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Focus
Tool Series

Listening to Young Voices:

Facilitating Participatory
Appraisals on Reproductive
Health with Adolescents

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WITH

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FOCUS ON YOUNG ADULTS

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1 Introduction

In order to develop projects that address the problems and concerns that adolescents consider most important, we need to give youth the opportunity to discuss and analyze their sexual behavior and its impact on their lives. This guide will equip fieldworkers with the necessary techniques to carry out a participatory appraisal with adolescents on sexual and reproductive health. Using PLA has many unique benefits, as we discuss below.

A FOUNDATION FOR CONTINUED COLLABORATION

Participatory design of projects ensures that the project components match the needs of the adolescents, and lays the foundation for continued collaboration with youth once the project has begun. A project that is designed and implemented with the active involvement of the participants has a far greater chance of success, both in terms of achieving its objectives and in ensuring the project's sustainability.

TOOLS FOR FACILITATING PARTICIPATION AND INVOLVEMENT

While most fieldworkers desire the active involvement and participation of adolescents in projects designed for them, they very often lack the skills to facilitate such a process. PLA provides a variety of verbal and visual tools that help participants to appraise their own situation, and to play an active role in the design and implementation of the project itself.

UNDERSTANDING THE REASONS BEHIND THE STATISTICS

Some may question the need to carry out such a detailed appraisal process given the availability of information on adolescents through secondary sources. Although it is true that a good deal of information can be found in available literature, it is the “gray area”—the explanation behind the statistics—that can only be understood by allowing adolescents to appraise their own situation. Participatory appraisals create a space for reflecting on the social relations and the socio-cultural dimensions of adolescent reproductive health within a specific context. For adolescents, this is particularly relevant in identifying power imbalances, gender dynamics and expectations, intergenerational issues, and other dimensions of exchange in relationships.

AN ACTIVE ROLE FOR ADOLESCENTS

A participatory process allows us to incorporate the adolescent perspective, and puts adolescents in the driver's seat.

Allowing adolescents to identify and analyze their own concerns develops relationships that give them the primary role in designing and implementing interventions. The PLA has no predetermined questions, so the process is left fairly open-ended in order to pursue the concerns and issues that emerge during the appraisal.

SHARING THE ZAMBIA EXPERIENCE

Throughout this guide we use illustrations and examples of a PLA process undertaken by the Partnership for Adolescent Sexual and Reproductive Health (PALS) project of CARE International in Zambia.

CARE'S BASIS FOR AN ADOLESCENT PROJECT

In early 1996, the Health Sector Programme at CARE International in Zambia¹ was planning to start a new project on adolescent sexual and reproductive health. Not having worked with adolescents before, CARE decided to begin by learning about adolescents' own perspectives on their reproductive health (RH) needs and concerns. Before making any programming decisions, CARE carried out a participatory assessment of the sexual and RH needs of the adolescents in peri-urban Lusaka in order to understand how to best address their needs (Kambou, 1998).

In March 1996, the entire health sector team at CARE, along with staff from other CARE projects in Zambia, were trained in PLA methodology. This "classroom" training² was followed by the first participatory appraisal with adolescents in Chawama Compound³ in Lusaka.

The results from the Chawama PLA translated easily into the basis for an entirely new project supported by CARE—the PALS project. Participatory appraisals were then carried out in seven compounds in Lusaka, three compounds in Livingstone and three compounds in Ndola, where the PALS project was subsequently implemented.⁴

HOW CARE USED PLA RESULTS

CARE used the results from the participatory appraisals to prepare a project proposal for PALS that was submitted to donors for funding. The results were also disseminated at various levels, in order to share the methodology and the findings, and to sensitize more people to the situation of adolescents in the peri-urban communities. CARE carried out discussions based on the appraisal results with the major stakeholders in each compound to solicit their input for the project design.⁵ Continuing the participatory process, the planned activities are being carried out by adolescents themselves in their respective compounds, with the support of clinicians and CARE.

ADAPTING THE PLA METHODOLOGY FOR USE WITH ADOLESCENTS

¹ Hereafter referred to in text as CARE or CARE Zambia.

² Although classroom training is important to introduce the participants to the concepts and the main principles of PLA, as well as to provide an introduction to the tools/methods that can be used in the field, training in PLA methodology can be considered complete only when the classroom sessions are complemented by practice in the field.

³ A "compound," in the Zambian context, refers to the high-density and lower income peri-urban settlements.

⁴ CARE, in partnership with the Population Council and other NGOs in Zambia, is also supporting an operations research (OR) project in four compounds of Lusaka with the main objective of testing community-based approaches for improving adolescent sexual and reproductive health. This project also follows the participatory approach used and developed by PALS, but works in fewer compounds and has more resources than the PALS project. Unlike PALS, it also supports condom sales as well as micro-financing of income generating activities for adolescents.

⁵ The main stakeholders of the PALS project are the adolescents, clinicians, parents and guardians, schools and teachers, NHC members, opinion leaders in the community, CARE, and the funding agencies.

Before conducting these participatory appraisals for the PALS project, there were few documented experiences of using PLA methods to analyze sexual and reproductive health issues with adolescents. Developing and adapting the field methodology for participatory appraisal, therefore, was the first challenge facilitators faced. There were many doubts and questions in facilitators' minds before starting the work, and the same have been echoed to us by other individuals and organizations that would like to replicate and use the same methodology for their work.⁶ This guide was developed as a response to the increasing demand for information on how to carry out participatory appraisals with adolescents and requests for wider dissemination of the PALS experience.

USING THIS GUIDE

This guide provides step-by-step information on designing a participatory appraisal with adolescents to analyze their sexual and reproductive health-related concerns, and on using PLA tools for this analysis. It will also discuss the process of data analysis and documentation. It is important to note that what is outlined in this field guide is only the beginning of a PLA process. The participatory process continues well after the appraisal is over, and should continue to be a part of the design, implementation, monitoring, and evaluation of the project activities. While these subsequent stages of the project cycle are not discussed at length in this guide, they are briefly touched upon in Chapter 6.

In the following chapters, you will find:

Chapter 2 explains the definition and key principles of the PLA methodology and a brief history of its evolution. This chapter discusses some of the problems and challenges of using PLA methodology, and ends with a discussion of some of the common questions asked about participatory appraisals.

Chapter 3 details the preparation required before carrying out fieldwork.

Chapter 4 describes a number of PLA methods (17 in total) that can be used for participatory appraisals. Each method is accompanied by examples of applications in the field.

Chapter 5 discusses documentation in the field, analysis of information generated, and preparation of synthesis reports.

Chapter 6 describes how PLA was used in Zambia to create an adolescent reproductive health intervention, the PALS project.

⁶ Some questions that we and others had about the PLA methodology are: Would it work with adolescents? Was it appropriate for analyzing a sensitive subject such as sexual behavior? Would adolescents feel comfortable discussing such a sensitive subject? Would it be possible to adapt the methodology to a completely new context?

2 Participatory Learning and Action

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

PRA methodology evolved during the late 1980's in response to the need for ways to actively involve local people in development projects being implemented in their communities. This need stemmed from a growing dissatisfaction with the existing ways in which development practitioners and researchers collected and used information for planning, managing, monitoring and evaluating rural development projects. Often, their approaches imposed an external "expert" perspective that did not adequately capture, or respond to, local needs.

PARTICIPATORY APPROACHES EVOLVED FROM SEVERAL SOURCES AND TRADITIONS

Five streams that have influenced the evolution of PRA are (Chambers, 1997):

- activist participatory research,
- agro-ecosystem analysis,
- applied anthropology,
- field research on farming systems, and
- rapid rural appraisal (RRA).

RRA, which is a close relative of PRA, emerged in the late 1970's in an attempt to find better ways for outsiders to learn about rural life and conditions. The three main origins of RRA are (Chambers, 1997):

- dissatisfaction with the biases of "rural development tourism;"⁷
- disillusionment with the time-consuming and costly questionnaire surveys which tend to collect large amounts of irrelevant information that is difficult to analyze and use; and
- growing acceptance of the fact that rural people themselves have rich and valuable practical knowledge, which can be tapped by development professionals.

⁷Chambers (1983) describes "rural development tourism" as the phenomenon of brief rural visits by urban-based development professionals leading to five kinds of biases: spatial (visits to villages closer to the cities and on the roadside to the neglect of interior regions); project (visiting areas where projects are being implemented); person (meeting the elite rather than the poor, men rather than women, the articulate, etc.); seasonal (visiting during the cool and dry rather than the hot and dry season); and diplomatic (the timidity of urban-based development professionals to approach, meet, listen to and learn from poorer people).

THE SHIFT FROM RRA TO PRA

The above realizations led to a search for less costly and more rapid methods of data collection. While many methods and techniques used in PRA are the same as those used in RRA, there is a fundamental difference between them. In RRA, the outsider professional applies and controls the use of methods for data collection. PRA enables local community members to use methods to analyze their situation and plan their own interventions. The shift has been from “extracting” information to enabling the community to lead the process of analyzing its conditions, and planning and implementing development activities.

The label PRA continues to be commonly used in the literature. However, in recent years it has been increasingly felt that the term PRA is too restrictive, with its accent on “rural” and “appraisal.” Although this methodology does have its roots in the field of rural development, in the past three to four years it has been adapted for use in urban areas as well, where it continues to spread to new fields. It is also felt that the word “appraisal” does not reflect the potential use of this methodology in subsequent stages of the project cycle. PLA is therefore considered a more appropriate label for the methodology in its present form.

KEY PRINCIPLES OF PLA

Chambers (1997: 156-157) describes the following key principles of PLA:⁸

A reversal of learning so that one can learn directly from the local community, gaining from their physical, technical and social knowledge;

Learning rapidly and progressively with conscious exploration, flexible use of methods, opportunism, improvisation, repetition, and cross-checking, not following a blueprint program but being adaptable in a learning process;

Offsetting biases, especially those of “rural development tourism,” by being relaxed and not rushing, listening not lecturing, probing instead of passing on to the next topic, being unimposing, and seeking out marginalized groups within the community (the poorer people, minorities, children and women) to learn their concerns and priorities;

Optimizing trade-offs by relating the costs of learning to the usefulness of information, with trade-offs between quantity, relevance, accuracy and timeliness. This includes the principles of “optimal ignorance”—not learning more than necessary, and of “appropriate imprecision”—not measuring what need not be measured, or measuring more accurately than needed;

Triangulating results by learning from several, often three, methods, disciplines, individuals, groups, locations and/or types of information in order to crosscheck, compare and verify. Verification also involves asking different questions during the same conversation to further probe an issue or theme (see box on next page);

Seeking diversity by enabling the expression and analysis of complex, diverse information and judgments. This includes looking for and learning from exceptions, dissenters and outliers in any distribution. Seeking diversity goes beyond the cross-checking of triangulation; defined broadly, it deliberately looks for, notices, and investigates contradictions, exceptions to the norm and differences;

⁸Chambers (1997) continues to use the label PRA.

Handing over the stick (or pen or chalk) so that local people themselves analyze, present and generate the outcomes of the information collected. This requires confidence that “they can do it”— that the local people are able to map, model, rank, score, diagram, analyze, prioritize, plan and act. The facilitator may initiate the process of analysis and presentation, but will then sit back and observe while local people take over the process;

Self-critical awareness is important. Facilitators need to continuously examine their own behavior and strive to do better. This includes embracing error by welcoming it as an opportunity to learn; facing failure positively; correcting dominating behavior; and being critically aware of what is seen and not seen, shown and not shown, and said and not said;

Sharing of ideas, information and experiences among local people, between them and facilitators, and between different communities and organizations.

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

1. The behavior and attitudes of outsiders who facilitate, not dominate;
2. The methods,⁹ which shift the normal balance from closed to open, from individual to group, from verbal to visual,¹⁰ and from measuring to comparing; and
3. Partnership and sharing of information and experience between insiders and outsiders, and among organizations.

PROBLEMS AND CHALLENGES

This section describes some of the various problems and challenges often experienced when using PLA methods.

BEHAVIORAL AND ATTITUDINAL CHALLENGES

FACILITATORS MAY HAVE TROUBLE LISTENING TO AND LEARNING FROM THE COMMUNITY

It is easy to learn and understand the use of PLA methods. It is more difficult, however, to develop the appropriate personal attitudes and behavior required to facilitate the use of these methods. For those who lack the ability and patience to listen to the community, and the willingness to learn from it, these methods are of little use. Many facilitators find it difficult to “hand over the stick” and allow the community to carry out their own analysis. It is important to

ON PROBING FURTHER

While discussing sexual preferences with a group of grade seven schoolgirls, the girls mentioned that they most preferred to have sex with gangsters, friends, and drivers. The reason was that they give more money, they look good, or in the case of friends, the girls feel at ease with them. Since money was a common feature in most preferred relationships, we asked the girls if they would agree to have sex with any boy/man who offered to pay well. The answer was a loud and unanimous “no.” We then asked whether they would prefer boys in school or those out of school for sex partners. All of them replied in one voice, “out of school.” We asked why. “Because they can pay more,” was the simple answer.

- From the field notes of Meera Kaul Shah,
M'tendere Compound, Lusaka

⁹ Methods are described in Chapter 4.

¹⁰ This is an important shift. Most of the methods used in PLA require diagramming and preparation of visual presentations by the local people. Visualization enables the shift from the “closed” to the more “open” means of communication. Preparing maps, models, and diagrams and using units (like seeds, beans, stones, etc.) for quantification and ranking enables more people to see and participate in the analysis. Preparing these visuals on the ground also means that there is no direct eye contact between the facilitators and the local people. Their eye contact is at the ground level, on the visual. This helps in fostering confidence among the local people and in

building rapport with them. Since several people participate in preparing and analyzing a visual, it is easy to triangulate the information.

move away from being in a dominant mode to one which enables the community to take an active role in the decision-making process. Attitudinal changes can be difficult, so facilitators must be aware of how they present themselves—for example, our body language, the way we ask questions, the kind of responses we give and how well we listen—so that negative attitudes can be identified and reversed over time. We need to constantly remind ourselves that PLA is about reversals—in our attitudes, in the way we perceive the community’s role in the development process, and in how we enable them to take over what we have for long understood to be our role (Chambers, 1997).

METHODOLOGICAL CHALLENGES

FACILITATORS MAY LACK EXPERIENCE USING VISUAL ANALYSIS

One of the biggest problems faced by facilitators of a participatory appraisal process is their hesitation to use visual methods of analysis, especially if they have not used these methods before. In the visual method of analysis, individuals or groups develop “visual outputs” such as drawings, maps or diagrams to discuss and answer questions being raised. Many facilitators feel more comfortable remaining in the verbal mode of analysis, where participants answer questions posed to them verbally, or in writing. The hesitation to rely on visual analysis is often due to facilitators’ lack of confidence in their ability to facilitate this type of analysis, and their skepticism about participants being able to use these methods. With practice, however, facilitators will build their skills and see how easily participants take to using visual analysis. The only advice that can be given to a beginner is to utilize visual methods at the very beginning of the appraisal so they get practice up-front.

FACILITATORS MUST LEARN THAT METHODS ARE A MEANS, NOT AN END

Another frequent source of doubt for facilitators is selecting methods to analyze a specific topic. Very often facilitators are driven by a “methods fixation,” or the urge to try out the different methods in the field. This approach can lead to frustration when methods are used without any purpose. Facilitators must learn how to use the different methods as a means rather than as an end in themselves. Identifying themes and topics for analysis before and during discussions with local people, and sequencing the analysis, should be of primary concern. Only when the topic for discussion is clearly understood should the facilitator introduce a suitable method to facilitate the analysis. Again, practice is the only way facilitators can acquire this skill.

It is also easy to get carried away during a participatory appraisal. Those who have never facilitated the use of visual methods can be amazed at the quality of the visuals and the depth of analysis. Getting a large and detailed map made by the community, however, is not an end in itself. What is important is how the map is used during subsequent stages of the PLA process.

THIS APPROACH REQUIRES INNOVATIVE APPLICATION OF THE METHODS

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

ANALYTICAL CHALLENGES

APPRAISAL AND ANALYSIS IS AN INCREMENTAL PROCESS

The success of participatory appraisal depends on proper analysis of the information generated and its continued use in subsequent stages of the project cycle. Analysis is a continuous process of reviewing, classifying, and verifying information before conclusions are drawn. It is also important to remember that a participatory appraisal is an incremental process. Results from each set of analyses must be linked to those carried out earlier.

VISUAL OUTPUTS MAY NOT BE PROBED ENOUGH

Very often, visual outputs prepared by the community are not probed enough. While visual outputs are often interesting, facilitators must ask questions about them in order for the analysis to be complete. Moreover, information provided by only one group or individual should never be taken as representative of the community as a whole. Triangulation is very important before any results can be finalized. Triangulation consists of (1) analyzing the same issues with different groups of people in the community and (2) using different methods to discuss the same issue to see if results are similar.

FACILITATORS MAY COLLECT TOO MUCH INFORMATION

Analysis also involves synthesizing information generated during the appraisal process. The role of facilitators is important during this process, as they have to bring together results from a variety of discussions and groups. While most facilitators are, with practice, able to master the use of methods in the field and in facilitating participatory appraisals, many find it very difficult to analyze the huge quantity of information that such a process can generate. This stage is easier if facilitators begin a PLA exercise with clear objectives.

PROCESS-RELATED CHALLENGES

THE NEED FOR TIME AND FOLLOW-UP

Very often PLA is understood to be synonymous with “rapid.” This is a myth.¹² A participatory process takes time to develop and evolve. A map or a matrix ranking exercise¹³ may take less than an hour for the community to prepare, but this is only a small step towards developing a participatory process.

Another common misconception is that a participatory process will be achieved by merely facilitating a participatory appraisal with a community. We have mentioned several times here that a participatory appraisal is only the beginning of a participatory process. In order to be complete, the appraisal must be followed-up with the preparation of a community development plan that is then implemented in a participatory manner. Methods, it must be repeated yet again, are only a means to facilitating a participatory process.

INSTITUTIONAL CHALLENGES

A PARTICIPATORY PROCESS REQUIRES FLEXIBILITY AND SUPPORT

The greatest threat to successfully facilitating a participatory process is inadequate understanding of the kind of long-term support it will require. In order to support a participatory development process, an institution or organization needs to:

- be flexible enough to allow the community to prioritize its own needs and plan its own action;

¹² Scoones (1995) discusses this and other commonly held myths regarding PLA.

¹³ See Chapter 4 for details on these methods. •LISTENING TO YOUNG VOICES:

- have a flexible time frame; participatory processes usually take time to get started;
 - have the potential to attract flexible funding. If possible, funding plans should be made long before the first appraisals are held, even if the plan may not exactly match what the community eventually identifies during the PLA as its priorities; and
 - be able to support plans developed by the community during the appraisal. Participatory appraisals are best utilized when they are used to design and implement follow-on activities.

A PARTICIPATORY PROCESS REQUIRES COMMITMENT AND INTEGRITY

Recently, much interest has been generated within the development community regarding the use of PLA. While this enthusiasm offers potential for greatly improving the way that development projects are designed and implemented, there is an underlying danger. It is increasingly becoming fashionable to say “we are using PLA,” especially as many donors are placing the use of PLA as a condition for funding. Amidst this kind of pressure and enthusiasm, poor quality work may be passed off as PLA. Many participatory appraisals are never followed-up or translated into action, or are followed by conventional top-down planning and implementation of projects and development activities. The challenge lies in ensuring a proper understanding of the process and its implementation.

QUESTIONS OFTEN ASKED ABOUT PLA WHERE, AND HOW MANY, PLA APPRAISALS?

A participatory development process requires that the community itself play a large role in identifying their needs and how they should be addressed. PLA is a process that helps encourage a participatory development process. Although the results of the participatory appraisals may be similar among several communities or groups (although this was not the case in Zambia; see box that follows), the process of building trust with the community that PLA facilitates is as important as the data being collected. Without PLA, the development process is more likely to become top-down and imposed from the outside, rather than being initiated from within the community.

