A FIELD GUIDE ON PARTICIPATORY RURAL APPRAISAL APPROACHES

November, 2005

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Acknowledgements

The development of this Field Guide on Participatory Rural Appraisal Approaches for AIDS Information Centre has been a product of many processes and professional input by various individuals and organisations, to which we are highly indebted.

A lot of gratitude and appreciation are therefore paid to all those who contributed at each stage of the guide’s development. Special thanks go to Josephine B. Kasaija and Xavier Nsabagasani (UPHOLD), AIC and Kayunga District staff who participated in the Kayunga Community Needs Assessment for their contribution towards the development of this guide. In the same vein, similar acknowledgment is extended to those communities (Kakoola and Nyondo Villages, Kayunga District) that participated in the various PRA exercises and processes.

Special appreciation goes to USAID for providing funding through UPHOLD. It is hoped that the existing cordial relationship between UPHOLD and her partners will be strengthened for the benefit of the target groups.

January 06
## List of Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<td>AIC:</td>
<td>AIDS Information Centre</td>
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<tr>
<td>AIDS:</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>COVCT:</td>
<td>Community Owned Voluntary Counselling and Testing</td>
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<td>PLA:</td>
<td>Participatory Learning and Action</td>
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<td>TBAs:</td>
<td>Traditional Birth Attendants</td>
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<td>UPHOLD:</td>
<td>Uganda Programme for Human and Holistic Development</td>
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<td>USAID:</td>
<td>United States Agency for International Development</td>
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<td>VCT:</td>
<td>Voluntary Counselling and Testing</td>
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SECTION 1

1 Introduction

AIDS Information Centre (AIC) was the first organisation to initiate Voluntary Counselling and Testing (VCT) services in Uganda and remains the leading service provider for VCT in the country. Currently, AIC operates in 40 out of 56 districts of Uganda, with activities focusing on community mobilisation, pre-testing counselling, HIV testing, post test counselling as well as transitional care to support individuals cope with the test results. AIC delivers its services through 8 directly managed branches in Kampala, Jinja, Mbale, Soroti, Lira, Arua, Mbarara and Kabale. In addition, AIC supports VCT services through indirect sites, which include public and faith-based health units around the main branches.

AIC’s Vision is to have an environment in Uganda where individuals feel free to have VCT, can access the service promptly and at an affordable cost. It exists to prevent the spread of HIV and to mitigate its impact by being a model of excellence in the provision and expansion of voluntary counseling and testing, information, education and promotion of care and support. Over the years AIC has been faced with the challenge of scaling up VCT to strengthen HIV/AIDS prevention efforts. In a country where stigma and inadequate professional services continue to hinder effective service delivery for HIV/AIDS, new initiatives to ensure as many people as possible, especially the very poor and vulnerable groups1 access VCT are necessary. Thus a Community Owned Voluntary Counseling and Testing Services project is being proposed as a way of scaling up VCT services among the population.

The Community Owned Voluntary Counseling & Testing Project

AIC is planning to implement a community owned VCT pilot project, based on the principle of community participation and ownership. The focus of the project will be on counseling and testing services as well as providing psychosocial and economic support through community self-help initiatives. The project is part of AIC efforts to initiate a community based VCT approach where communities are involved in mobilising and managing some aspects of VCT delivery. The expected output of the project is increased access to VCT services to more rural communities, disadvantaged women, the aged and people with disabilities who would otherwise find it difficult to access VCT services very far away from their homes. In addition, lessons learnt and best practices will be documented by AIC to guide in the replication of similar initiatives in other under served populations.

The project will be implemented with the support of The Uganda Program for Human and Holistic Development (UPHOLD), a 5-year (2003 – 2007) bilateral program funded by USAID.

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1 These include people in rural areas, men, women, and the youth.
Preliminary AIC consultations with the Kayunga district officials in preparation for the COVCT pilot project revealed low utilisation of VCT services in the district. This was attributed to low coverage and long distance to where VCT services are provided (Kayunga Hospital, Kangulumira and Bbaale H/C IV units). In order to address the constraints identified and increase accessibility and utilisation as well as enhance community ownership of the VCT services, the district and AIC resolved to involve the community in all stages of the proposed project implementation cycle (needs assessment, planning, implementation, monitoring and evaluation) using participatory approaches. It is in this context that this PRA guide was developed; to guide the community needs assessment and the actual implementation process of the proposed COVCT pilot project. The guide can also be used by other service providers who may want to scale up COVCT in other areas.

