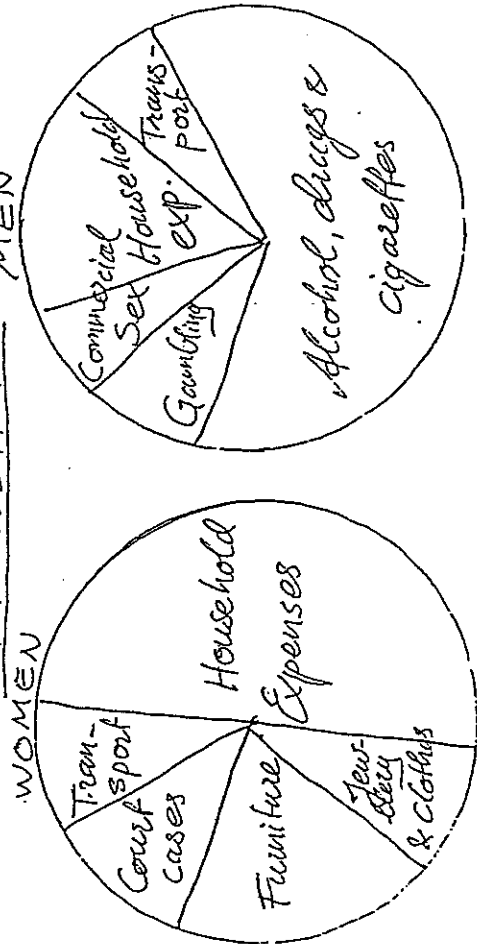
Proportional piling is a quick way of assessing proportions. Using a pile of anything that is amenable to being divided up into piles (i.e. beans, a pile of sugar on a piece of paper etc.), the participant divides up the heap into proportions according to the perceived quantity of the thing being investigated. Some possibilities include: perceptions of the proportion of people suffering from particular conditions, proportional allocation of income on different kinds of expenses and so on.

Proportional Piling/Pie Diagrams, Sri Lanka

(7.1) OVERALL INCOME



EXPENDITURE



Informants:
 Suganya, ♀
 Upul, ♂
 Saaman, ♂
 Priyantha, ♂
 Fareed, ♂
 Aruna, ♂
 Chaminda, ♀
 Swanga, ♀
 Anwar, ♂
 Sarina, ♀
 Sujeeva, ♂
 Alhasius, ♂

PRA Team:
 MALIKA ♀
 AMURA ♂
 SHANTHI ♂

Wealth or wellbeing ranking is a method used to explore relative wealth and wellbeing in a population in a given area, among people who know each other quite well. It is important to first of all understand what people mean by 'wellbeing' or 'wealth': what terms exist in the local language, or what expressions do people use to describe those who are better or worse off, or those who have a better or worse quality of life? This can be done using spider diagrams (see earlier description). After listing all the names of the people who live in a community, for example, the participants sort them into piles according to well being and then explain what kinds of things lead to people being in each category - this is a way of finding out about people's perceptions of quality of life and the extent that wealth and health contribute to it. While focusing on 'wealth' can raise very sensitive issues, the term 'wellbeing' is less threatening as it is not asking directly about money. This offers a starting place for discussion about what it takes to achieve a better quality of life, and how some people or households manage to enhance or struggle to maintain wellbeing.

Usually wealth or wellbeing ranking is done by ranking households, but in some situations this is not a particularly accurate way of identifying wellbeing issues. In parts of West Africa, for example, there is very little pooling of resources within households and it is often the case that some household members are much worse off than others. In addition, simply assessing the wellbeing of household heads gives little indication of the relative wellbeing of men and women, younger and older people within households. Wellbeing ranking *of individuals* rather than of households can be used to explore intra-household issues. Done by different kinds of individuals or peer groups, it can also be used to explore the values that different groups (poorer women, younger men etc.) place on attributes of a good life or of illbeing.

III Endnote

Using PRA methods well requires training, patience and practice. Some 70 countries now have PRA Networks, many of which include people who are regularly involved in training. The Institute of Development Studies at Sussex and the International Institute for Environment and Development both actively support networking, and are points of contact for further information if it proves difficult to find sources and contacts locally (www.ids.ac.uk/particip and www.iied.org). For further information on PRA methods and applications, check out these websites for regional resource centres, networks, publications and an extensive database of materials.

Andrea Cornwall, March 1999.

List of Sources for Diagrams

Most of these diagrams come from reports; some are personal copies given to me by people listed as sources.

1. Health and Sanitation Map, West Bengal, India
Source: Kamal Kar
2. Opportunities and Services Map, Efaye, South Africa
Source: Marilyn Denbigh, Report on A Participatory Assessment of Health and Related Needs of Residents in Efaye, South Africa, 1997.
3. 'Design a Health Centre', UK
Source: Russell Styles
4. Body Map, UK
Source: Northern Wards Participatory Needs Assessment Report, MSW Specialist Health Promotion Service, 1997.
5. Seasonal Calendar, Malawi
Source: Alice Welbourn
6. Sexuality Lifeline, Myanmar
Source: Frances McConville, A Rapid Participatory Assessment of the Health Needs of Women and Their Children in an Urban Poor Area of Myanmar, World Vision, 1995.
7. Timeline, UK
Source: Tilly Sellers
8. Time Trends, Jamaica
Source: Meera Shah, Training Workshop on Participatory Appraisal Methods for Participatory Assessment of Urban Violence in Jamaica, World Bank 1995.
9. Venn Diagram, Zambia
Source: Meera Shah, Gladys Nkhama Listening to Young Voices: Participatory Appraisal on Adolescent Sexual and Reproductive Health in Peri-Urban Lusaka, 1996.
10. Causes of Child Mortality
Source: Kumar, Trends in Health Care, RRA Notes 12, IIED, 1992.
11. Impact Flow Diagram on Poor Education
Source: Shinyanga Participatory Poverty Assessment, UNDP/Regional Government of Shinyanga/IDS, 1998.
12. Impact Diagram of Stepping Stones, Uganda
Source: Alice Welbourn
13. Solution Tree and Problem Wall
Source: Roundshaw Participatory Wellbeing Needs Assessment, MSW Specialist Health Promotion Service, UK, 1997.
14. Matrix Scoring of Health Providers, Nigeria
Source: Andrea Cornwall
15. Pairwise Ranking, Sierra Leone
Source: Alice Welbourn, A Note on the Use of Disease Ranking, RRA Notes 12, 1992.
16. Treatment Sequence Matrix, India
Source: Robert Chambers
17. Proportional Piling, Sri Lanka
Source: Jerker Edstrom and S. Nowrojee, Report on a PRA Workshop for Sexual Health Needs Assessment (with a beginner's tackle box of essential PRA tools), International HIV/AIDS Alliance, 1997.