PLA should be seen as an integral part of designing an intervention, because involving the community generally results in more effective programming. Moreover, because a participatory appraisal requires participants to analyze their own behavior, beliefs and norms, it often results in changes in individual perceptions and community norms—and almost serves as an intervention in itself! It is helpful, therefore, to carry out participatory appraisals with adolescents in every community where a project intends to work.

WHAT ABOUT DOING A PLA AFTER A PROJECT HAS BEGUN?

Participatory appraisals can also be carried out after a project has begun. However, this should be done only if project implementers are willing to make changes in their approach should the results from the PLA indicate the need for such a change.

HOW MUCH DOES A PARTICIPATORY APPRAISAL COST?

Most first-timers want to know how much a participatory appraisal costs so that budgetary provisions can be made. While contexts and conditions vary greatly, variables that influence cost are the duration of the appraisal, the size of the community and the size of the facilitating team. You must also take into account costs associated with training staff and community members to facilitate an appraisal

VARIATIONS IN ADOLESCENT SEXUAL BEHAVIOR

We observed some differences in the knowledge, attitudes and practices (KAP) of adolescents across compounds in peri-urban Zambia. While adolescents age 8-14 usually reported a fairly high level of sexual activity, in a couple of compounds this was not the case. Similarly, age of sexual initiation was found to be higher in some compounds. We felt that these variations could be due to one

or more of the following factors:

- Differences in economic and general well-being of the communities;
- Differences in the size and layout of residential plots. The closer the houses are to each other and the more densely the area is populated, the higher the probability of adolescents starting sex early;
- Differences in the proportion of boys and girls attending school;
- The location of the compound—its proximity to the town center;
- Facilitators' biases and inadequate triangulation.

These differences, and their causes, are important to understand because they have a bearing on both project design and the activities that can be supported in the compound.

Source: PALS project, CARE Zambia.

and bringing on consultants, if needed, to help design the PLA and analyze results.

If an agency has its own vehicles and sufficient staff, the field expenses may not be high. The most common expenses include:

- material and stationery,
- vehicles and fuel,
- staff time,
- camera and film/cassettes (if photographs, slides and/or video are used), and
- refreshments and snacks (if provided).

Again, the cost of a consultant should also be included as field costs if one is being invited to support the process, for example as a trainer. The following box provides the estimated cost of carrying out a participatory appraisal with adolescents in one compound in Zambia.

WHAT ABOUT MIXING QUALITATIVE AND QUANTITATIVE METHODS?

Many of the data collection techniques used in PLA are derived from a tradition of applied anthropology, which uses qualitative research methods to draw out the insider's perspective. These methods engage community members as partners, and describe

ESTIMATED FIELD COST OF CARRYING OUT A PARTICIPATORY APPRAISAL IN ONE COMPOUND

Participatory appraisals required seven days to carry out in each compound. Each day refreshments (soft drinks) were served at the clinic before the team left to do fieldwork. Lunch was also provided for all members of the facilitating team—including local representatives, clinicians and members of the Neighborhood Health Committees (NHCs) who took part in the process—in order to maintain group dynamics. Transport allowance was given to non-CARE staff who had to find their way to the compound. The breakdown was as follows:

	US\$
Transport allowance	500
Refreshments/ Lunch	440
Stationery	177

Motor vehicle fuel	140
Total	1,257

Note that this costing does not include:

- staff time in the field,
- the cost of hiring a consultant, for example to train the facilitators,
- time spent synthesizing information,
- time spent writing reports, and
- costs of holding meetings to share PLA appraisal results.

Source: PALS project, CARE Zambia

and analyze social systems, social processes, relationships, and local systems of meaning. They help us understand the social realities of the communities we are working with.

An issue that often emerges, however, is whether a participatory appraisal should be complemented with quantitative data collection, such as data collected by a questionnaire.¹⁴ There are two potential responses to this concern, and the decision to use one, the other, or both will depend on the objectives and goals of the team, and of the community itself.

First, some areas of inquiry can be quantified in the group and interview setting during a PLA. For example, the participatory sex census used in Zambia¹⁵ enabled us to gain numeric counts of the adolescent participants who were or had ever been sexually active. This method can be done anonymously, and most adolescents, like other community members, have no difficulty quantifying their analysis. However, when dealing with sensitive and personal issues such as sexual behavior, careful facilitation of these group discussions is essential. Such subjects are easier discussed in smaller groups or with individuals, and only when participants are ready to discuss the topics.

Second, a quantitative survey, administered based on probability sampling, will help determine the prevalence of specific behaviors, attitudes, types of relationships or other events within a community. Using PLA prior to conducting a survey will help ensure that the questions asked, terminology used and categories provided for response are relevant to the respondents, and may help improve the validity of self-reported behaviors, especially when they relate to sensitive issues. One challenge may be to find ways for participants themselves to collect and analyze quantifiable data in a systematic and participatory manner. This may involve adolescents as data collectors, as was done by CARE in other areas.¹⁶

Whether you use quantitative methods or not, it can be difficult to obtain valid information about sexual behavior, age of sexual debut, number and type of sexual partners, and sexual practices from adolescents. Great care must be given to assure that responses are provided voluntarily and that confidentiality is strictly protected.

WHAT IS THE BEST WAY TO SELECT PARTICIPANTS?

Another frequently asked question is how to sample participants for the appraisal process. The main point to remember is that your sample should be as inclusive as possible. While some may be concerned about sample size, the emphasis in PLA is not to necessarily draw quantifiable generalizations, but rather to characterize the social realities of youth and create a forum for their participation.

Because the PLA is intended primarily to obtain qualitative data from youth, sampling should be conducted as with any other

¹⁴ In nearly all the compounds, the participatory appraisals with the adolescents were followed by a sample questionnaire survey. The purposive samples were drawn using some of the PLA methods described in this field guide. The results of the questionnaire survey were largely complementary to those obtained during the participatory appraisals. Some of the results from the questionnaire survey are discussed in Kambou (1998). In general, it was felt that carrying out the participatory appraisals with the adolescents prior to the questionnaire survey made it a lot easier to discuss sensitive personal information with them. It was also possible to develop and modify the questionnaire based on the findings and results of the participatory appraisals with the adolescents.

¹⁵ See Chapter 4 for a detailed description of this method.

¹⁶ See Fetters, Rutenberg and Mupela, "Youth Talk About Sexuality: A baseline report for an OR study testing community-based approaches for improving adolescent reproductive and sexual health," 1998.

qualitative research study. Commonly used sampling approaches include:

Probability sampling: all adolescents in the population you plan to work with are listed, and a simple, random sample is taken to determine who will participate in the PLA.

Purposive sampling: individuals representing specific groups, holding key roles in the community or possessing expert knowledge about particular areas of interest are selected to participate in the PLA.

Snowball sampling: youth with specific characteristics—such as youth with a particular income, or who are a member of a gang—are selected and asked to name others who would be willing participants.

Whatever sampling method you use, you need to understand what differences exist among adolescents in the community to ensure that you have adequate representation. Some differences can be easily pre-determined by facilitators, such as gender, age and school attendance. Other categories and criteria for differentiation will be identified by adolescents through informal discussions. For example, you can build on the terms that adolescents use to differentiate between types of youth, such as terms that reflect differences in appearances and dress, number of sex partners, age, material well-being, lifestyle and other characteristics. Once the differences and categories are clear, the sampling process should ensure that at least some adolescents from each of the groups identified are able to participate in the appraisal so that the exercise documents the variation of life experiences among youth.

Special efforts may be needed to ensure the participation of specific groups. For example, the team may arrange to meet with students at a local school, but also hold discussions with youth outside movie theaters or taverns.

In terms of sample size, there is no hard rule regarding how many youth to include in a participatory appraisal. One way to estimate how many youth to include in the exercise would be to determine broad categories of youth with defining characteristics, and include at least 7-10 youth from each of these categories. This will allow you to hold group discussions with each of the particular types of youth, and ensure that in large-group discussions the views and opinions of some youth are not silenced because they are in the minority.

WHAT ABOUT USING PLA IN MONITORING AND EVALUATION?

Participatory evaluations ensure that participants and stakeholders determine a program's information needs and scope. It is important to develop consensus about the key issues to be addressed, and determine the best sources of information. The PLA process can best be used to assess a program's strengths and weaknesses, and to determine stakeholders' responses to the program. This process will help to foster ownership over the program, and to steer the program into new directions if it is not felt to be effective. Full participation ensures that stakeholders are active in conducting the evaluation, collecting and analyzing information, and helping to establish new program priorities.

Participatory techniques can also be incorporated into more traditional evaluations in order to determine the local issues and needs covered, identify appropriate terminology for asking questions, prioritize program outcomes, and analyze a program's operations. They will be especially useful in conducting process evaluations in order to determine a program's quality and access

3 Preparing for a PLA

Before beginning a participatory appraisal process, you need to be clear about (1) what you hope to achieve and (2) what you intend to do with the information generated.

STATING OBJECTIVES

In the case of the PALS project in Zambia, we were clear from the beginning that we wanted to work with adolescents in peri-urban areas.¹⁷ Since we were entering a relatively unknown field, we wanted to gain a complete understanding of adolescents' knowledge, attitudes and behavior with respect to sexual and reproductive health. With this in mind, we determined the following objectives for the PLA:

Learning about knowledge, attitudes and behaviors: to learn about male and female adolescent knowledge, attitudes and behavior regarding sexual and reproductive health; their knowledge about sexually transmitted infections (STIs) and pregnancy; their sources of information; their attitudes regarding these issues; and their patterns of sexual behavior.

Learning about social relations and interactions: to learn about adolescent gender and generational relations; how age-mates interact when it comes to sexual activity and preventing STIs or pregnancy; how cross-generational couples interact; what the various patterns of social interactions for adolescents are; and where adolescents go for help and support during crises in their lives.

Identifying barriers to service usage: to identify the barriers to utilization of reproductive health services by adolescents at public sector clinics, and to determine potential points for intervention.

REFLECTION

The results from the first participatory appraisal with adolescents in Chawama Compound were overwhelming and unexpected. Before starting the PLA, facilitators thought that sexual activity among adolescents, both male and female, started at around 15-16 years of age. In Chawama, we learned that some adolescents were becoming sexually active as early as 8 years of age. We also learned, through a participatory census of sexual behavior, that 60-80 percent of the

¹⁷ At this stage the PALS project did not yet exist. In fact, in the beginning it was not even known whether any new project would emerge from this interaction at all, or indeed what it would look like. This flexibility, of allowing the project framework to develop from the participatory appraisal, is an important element of the process. Having available flexible funding in the initial stages significantly supports the participatory process

adolescents had their first sexual intercourse sex by the time they were 13-14 years old. All those who facilitated the process were moved —as well as taken aback—by these results.

In order to verify the findings from Chawama, and to test whether we would get similar results from other compounds, we maintained the same objectives for the appraisal carried out in the next compound. Due to time constraints, the subsequent six participatory appraisals carried out in Lusaka were done in rapid succession, without any break. As a result, there was no time to reflect on the process in totality.¹⁸ Given the incremental learning that occurs during a PLA, it would have been useful if the facilitating team had had a chance to reflect on the process and findings after covering each compound so that, if necessary, the objectives could be modified.

The objectives were reviewed prior to the second round of participatory appraisals in Ndola. We held an overview session with all the facilitators (most of whom had participated in the first round) to reflect on the experience in Lusaka. Since this was the first time that a participatory appraisal on this subject was going to be carried out in Ndola, we decided that the broad objectives of the previous appraisals could be maintained without any changes. We agreed, however, that if the Ndola results were similar to those from the Lusaka compounds, then we need not go into the same level of detail on all the topics. We could then concentrate on probing deeper into questions that emerged while analyzing the data from Lusaka PLAs.

ADOLESCENCE: KEY ISSUES, TERMS AND CATEGORIES

DEFINING ADOLESCENCE

The definition of adolescence itself varies from one context to another. Many programs regard it as the period between the onset of puberty and marriage/child-bearing. The World Health Organization (WHO) defines adolescence as “the progression from the appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; development of adult mental processes and adult identity; and the transition from total socioeconomic dependence to relative independence” (WHO 1989). While broad definitions are useful, we wanted to understand how communities define

DEFINING ADOLESCENCE

The basis of any discussion on adolescent sexual and reproductive health should be how the community defines adolescence. Since fieldwork was carried out in the local language, the term “adolescent” was not used. Instead, attempts were made to get an understanding from the community about how they saw different stages in the growth of an individual. Group discussions brought out the following differentiation:

child • boy • older boy • man
child • girl • older girl • woman

A child refers to infants and toddlers. The terms “boy” and “girl” are used loosely to refer to the stage from pre-puberty up to the late teens (i.e. from 9 to 18 years). A mutsikana (girl) refers to girls in the age group 10-20 years, while bakulu (older girl) refers to females between 20-30 years old. A female is called amai (woman) only when she is about 30 years of age. By this time she is also expected to have given birth to at least one child. However, motherhood before the age of 30 does not qualify a bakulu to be called amai.

(Shah and Nkhama, 1996)

¹⁸ The facilitators did review the progress on a daily basis when working in a compound (discussed in detail in Chapter 5).

the transition from childhood to adulthood. In Chawama Compound, we used several methods to get an understanding of the term “adolescence.” First, we asked the community to categorize the stages of growth from childhood to adulthood. For further clarification, we pointed at girls and boys of different ages in the group and asked which category they fell into. Their responses led to further probing from the facilitators, until we were clear about the different stages of adolescence. Adolescents were also asked to prepare body maps ¹⁹ which analyzed these differences visually. We found no equivalent for the term “adolescent” in the local language; it was more common to use the terms “boy” and “girl.”

Adolescence can also be defined by asking about key life-course events that mark the development from child to adult. These events may include the onset of puberty, schooling, leaving school, starting employment, initiating courtship activities, marriage, first sexual experience, first birth, and other rites of passage. There may also be legal definitions of adulthood that mark certain rights and responsibilities. Key issues defining adolescence that are of specific relevance to adolescent reproductive health include:

- gender roles and adult roles,
- sexuality/sexual development,
- relationships with opposite sex/spouse,
- sexual activity,
- health-seeking behavior,
- peer relationships/influences,
- adult relationships/influences,
- media exposure,
- general youth concerns,
- youth subcultures,
- future aspirations, and
- preferences for receiving reproductive health information.

Youth may also use specific terminology or slang to describe relationships, types of social groups, types of sexual partners, dress codes that mark status in a social group, body parts, sexual acts, and other kinds of behaviors that will help you understand how adolescence is experienced in the community. The terms youth use are rich in detail, presenting a picture of adolescents’ social reality—the relationships that are important to them and the meanings that shape their individual and group identities. Many of the participatory methods described in this guide will help you to elicit terms, categories and definitions from young people, and to analyze how they are related to the adolescent experience.

HOW DEFINITIONS OF ADOLESCENCE SHAPED PLA IN ZAMBIA

Before starting the fieldwork, we had imagined ourselves working with adolescents within the age group of 13-19 years. However, given the definitions of “girl” and “boy” in use, as well as the finding that sexual initiation can begin well before puberty, we found ourselves working with boys and girls primarily in the age group of 9-18. Throughout this guide and the PALS reports, we use the terms “boy,” “girl” and “adolescent” to refer to the age group 9-18.

PREPARING A LIST OF ISSUES TO BE COVERED

Before the fieldwork begins, the facilitating team should prepare a checklist of issues and themes to be explored during the appraisal. It is critical that the checklist is consistent with the objectives stated at the beginning of the process. The list can be generated in a

¹⁹ See Chapter 4 for a detailed description of this method

brainstorming session with all facilitators; if some facilitators are not present during this session, they should be briefed before the appraisal starts. The checklist will help facilitators keep track of the process and review their progress. In case the facilitating team is large and works as sub-teams in the field, the checklist also helps to ensure that some common ground is covered by all teams, and that the process does not stray depending on the interests of particular facilitators.

A CHECKLIST, NOT A BLUEPRINT It must be noted that the checklist is only an indicative and tentative list that can be modified and revised during the appraisal process. Facilitators may begin with a list of issues that they think are important and must be covered, but it is very difficult to pre-determine all the concerns that adolescents will raise during the appraisal. The checklist, therefore, should not be seen as a blueprint that must be followed in the field. The appraisal process must be flexible enough to incorporate and respond to what emerges from the interactions with participants.

SELECTING SITES, COLLECTING SECONDARY DATA, AND INFORMING THE PARTICIPANTS

SELECT A SITE WHERE YOU CAN CONDUCT FOLLOW-UP ACTIVITIES

When selecting where to carry out an appraisal, remember that the appraisal needs to be followed up by supporting activities in the community. Participatory appraisals should only be carried out if there is a true partnership with the community, which includes an intention to follow up with project activities. In most cases, the participatory appraisal will facilitate a process of reflection that leads to independent actions on the part of community members.

COLLECT EXISTING DATA

Once the site has been selected, collect whatever information is available about the community. This could include census data, a map of the area, Demographic and Health Survey (DHS) data, clinic records, or any relevant reports, studies or situational analyses.

INFORM AND CONSULT WITH RESIDENTS

Having selected the site, inform at least some of the residents about the intended appraisal. You should tell them about the purpose and duration of the appraisal, emphasizing that the active participation of local people is essential to the process. The timing of the appraisal should be finalized with residents, so that they can take part in deciding the best time for them. In the case of PALS, this information was conveyed to the compound clinic and to members of the NHCs, who passed along the information to other residents in the area.

MATERIALS REQUIRED

Many of the methods described in this guide rely on the analysis of visual outputs such as drawings, maps or diagrams. In most places, locally available materials such as leaves, sticks, seeds, empty cigarette cartons, matchboxes or pebbles are the most effective and easiest to use in drawing visual outputs on the ground. However, it is also useful to have the following on hand:

- large sheets of paper,
- marker pens (in different colors),
- masking tape,
- rubber bands or string (to use on rolled paper bundles),
- colored chalk,
- seeds or beans,
- plain paper

- scissors,
- pencil,
- eraser,
- glue,
- small notebooks (for the facilitators to record notes),
- plastic bags (handy for carrying the materials listed above).

After participants draw a visual on the ground, it can be recorded on paper for later use. Paper should only be used to draw a visual analysis if, for some reason, it is not possible to draw the visual on the ground.

TRAINING AND CAPACITY BUILDING

While most experienced fieldworkers find it easy to initiate dialogues with individuals and groups, they find it more difficult to facilitate the use of visual methods utilized by the PLA. This guide will lead you through the steps of creating visual outputs and analyzing them, and can be used as a resource to train your field staff. If possible, invite someone experienced in PLA methods to conduct training and provide support during the first fieldwork. In the end, a good understanding of the PLA methods and process comes only with practice in the field.

Of key importance is discussing with facilitators the sensitivity of the topics to be covered. Discussing sexual attitudes and behavior with adolescents requires extra care and sensitivity. Facilitators should be reminded to:

- not act like most adults, who pass judgment on adolescents' behavior;
- carefully respond to adolescents' concerns, so that they can build trust with adolescents;
- avoid showing surprise, embarrassment or extreme reactions to what adolescents say; and
- ask frank questions related to sexuality and sexual behavior.

In order to reduce inhibition, it helps to have open and frank discussions with facilitators before starting the fieldwork in order to overcome their embarrassment about sex and sexual attitudes.

TEAM COMPOSITION

Teams of three to four members are best to facilitate participatory appraisals. If there are more than five team members, it is best to sub-divide the team in smaller groups. In any case, you should make sure that the facilitators do not outnumber the participating adolescents!

MEMBERSHIP BY PROJECT STAKEHOLDERS

The team of facilitators should include some members of the community, partner organizations (e.g. clinics, local government entities, etc.) and other local nongovernmental organizations (NGOs). Having some local residents on the team increases the community's acceptance of the process, and helps generate durable and meaningful partnerships with communities and partner agencies. This approach also allows the community to share in the ownership of the process and the resulting project. During participatory appraisals with adolescents in Zambia, the facilitating teams included clinicians, local residents who were members of the NHCs, and representatives from other NGOs.