1.1 The PRA Guide

This PRA guide is to be used in implementation of the proposed Community Owned Voluntary Counseling and Testing Services (COVCT). It aims to provide broad but HIV/AIDS specific guidelines to inform AIC and other HIV/AIDS partners that may seek to promote community VCT services in different settings. Based on community views on the proposed COVCT project within AIC, the guide provides practical examples on assessment of community conditions in view of HIV/AIDS problems. Those using the guide may find it necessary to adapt and apply the methods depending on the different settings. The guide does not provide a comprehensive view of all HIV/AIDS counseling and testing issues and users are encouraged to utilize other references as may be appropriate.

Specific Objectives of the Guide

1. To provide information on PRA approach in the implementation of VCT and other HIV/AIDS related services.

2. To provide information on selected PRA techniques that will be used in the Community Needs Assessment and implementation processes.

Intended users of the Guide

This field guide is meant for staff of AIC and other actors such as technical staff in the districts and community mobilisers who will be in charge of implementing the Community Owned Voluntary Counseling and testing (COVCT) pilot project in Kayunga District and elsewhere.

1.2 Organisation of the Guide

The guide is organized into the following five sections:

i. Introduction
1.3 How to use the Guide

This Guide is arranged into five sections. The first section provides the background to the Guide drawing on the vision and mission of AIC and the need for the Guide. Users ought to read this section in order to appreciate the importance of the guide and the philosophy of community ownership of VCT.

Section II provides a background to PRA. This is particularly useful to users to whom the concept of PRA is new. It provides the context and importance of PRA, giving the user a framework for the application and relevance of the tools, provided in Section III.

Section III describes different PRA tools and their application. The tools are arranged in order of use as applied in the Kayunga Community Needs assessment exercise which was undertaken in July-August 2005. However in other circumstances the order in which the tools are applied can differ from this one, depending on the target group, purpose and the topic under investigation. Users can apply their discretion as to which tool to apply first.

The guide presents each tool individually describing its purpose, materials to use, duration in relation to application in the community, steps for facilitators to follow, and guiding questions. In applying the tools, users are advised to familiarize themselves with each tool before application in the field.

Users should note that some tools take more time to use than others. On average two tools can be applied per day so that the community is allowed time to engage in their usual activities while also giving the PRA Team enough time to apply each tool adequately. Note that similar tools are applied to different groups as initially categorized in the PRA exercise e.g men, women, female youth, male youth and children. This is because the needs and perceptions of these groups differ.

Section IV addresses community visioning. This an important output of PRA which determines the decisions and direction of interventions. Users should bear in mind that the emphasis is on community issues in relation to the specific PRA goals. Sometimes the community vision many conflict with the organisations’ interests. Users must reconcile this conflict by integrating an organisations’ interest into the community vision.

Section V focuses on data analysis and report writing. Users should note that data analysis is an evolving process throughout the PRA exercise. It is done by both the community and the PRA team. The guidelines on the specific tools reflect how the community is involved in the data analysis and production of some of the materials used in the report. Data analysis should never be left to the end of the PRA exercise as this can lead to loss of key data. What this section does is highlight steps of data analysis and report writing. Users are encouraged to read this section right from the start of a PRA
exercise to help them develop an action plan which clarifies roles and outputs of the various components of data analysis and report writing.
SECTION II

2 Background to Participatory Rural Appraisal (PRA)

Participatory Rural Appraisal is one of the many approaches used in qualitative research, which emerged in the late 1970’s. It is a way of learning from, and with community members to investigate, analyse, plan, implement, monitor and evaluate constraints and opportunities and make informed and timely decisions regarding development activities.