GENDER BALANCE

Gender balance within the facilitating team is recommended; mixed-sex teams of facilitators in general function well in the field. However, when facilitating analysis on sensitive subjects, such as sex, it may be necessary to separate facilitators and community members into same-sex groups

SHARING ONE-ON-ONE

The facilitators were interviewing adolescents in Kanyama Compound when a girl approached an older-looking female facilitator saying that she had already had a discussion with another, much younger, female facilitator but had not told her everything. The older facilitator tried to make the girl feel comfortable, and started a discussion with her. During the interview, the girl disclosed that she had been gang raped some time ago.

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

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

(meaning, female facilitators with female participants and the same for males). During the PALS appraisals we used both gender-segregated as well as mixed teams of facilitators. While the female facilitators did not have any problems interacting with girls or boys, some of the male facilitators found it difficult to facilitate discussions with the girls on sensitive and personal subjects.

ASSIGNING ROLES FOR ALL THE FACILITATORS

In preparing for the fieldwork, the facilitators should discuss and prepare for the different roles they will play during the appraisal. The three main roles are:

The facilitator: The person who leads the facilitation should be confident to handle discussions, to facilitate the use of visual methods, and to ask probing questions. S/he should also be prepared to handle the introductions with the community, including explaining the purpose of the appraisal, and repeat introductions during the course of the fieldwork as the team continues to meet new groups and individuals.

The documentor: The documentor records all the discussions and the visual analysis carried out by the participants in the field. The process of documentation is discussed in detail in Chapter 5.

The observer: The observer observes the process and can also support the facilitator and the documentor in their roles. The observer should be able to give feedback on the process to his/her teammates.

A facilitating team should have at least two members, one to facilitate the discussions and analysis and the other to document the process. Team members can take turns at these different roles. One person also needs to be responsible for collecting and carrying materials needed during field work.

OUT OF TOUCH

Kanyama was the second compound where we facilitated participatory appraisals with adolescents. Before starting the fieldwork, we had an orientation meeting with NHC members and clinicians who were to take part in the process as facilitators and overviewed results from the first appraisal in Chawama Compound. The clinicians and the NHC members just could not believe that adolescents could be initiating sex at the age of 12 or earlier. One NHC nearly shouted at us, "We know our compound. These children just can't be having sex at 12. This is Kanyama. Impossible."

Three days into the fieldwork in Kanyama, the same man looked very disturbed. When I asked him why he was so quiet he replied, "I still don't understand. Today I met several boys who have initiated sex before they were 10. We are out of touch."

1. From the field notes of Meera Kaul Shah,\

2. [Old Kanyama Compound, Lusaka](#)

DURATION OF THE PLA APPRAISAL

PLA HAS NO STANDARD DURATION

The time required for a participatory appraisal can vary from a couple of days to several weeks, and will depend on variables such as the topic being analyzed, the size of

the community and its internal dynamics, the diversity within the community, the size of the facilitating team, and the availability of resources to support the appraisal. Urban communities tend to be very large, and therefore, take more time as compared to rural communities. Also, the first few participatory appraisals may require more time. As facilitators gain experience in handling the methodology and the process, it is possible to facilitate subsequent appraisals in less time.

During participatory appraisals with adolescents in Zambia we had fairly large teams of facilitators, ranging from 12 to over 20 members in a compound. It was therefore possible to divide the team into sub-teams of 3-4 members each. This enabled us to cover a lot of ground within a relatively short span of time. Usually we spent 5-7 days in a compound.

BUDGET TIME FOR WRITING REPORTS AND SHARING RESULTS

While planning for participatory appraisals, it is important to budget some days at the end for writing the reports. During the participatory appraisals with adolescents in Zambia, we allocated two days at every compound to complete the report, and we spent about a week preparing the synthesis report for the seven compounds in Lusaka. Time was also budgeted for our field staff to discuss the results with both adults and adolescents at each site where data was collected.

POINTS TO REMEMBER IN THE FIELD

DON'T LOSE SIGHT OF YOUR OBJECTIVES

The most important point to remember as a facilitator of a participatory appraisal is not to lose sight of your objectives. It is easy to get carried away by the wealth of information generated during an appraisal. Facilitators have to be careful to ensure the quality and depth of the analysis, rather than discussing too many issues without developing a deep understanding of them. Reflection at intervals by team members is an important aspect of this process.

TEAM GROUP CONTRACT

We agree to:

- practice active listening ²⁰
- be punctual
- be respectful to community members
- be unbiased against any individual or group
- try to put in our best effort and work hard
- be harmonious amongst ourselves in front of community members

ESTABLISH A “GROUP CONTRACT” FOR FACILITATORS

In order to encourage coordination and a common understanding among the facilitators, it helps to discuss facilitators' individual behavior and attitudes before going out in the field. Many facilitators find it useful to prepare a “group contract” before starting out. This contract comprises a set of behavioral norms collectively determined by the team of facilitators regarding how they will relate to one another and to members of the community during fieldwork. A contract acts as a reminder to us when we are in the field, helps in giving feedback to fellow facilitators and team members, and facilitates reflection on our

²⁰ Active listening includes paying attention when someone is talking, allowing others to complete whatever they want to say, not interrupting, not having conversations on the side during a group discussion, and reflecting back to participants what you are hearing them say in order to confirm the meaning of the discussion

experience. Above is an example of a group contract used by the team while facilitating appraisals in Lusaka Compounds.

SELECT SENSITIVE FACILITATORS

Sensitive facilitation is the key to a successful participatory appraisal. Qualities of a good facilitator include:

- good listener,
- patient,
- ability to work in a team,
- good communication skills, and
- cultural sensitivity.

Facilitators should also know how to ask open-ended questions and refrain from asking only closed questions, as closed questions only allow for yes/no/don't know responses. Open-ended probing questions often begin with: what, why, when, who, where, how or much.²¹

EXAMPLES OF CLOSED AND OPEN-ENDED PROBING

Closed (limiting)	Open-ended (probing)
• Do girls from poorer households engage more frequently in sex?	• Are there any differences in sexual behavior among girls? [Followed by] What? Why? • Are there any differences between the sexual behavior of poorer and better-off girls? [Followed by] What? Why?
• Did John pay you money after the two of you had sex?	• Did you receive anything from John after the two of you had sex? • What happened after the two of you had sex?

DEVELOP GUIDELINES ON HOW TO HANDLE ISSUES THAT REQUIRE FOLLOW-UP

During the PLA, some adolescents may disclose things that have happened to them that may require assistance of some sort, whether it be medical, psychological, legal or other services. For example, a girl may tell a facilitator that she was raped, or a boy may express worry that he has a sexually transmitted infection. While some issues facilitators can try to provide guidance on, a guideline of what services are available in the community should be made available to facilitators. How to handle difficult issues and when to refer for services should be discussed during the facilitator training.

VERIFY AND TRIANGULATE RESULTS

Facilitators need to constantly triangulate, or cross-check, the information generated from all methods to look for patterns and variation in responses. Triangulation will ensure that the views and concerns of different groups within the community have been heard and analyzed. Diversity within any community can be due to social hierarchies such as ethnicity or caste; economic or well-being categories such as rich or poor; gender; age; location, especially in urban settlements; or other factors. During appraisals with adolescents in Zambia we also looked for differences between those who attend school and those who do not.

SEEK LOCAL TERMINOLOGY AND DEFINITIONS

From the very beginning, facilitators should attempt to understand local terminology and definitions before using certain terms during the appraisal. Very often what facilitators assume to be a standard meaning of a term may not be the same according to local understanding. This

²¹ Usually six helpers are listed (see Pretty et. al., 1995). We have added “how much,” as very often there is a fictitious assumption that one cannot quantify during qualitative fieldwork. In our experience, local people have no problems carrying out most types of basic quantitative analysis.

can result in confusion and misinterpretation of data. For example, it is crucial to understand what adolescents mean by the word “sexual activity.” For some it may mean sexual intercourse, but for others it may mean kissing, masturbation or holding hands. Without probing to understand adolescents’ understanding of a concept like “sexual activity,” facilitators could be seriously misguided by the results of an appraisal.

START WITH TRANSPARENT AND CLEAR INTRODUCTIONS

One question that many first-time facilitators of participatory appraisals ask is “how do I start?” There are no fixed rules. However, it is best to begin any discussion with introductions that clearly explain the purpose of the appraisal, as well as the possible outcomes. Transparency is very important in building a relationship with participants, and also helps in not generating any false expectations.

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

- introducing the facilitators and the adolescents by name
- explaining the purpose of the appraisal, which would be something like the following:

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

WENGES, YOS AND GANGSTERS

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

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

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

Gangster is yet another fashion terminology, which refers to very well-dressed boys and men who can be identified by their good looks, their particular style of walking, the fact that they usually carry a lot of money, and the shirts, jeans and “head socks” (woolen caps) that they wear. Wenges and Yos may be referred to as gangsters. Gangster has nothing to do with the boy being involved in a gang, or involved in violence, as we had first misunderstood the term to mean.

- From the field notes of Meera Kaul Shah,
Chipulukusu Compound, Ndola

SEQUENCE THE USE OF METHODS

Deciding what order to use the methods in can also generate anxiety among first-timers.

As with introductions, there are no fixed rules. It is usually better to start with a discussion and analysis of a general nature rather than going directly into specific topics. Some of the following tools—all of which are described in detail in the next chapter—are particularly useful in the beginning of the process.

Social and census mapping is usually a good starting point. The participants find maps easy to prepare, and they help facilitators get a general idea about the community.

A transect walk also helps facilitators observe the living conditions of the people in the area and understand the layout of the settlement. It provides an excellent opportunity to meet with many people along the way, to discuss and explain the objective of the appraisal, and to involve new people in the transect walk and other parts of the appraisal.

The **daily time use analysis** is also a good method to start off with, and can help serve as an ice-breaker.

Depending on the issues raised while using these initial “ice-breaker” methods, facilitators can decide which methods are best suited to analyze the topics raised

SHARE RESULTS WITH THE COMMUNITY

Sharing is an important part of the appraisal process. It enables different groups within the community to take part in, and own, the process, and helps build trust with the community.

Sharing results with adolescents and adults who did not participate in the appraisal also provides a chance to further verify or triangulate your results. There are many ways that the results of a participatory appraisal can be shared with the community, such as:

- Analysis carried out by one group of adolescents can be shared with other youth.
- Analysis carried out by adolescents can be presented to adults in the community by the community representatives on the facilitating team, the outside facilitators, or by older adolescents themselves.
- The results can be presented by facilitators to the health care providers in the community.

4. PLA Methods: The Toolkit PLA Methods: The Toolkit

This chapter details a total of 17 methods that can be used during participatory appraisals with adolescents. These methods need to be used strategically in order to enable an incremental process of analysis that also helps in building trust and rapport with the participants. The following list organizes PLA methods by the research concerns that they can be used to analyze:

Adolescent social groups, organizations and relationships

- Social mapping
- Census mapping
- Transect walks
- Venn diagram
- Ranking and scoring
- Wealth and well-being ranking

Local terms and relationships

- Ranking and scoring
- Wealth and well-being ranking

Time use, seasons and trends

- Daily time use analysis
- Seasonality analysis
- Trend analysis
- Ranking and scoring

The body and local knowledge of health

- Body mapping

Sexual scripts/interactions

- Picture stories/cartooning
- Case studies, stories and portraits
- Role plays

Sexual behavior

- Participatory census of sexual behavior
- Causal impact analysis (flow diagrams)
- Ranking and scoring

Each of the methods listed above is explained in detail in this chapter, along with illustrative examples from Zambia. At the end of this chapter is a case study on how this guide was used in Bangladesh to plan for a participatory appraisal with adolescents. The matrix on the following pages illustrates what issues can be explored with each method.

Illustrative Checklist of Issues and Methods for Use in Participatory Appraisals on Sexual and Reproductive Health Tools and Activities for Shared Learning

Illustrative Issues	Group Discussion	Free Listing	Social Mapping	Census Mapping	Transect Walk	Venn Diagram	Ranking and	Wealth and Vulnerability Ranking	Daily Time Use Analysis	Seasonality Analysis	Trend Analysis	Body Map	Picture Stories/Cartoons	Case Studies/Storytelling
Information and Knowledge														
Where do adolescents get information on sex, reproductive health and contraceptives?	X	X				X	X						X	X
Type and depth of information they possess about reproductive and sexual health	X	X					X					X		X
Expressed need for reproductive health information	X					X						X		
Who do they discuss their health problems and feelings with?	X	X				X	X						X	
Attitudes														
What is the ideal age to get married?	X						X				X	X		
What is the ideal age to have children?	X						X				X	X		
Views on use of contraceptives	X						X				X	X		
Conditions under which contraceptives are used	X						X					X		
Who is at risk for STIs?	X						X				X			
Who takes responsibility for pregnancy prevention?	X						X				X		X	
Who is it acceptable to have sex with?	X					X	X					X		
Why do youth have sex?	X						X				X	X		X

Illustrative Checklist of Issues and Methods for Use in Participatory Appraisals on Sexual and Reproductive Health Tools and Activities for Shared Learning

Illustrative Issues	Group Discussion	Free Listing	Social Mapping	Census Mapping	Transect Walk	Venn Diagram	Ranking and	Wealth and Vulnerability Ranking	Daily Time Use Analysis	Seasonality Analysis	Trend Analysis	Body Mapping	Picture Stories/Cartoons	Case Studies/Storytelling	
Behavior															
Age at first sex	X						X				X		X	X	X
Gap between first and second sex	X						X				X		X	X	X
Number of partners and proportion of youth abstinent from sex	X						X		X				X	X	X
Payment for sex-what much?	X						X		X				X	X	X
Preferences for sex partner type, age, wealth/well-being	X	X					X	X							
Where do adolescents have STIs?	X	X	X		X		X						X	X	X
What do they do when become pregnant or miss pregnancy?	X	X											X	X	X
Proportion of girls becoming pregnant	X			X			X				X		X		X
Proportion of pregnancies ending in abortion (with for the same)	X			X			X				X		X		X
Who decides whether type of contraception is used?	X						X						X	X	X
Who obtains contraceptive services?	X						X						X		X
Contraceptive preferences	X	X					X						X		X

Illustrative Checklist of Issues and Methods for Use in Participatory Appraisals on Sexual and Reproductive Health Tools and Activities for Shared Learning

Illustrative Issues	Group Discussion	Free Listing	Social Mapping	Census Mapping	Transect Walk	Venn Diagram	Ranking and	Wealth and Vulnerability Ranking	Daily Time Use Analysis	Seasonality Analysis	Trend Analysis	Body Mapping	Picture Stories/Cartoons	Case Studies/Storytelling	Focus Group Discussions
Condom use, proportion of couples using condom	X						X								
Where do they get the condoms?	X		X		X		X						X		
Are condoms easily available?	X						X						X	X	
What are the constraints increasing the adoption of condom use?	X	X					X						X		
Impact of adolescent sexual activity	X						X						X	X	
Living Conditions and Relations															
Who do you live with? Most preferred living arrangement			X	X	X		X								
Relation between level of sexual activity and living arrangement	X						X						X		
Frequency of sexual relations with close relatives	X	X					X								
Circumstances under which sexual activity takes place (forced or voluntary)	X						X						X	X	
Trends															
Generational changes in age at first sex, source of information, RH traditions, beliefs, contraceptive use, condom use, types and treatment of STIs	X						X				X				

GROUP DISCUSSIONS AND THE GROUP PROCESS

WHAT IS A GROUP DISCUSSION?

Group discussions are small group meetings in which specific topics are discussed. They are conducted in an informal setting where all participants are encouraged to present their views and opinions. This method is central to a participatory appraisal process, and has to be used with nearly all the other methods described in this guide.

WHY SHOULD I USE THIS METHOD?

At the beginning of any visual PLA method, group discussions are important as a means of engaging the participants and setting the context for the development of a visual output such as a map, drawing or matrix. The group discussion continues even after the visual output has been completed, as the group presents it and the facilitator gets a chance to ask questions related to it. The group discussion helps clarify the main issues

arising from the visual output, and allows for a forum to discuss issues that emerged from the analysis. Group discussions can also be used to discuss visual outputs prepared by another group in the community. This is often an excellent method for triangulation, as discussion of results from one group can verify whether they hold true for another.

WHEN SHOULD I USE THIS METHOD?

Some group discussions can be planned well in advance and people can be invited for discussion at a fixed time and venue. Very often, however, group discussions are held spontaneously, built on opportunity. For example, if a group of 14 year old boys is standing outside a video shop, they can be invited for a discussion right there on the spot.

THE PROCESS

GROUP SIZE AND COMPOSITION

The ideal group discussion has 7-12 participants. During participatory appraisals, however, many participants can be involved. While a visual analysis can be prepared and discussed in a large group, the large group should then break up into smaller groups for in-depth discussions on selected topics. The smaller groups could be self-selective, or the facilitators could ask participants to divide up according to gender, age, whether they attend school, or other relevant variables.

THE FACILITATOR'S ROLE

Sensitive facilitation skills, with the ability to listen and ask probing questions, are crucial when facilitating a group discussion. Facilitators play a key role in introducing a topic for discussion, but should then allow members of the group to discuss the issue among themselves without too much interruption. The facilitator should listen attentively, observe the participants and take notes. New topics may emerge during the discussion, and the facilitator can steer the discussion toward other topics by asking probing questions.

FREE LISTING

WHAT IS FREE LISTING?

A fundamental part of the PLA process includes eliciting and understanding local terms. Free listing is a technique used to elicit the terms or items in a given domain, or subject matter of interest (Weller and Romney, 1990). The process of eliciting terms or items is sometimes referred to as "brainstorming."

WHY SHOULD I USE THIS METHOD?

Free listing is easily conducted with either groups or individuals, and is often the first step in a process of analyzing local terms, their relative importance, and their relationships to each other. In a group setting, free listing is used once a given topic is identified, in order to consider all the necessary components of that topic. A facilitator can "probe" into explanations of each term youth list in order to clarify the meaning and develop consensus with participants about whether or not it belongs under the subject or issue identified. Once these terms are identified and explained, a "taxonomy" of terms can be created. Also, sorting, ranking or scoring exercises (discussed later in this chapter) can be used once a list of items is obtained.

THE PROCESS

Based on the issues determined early in the PLA planning process, decide on a particular issue, and obtain agreement with participants. For example, “identify places that provide information about sex.”

2. Ask participants to list items under that issue. This can be done by asking questions like, “Where can you go for information about sex?” You can probe by asking questions like, “You said that _____ and _____ are where you might go for information about sex. What other places do you know of that you can go to get information about sex?”
3. Record the list of terms on a flip chart or other place that participants can see. If needed, ask participants to explain the meaning of each term listed.
4. The recorder should record the discussion.

THE ZAMBIA EXPERIENCE

The following table shows knowledge of STIs generated by free listing. A group of 10-19 year boys began by naming all the STIs they could think of, and then added what symptoms they knew for each.

Knowledge of STIs as Generated by Free Listing	
Prepared by a group of 10-19 year old boys in Mtendere Compound, Lusaka	
STIs	Symptoms
Leaking (or linking)	<ul style="list-style-type: none">• Pus coming out from the penis or the vagina• Sores around the penis or the vagina
Bola Bola	<ul style="list-style-type: none">• Swelling around the testicles• Swelling around the groin for man or woman• Kuyenda dangaza (moving with the legs far apart)• The body structure of the man or woman affected by it becomes abnormal i.e. limbs become very small and the chest remains big
Syphilis	<ul style="list-style-type: none">• Sores on the penis and the vagina• Gave the same symptoms as leaking, and mentioned that it is the same
Gonorrhea	<ul style="list-style-type: none">• Rash on the body
Kalionde-onde (HIV/AIDS)	<ul style="list-style-type: none">• Eyes turn yellow• Diarrhea• Cough/fever/sneezing• Great appetite• Weight loss
Kaswende	<ul style="list-style-type: none">• Pain in the groin (male and female)• Sores on the surface of the sexual organs• Ulcers on the sexual organs

SOCIAL MAPPING

WHAT IS SOCIAL MAPPING?

A social map is a visual representation of a residential or work area. It indicates the boundaries of the settlement, the social infrastructure (roads, water supply, schools, playgrounds, places of worship, clinics, and other public spaces), and the housing pattern. All of the houses in the area are depicted on the map. A social map can also be drawn of a workplace or other geographic setting identified for the PLA.

WHY SHOULD I USE THIS METHOD?

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

Most maps provide detailed information about the settlement, and form a good basis on which to build the appraisal. Once the facilitators have an idea of the layout of the settlement, this same map can be used to plan the appraisal activities and to decide how the team will cover all the different parts of the settlement. These maps are also helpful when synthesizing the information collected from different groups located in various places.

WHEN SHOULD I USE THIS METHOD?

Social mapping is one of the easiest methods to use and can be introduced in the early stages of interaction with the community. It generates a lot of enthusiasm among local people, is a good icebreaker, and is also an excellent way to introduce yourself to and build a relationship with the community.

THE PROCESS

Mapping, like most other participatory methods, is best carried out in a group. As with any visual method of analysis, there should be some initially casual group discussion about the settlement, the area, infrastructure and facilities available before the adolescents are asked to present the information in the form of a map.

Maps are best prepared on the ground using locally available material (sticks, leaves, seeds, beans, stones), or by simply drawing on the sand with a stick. Preparing a map, or any other visual, on the ground enables more people to participate in and observe the process. It is also easier to make corrections on the ground, as opposed to on paper. Using local materials generally makes the participants feel more comfortable.

It is best to copy the map carefully onto paper as soon as it has been completed on the ground, so that it can be preserved and used for further analysis and reference at later stages. In indoor settings, maps can be drawn directly on paper.

STEPS

1. Select an open space where the map can be prepared on the ground.
2. Ask the participants to prepare a visual presentation of their settlement that can help us understand their community.
3. Ask the group to show all the features of the settlement that they can think of. Labels or symbols can be used to identify different facilities, features or infrastructure.
4. Allow the group to prepare the map on their own, and observe the process.
5. Any additional information that facilitators wish to discuss should be introduced only at the end, after the group has finished preparing their map.

6. Once the map is ready, “interview the output” by asking questions. Some examples of the kinds of questions the facilitator can ask to clarify aspects of the map which are hard to understand are:

- Why have you used two different colors for the houses?
- Why are some houses bigger than others are?
- Which area do you like the most?
- Are some parts of the area different from others? In what way?

THE ZAMBIA EXPERIENCE

We did social mapping in stages over time, beginning with the broader geographical areas and gradually narrowing down to more specific locations. The mapping began with the whole compound, which was then broken down into different zones, and then was divided even further to map the neighborhoods within each zone. Doing the mapping in stages enabled us to obtain information ranging from a general overview to specific demographic details.

MAPPING BY COMPOUND

During a debriefing session at the clinic on the first day of the participatory appraisal, NHC members and clinicians taking part in the appraisals were asked to prepare a map of the compound. Since the compounds are very large, we asked the participants to zone and divide the compound in order to capture the diversity and natural divisions within that area. This breakdown also helped us verify that we did not leave out any area during the appraisal. The NHC members, who are adult local residents, determined the basis on which to make these divisions. The criteria usually included population density, type of housing, plot sizes, access to services, and perceptions of relative well-being, among others.

MAPPING BY ZONES

Because the first social maps covered a large area, it was not possible to plot all the houses on them. Once the different zones within the compound were identified, the facilitators were divided in smaller teams and were allotted separate zones to work with. These smaller teams worked with residents to prepare a detailed map of each zone. Most of these maps also included a visual representation of all the households living in the area. These maps were usually prepared by groups of adolescents, but in some instances were also done with a group of adults.

MAPPING EACH NEIGHBORHOOD

Local residents, using their own criteria, also divided the zonal social maps into different neighborhoods. Adolescents in several of these neighborhoods plotted detailed social information either on the zonal map or a separate neighborhood map. Social maps were subsequently used to present demographic details of the compound during the census mapping exercise. The detail shown on social maps was very useful reference material for us throughout the subsequent stages of the appraisals, as it helped us understand the diversity that existed within a compound. The following example of a social map was prepared by a group of adolescents in Chilenje Compound.

CENSUS MAPPING

WHAT IS CENSUS MAPPING?

Census mapping is used to gather information about a settlement, including household data such as the number of adults (men and women), number of children and adolescents (boys and girls), education and literacy levels, employment, and resource ownership. This analysis is usually carried out in a group, where the participants discuss and recall data from memory (they do not go door-to-door to gather the data).

WHY SHOULD I USE THIS METHOD?

Census mapping is useful because it generates numerical data about the community, such as the number of households, population, household size, and other demographic data. It can provide thematic data, such as the number of boys and girls attending school, the number of adolescents, and the number of adolescents involved in income-generating activities. The data gathered during a census map can also be used to generate purposive samples of individuals to be followed up with one-on-one discussions.

The data gathered during census mapping will form the core of a baseline data set that can be used when planning activities with the adolescents once the appraisal has been completed. The same data set will also be useful for monitoring and evaluation once implementation of activities has begun.

THE PROCESS

Census mapping can be carried out using individual cards or using the social map. In the card method, participants prepare one card per household, with a number or a name identifying the household it represents. All the information pertaining to that household is filled in directly on the card, using symbols or colors for different variables (e.g. red dots

for girls and green for boys, etc.), or by writing on the card.²³

In the social map method, the social map showing the households in the area is filled in with census information for each household. This is a fairly simple method that enables you and the participants to prepare a basic demographic database for the settlement in a short amount of time.

STEPS

1. Begin with a discussion on the need to gather quantitative information about the area. The facilitator can explain that the appraisal process requires some basic data about the community, which can be best gathered by using households as a unit. The group can decide on the main indicators that should be included in this census. Details for each of these indicators will be filled in for all the households, thereby generating a database for the community that can be used during the appraisal process as well as in later stages of the project.
2. Decide with the group whether the census will be carried out using the card method or the social map.
3. Ask the group to prepare a list of households in the area. They should write numbers or the name of one representative for each household on their respective cards or on the households depicted on the map. This will enable you to identify the households in the future.
4. Ask the group to choose the variables they think are important to quantify. Facilitators can give an example of a variable, such as “adolescents who attend school” to begin with, but they should allow the participants to select other variables. If facilitators have variables in mind that were not identified by the group, they can be introduced after the group has finished its analysis.
5. For each variable, ask the group to write the corresponding quantified information on the card or map.
6. After all the variables have been exhausted, ask the group to aggregate the information for each of the variables. Based on this aggregation, you can carry out some simple analyses with the same group. Questions like “Why are more boys than girls attending school?” or “Who do most adolescents live with?” can be asked to open up the discussion.

THE ZAMBIA EXPERIENCE

We found it easier to use the social maps rather than individual cards to carry out the census. Since social maps were one of the first visual outputs prepared in a compound, it was a natural progression to continue using

²³ This version of census mapping can also be prepared on the ground by making a grid, which has one cell for each of the households. Using locally available materials, these cells can be filled in with the information for each of the households.

SPONTANEOUS DISCLOSURE

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

Because individuals might not approve of having their sexual activity discussed and analyzed in public, we decided not to use that output for any further discussions. We also decided not to try this analysis elsewhere.

— From the field notes of Meera Kaul Shah,
Dambwa Compound, Livingstone

them for further analysis. We usually used them to collect demographic information (including number of adolescents, by gender) and school attendance of adolescents.

CENSUS MAPPING WAS ONLY POSSIBLE AT THE NEIGHBORHOOD LEVEL

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

CENSUS MAPPING DATA PROVED USEFUL IN LATER APPRAISALS

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

Following is an example of a census map.

TRANSECT WALKS

WHAT IS A TRANSECT WALK?

A transect walk is a structured walk through an area, usually carried out with a group of local people who live in the area and know it well.

WHY SHOULD I USE THIS METHOD?

A transect walk is a good way for facilitators to introduce themselves and explain the purpose of the appraisal, as well as to learn more about the area itself. Usually the facilitators also have a specific focus, such as finding out where youth spend their leisure time or access contraceptives. The walk should be used as an opportunity to meet and have discussions with people along the way.

THE PROCESS

The local people joining you on the walk should act as guides, showing and discussing the diversity that exists within the area. It is important to be observant on this walk and to ask probing questions, like “Which part of this area do you like the most?” “Show me the places where adolescents like to meet” or “What do you think those boys at the corner of the street are discussing?” You should also ask the guides what they would like to show you.

If a social map of the area has been prepared, you can use it to determine the route of the walk, revisiting the map after the walk to add additional details. If the map was not prepared beforehand, the local guides who participated in the transect walk can prepare the map after the walk.

STEPS

1. Invite a group of adolescents to take you around the settlement.
2. Discuss the route with them before starting out. Inform them that you would like them to show you the different parts of the settlement, like a tour of the area.
3. Share observations with the guides in order to start a discussion while walking. Ask questions like “Do there seem to be more adolescents out on this street as compared to other one we just crossed?”
4. Stop to introduce yourself to people (both adults and adolescents) you see on the way. You can inform them of the purpose of your visit and ask them if they can spare time to join the discussions.
5. If a large group of adolescents joins you on the way, you can decide to sit down together and use the opportunity for a discussion with them, and continue the transect walk later.

THE ZAMBIA EXPERIENCE

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

- visiting areas frequented by adolescents and their meeting places, and observing their activities;
- taking the opportunity to meet more adolescents and to invite them for discussions;
- introducing ourselves in different sections of the compound and meeting parents, guardians, opinion leaders and other elders to explain the purpose of the appraisal; and
- visiting video shops, bars, taverns, marketplaces and other places where we found many adolescents willing to talk with us.

VENN DIAGRAMS

WHAT IS A VENN DIAGRAM?

A Venn diagram is a visual method used to understand the role that various institutions (either formal or informal groups) or key individuals play in a community. These diagrams are also known as chapati diagrams because of the circular paper cutouts used in this analysis. (A chapati is a flat, round bread from India.)

WHY SHOULD I USE THIS METHOD?

This method enables you and participants to analyze the relationship among various institutions to understand their importance in peoples’ lives, and to understand how people perceive their relationship with these institutions. The diagram can include institutions that are both new and old, as well as those that are both functional and dysfunctional. This visual can also be used to discuss the degree of contact and possible conflict among the institutions.

One of the main applications of this method during participatory appraisals in Zambia was to analyze adolescents’ primary sources of information on sex and reproductive health.

THE PROCESS

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

The visual is usually prepared on a large sheet of paper, using paper cutouts to represent the various institutions (it can also be prepared on the ground using colored chalk). Materials that you will need are:

- large sheets of paper or cardboard (at least two colors),

- scissors,
- marker pens, and
- glue or tape.

Before asking the group to begin discussing and composing a diagram, explain the following elements of the diagram:

A large circle represents the community.

Other circles—each representing an institution—are cut out of paper and placed in or around the large circle.

The size of these circles represents their importance to the community (the bigger the circle, the more important the institution).

Different colors can be used to show negative and positive relationships between the community and these institutions.

The placement of the circles represents how close the community feels to these institutions.

Institutions placed inside the main circle are those that people feel close to. Distance between the circles represents the links that may exist between them. Touching or overlapping circles indicates a close link.

STEPS

A Venn diagram can be used to explore many issues; this example will show the steps taken to analyze adolescents' sources of information on sex and reproduction.

1. Start by asking the group to free list all the sources of information on sex and reproduction available to adolescents.
2. Once a list of sources is developed, ask them whether there is any difference between the various sources, e.g. "Are some sources more important than others?", "Are some sources more accessible than others?", "Which do you prefer?"
3. Ask the group to write each source on a piece of paper. First they should determine what color paper they will write the source on (for example, red for a negative source, blue for a positive source). Then they should determine what size of paper the source should be written on (the larger the size, the more important it is to adolescents' knowledge base). Drawings of sources can be used if the group is not literate.
4. Draw a large circle as a diagram to represent adolescents' knowledge base. Have the group work together to place the cut-out circles on the diagram. Indicate that circles can be placed inside the bigger circle if they feel the source is easily accessible, and outside if otherwise. Sources can be overlapped or placed far apart to show their relationship to one another.
5. Once the group members understand how to use the method, the facilitator should allow them to carry out the analysis without interfering in the process. Be sure to record the discussion.
6. When the group has finished preparing the visual, ask them to explain the diagram. Ask probing questions to seek reasons why one source is preferred over another.
7. Toward the end of the discussion, the facilitator can ask the group whether they would like to see changes in their sources of information, e.g., "What would these changes be? How could these be brought about?"

A PERCEPTUAL MAP, NOT A GEOGRAPHIC ONE

The Venn diagram should include all of the institutions that make up the community. It can include institutions outside the area that the community has links with (e.g. the village headman who resides outside the village, or a bank that is located ten kilometers away). It is important to remind

the group that this is not a geographical map showing the locations of the institutions, but a perceptual map showing the role these institutions play in participants' lives. The placement of the circles does not show whether these institutions are physically within or outside the geographic area, nor do the sizes of the circles indicate the physical size of the institution.

THE ZAMBIA EXPERIENCE

The following example illustrates the use of the Venn diagram to learn about adolescents' primary sources of information on sex and reproductive health. From the above analysis we can derive the following ranking, according to importance, of the different sources of information for this group of adolescents:

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

Overlapping circles denote links and relationships between the sources. For example, X-bass video and magazines are obtained from and shared with friends. The adolescents explained that foolish elders are those who get drunk and then insist on talking about sex with young children. They mentioned that the adolescents do get some information at the church but most of it is about abstaining from sex before marriage, rather than any information on sex and reproduction, and therefore it was shown as the least important source of information.

RANKING AND SCORING

WHAT ARE RANKING AND SCORING?

Ranking and scoring are techniques used to list and rank options or criteria that are of interest to the community according to their relative importance. Ranking is a fairly straightforward method in which possible options are evaluated and then ranked in a sequence. With scoring, participants assign a score to each option rather than ranking them. Scoring allows for a more in-depth analysis because it shows the weight of differences in rank.

WHY SHOULD I USE THESE METHODS?

Ranking and scoring are useful in analyzing preferences, prevalence and decision-making processes. You can use these methods in any situation where options are weighed against different criteria within a given topic. This technique analyzes the criteria used to evaluate options and shows how each option fares against the selected criteria.

Ranking and scoring are particularly helpful in analyzing adolescent sexual behavior and attitudes, including topics such as:

- sex partner preference,
- contraceptive preference and prevalence
- prevalence of different STIs,
- gender differences in adolescent sexual behavior,
- differences in sexual behavior according to age groups,
- levels of sexual activity among different categories of adolescents,
- analysis of problems faced by adolescents, and
- sources of information.

There are several different ways of conducting a ranking and scoring analysis. The techniques described in this section, listed from the least to most complex, include:

- A. Ranking
- B. Pair-wise ranking
- C. Fixed scoring
- D. Free scoring
- E. Matrix ranking and scoring
- F. A combination of ranking and scoring

Ranking and scoring is best carried out in a group, as discussion among the participants will clarify why they evaluate options in particular ways.

A RANKING: THE PROCESS

Ranking evaluates options sequentially. For example, adolescents will list the most preferred option, followed by the next best, the next best, and so on.

STEPS

1. Begin with a discussion on a given topic.
2. Once participants have begun to mention some options, ask them to free list all of the possible options. The list can show options as symbols written in chalk, or be written on pieces of paper that are placed on the ground. Literate groups can write the list on large sheets of paper.
3. When the list is ready, ask the participants to select the most preferred option. This can be ranked one. The next most preferred option could be ranked two, and so on, until the list has been exhausted.
4. The facilitator's role is important in initiating the discussion, and in explaining the technique. Once participants begin the analysis, it is best for the facilitator to observe and not interfere with the analysis.
5. Once ranking is complete, ask participants to explain the reasons for their preferences.

THE ZAMBIA EXPERIENCE

Following is an example of a ranking analysis carried out by a group of boys. We began with a group discussion on whether they perceived any differences among boys in the community regarding their risk of contracting STIs. When the group started mentioning different categories of boys and how their sexual behavior and attitudes differed, we asked them to prepare a list on a

large sheet of paper. Once the list was completed, we asked them to rank the different categories of boys according to their level of risk.

B. PAIR-WISE RANKING: THE PROCESS

This method allows participants to analyze options within one topic by evaluating them two at a time. These options could be related to contraceptive preference, preference of sex partner, sources of information, or other relevant issues. It should be noted that while the pair-wise ranking method is quite easy to use, it lacks the depth of analysis that is possible with the scoring methods explained later in this chapter.

STEPS

1. Begin with a free list on a given topic. If the group is analyzing contraceptive preference, for example, the options may include condoms, pills, IUDs, herbs, natural method, withdrawal, magic and any other contraceptive method the group has heard of.
2. Ask participants to write these options on slips of paper and place them on the ground. Another alternative is to prepare a grid on the ground using chalk or on a large sheet of paper.
3. Ask the group to consider two options at a time, selecting the one that is more prevalent, more common, more difficult, more preferred, or on whatever other basis the comparison is being made. Then ask participants to compare each option directly with all the other options, one by one. For example, ask which they prefer: condoms or pills? condoms or herbs? condoms or the natural method? Continue until all possible combinations are exhausted.

Ranking Different Categories of Boys According to their Risk of Contracting STIs Prepared by a group of boys in Lubuto Compound, Ndola

Rank according to Risk of carrying an STI (1=highest risk, 6=low risk)

- | | |
|---|--|
| 1 | Yos wear fashionable, big clothes and like music. They move in groups and carry knives. They also wear earrings. |
| 5 | Niggers don't fear anyone except God. They dress smartly. They don't go for girls because they are homosexual. |
| 3 | Gangsters are "young" brothers of "niggers." They move in groups and they have a leader known as "Stalin." They carry dangerous weapons like knives. Usually they share their girlfriend amongst them – even nine of them could be having sex with one girl, by turns. They must keep a timetable for each one of them, so as not to annoy the others. |
| 4 | PLOs (Posse Lazy) wear nice clothes but have no money. They do piece work and spend all money on clothes and beer. They come from poor families and like to have friends from rich families. |
| 2 | Rastas smoke dagga, listen to reggae music, and are vegetarians. They propose to girls but girls don't like them because they are dirty, are slaves, and walk to town. |
| 6 | Home Guys are ordinary boys; they go to church sometimes and may have girlfriends. |

*These are the terms used by Zambian adolescents who carried out this analysis. Some of the terms used do not carry the same meaning as they do in other cultures. This analysis shows how the boys categorize themselves in different groups. They perceive "home guys" (those who have few girlfriends) and "niggers" (homosexuals) to be relatively far from STIs

4. The score of each option is calculated as the number of times that option is selected as the preferred item in a pair. A higher score indicates a greater preference or prevalence among participants.

THE ZAMBIA EXPERIENCE

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

C. FIXED SCORING: THE PROCESS

Scoring is another way to evaluate options. Participants give a score to each of the options, instead of a direct rank. In fixed scoring, participants assign scores out of a pre-determined maximum score, as compared to “free scoring,” where the maximum score is not decided before the analysis is carried out.

STEPS

1. After beginning with a free list on a given topic, ask participants to decide a maximum number out of which the options will be scored for preference, prevalence, etc. This score could be out of 50, 100, or any other figure the group decides on.
2. Ask participants to give scores to each option. The score shows the relative importance, preference or prevalence, or whatever the group is analyzing the list for. The most preferred option should receive the highest score, with no scores outside of the range determined at the beginning of the analysis.
3. Once scoring is complete, ask the group to explain the reasons for their preference.

THE ZAMBIA EXPERIENCE

Following is an example of using the fixed scoring technique. In this case the group decided to assign scores out of a fixed maximum of 100 in order to indicate the prevalence of sexual relations among relatives.

Pair-wise Ranking of Reasons for Early Sexual Initiation of Girls				
Analyzed by a group of boys, Chawama Compound, Lusaka				
Reasons	Anzabo (peer pressure)	Bana (children)	Ndalama (money)	Kumvela Bwino (pleasure)
Kumvela Bwino (pleasure)	Pleasure	Pleasure	Money	X
Ndalama (money)	Money	Money	X	X
Bana (children)	Children	X	X	X
Anzabo (peer pressure)	X	X	X	X
Total Score	0	1	3	2
Rank	D	C	A	B

Participants were asked to compare two reasons at a time, and the more prevalent reason was written in the cell corresponding to two options. For example, when peer pressure was compared to pleasure, boys said they thought that girls were more likely to initiate sex because of pleasure. Therefore, pleasure was written in the cell corresponding to these two options. An "X" in a cell only means that the comparison has already been reflected in the analysis. The "total score" reflects, for each column, the total number of times each reason was rated as more prevalent. For example, peer pressure was never ranked as more prevalent than any other reason on the matrix, and thus received a total score of "0."

This analysis shows that these boys feel that money is the main reason why girls initiate sex early. "Money" got the highest score and was selected three times. The next most common reason is pleasure, with a score of two, followed by the need for having children with a score of one. The boys felt that there is little peer pressure among the girls (as compared to that among the boys), and thus it got a score of zero.

Scoring Different Relationships According to the Prevalence of Sexual Relations

Prepared by a mixed group of girls and boys in Chipulukusu Compound, Ndola

Relationship	Fixed score out of 100, showing how common it is for these to have a sexual relations
Brother and sister	5
Cousin and cousin	50
Grandfather and granddaughter	0
Grandmother and grandson	0
Uncle and niece	25
Aunt and nephew	0
Father and daughter	15
Brother-in-law and wife's sister	60
Sister-in-law and husband's brother	30
Neighbor and neighbor	100

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

**Although not a relative, neighbor was later added as a category because participants felt that neighbors are as close, and as important, as relatives.

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

D. FREE SCORING: THE PROCESS

With free scoring, a scoring analysis can be carried out without fixing a maximum score at the beginning.

STEPS

1. After beginning with a free list, ask the group to use items such as seeds, beans, stones or bottle caps to score the different options. Items given more seeds have a greater prevalence or higher preference, but the group does not decide a maximum score beforehand. Usually the group picks the most preferred option and gives it a score. Then they select the next most preferred option and give it a score relative to the most preferred option, and so on.
2. Participants may add or remove seeds against the different options as the analysis progresses. It is important for the facilitator not to interfere with the analysis.
3. Once scoring is complete, ask the group to explain the reasons for their preferences.

THE ZAMBIA EXPERIENCE

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

Contraceptive Preferences of Single and Married Males
Using Free Scoring Method
Analyzed by a group of boys, Old Kanyama Compound

Method	Single Males	Married males
Pills	5	151
Herbs	0	0
Condom	183	41
Safe period (natural method)	2	0

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

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

E. MATRIX RANKING AND SCORING: THE PROCESS

Matrix ranking and scoring is most effective when options need to be analyzed on the basis of multiple criteria.

STEPS

1. Beginning with a free list, ask the participants to prepare (a) a list of options, and (b) a list of the criteria on the basis of which of these options are differentiated, compared, contrasted and evaluated.
2. All the criteria in the list should be phrased in the positive so that it is easier to make comparisons. If some criteria are negative, e.g. “expensive,” these should be rephrased in relation to their positive meaning, such as “cheap” or “affordable.”
3. Ask the participants to prepare a matrix on the ground or on a sheet of paper.
4. On the x-axis (the cells along the top of the matrix), place the various criteria, one in each cell, as listed by the participants. Place the options along the y-axis (the cells along the left-hand side of the matrix), again one in each cell. You can, of course, place the options on the x-axis and the criteria along the y-axis!
5. Ask participants to evaluate each option on the list against all the criteria in the matrix, using either scoring or ranking methods. Seeds or beans can be used as counters in each cell of the matrix.
6. To determine overall preference, add a final column to the matrix and ask the group to rank (or score) the different options according to preference.
7. You should not determine the overall preference by adding up the scores for each of the options. This kind of tabulation can be misleading, as it assumes that all criteria have equal weight.
8. You may also want to rank the different criteria in order to understand which ones are more important in influencing preference.

THE ZAMBIA EXPERIENCE

Following is an example of the matrix scoring and ranking method.

Matrix Ranking of Preference for Sex Partners for Girls

Prepared by a group of 14-16 year old girls in South Chilenge, Lusaka

Type of male partner	Criteria for deciding preference (Scoring: fixed range of 0-10, with 10=highest)						Overall preference (ranking, 1=best)
	Not married	Not moving with many girls	Can take responsibility	Has money	Dresses smartly	Is educated	
School boys	10	5	2	5	8	5	2
Yos	10	0	0	5	7	5	6
Home boys	10	8	8	2	2	5	3
Taxi drivers	8	0	5	3	5	10	5
Teachers	5	0	5	3	5	10	5
Doctors	5	0	10	10	10	10	1
Cousins	5	5	4	5	5	5	8
Step fathers	0	2	5	10	5	5	9
Church mates	8	5	8	8	8	5	4
Monkus*	10	10	0	10	0	8	

*Monkus are homosexual males. The girls first included them in their list, but when they started evaluating each of the categories: sex partners, they decided that they could not include the monkus. Therefore, they did not assign them any preference ranking at all.

**Note that the last column uses ranking, while the rest of the matrix used a fixed scoring method. This column was added to the matrix at the end, after the girls had completed their analysis. The group was simply asked to rank the different types of sex partners according to their overall preference. One common mistake made while using the matrix scoring method is adding up the scores to arrive at the overall preference. The scores in the cells should never be totaled, as this would indicate that all the criteria have equal weight (which is rarely the case). We can verify this phenomenon in the above example. If the group had simply added up scores in each row, they would have come up with a rather different overall preference from the one given above. Although doctors would have retained the first rank, church mates rather than school boys would have taken second place, and monkus (who were given any rank at all), rather than home boys, would be in third place, and so on.

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

F. COMBINING RANKING AND SCORING FOR COMPLEX ANALYSES

This analysis utilizes a combination of ranking and scoring methods and the steps and process of analysis are the same as described above in the case of the matrix ranking and scoring method.

The following example illustrates how this method can be used to help adolescents to carry out a very complex analysis. Before schoolgirls carried out this analysis, we had a long discussion about the various dimensions of selecting a sex partner. Once the discussion had warmed up, we asked the group to free list these different dimensions, as well as the typology of sex partners they had been discussing. The issues listed across the top of this matrix are closely related to the questions that we had asked while facilitating the discussion, thus indicating the influence of the facilitators on the type of information gathered.

Once the options and issues were listed in a matrix, the group decided to use a mix of ranking and scoring methods. Such an analysis

Girls' Typology of Sex Partners and Preferences

Analyzed by a group of grade seven school girls in M'tendere Compound, Lusaka

Type of partner	Scoring How common is relationship? (10=most comm	Ranking How much do girls the relationship (1=most)	Ranking Who is highest-pa partner? (1=highest)	Scoring Who uses the most (10=use most for	Scoring Social acceptabilit partner (10=lea acceptable)*
Pastor	4	15	15	3	6
Friend	10	2	5	0	0
Servant	5	7	6	5	10
Driver	5	3	2	5	0
Gonena+	10	6	4	7	3
Gangster+	15#	1	3	8	0
Sene Sene+	6	10	1	10	0
Grandfather	4	14	16	10	10
Neighbor	5	5	7	0	5
Cousin	5	9	11	6	7
Brother-in-law	4	11	8	7	7
Teacher	10	4	10	9	5
Uncle	4	13	12	10	8
Doctor	5	8	9	1	0
Father	2	16	13	10	10
Brother	6	12	14	4	9

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

+Gonena are bus conductors; Gangsters are well-dressed boys who hang out in small groups; Sene Sene are Senegalese traders (1

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

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

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

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

Participants thought that a girl's mother would be most upset by her daughter having sex with close relatives or the house servant. These are people the mother knows well. It is less upsetting, they explained, if the mother does not know the boy/man, or if there is no money coming in.

This analysis brought out the complexity of girls' sexual relationships and how they make the decision to have sex. A main motivation factor seems to be the "payments" or "favors" in return for sex. The same group of girls called payments they receive from boys in return for sexual favors as "sleeping allowance."

may seem very complex, but in practice it took the girls only about 40 minutes to carry-out and discuss the reasons for their analysis.

WEALTH AND WELL-BEING RANKING

WHAT IS WEALTH AND WELL-BEING RANKING?

Wealth and well-being ranking identifies different categories of either households within a community or individuals within a group. This method is used to analyze how a community defines “well-being” and how they understand differences and divisions among its members.

WHY SHOULD I USE THIS METHOD?

This method provides information about all the individuals or households considered in the appraisal process. This analysis explores whether adolescents from different wealth/well-being categories have different attitudes toward and patterns of sexual behavior. For example, it will help answer whether boys and girls from poorer households are more sexually active than those from better-off households.

Information about relative well-being can also be useful when doing purposive sampling because it identifies the poorest and worst-off households that may become the focus of an intervention.

WHEN SHOULD I USE THIS METHOD?

Wealth and well-being ranking can be a relatively difficult analysis to facilitate. People are often suspicious about the purpose of the analysis, and may hesitate to discuss individual or household level information in public. Because of the sensitive nature of the topic, it is best to introduce this subject at the later stages of the appraisal after establishing trust with the community. You should do this analysis only if participants feel comfortable carrying it out; do not impose it.

WHAT IS THE BASIS FOR WEALTH RANKING?

Ranking households can be based on (1) the relative economic well-being of the household (called wealth ranking), or (2) broader criteria that defines the relative well-being of the household. The broader criteria can include wealth, as well as other criteria such as social problems, access to services or the general well-being of the household. Criteria may even be “happy” and “unhappy” households, where “unhappy” includes criteria like “drunken fathers beat up their children,” “daughters are forced to sell themselves to bring home food,” or “children are not given a good upbringing.”

THE PROCESS

This analysis is best carried out in a group, but because it collects individual and personal information, it requires sensitive facilitation skills. It is important to observe the process carefully, and to ensure that no individual biases influence the ranking.

As with census mapping, a wealth and well-being ranking can be written either on cards or on the social map. If using cards, use one card for each household, and write a name or a number on the card to identify that household. If a census map has already been made using the card method, the same cards can be used for the well-being ranking. If a social map was made, the group can write the well-being ranking directly on the map.

The ranking can be conducted in one of two ways. Participants can (1) begin by establishing the criteria they think should be used to rank households, and then rank them or (2) rank the households first, and then explain the criteria they used to make this ranking.

STEPS

Establishing criteria, then ranking

1. Ask participants to discuss what differentiates the relative well-being of households, such as the kinds of houses people live in, or the amount and kind of food that they eat.
2. List these criteria in a place visible to all participants.
3. Explain to the participants that they will put the criteria into categories of well-being. Give each category a name, a number or a symbol. Ask participants to put the criteria into the different categories. For example, category 1 could be “people who live in houses made of cardboard roofs and eat only once per day,” whereas category 2 could be “people who live in houses with tin roofs, eat three meals a day, and eat meat at least once per month.”
4. Ask participants to assign each household to an appropriate category. Record each household’s category by writing it on the card or the social map.

Rank first, then describe criteria

1. This method works best when using cards. Start by asking the group to discuss how many categories they can divide all the households in the community into. When the group decides on a number, they should label each category broadly, such as “rich,” “middle class” and “poor.” Ask participants to classify each household in one of the different categories they decided on.
2. Once categorization is complete, ask participants to describe the criteria that differentiates the categories.

THE POOREST DEPEND ON FUNERALS

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

- From the field notes of Mary Simasiku,
Chipulukusu Compound, Ndola

Once the analysis is complete, ask the group to total the number of households in each category. Facilitators may want to tell participants that further discussions may be held with individuals or in groups comprised of members from the same wealth/well-being category.

THE ZAMBIA EXPERIENCE

This well-being ranking was carried out by a group of boys in Chipulukusu Compound, Ndola. The boys first prepared a social map of the neighborhood, which showed a total of 101 households. They then detailed household members on the map. Later they were asked whether they could categorize households in this neighborhood into separate groups. The boys came up with four categories: the poorest, the poor, efilyako (the better-off), and abaikala bwino (“some of us,” the few best-off). They then listed the criteria for each category as shown in the table on next page.

After having listed the classification criteria, the group labeled each household on the social map. Once aggregated, the information from this analysis found that 17 households were categorized as poorest, 53 as poor, 17 as better-off and 14 as the few best-off.

Well-being Ranking

Analyzed by a group of boys in Chipulukusu Compound, Ndola

THE POOREST

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

THE BETTER-OFF

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

THE POOR

- have fields from where they get some seasonal food
- sometimes work for “food for work programs” like PUSH (Peri-urban Self-help Project)
- beg for food from neighbors
- husbands do not work
- houses are partly roofed with Korrie sheets* and partly with cardboard
- women engage in prostitution while men resort to stealing in order to raise money
- depend on a vegetable diet without oil or tomato
- often includes widows, or households where the husband does not work and the wife runs a small business. However, the little money she makes will be grabbed by the husband, who will use it to buy beer

THE FEW BEST-OFF

- own a tavern
- houses are wall-fenced
- own color TV and fans, which are operated by generators
- work for big companies (like ZESCO)
- their children go to private schools where the fees are high (like Modern School)
- dress in the acceptable standards
- own 2 houses, some are rented out
- engage people to work in their fields
- own hammermills, salons, barber shops, mini buses
- can afford to book taxis
- are able to sponsor funeral costs

* Korrie is the brand name of a popular vegetable oil, sold in 20-liter tins. The empty tins are cut and used for the roof.

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

A MISUNDERSTANDING

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

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

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

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

The residents explained that the area had recently witnessed a spate of armed robberies and that they had assumed us to be a part of the gang of robbers, getting innocent children to give us information so that we could strike again! One hour after our arrival at the police station we were getting invitations from the men to visit their area again. They, along with our new-found policeman friend, even posed for photographs with us outside the police station!

- From the field notes of Meera Kaul Shah and Roy Mwilu,
Lubuto Compound, Ndola

DAILY TIME USE ANALYSIS

WHAT IS DAILY TIME USE ANALYSIS?

This is a fairly straightforward method in which participants outline how they spend their typical day.

WHY SHOULD I USE THIS METHOD?

This method is a good ice-breaker and entry point for further discussion about participants' daily routines, habits, and activities. The daily time use analysis provides an opportunity to ask questions that often open up several new topics for discussion and analysis.

THE PROCESS

This method can be used in groups, although it is more effective when done with an individual because you can get more specific information from an individual.

STEPS

1. Ask participant(s) how they would like to divide the day. Some may divide it by the hour, others may simply divide it by morning, afternoon, evening and night.
2. Ask participant(s) to list how their time is spent during this day, using words or pictures.

THE ZAMBIA EXPERIENCE

This example of a daily time use analysis was carried out by a group of boys in Chilenje Compound.

After the group prepared the analysis, we asked the boys questions such as:

- Do you think this analysis would apply for all the boys in this compound, or would it be different for some?
- How would a girl's daily time use analysis differ from this?

<p style="text-align: center;">DAILY TIME USE ANALYSIS OF BOYS BY A GROUP OF SCHOOL BOYS IN CHILENJE SOU</p>

- Out of a hundred boys living in an area, how many will go to drink beer or kachchasu? How many will play at pool tables? How many will be sleeping with girls? How many will go to bed at home?

It is important for the facilitator to distinguish between the weekday calendar and weekend calendar, as there can be significant differences in the way time is spent. You should also check whether the daily calendars change according to seasons. If they do, you can conduct a seasonality analysis, explained below.

SEASONALITY ANALYSIS

WHAT IS SEASONALITY ANALYSIS?

This method guides participants in mapping seasonal events in their lives or community, and the impact of these events on their situation and behavior.

WHY SHOULD I USE THIS METHOD?

Certain aspects of participants' lives have seasonal patterns that may impact their behavior. Activities, events, or problems that have a cyclical pattern can be analyzed using this method, such as food availability, prevalence of diseases, indebtedness, relative prosperity, stress in livelihoods, levels of sexual activity or availability of free or leisure time. By analyzing several variables in one visual, it is possible to see the relationship among them as well as their impact on participants' lives.

A seasonality analysis elicits adolescents' perceptions about which health problems are important, and when these problems tend to occur. It can be used as a starting point to probe deeper issues such as whose problems these are, why they have a seasonal pattern, and what adolescents do when they are unwell or learn that they are pregnant or have an STI. The information may also impact how the intervention is structured.

THE PROCESS

Decide on a topic for discussion. The topic can be decided by the facilitator, with participants adding issues for analysis as the discussion progresses. Explain to participants that you will be discussing the topic in relation to its variations throughout the year.

Ask participants to decide how they would like to divide the year (months, seasons, quarters, etc.). Remember that there can be various forms of local calendars with which the participants may be more familiar than conventional ones, and that you should not impose your own calendar.

Seasonality Analysis of Health Problems*												
Analyzed by a group of girls in South Chilenje Compound, Lusaka												
Health Problems	Month											
	J	F	M	A	M	J	J	A	S	O	N	D
Malaria	4	2	1							8	7	6
Cough					6	3	4	9				
STI						9	9					
Tuberculosis (TB)	1	1	1	1	1	1	1	1	1	1	1	1
High Blood Pressure										5	3	
Wounds	5											5
Burns						8	6					
AIDS	1	1	1	1	1	1	1	1	1	1	1	1
Headache	1	1	1	1	1	1	1	1	1	1	1	1
Madness	8	3	4	4	3	3	1	1	1	1	1	8
Pregnancy	3	2	1	7	2	2	1	7	1	2	2	7

*Scores in each cell indicate the prevalence of a health problem during each month in a year (using the free scoring method, so there was no fixed range). The higher the score, the higher the prevalence of that health problem during that month. This group indicated that AIDS, headaches and TB have no seasonal pattern and are prevalent throughout the year, shown by the score of 1 for all the months. There is a high incidence of STIs, as well as burns, during June and July – the cold season.

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

Although pregnancy is not exactly a health problem, it was included on the list as it is related to health and has a seasonal pattern

Ask participants to develop the calendar on the ground using chalk, sticks, stones, or any other locally available material. It can also be prepared on large sheets of paper. Ask them to visually compare and depict the seasonal variations of each variable on this calendar.

Once the visual is complete, ask probing questions regarding the relationship among different variables and whether any other aspects of life are affected by seasonality. The visual may also be used as a starting point for discussing other problems and opportunities in the community.

THE ZAMBIA EXPERIENCE

Following is a seasonality analysis of common health-related problems carried out by a group of girls in Chilenje Compound.

TREND ANALYSIS

WHAT IS TREND ANALYSIS?

Trend analysis is used to understand people's perceptions and patterns of change, usually recalled over a period of forty to fifty years.

WHY SHOULD I USE THIS METHOD?

Adolescents, mainly because of their age, may not be able to remember far back in time. However, this tool is useful for initiating a discussion with older people to analyze their perceptions of changes in their community and in their own lives.

THE PROCESS

1. Begin with a discussion about major changes that have taken place regarding a selected topic or issue. Topics like sexual behavior can be prompted by the facilitators to initiate the discussion, but participants can add other issues as the discussion progresses.
2. Ask the group to decide on how far back in time would they like to discuss, and to identify the years or period during which they witnessed significant changes. The group should determine widely-spaced landmarks in time, such as 1998, 1972 and 1950. Plot time on a visual, for example by placing three stones showing these years or by plotting the years on a large sheet of paper.
3. Ask the group to plot changes on the visual. Ask them to make a diagram of the changing trends for each of the indicators. The diagram can be a line drawing, like a graph, or a chart where scores are given to each indicator in each time period. The facilitators can probe with questions like "What else has changed?" or "Are there other changes that accompany this change?" Discuss with participants what prompted these changes. Which ones are considered positive and which are negative? Why? Ask whether they think any of the negative changes can be reversed.

THE ZAMBIA EXPERIENCE

Following is an example of trend analysis carried out by a group of boys in Cilenje Compound.

TREND ANALYSIS OF BOYS BY A GROUP OF BOYS IN CHILENJE SOUTH
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BODY MAPPING

WHAT IS BODY MAPPING?

In this method, participants draw maps of the female and male bodies, focusing on the details of the reproductive system and how it functions.

WHY SHOULD I USE THIS METHOD?

This method will help you to understand the level of knowledge and the type of information adolescents (and adults!) have about the human reproductive system. It helps elicit local explanations of reproductive and other health functions. Using the visual representation of a body map as the basis for discussion, it is easy to identify the gaps in participants' knowledge and to understand to what extent their information is distorted.

BODY MAPPING WITH LOW-LITERATE PEOPLE

Despite concerns that low-literate people may not be able to draw, visual techniques actually help in enabling the semi-literate or non-literate to actively participate in analyses. Body mapping has been used by the authors with groups of non-literate women in different contexts, and it has always worked. Non-literate groups will probably not be able to label the visual, but you can ask them to identify the parts and explain their functions orally.

THE PROCESS

Body maps are best prepared in separate groups of boys and girls. Youth may prefer to divide into groups according to age and sex, and prepare these drawings with their agemates and friends. The best size for this analysis is a group of 4 to 7 people. Body maps can be drawn on large sheets of paper, with chalk on the ground or on a blackboard. In a few cases we had several groups of youth draw their diagrams simultaneously on large blackboards in school classrooms.

STEPS

1. Inform the group that you would like them to draw a map of the human body – just as they would draw a map of the village. The details in this case will relate to the different parts of the body and their functions.
2. Specify that they will use this visual to show how the reproductive system functions. Separate body maps should be prepared for the male and female reproductive systems.
3. Some people may feel a bit shy about starting this analysis. Try to make them feel at ease by telling them that this need not be a piece of art –a simple sketch will do. Drawing body maps in small groups also helps in overcoming embarrassment.
4. Once the participants have prepared the body map, ask them to label the different parts of the body and explain their functions. If the group is not literate, ask them to explain the function of each body part and have the observer make note of their discussion.
5. You can ask questions such as “How does a woman get pregnant?” or “How can pregnancy be avoided?” to verify participants' knowledge on these subjects. Participants can also be asked to mark what they consider to be the erogenous zones of the male and female bodies.
6. Ask the group about their source(s) of information.

THE ZAMBIA EXPERIENCE

Following are three examples of body Mapping

PICTURE STORIES/CART TOONING

WHAT ARE PICTURE STORIES?

Picture stories are cartoons drawn by adolescents to discuss a particular situation, usually one sensitive in nature. By discussing the characters in a picture story, as opposed to talking about their personal experience, youth are able to discuss sensitive issues more openly and with less embarrassment.

WHY SHOULD I USE THIS METHOD?

This tool can help you to develop a more in-depth understanding of adolescent sexual behavior, and to triangulate the results obtained from other discussions on the same subject. It can also reveal certain aspects of adolescents' perceptions or experiences that might not emerge in more quantitative or structured exercises. For example, it may reveal the expected progression of courtship encounters.

THE PROCESS

Determine the topic you will explore with the picture stories. For example, you could ask about the sequence of events that are likely to take place in a girl's or boy's life, or what happens when a boy and a girl start a relationship.

STEPS

1. Ask participants to prepare, individually or in a group, a pictorial "cartoon" about the topic.
2. Once the pictures are complete, ask further questions in order to triangulate the information. Explore whether these stories are based on hearsay or on personal experiences, being sensitive to the level of participants' willingness to discuss personal information.

THE ZAMBIA EXPERIENCE

We asked adolescents to prepare picture stories about how sexual relationships between boys and girls develop. Interestingly, across different compounds in Zambia, and in both gender-segregated and mixed groups, the stories had nearly the same theme and sequence. In almost all, the boy approaches the girl for friendship, which soon turns into a sexual relationship. After having sex, the girl asks the boy for money, or the boy gives it before he is asked. The girl then becomes pregnant and faces negative consequences, such as abortion and/or death.

The consistency of this story among adolescents, even those from different compounds, was quite amazing to us. The repetitive pattern of the story implied that this sequence of events must be common in their lives. While boys and girls seem aware of the negative consequences of early sexual activity, the practice persists.

Following is a copy of one of the picture stories prepared by a group of boys.

MARY AND JOHN: A PICTURE STORY

PREPARED BY A GROUP OF GRADE SEVEN SCHOOL BOYS, M'TENDERE COMPOUND, LUSAKA

(Copied from the original, which was drawn on large sheets of paper.)

The boys ended their picture story with the following lines (written by them):

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

The picture story presented an opportunity for facilitators to initiate a long discussion on relationships between boys and girls, and why they get into these situations knowing that it could lead to a negative outcome.

We asked several probing questions in order to develop a deeper understanding of the information and experiences presented, such as:

- After how much time of knowing each other do they have sex?²⁴
- Where are they having sex? At what time of day (or night)?
- How much time does it take to have sex?
- How long will this relationship last?
- How old is the boy? How old is the girl?
- Will she tell anyone about this experience? Will he tell anyone about this experience?
- With how many boys will she have such a relationship? With how many girls will he have such a relationship?
- Does the boy always pay money after sex? Is there any other form of payment?

Because our probing questions arose in response to the adolescents' pictures and comments, they could not be prepared before the exercise started.

CASE STUDIES, STORIES AND PORTRAITS

WHAT ARE CASE STUDIES STORIES AND PORTRAITS?

Case studies, stories and portraits are short write-ups of stories or anecdotes heard during group discussions or from individuals during a one-to-one chat with a facilitator. These are often presented in the final report as an individual case-study to illustrate some of the PLA's findings.

THE SAME STORY

On the last day in Chawama, after we had wound up the fieldwork, the facilitators met at a clinic to discuss the results. While we were talking, a group of 10- 13 year old school girls approached us and said they wanted to continue discussions with us. Not wanting to hurt their feelings, we gave them each a sheet of letter-size paper and asked them to sit separately and draw their daily routine.

When they were finished, we looked at the sheets in disbelief. Only one of the 36 girls had drawn her daily routine of sweeping, helping her mother prepare breakfast, going to school and playing with friends. All the rest had written a story, which ran something like this:

“ A girl is outside her home, washing dishes. Another girl approaches her and says, ‘There is a boy interested in being friends with you.’ The girl and boy are introduced. The boy says he wants to be her friend. The girl agrees. They decide to meet again. The boy gives her small gifts or money. After 2-3 meetings the boy suggests having sex. The girl refuses. The boy persists. The girl refuses. He persists. The girl refuses. The end.”

We asked 2-3 of the girls, separately, to tell us what happened afterwards. The girls did not say anything. We asked if they would like to draw what happened next, but they refused. We did not persist.

It is possible that the girls drew a girl-boy relationship sequence, instead of a simple daily routine, because of the influence of our earlier discussions with them. However, getting nearly the same story and sequence of events from 35 out of 36 girls was a mind-blowing experience.

for us. We were stunned for quite some time.

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

²⁴ We also asked questions to clarify whether it is “playing at sex” or “penetrative sex” that they were discussing

WHY SHOULD I USE THIS METHOD?

Anecdotes, individual life histories, or the description of a significant event in a person's life, which may come up during discussions, provide valuable insight into the issues in people's lives. Most visual methods of analysis provide a group's perception on an issue. Individual experiences and testimonies can be used to support, or highlight, the results from group analysis. Some stories may also present the exceptions to the norm. These add more "life," and meaning, to the analysis.

THE PROCESS

Very often facilitators forget to record anecdotes because they feel that these stories are not an important part of the main analysis. One way to remind the facilitating team to record case studies and anecdotes is to ask them to present highlights of the day's fieldwork every evening. Most of these anecdotes are shared verbally during such review sessions, and facilitators can be reminded to record the same in their daily reports.

THE ZAMBIA EXPERIENCE

Here are two anecdotal stories recorded by our field staff during the process of leading participatory appraisals with adolescents:

ROLE PLAYS

WHAT IS A ROLE PLAY?

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

FOR A PENCIL

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

"Why do you have to agree?" we asked.

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

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

WHY SHOULD I USE THIS METHOD?

Role plays are usually fun and help in building a relationship with adolescents, as well as in boosting their self-confidence. In addition to providing an opportunity to understand other people's viewpoints, role plays can create an opportunity to discuss the sensitive subjects that often emerge during the presentation.

THE PROCESS

Some role plays are performed impromptu, by asking a group or an individual to demonstrate what they mean by enacting it. For example, you might ask youth to role play "How a boy approaches a girl for friendship" or "How my peers laugh at me for not being sexually active" during discussions on those topics.

Other role plays can be planned. Give a topic to a small group, or have them choose their own topic. As a group, they should prepare the story line and roles, and later enact the sketch in front of the large group. After the role play, facilitate a discussion on the theme and content of the role play with the large group. After the discussion, you might ask the small group to re-enact the play with some changes—for example, showing how they would like the situation to change.

Another way to facilitate role plays is to interrupt the play at critical moments in the story, and use it as an opportunity for large group discussion. Questions like “What is happening here?” “Does this happen often?” “What is going to happen next?” “Have you seen or heard anything like this happening in your community?” “What will you advise the girl to do?” or “What should she do next?” can help elicit responses and open up the discussion.

Role plays can sometimes take up too much time, especially when the participants feel hesitant to take part. Some may find it embarrassing and threatening to expose themselves in front of others. The facilitator should try to explain the objectives and use of such an exercise, although it is best not to impose if the participants continue to be resistant. Role plays should be followed by a group discussion in which the story line is analyzed and possible solutions discussed.

RECYCLING

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

“It is simple. We take the empty plastic covers of ice-blocks (ice-candy) and use them like a condom. They have to be tied with a string on the penis,” the boys explained.

From the field notes of Mary Simasiku,
George Compound, Lusaka

THE ZAMBIA EXPERIENCE

Adolescents in Zambia presented several impromptu role plays during participatory appraisals. These usually depicted how boys approach girls, and the consequences they face after being involved in a sexual relationship. Another common theme of the role plays was how “sugar daddies”²⁵ approach young girls and persuade them to have sex.

Youth enjoyed role playing, and it helped us build rapport with them. As mentioned above, this activity made it possible for us to initiate discussion on many sensitive issues that were presented in the role play. Adolescent peer counselors continued to use role plays as an effective communication medium during the implementation phase of the PALS project.

PARTICIPATORY CENSUS OF SEXUAL BEHAVIOR

WHAT IS A PARTICIPATORY CENSUS OF SEXUAL BEHAVIOR?

The participatory census of sexual behavior is a method that quantifies data about individual sexual experiences and behaviors. The results can be used to compare adolescents’ perceptions of their peers’ behavior with actual behavior patterns.

WHY SHOULD I USE THIS METHOD?

This method provides a way to triangulate information on a very personal and sensitive subject, and to generate quantitative information regarding adolescents’ sexual behavior. Most of the other methods described in this field guide are based on analysis by groups of adolescents regarding their perceptions of reality. The participatory census of sexual behavior is different from these other methods as the focus is on individuals and their personal experiences. The quantitative information generated through this method can then be compared to the adolescents’ perceptions as expressed during other group sessions.

²⁵ A “sugar daddy” is an older man who pays a younger girl to have sex with him, providing her with gifts or money that she uses for things like school supplies, make-up or recreation.

For example, during group discussions in Zambia we noticed that boys often talked about their sexual experiences in an exaggerated manner, mainly to impress their peers, but girls tended to be more secretive. Girls usually expressed themselves in third person or discussed a subject by saying “I have a friend who...” or “there are many girls who...”

Given the sensitive nature of the subject, we did not want to force participants to disclose information. We were also concerned that PLA methods that explore self-reported behavior and perceptions of peer behavior may produce findings that differ from actual practice. The participatory census was designed as an innovative method to generate numerical counts in order to explore how similar self-reported behavior and perceptions of peer behavior are to actual practice.

THE PROCESS

This method can be used in two ways:

- A. The paper slips method
- B. The open method

A. THE PAPER SLIPS METHOD

We used this variation of the method mainly with groups of girls and boys in schools, in both gender-segregated and mixed groups (with similar results).

PREPARATION/SETTING UP

- At least two, and preferably three, facilitators are required to handle this process.
- Each participant should have a pen or a pencil (facilitators should carry some extra pencils with them).
- Prepare a bundle of small pieces of paper. The number of paper slips required will depend on the number of participants and the number of questions asked. You will need one slip of paper per person for each question asked.

PREPARING QUESTIONS

The set of questions to be asked must be prepared beforehand. Depending on the group’s responses during the session, additional questions can be asked or questions can be changed. Some questions that we asked included:

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

If the group is not literate, you should only ask questions where a yes/no response is possible, and instruct participants to use an “x” to indicate “no” and an “o” to indicate “yes.”

STEPS

1. Sit with a group of adolescents in a place where the group will not be disturbed. There should be adequate seating space available, and the room should not be too crowded.
2. Before starting the census, it is best to help the group feel comfortable by playing a game or having a group discussion.
3. Explain to the group that you will be asking them a series of personal questions. You will ask one question at a time and they should write their answer on a slip of paper.

Remind them not to write their names on the paper, as answers will be kept anonymous. Therefore, they should feel comfortable writing their honest answers. Mention to the group that anyone not willing to take part in the analysis is free to decline.

4. When you sense that the group is at ease, begin by asking the first question. The first question could be a direct one, such as “Have you ever had sex?” or a more general one such as “Do you have friends of the opposite sex?”
5. Hand out slips of paper, one to each member of the group, and ask them to write their answer on the slip. Remind them not to show their answers to anyone else.
6. Ask the group to fold the slips and collect the folded pieces of paper.
7. Count and record the responses according to the replies.
8. After the responses have been counted and recorded, destroy the slips of paper in front of the group.
9. Move to the next question, and repeat steps 4-8 for all of the remaining questions.
10. After all the questions have been asked, aggregate the information. This aggregation can be shared with the group for further discussion or to seek clarification on non-personal topics.

POSSIBLE ROLES FOR PARTICIPATING ADOLESCENTS

In addition to asking the list of questions prepared by facilitators, you can also ask adolescents to suggest questions that they feel are relevant to the topic being discussed. This gives them the opportunity to help shape the information collected, and indicates the type of information they consider significant.

THE ZAMBIA EXPERIENCE

When using the paper slips method, we found that we needed to ask the same question in two or three different ways to triangulate the information. While answering the first question, usually fewer participants admitted having had sex. Their confidence increased when they saw the slips being destroyed after each question, and a greater number of them admitted having had a sexual relationship when the same question was rephrased the second time. These responses increased in number until about the third rephrasing and then stabilized.

B. THE OPEN METHOD

In the open participatory census method, the information is collected and analyzed through group discussion rather than through secret ballots used in the paper slips method. The advantage of using the open method is that it enables a group discussion where adolescents can add more dimensions to the analysis rather than be restricted by the facilitator’s choice of questions.

RESPECTING ANONYMITY

While using slips of paper with a group of girls for writing down their responses, we got slips of paper in response to the question “with whom did you have your first sexual intercourse?” that said “I have not had sex with anyone but myself.” We were unsure whether this meant that the two girls had not initiated sex, or whether they were referring to masturbation.

However, since we promised to keep responses anonymous, we were not able to probe about these responses.

- From the field notes of Meera Kaul Shah,

M'tendere Compound, Lusaka•

Results from the Participatory Census of Sexual Behavior (using the paper-slips method)

Schoolgirls and boys participated in this analysis in two separate groups. The results from both are presented together here. Two Compound, Ndola

No.	Question	Responses			
		Boys 17		Girls 16	
1	Total number of boys and girls in the group Have you ever had sex?	No 3	Yes 14	No 5	Yes 11
2	How old were you when you first had sex?	Age	Number of boys	Age	Number of girls
		6	1	7	1
		7	3	8	2
		8	1	9	2
		9	5	10	1
		10	1	11	1
		11	1	14	
		15			
3	With whom did you first have sex?	Neighbor=8 Friend=5 Cousin=1		Friend=7 Neighbor=4	
4	Did you give or receive payment for this?	Two of the boys paid K 500, and K 200		Seven girls received payments: K 500 K600 K1000 (three of them) K 1500 K10,000	
5	How many partners have you had sex with so far?	No. of partners	No. of responses	No. of partners	No. of responses
		2	4	1	3
		4	2	2	3
		5	2	3	1
		8	1	4	1
		14	1	6	1
		15	1	10	1
		17	1	15	1
		20	1		
		27	1		
6	Have you ever had sex with your grandmother/grandfather?	No 17	Yes 0	No 14	Yes 2 (with grandfather)
7	Have you ever had sex with a cousin?	No 16	Yes 1	No 16	Yes 0

**Results from the Participatory Census of Sexual Behavior
(using the paper slips method)**

Schoolgirls and boys participated in this analysis in two separate groups. The results from both are presented together here.
Twapia Compound, Ndola

No.	Question	Responses			
		Boys		Girls	
8	Have you ever had sex with close relative other than cousin or grandfather/grandmother	No	Yes	No	Yes
		17	0	15	1 (with uncle)
9	How many times have you had sex in the last three months?	No. of times	No. of responses	No. of times	No. of responses
		1	2	5	1
		2	2	1	1
		3	2	2	2
		5	2	3	1
		6	3	1	1
		18	1		
10	How many partners have you had sex with in the last three months?	No. of partners	No. of responses	No. of partners	No. of responses
		1	5	1	4
		2	1	2	2
		3	2	6	1
		4	3		
		6	1		

Sensitive facilitation is crucial in order to obtain meaningful results from this exercise. Some of the participants may feel shy in front of the others and hide information; others may exaggerate in order to show off in front of their peers.

The open participatory census method was generally used with adolescents outside of school. Youth in school did not necessarily know each other and therefore did not feel free to discuss sensitive issues openly in a group. Neighborhood groups, on the other hand, tended to be comprised of friends and peers with whom the adolescents felt more open. We had more success using this method with groups of boys as, in general, boys felt more free to discuss sexual behavior among peers as compared to girls.

STEPS

1. Inform the participants that you will be discussing personal information. Proceed only if they are willing to discuss their sexual experiences openly in the group.
2. On a large sheet of paper prepare a matrix, writing the selected questions across the top. Facilitators can start with a set of questions, and adolescents can add to them. Questions may include items such as age; age of sexual initiation; number of sex partners to-date; whether they use condoms (always, sometimes, never); number of sex partners in the last month (or three months); number of times had sex in the last month or whether had a pregnancy/made a girl pregnant.
3. Along the y-axis, on the left-hand side, write the names of the participants who take part in this analysis. You can replace participants' Results from the Participatory Census of Sexual Behavior (using the paper-slips method) Results from the Participatory Census of Sexual Behavior (using the paper slips method)

Schoolgirls and boys participated in this analysis in two separate groups. The results from both are presented together here. Twapia Compound, Ndola

names with numbers if they do not want the information to be seen by others.

4. Discuss the meaning of the questions with the group until the facilitators feel satisfied that the questions are understood by all participants. Participants should then fill in all the cells in his/her respective row.

5. Once everyone in the group has filled in the information, aggregate it and discuss the results. Ask questions such as, “Is this behavior representative?” and “Is this behavior different for different age groups of adolescents?”

THE ZAMBIA EXPERIENCE

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

Participatory Census of Sexual Behavior (open method)									
Analyzed by a group of boys in New Twapia Compound, Ndola									
Name (if mentioned)	Age	Age at first sex	Age at second sex	No. of times in the last month	No. of sexual partners in last three months	Ever had a condom		Condom use	
						Never	Always	Sometimes	
1	15	10	11	4	2	No	X		
2	15	11	14	1	1	No	X		
3	15	10	13	24	1	No	X		
4	18	10	12	2	1	No			X
5	14	11	12	15	3	No	X		
6	17	7	12	10	7	No	X		
7	18	15	17	30	1	No	X		
8	15	13	14	3	3	No		X	
9	18	12	13	5	3	No	X		
10	14	7	12	Nil**	1	No	X		
11	17	13	16	2	20	No			X

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

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

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

CAUSAL IMPACT ANALYSIS (FLOW DIAGRAMS)

WHAT IS A CAUSAL IMPACT ANALYSIS?

A causal impact analysis uses flow diagrams developed in small groups to show the causes and impact of an event, problem or activity in people's lives.

WHY SHOULD USE THIS METHOD?

Flow diagrams can be used for identifying links or relationships between different causes and impacts. This analysis helps initiate a discussion with participants on how a problem can be approached, and the types of inputs needed to improve a given situation. In Zambia, we used this method to analyze—from the perspective of both girls and boys—the causes and impact of early sexual activity among girls and boys. This method helps in analyzing how the various issues of a problem are related to one another.

WHEN SHOULD I USE THIS METHOD?

This method should be used during the later stages of an appraisal. Select a topic that has emerged repeatedly during group discussions or a topic that resulted from a ranking analysis.

THE PROCESS

Select a topic for analysis. The topic can be introduced by the facilitator or can be picked from the previous discussions with the group. Issues that seem important or come up repeatedly during discussions make good topics for analysis. For example, “boys don't like condoms” or “girls initiate sex early.”

STEPS

1. Write the main subject or topic for discussion on a card and place it on the ground (it can also be written in a circle, using chalk, on the ground).
2. Begin the analysis by discussing the causes of that issue. Ask the participants to present these causes in a flow, leading to the main topic (which should be placed at the center).
3. After discussing the causes, ask them to list the impacts, and to place them on the diagram in a flow moving away from the topic being discussed. The direction of the arrows also helps in determining the causes and the impacts on the visual. Different colors can also be used to differentiate between the causes and impacts. It is also possible for the discussion to start with impacts and then move to causes.
4. Ask participants to discuss links between various causes and impacts. Continue to ask if there are any other causes or results of the problem or activity that have not yet been mentioned.
5. You can ask the participants to assign ranks or scores to the causes and the impacts in the diagram in order to analyze their intensity.

ALTERNATIVE DIAGRAMMING METHODS

SEPARATE CAUSES AND IMPACT

Rather than combining both causes and impact on one diagram, flow diagrams can also be prepared to show only the causes or only the impact of an event, problem or activity.

FOCUS ON ONE OF THE CAUSES

Once a cause has been identified by participants, it can be placed in the center of a new causal impact analysis in order to probe it more deeply. For example, in Somalia and Sudan, facilitators were able to discuss the issue of female genital mutilation (FGM) with participants. While groups did not identify FGM as a primary RH problem, during a causal impact analysis they did mention it as a cause of RH problems.²⁶

²⁶ Sarah Degnan Kambou, personal communication

USING THIS GUIDE TO DESIGN A PLA EXERCISE: A CASE STUDY FROM BANGLADESH ²⁷

Many embarking on a PLA appraisal for the first time will have one main question after reading this manual: How do I select which methods to use under which circumstances? This case study was developed to show you the concerns of a team using the PLA approach for the first time, their objectives in undertaking an appraisal, and their rationale for using various methods described within this guide to collect the information they needed. In Bangladesh, USAID is funding a consortium of partnership organizations to work in reproductive health. During strategic planning meetings, reaching adolescents with reproductive health information and services emerged as a priority area. However, the experience of partners working with adolescents, especially urban adolescents, was limited. The Operations Research Project (ORP) of the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) was charged with conducting a needs assessment with the objective of collecting information that would help partners understand young people's needs and develop appropriate programming. The ORP's "adolescent team" consisted of experienced researchers, yet they had limited experience with qualitative methods and adolescent programming. After being introduced to participatory methods, however, the team determined that a participatory approach would generate the most useful information to implementing partners, which had some ongoing programs with adolescents, and which were seeking useful information to improve adolescent reproductive health information, counseling and services.

In order to develop a field guide, the team first brainstormed all the questions they thought would be useful to ask youth. This resulted in 12 pages of questions, which were grouped under the following sub-headings:

- Sexuality/sexual development
- Relationships with opposite sex/spouse
- Sexual activity
- Reproductive health-seeking behavior
- Peer relationships/influences
- Adult relationships/influences
- Media exposure
- General youth concerns
- Youth culture
- Future aspirations
- Preferences for receiving reproductive health information

After brainstorming on topics they wanted to explore with adolescents, the team then turned to designing a field approach that would:

- establish relationships so that youth would feel comfortable answering more sensitive questions about sexuality and sexual behavior;
- use a mix of group methods and individual interviews;
- collect data that would be easy to analyze; and

²⁷ This case study was developed by Dr. Katherine Bond and Laurel MacLaren of FOCUS on Young Adults, based on work they did with the Operations Research Project (ORP) at the International Center for Diarrhoeal Disease Research, Bangladesh in December 1998. The authors would like to acknowledge Dr. Quamrun Nahar, Samina Manaf, Meghla Islam, Ruksana Pareveen and Hazsa Nazul of the ORP for their contributions to this exercise.

- require no more than five days in each field site.

In both rural and urban areas, the team decided they would include both adults (clinicians, community leaders, family members, NGO staff, etc.) and youth as participants. They wanted to involve married and unmarried adolescents, those who were in-school, out-of school and working, and those who were out-of-school but not working. The team then determined a broad agenda for the exercise, which progressed from gathering general information about the community context and adolescents' lives to increasingly more detailed information about health, relationships and sexual behavior.

- Day 1: Adults' perceptions of youth
- Day 2: The community context and adolescent lives in the community
- Day 3: The health context and adolescent physical development
- Day 4: Adolescent relationships and sexuality
- Day 5: Adolescent sexual activity

Once a general plan was determined, the team used this PLA guide to select methods they thought would work to elicit the information they were seeking. They used the questions developed during the brainstorming session to develop other more probing questions to complement each method. What follows is an overview of the field guide they developed.

DAY 1: ADULTS' PERCEPTIONS OF YOUTH

Probe questions (illustrative):

- What are the major transitions a child faces in becoming an adult?
- What are most pressing concerns of adolescents?
- What are the different needs for the different ages of adolescents? How do girls' needs differ from boys'?
- Who do adolescents talk to when they have problems? What kinds of problems do they have?
- What is the best time of day to talk with adolescents? Are there any areas to talk with them in private?
- How do adolescents learn about sex and the reproductive health system?
- What would you think if an unmarried adolescent came to the clinic for reproductive health services?

DAY 2: UNDERSTANDING THE COMMUNITY CONTEXT AND ADOLESCENTS' LIVES

Example: Daily time use analysis

- List activities involved in with friends/ spouse/family

Method	Informants	Rationale
Small Group Interviews	Key Adult Informants (providers, NGO staff, adult family members)	<ul style="list-style-type: none"> • Adult perceptions of adolescents give facilitators a contextual basis for starting the PLA • Builds trust with adults in community

Method	Informants	Rationale
Community mapping	Small, mixed-sex groups of youth grouped by age	<ul style="list-style-type: none"> • Easy exercise to start off with, icebreaker • Builds teamwork among youth • Provides information about community context from youth's perspective
Venn diagram		<ul style="list-style-type: none"> • Ranking method minimizes time needed for analysis • Provides data about when RH
Daily time use analysis	Small, mixed-sex groups of youth grouped by age	
Seasonality analysis		

interventions should be timed

Method	Informants	Rationale
Free lists & ranking	Small, mixed-sex groups of youth grouped by age	<ul style="list-style-type: none"> • Free listing may produce ideas that the team did not anticipate • Ranking requires minimal analysis
Body mapping	Small, mixed-sex groups of youth grouped by age	<ul style="list-style-type: none"> • Helps researchers understand language youth use for body parts, and how youth understand their bodies • Provides basis for youth to talk about physical development without disclosing their personal experience
Individual Interviews	Individual youth who have had an ST	<ul style="list-style-type: none"> • Probes for sensitive information with embarrassing individual youth

Activities	With Whom?	When, Where?	Rank in terms of enjoyment
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- With whom do you do them? When do you do them?
- Rank in terms of enjoyment Create a similar chart to list and rank the following:
- List and rank ideas for new activities that you would like to be involved in.
- List and rank adolescent concerns (work; education; relationships with parents, friends, opposite sex; future; getting married; etc.) and suggested solutions to these concerns.

Method	Informants	Rationale
Free lists & ranking	Small, mixed-sex groups of youth grouped by age	<ul style="list-style-type: none"> • Free listing may produce ideas that the team did not anticipate • Ranking requires minimal analysis
Body mapping	Small, mixed-sex groups of youth grouped by age	<ul style="list-style-type: none"> • Helps researchers understand language youth use for body parts, and how youth understand their bodies • Provides basis for youth to talk about physical development without disclosing their personal experience
Individual Interviews	Individual youth who have had an ST	<ul style="list-style-type: none"> • Probes for sensitive information with embarrassing individual youth

DAY 3: UNDERSTANDING THE HEALTH CONTEXT AND ADOLESCENT PHYSICAL DEVELOPMENT

Example: Free lists & ranking

What are major health concerns (general and reproductive health) of young people? For each concern, where would you seek treatment? Rank in terms of severity and frequency. What are the first recognizable symptoms? Why did they occur when they did? Who did you talk to about them? Where did you seek care?

What health services do ___ provide? Why would you go? Why would you not go? Rank in terms of preference.

Probe questions:

- What health problems would youth go to a traditional healer for? Why? Is a traditional healer more private? Less expensive? Convenient? More appropriate? More effective?
- What does an unmarried youth your age worry about when seeking reproductive health services? Probe: doctor's attitude, refusal of services, parental or spousal consent, someone may see them, etc.

Example: Body mapping

Probe questions for girls after body map is complete:

- How does a girl feel when her body changes (developing breasts, pubic hair, menstruation)? Who does she talk to? What concerns her?
- If a girl has a problem with (menstruation, vaginal discharge, general health, respiration, pregnancy, birthing) who would she talk to? Would she seek health services for this problem? Why or why not? From where would she seek services?
- If a girl has a reproductive health concern or

problem, why would she NOT seek a service?

- If a married girl doesn't want to get pregnant, what can she do? If a married girl doesn't want to get a sexual disease, what can she do?
- Have you ever heard of anyone your age getting a STI? What would someone your age do if s/he had the symptoms of a STI? What kinds of remedies do you know of that can treat a STI? Where can these remedies be purchased?

Probe questions for boys after body map is complete:

- What kind of physical changes does a boy's body undergo? How does he feel when these changes occur? What is he concerned about? With whom does he discuss these things? Who do you think is the best person for a boy to discuss these things with?
- Have you heard of masturbation? Do you know of any boys your age that masturbate? What do you think are the consequences of masturbation? Have you ever talked with anyone about masturbation? If so, who?
- If a married boy doesn't want to get his wife pregnant, what can he do? If a married boy doesn't want to get a sexual disease, what can he do?

Example: Individual interview with youth who have had a STI (illustrative)

- What symptoms did you experience?
- Where did you seek treatment? Why? Were you satisfied with the services you got from the provider?
- What kind of medication were you given? Did you complete the entire course of medication?
- Did the provider who gave you the medication mention anything about how you could prevent getting a STI in the future?
- Has having a STI affected your behavior? In what way? Are you more likely to use a condom when you have sex since you got a STI?

DAY 4: ADOLESCENT RELATIONSHIPS AND SEXUALITY

Example: Picture Stories Part I

- What is the sequence of events that is likely to take place in a girl's and boy's life?
- What happens when a boy and a girl start a relationship?
- What is the process of courtship and marriage?

Probe: Who takes the initiative to start a relationship? How would they take the initiative? Where would they meet? How do they spend their time together? What are the girl's concerns? What are the boy's concerns? Are they ever alone? If so, under what circumstances? Would their parents know about it?

Probe: After how much time knowing each other do adolescent boys and girls in intimate relationships have physical contact? What kinds of physical contact do they have? (probe—hold hands, kiss, fondle breasts, take off clothes, etc.) What is the progression of physical activity to intercourse?

Probe: Under what circumstances would

a boy and girl have sex before marriage? Have you ever heard of a girl being forced to have sex? Explain the circumstances: by whom, what happened to her.

Method	Informants	Rationale
Picture stories	Small groups of youth, single-sex, grouped by age	• Allows youth to discuss sensitive issues by projecting onto picture stories so that they are not uncomfortable talking about their personal experiences

Probe: Who influences how quickly a couple decides to have a baby after they get married? (probe—parents of husband, parents of wife, community members) If a woman does not get pregnant quickly, what will her family/community say?

DAY 5: ADOLESCENT SEXUAL ACTIVITY

Example: Individual in-depth interviews

- Have you ever had a boyfriend/girlfriend (or spouse)?
- If so, how old were you when you had your first girlfriend/boyfriend?
- Tell me about him/her. How did you meet? What did you like about that person?

For married adolescents:

- Who decided you should marry? If you had a younger sister (brother), is this the way you would want their marriage to be decided?
- Do you think you married at the right age, or do you wish you had waited longer? Why?
- How has being married changed your life? What responsibilities do you have in the home? What responsibilities does your spouse have?
- Do you still have time to spend with your friends?
- Tell me about the first time you had sex with someone. How old were you? With whom? How did you meet? What was that person like?
- How did you decide to have sex? Under what circumstances did it happen? Did you think about getting pregnant? Did you talk with that person about getting pregnant?
- Did you think about getting a disease? Did you talk about it? Why or why not?
- Are you still with that person? If not, why did you break up?

PREPARING FOR THE PLA APPRAISAL

After the adolescent team developed the above field guide, they were still nervous about applying these methods in the field. First, they worked to develop a team to conduct the methods. They selected younger facilitators, most of whom were experienced with quantitative research, who they thought would relate better to adolescents. They also made sure they had a mix of male and female researchers since some of the methods would be done in same-sex groups.

An outside consultant experienced in PLA methods was hired to train the team. During a three-day training, participants went over each of the methods in detail, and then spent one day in the field practicing the methods with groups of adolescents who would not be a part of the appraisal. During the practice session, team members were absolutely astonished at the level of information they were able to collect. Before applying the methods, they thought it would be very difficult for adolescents, especially girls, to discuss anything related to sexual activity. However, during a social mapping exercise a group of girls included the place

Method	Informants	Rationale
Individual in-depth interviews	Adolescents, married and unmarr	• While interviews require more

who have been in relationships or are sexually active

analysis, the issues covered are sensitive that youth may not feel comfortable discussing in a group

- By leaving interviews for last, researchers can select youth who think will be honest, open inform:

5. Documentation

Documentation and synthesis of information generated during a participatory appraisal is a very important part of the process. Apart from maintaining a record of the process, proper documentation helps in synthesizing the data generated, and maintaining a baseline data set that can be used in the future for monitoring and evaluation purposes.

OBSTACLES TO DOCUMENTATION AND REPORTING

Facilitators, most of whom are experienced as fieldworkers, often experience difficulties in documentation and reporting (Shah and Shah, 1995). One reason for this is that it is more difficult to analyze and document information generated through a participatory process than that which is generated through more conventional methods, such as questionnaire surveys, which are structured and have a set of pre-determined questions. Also, fieldworkers are often more comfortable and familiar with the verbal mode of communication as opposed to the written. They may lack the necessary analytical and writing skills to do proper documentation and synthesis, as their work does not usually require them to have such skills.

OUR CHALLENGES IN ZAMBIA

Some of the problems we encountered with documentation during the participatory appraisal process in the PALS project were:

1. Most facilitators were not used to taking notes in the field and had to be constantly reminded to document the field process in writing.
2. Given that we were learning so many new things, it was easy to get carried away following the discussions with the adolescents and forget to record them.
3. It was difficult for the documentors to separate the analysis and views of the participants' from their own judgment. When documentors are from the community, they may be unable to separate their identity as facilitators. Facilitators can also have a tendency to filter and weight information according to their own experiences and judgments.

Proper documentation can be ensured by discussing the subject adequately before starting fieldwork, and by constantly reminding first-timers to take notes in the field. However, the need for proper documentation, and the skills required for it, are appreciated only with practice. Some of these skills can be strengthened through

training, but it also helps to have a more experienced person in the team who can demonstrate and lead the process for the first-timers.

THREE LEVELS OF DOCUMENTATION

Documentation during a participatory appraisal takes place on the following levels:

1. Recording field notes and visuals.
2. Preparing daily reports.
3. Writing a synthesis report for every community/site where the appraisal was carried out, and an overall synthesis report if several communities are covered.

An explanation of each of the levels of documentation follows.

RECORDING FIELD NOTES AND VISUALS

It is easy to lose or forget much of the information that is generated during an appraisal if it is not recorded immediately. Since the information generated in discussions and visual outputs will be the basic data used for analysis and synthesis, all of it needs to be recorded as part of the documentation process. The documentor therefore plays a highly important role.

RECORDING FIELD NOTES

While recording field notes, you should keep in mind the following steps and principles.

- Use a small notebook for taking notes in the field.
- You should begin discussions by requesting permission from the participants to take notes.
- If for any reason it is not possible to take notes during a discussion, you should do so at the first opportunity available afterward. It is impossible to recall any discussion in full, and important points may be lost if the recording is postponed for too long.
- You should always record:
 - the date, time and place of the discussion;
 - who participated in the analysis – older men, younger women, children, boys not in school, better-off women, etc.;
 - all discussion, debates, and disagreements that occur during an analysis;
 - key phrases and terminology in the local language; and
 - any stories, anecdotes, or case studies that emerge outside of the group discussions, as these provide supporting information to the analysis carried out in groups.
- You should elicit and write down definitions of key terms used, as participants' usage may differ from the general definition as you understand it.

RECORDING VISUALS

- Carefully copy all visual diagrams and analyses on letter-size paper. Try and retain as much of the original features as possible (i.e., if the lines drawn on a map are not straight, don't straighten them while copying).
- Record the meaning of all symbols used (i.e., if using ranking, explain whether 1=best or 1=worst, etc.).
- Record participants' names for each visual output. If facilitators decide that the subject is too sensitive to record names, record the size and composition of the group.
- Don't draw your own visuals. When presenting data that was discussed verbally, it is best to write in a narrative style. If you do make visuals in your notes about verbal discussions, state clearly that this is your visual presentation and not that of the participants.
- Record both the probe questions asked about visuals and the responses given. Any arguments or disagreements that take place among the participants should be noted. Visual outputs with no explanation are of little use. (Note how examples in this guide have explanatory notes, without which they would convey little meaning to the reader.)

DISTINGUISHING AMONG DIFFERENT TYPES OF INFORMATION

- Be factual while recording. Record what was said or explained by the participants, not what you think was implied. Facilitators' observations should be recorded separately.
- Classify participants' responses into three categories:
Fact – a commonly agreed upon time-and-place specific truth,
Opinion – a person's or a group's view on a particular topic, or
Rumor – unsubstantiated information from an unknown source
(Pretty et. al., 1995: 193).

PREPARING DAILY REPORTS

After completing fieldwork each day, facilitators should meet to reflect on the day's process and to share their experiences. Daily reviews allow facilitators to:

- Triangulate and analyze the results of their day's work. This is especially important when the facilitators are divided into several teams and work in different locations with separate community groups.
- Provide feedback to each other on the day's processes and visual outputs.
- Reflect on the progress made and plan for the next day's fieldwork. Information that needs to be triangulated and issues not yet explored can be identified and included in the next day's plan.

SHARING THE RESPONSIBILITY FOR RECORDING

Once the outputs have been discussed, the facilitation team should divide up and split the responsibility for writing up process notes for the day. The team should:

- Record all the analysis carried out in the community and copy the visual outputs with explanatory notes.
- Aggregate data that is quantified. For example, total the number of households, or female-headed households shown on a map, or total the distribution of households according to the wealth/well-being categories.

Daily reports should be completed before beginning fieldwork for the next day. One person should collect all reports and keep them together in a safe place.

PREPARING SYNTHESIS REPORTS

Synthesis reports are written at the end of a participatory appraisal. They analyze and synthesize a variety of information generated in a number of different ways. Writing the synthesis report is often the most difficult part of the participatory appraisal process, and requires very good analytical skills.

PREPARATION FOR WRITING THE SYNTHESIS REPORT

Before writing the report, facilitators should review the entire appraisal process together. The best way to begin is to revisit the original objectives and checklist of issues used for the fieldwork, which can be used to organize the report. Analyze the information in daily reports on each of the checklist topics, adding any themes or topics that emerged during the appraisal. The team should then brainstorm the main results under each topic so that the relevant details can be arranged accordingly.

THE FINAL REPORT: REFLECTING DIVERSITY AND COMMONALITY

The synthesis report is often organized by the topics listed in the checklist of issues. Under each topic, major findings are listed. The team may find that there are multiple, sometimes conflicting, responses from adolescents on some topics. You should not feel as though you must synthesize these into a singular statement, but common results that cut across different groups should be pointed out. Adequate explanation of the reasons for variations in results should be provided in a narrative. Thus, the synthesis report will reflect both the diversity and the commonalities within the community.

Only at the end, in a separate section, should the facilitators offer their own views and deductions. If there are any gaps in the information, or questions that have remained unanswered, you should state this clearly in the report

6. Using PLA to Create an Adolescent Reproductive Health Intervention

As mentioned at the beginning of this field guide, participatory appraisal is only the beginning of a PLA process. A good participatory appraisal should lead to the community's prioritizing their concerns and the preparation of a development plan which they implement, monitor and evaluate themselves.

This section discusses how the PALS project has attempted to continue the PLA process after the initial participatory appraisals were carried out with adolescents regarding their sexual and reproductive health. PLA is an incremental process, as it takes time to institutionalize participatory processes in any project. The PALS project is still evolving and will require more time and support to strengthen and sustain the activities that have been initiated.

SHARING AND DISSEMINATING RESULTS FROM THE PARTICIPATORY APPRAISALS

Sharing is an integral part of a participatory appraisal process. This includes sharing local people's experiences and knowledge with facilitators, sharing results with other communities, and disseminating the results with other stakeholders. In developing a plan to share results with the community, you should think about who you want to discuss results with, and in what order. There is the chance that some community members will be shocked or angered by the data resulting from a PLA, so it is important to be strategic in gaining support for the sharing of appraisal findings before you hold open community meetings.

SHARING AT THE COMMUNITY LEVEL

The most important kind of sharing is that at the community level itself. PALS shared results in at least three ways in each of the compounds where the project took place.

1. With clinicians and NHC members

First we organized a meeting at the clinic level that was attended by clinicians and NHC members. In some compounds, a few parents, teachers and other elders from the community were also invited to these meetings. The clinicians and NHC members who took part in the appraisals presented the results to invitees; we felt that results would be better accepted if presented by colleagues from the community as opposed to by outsiders. Nearly everywhere the results—especially those related to age of sexual initiation, reasons why girls have sex and the high levels of sexual activity among adolescents—were heard in disbelief; adults found them painful and difficult to accept.

THINK AGAIN

While sharing the results of the participatory appraisals at the M'tendere clinic, the clinicians seemed stunned at what they were hearing and seeing. At the end of the presentation we asked them what they thought about the results. One clinician shook her head and took some time to speak, "I thought these are kids. They are not supposed to know all this. I had no idea that these girls use such dangerous methods for abortion. They will kill themselves! ... I will have to think again when I see an adolescent in the clinic now."

- From the field notes of Meera Kaul Shah,
M'tendere Compound, Lusaka

2. With parents and elders

Another round of meetings was held with parents and other elders in different parts of the compound, although not in all the compounds. These discussions usually focused on sharing the appraisal results as well as soliciting parents' views on the kind of activities that could be supported in the compound to improve the situation. These meetings also helped to build a relationship with the parents and elders, and fostered their support and engagement in the project from its inception.

3. With adolescents

In every compound, a set of meetings was held with adolescents, facilitated by staff from the PALS project. We met in both large groups as well as in smaller numbers at the neighborhood level in order to share results and to seek the adolescents' opinions for deciding the next steps.

Adolescents turned out in huge numbers for these meetings, and made some excellent suggestions. In most of the compounds they were keen to form small discussion groups where they could seek information and discuss issues related to sex and

A HUGE TURNOUT IN CHILENJE

The NHC members in Chilenje decided to have the meeting with adolescents at the big hall in the compound. This hall is usually used for screening video shows and is a common meeting place for the adolescents. Permission was sought and the video owner was requested to take a break for that afternoon.

Our turnout was huge. About 300 boys and girls, anywhere between 8-18 years old, were there when we arrived. The crowd in- and outside the hall generated interest among passersby. Curious people were curious to see what was going on.

The visual outputs that the adolescents had prepared earlier were being put up on the wall when a church leader, whom we had not met before, walked in. For about 20 minutes he gazed alternately at the visuals, the excited boys and girls who had gathered there, and us. Finally he walked up to Rose Zambezi. Pointing a finger at the body maps on the wall, he asked in an angry voice, "Are you going to teach all this to our children?" Rose, very patiently, took him around and explained that all the visuals had actually been prepared by these children. He looked shocked. It took a good half-hour to explain the process to him. Once he understood what was happening, he shouted at the girls and boys to leave the hall. We were wondering how to salvage the situation when he turned to us and explained, "I have to screen who can attend this meeting."

Once he managed to herd them out of the hall, he asked the adolescents to form a line and by one he judged which ones would be allowed back in the hall. He seemed to use a men's cut-off point, allowing the taller and older looking of the group to re-enter the hall. The shorter and younger ones were utterly disappointed.

In many ways we were relieved to have to deal with only about half of the turnout. We invited the church leader to stay through the discussions. At the end he seemed satisfied with the discussions and perhaps with the fact that he had his say in the process too!

- From the field notes of Meera Kaul Shah,
Chilenje Compound, Lusaka

reproduction. Most meetings ended with adolescents forming their own groups to hold subsequent meetings.

SHARING WITH OTHER STAKEHOLDERS

PLA findings were also shared beyond the community level. As adolescents' perceptions, attitudes and behavior is a matter of great concern, CARE took a proactive role in sensitizing other stakeholders about this issue. This sharing was done in some of the following ways:

- A daylong workshop with clinicians from the different compounds was held to seek their input on project design.
- Several meetings with the Ministry of Health and District Health Management Teams were attended by representatives of NGOs and donor agencies working in Zambia to discuss program needs.
- The synthesis report from the Chawama Compound generated much interest among agencies working on similar subjects, and CARE Zambia continues to get requests for this and other participatory appraisal reports.
- In partnership with the Population Council, CARE organized a workshop in Livingstone to introduce representatives from the Population Council's other project partners to the PLA methodology and to the results from the first two participatory appraisals with adolescents in Lusaka. As part of this workshop, participants carried out a participatory appraisal in Dambwa Compound in order to get hands-on experience in the methodology and to better understand the process.
- Abstracts of the PLA reports were presented at several fora. Participants learned how the PLA approach has been successfully used to solicit community support, gain insights into intricate and sensitive issues, promote ownership in community projects, and resolve conflicts among community members. The recommendation to "extend and expand the use of PLA in health programming" was echoed throughout these conferences and meetings.

USING PLA IN DEFINING PROJECT STRATEGY

CARE designed the PALS project to address the urgent need for community peer outreach and adolescent-friendly reproductive health services provided through public sector clinics. The results from the PLAs provided the basis for designing the project strategy, and the participatory process laid the foundation for building an effective partnership with adolescents, clinicians, NHC members and the compound residents. The project's ultimate goal was to reduce sexual and reproductive health morbidity and mortality among Zambia's peri-urban adolescents.

A MOTHER REFLECTS

At the conclusion of the Dambwa PLA, an experienced midwife recounted her personal reaction after the first day of fieldwork:

I went home that evening and sat on the edge of my bed staring into space. All of my children came into the bedroom. I have five, all of them teenagers! And they were saying, "Mommy Mommy, tell us what is wrong." From the look on my face, maybe they thought someone died. I looked at my children and thought: "Who is doing what?! I looked at my girl who almost finished her secondary school. And I thought, 'Is it going to be you? Who?' I could say anything to them. I finally asked them to leave the room, and went to sleep. They still don't know what was troubling me that night."

—From the field notes of Sarah Degnan Kambou,

BEHAVIOR CHANGE AND IMPROVED SERVICES

From the outset, CARE worked in partnership with community members, who became stakeholders in the interventions generated from the appraisal process. The main findings from the PLAs included (a) a large proportion of adolescents begin having sex early and are sexually active; (b) the practice of safe sex is rare among the sexually active adolescents; (c) adolescents lack access to dependable sources of information on sexual and reproductive health (this was also the main expressed need of the adolescents); and (d) the clinics do not provide youth-friendly counseling and services.

CARE sought to address youth's sexual and reproductive health needs through an integrated package of interventions, which were aimed at the following objectives:

1. Promoting adolescent behavior change through the adoption of safe sex practices as well as through increased health-seeking behavior at public sector clinics.
2. Improving the quality of sexual and reproductive health information and services offered at public sector facilities.

CARE believed that these strategies would allow adolescents to gain greater control over their sexual and reproductive lives, leading in the short term to an improvement in the quality of their reproductive health and in the long term to wiser reproductive choices.

WORKING AT THE CLINIC AND COMMUNITY LEVELS

To address the apparent sexual and reproductive health needs of young people, PALS adopted two lines of action:

At the clinic level, CARE worked with the Ministry of Health to strengthen the delivery of adolescent sexual and reproductive health services through:

- creating adolescent-friendly services facilitated by the formation of “youth corners” (explained fully later in this chapter);
- improving the technical competence of health providers, with special emphasis on improving their interpersonal relationships with adolescents and providing high quality care;
- promoting awareness through health education and community outreach activities; and
- improving supervision and support.

At the community level, the project worked closely with the NHC members and community health workers, the Lusaka Urban District Council (LUDC) and the Department of Community Development to:

- facilitate formation of peer support groups designed to provide peer education using appropriate communication channels; and
- provide support for adolescent community activities through health education, small business training and the provision of social amenities such as community halls and sports equipment.

PROJECT FUNDING

Incorporating the views of adolescents, clinicians and other residents of the compounds, and using the findings of the participatory appraisals in Lusaka, the PALS project proposal was prepared and submitted to donors for funding. In Lusaka the project was funded by USAID Washington through a MotherCare subcontract, while the British Department for International Development (DFID), through Seedcorn funding, provided support for the testing of the same model in

Livingstone (in Zambia's Southern Province) and Ndola (in Zambia's Copperbelt Province).

GROUP FORMATION AND SELECTION OF PEER COUNSELORS

After funding was secured, adolescents proceeded to form small discussion groups, each of which had around 8-15 members. They determined their own criteria for selecting group members. Some opted for agemates and friends, others wanted to be with adolescents they did not know so that they could feel free to discuss their secrets. Some wanted gender-segregated groups and others mixed ones.

Discussion groups were used to brainstorm the qualities of a good peer counselor. Some of the qualities listed included respected, responsible, accessible, same age-group, and does not have many girl/boyfriends. Having discussed these, discussion group members were asked to select one person from their group as their representative and peer counselor.

Some program elements that were initially identified by the PLA appraisal did not end up taking place. For example, at first the project planned to develop several peer groups in every compound. Although the project began by supporting peer groups, they did not last. Instead, peer facilitators took the initiative to lead activities for adolescents in each compound. Since PLA stresses the importance of a flexible approach, CARE did not see a problem with not implementing the program exactly as called for in the work plan, especially since the activities that took place in lieu of the peer groups were still in line with the project's goals and objectives.

DEVELOPING TRAINING CURRICULA

The next challenge was to prepare training curricula for clinicians and peer counselors. For clinicians, PALS held a workshop to discuss training needs. CARE adapted an antenatal curriculum from MotherCare to incorporate the needs of local providers identified by the PLA and the workshop.

The curriculum for adolescents was more complicated. While the participatory appraisals found that adolescents were eagerly seeking information, via reliable sources, on sex and reproduction, adolescents also believed many myths on these subjects. These issues needed to be addressed in the peer counselor training. At first, we thought we could adapt already-existing curricula, but after reviewing available training materials we found that many did not cover the concerns that had emerged during the participatory appraisals. CARE then designed and prepared a specific training curriculum for adolescents based on the specific information and training needs of the adolescents they were working with (CARE, 1997).

TRAINING CLINICIANS IN THE PROVISION OF YOUTH-FRIENDLY SERVICES

Clinicians from all the clinics serving the project compounds were trained to provide youth-friendly services at the clinic. The training aimed to sensitize clinicians to the special needs and concerns of adolescents and to improve adolescent use of clinic facilities. A total of 56 clinicians from Lusaka attended this three-week course organized by CARE, which included theory and applied work with adolescents at clinics relating to antenatal issues, family planning, STI management and counseling.

CARE has observed some encouraging results from this training. At all PALS-

supported clinics, trained clinicians have established “youth corners” where youth can talk to each other in privacy and find relevant information. An external evaluation of the nurses’ training, conducted by a MotherCare consultant in Lusaka, noted a significant change in the attitude of providers toward adolescent reproductive health needs. This evaluation confirmed that:

- trained clinicians exhibited significant change in their interpersonal skills when serving adolescent clients;
- there was positive change in clinicians’ attitude to adolescent reproductive health needs;
- even staff who did not participate in the training observed the improvement in their trained colleagues; and
- the combination of peer counselor presence, youth corners and trained staff was attracting more youth to the supported clinics to seek preventive and curative reproductive health services (Ganges, 1997).

TRAINING ADOLESCENT PEER COUNSELORS

CARE also organized and facilitated seven training programs, training 125 adolescent peer counselors. Peer counselors operate the youth corners at clinics, run outreach activities with other adolescents in the compounds, and—on their own initiative— have begun a health education program in schools with the support of school authorities.

OPEN DAY: LEARNING FROM EACH OTHER

Trained peer counselors attended an “Open Day” event as a follow-up to the initial training, which provided staff with an opportunity to assess the accuracy of information conveyed by youth to their peers. The event was attended by 75 peer counselors, as well as nurses and NHC members. Activities included dramas, quiz competitions, songs and poems on reproductive health issues. To motivate the youth, awards such as caps, pens, T-shirts, badges, drums, books on youth and sex, and anti-AIDS posters and magazines were presented to winners.

The Open Day event allowed peers to learn from one other’s experiences. It also set in motion a healthy competition among peer counselors from different compounds, as they took serious steps to improve and expand their activities. Most groups developed enough confidence to actively participate in the World AIDS Day celebrations, reaching greater numbers of adolescents with reproductive health information.

Prior to the training of peer counselors at the community level, reproductive health services for adolescents were non-existent. Within seven months of the start of the intervention, 125 peer counselors recorded providing information on reproductive health to 1,073 of their peers, counseling 880 clients, providing condoms to 185 adolescents, referring 332 youth to medical providers, and recruiting 74 new discussion group members.

TRAINING OF COMMERCIAL SALES AGENTS

A “Small Economic Activity Development” workshop was held for 29 prospective adolescent Community Sales Agents, selected from among the 125 peer counselors who were already engaged in small businesses. The workshop strove to strengthen adolescents’ knowledge and business skills to help them in their enterprises and encourage them to start selling condoms.

Participants were eager to implement the business skills that they had learned. However, the training raised expectations that there would be credit opportunities from CARE; as the project was not designed to provide loan facilities, the adolescents' enthusiasm in CARE activities declined for about two months following the workshop. To stimulate their interest, CARE is now negotiating with its other projects the possibility of extending loan facilities to these adolescents.

FORMATION OF YOUTH CORNERS AND THE CIRCLE OF FRIENDS

In clinics participating in the PALS project, both clinicians and adolescents expressed a need for a separate space for youth. In response, "youth corners" (YCs) were established at every clinic as a place where peer counselors take turns receiving and counseling adolescents. Free condoms are also available.

YCs are operational at all the clinics supported by the PALS project. Data recorded by the peer counselors during the first two years show that the YCs are increasingly popular among 10-18 year old youth, who constituted 71 percent of YC users. Even older youth, aged 19 years and above, prefer accessing the clinic through YCs because they receive preferential attention. The most common reasons for visiting youth corners were to obtain information on STIs (21%), pregnancy (23%), and family planning (88%).

Trained clinicians have also introduced the "Circle of Friends," an innovation whereby youth who use clinic services are encouraged to bring a friend, and then to establish a circle of friends who offer each other mutual support in matters relating to their sexual and reproductive health.

The project thought that clinic outreach services, where clinicians visit the community to meet with adolescents in their area, would be beneficial. However, due to their already heavy workload, the clinicians have generally found it difficult to continue this activity in all the compounds.

PEER COUNSELORS' ACTIVITIES OUTSIDE THE YOUTH CORNERS

Although adolescent discussion groups were formed in all the compounds, and they did meet for a while, at present most seem to be nonfunctioning. Some reasons that these groups did not develop include:

- The novelty of the groups wore off after the first few meetings when the adolescents no longer had much to discuss.
- CARE did not have adequate resources to follow up with all the groups and to provide them with regular support.
- The trained peer counselors decided to form their own group, leading to the disintegration of the adolescent discussion groups formed earlier. The peer counselors also designed new activities that they started implementing themselves. This last reason played the most important part in reshaping the PALS project at the community level.

PARTICIPATORY MONITORING AND EVALUATION

The PALS project's monitoring system is primarily clinic-based and records those adolescents who visit the clinic or the YCs. However, there has been an element of under-reporting. Though clinicians were trained in record keeping, they have not been systematic in specifying relevant variables such as age. It requires a lot of effort to motivate providers to record the required

data because it is extra work for them. However, the available data do show that adolescent use of reproductive health services at public sector clinics has greatly increased since the project began.

At the community level, peer counselors use a tally sheet to record numbers of clients met; the form is simplified so that even those who cannot write can use it. Peer counselors also have notebooks to record any interesting cases they come across. Despite these small efforts, participatory monitoring and evaluation remains a weak area in the project. It has yet to be introduced in a systematic manner and, if resources are available, should be a focus of the project in the near future.

LESSONS LEARNED FROM THE PALS PROJECT

The PALS project has had remarkable achievements during its two-year duration. In the 21 clinics (in Lusaka, Ndola and Livingstone) where the project has been implemented,

- family planning clinic use by adolescents increased by 55 percent;
- condom use by adolescents has increased by 94 percent; and
- there was a 92 percent increase in pregnant young women seeking antenatal care, and an increase of 93 percent in post-natal care attendance.

PALS has shown that through training and support to clinic-based service providers, it is possible to improve the quality of care provided to adolescents. This finding is supported by the fact that other service providers tend to refer adolescent clients to providers trained by the project. However, ownership of the management of adolescent programming has not yet satisfactorily devolved to the District Health Management Teams (DHMT).

As in many peer counselor programs, attrition is a problem; as peer counselors become older, they need to earn a living, or simply lose interest in volunteerism.

Adolescents involved in the Community Sales Agent component of the program found that the profit margin on the sale of condoms was so low that it did not justify efforts to sell them. However, condoms are still issued through YCs at no cost. Strategies that help peer counselors become economically active are needed to retain them in the program and maintain a core of active peer counselors.

Funding for PALS ceased in May 1998 for the Lusaka sites (funded by MotherCare) and in August 1998 for Livingstone and Ndola (funded through DFID Seedcorn). Some activities have continued through the incorporation of PALS into other CARE projects. The Ndola project site, where the DHMT is committed, has received funding from UNICEF for youth-friendly services to continue adolescent programming on its own. In Lusaka and Livingstone, while a great deal has been accomplished, DHMT, clinic staff and the community will require additional support if they are to continue adolescent reproductive health activities. PALS needs to consolidate what it has accomplished thus far and explore alternative and more sustainable ways to improve adolescent sexual and reproductive health.