PRA uses group animation and exercises to facilitate information sharing, analysis, and action among stakeholders\(^2\). Although originally developed for use in rural areas, PRA has been employed successfully in a variety of settings. The purpose of PRA is to enable development practitioners, government officials, and local people to work together to plan context appropriate programs.

Participatory rural appraisal sometimes referred to as rapid rural appraisal was developed in the 1970s and 1980s in response to the perceived problems of development workers/researchers missing information, miscommunication, and late dissemination of information for timely decision making. It is preferred in development work because it overcomes these limitations and avoids outsider based responsibilities and decisions which may not reflect priorities of a community. In PRA, data collection, analysis and decision making are immediate and key responsibilities lie in the hands of the community members and development workers who work with them (Theis & Grady 1991).

Definition of concepts

**Community:** It is a group of people living together in the same location and organised in a social entity. People in the community may not necessarily form a homogenous entity and sometimes, this manifests itself in the emergence of conflicts such as inequitable allocation of resources.

**Community participation:** This refers to the involvement of the community in decision-making processes (planning, implementation, monitoring, and evaluation of development programmes) and sharing of benefits of development programmes (Cohen and Uphoff 1977).

**Situational Analysis:** This is an in-depth process that develops an understanding of the needs of the community. It analyses a particular situation at a given point in time and this information can be useful to different audiences for a variety of purposes. It involves a combination of data gathering techniques (PRA, structured or semi-structured

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\(^2\) Stakeholders include community members or the targeted community members, the research team, local authorities and institutions and funders.
questionnaires) conducted from a variety of disciplines (e.g. social, economic, environmental and political).

**Needs assessment:** This a process that gathers information about people's varied needs, raises participants' awareness of related issues, and provides a framework for prioritizing needs (The World Bank Participation Source Book). It is important to u…………

In preparing for a needs assessment the following key questions must be considered:

- Who is the assessment attempting to inform or influence?
- What is the purpose of the needs assessment e.g. policy and strategy, development, advocacy, social mobilisation, resource mobilisation, programme design?
- Whose needs are to be assessed?
- What questions need to be asked?
- What resources are available for the needs assessment?
- How will the information be used?

### 2.1 Key Principles of PRA

**Participation:** Local people's input into PRA activities is essential to its value as a research and planning method. Therefore active involvement of all community members is important.

**Teamwork:** Validity of PRA data relies on informal interaction and brainstorming among those involved, it is best done by a team that includes local people with perspective and knowledge of the area's conditions, traditions, and social structure and PRA team with a complementary mix of disciplinary backgrounds and experience.

**Flexibility and informality:** The relationship between the PRA team and the community is such that each is free to discuss. Methods used to generate information are varied and choice of which to apply will differ between groups of the same community.

**Triangulation:** Using more than one technique/source of information to crosscheck answers, that is comparing and complementing information from different sources or gathered in different ways is very important. It also involves having team - multidisciplinary - members with the ability to approach the same piece of information or the same question from different perspectives.

**Self-critical awareness and responsibility:** Facilitators must continuously examine their behaviors and try to improve their skills. This includes:

- Embracing error as an opportunity to do better;
- Using one's judgment at all times;
• Accepting personal responsibility rather than vesting it in a manual

*On spot analysis:* Analysis of the information gathered is an integral part of fieldwork itself. Analysis is done together with the community in order to determine which way to go.

### 2.2 Advantages of PRA

- Enhances community mobilization in development activities since it raises the consciousness of local people regarding their reality, and what can be done to transform it.
- Allows the use of visual materials like maps, charts that the local community can understand, comment on and amend during data collections.
- Promotes active and sustained participation of community members in the description and analysis of their community, including the identification of its problems and solutions.
- Promotes grass root development since it allows communities to search for solutions in accordance with local criteria and priorities.
- Promotes accountability and transparency
- Promotes a sense of ownership, acceptability and sustainability
- Strengthens collaboration between the community and external institutions.
- Promotes integration by encouraging the participation of diverse groups, especially women, children, persons living with HIV/AIDS, the elderly and persons with disabilities.

### 2.3 Limitations of PRA

- False expectations can be raised in the community, especially regarding financial support. Communities usually think that “after PRA comes money”.
- Community priorities are not necessarily organization priorities
- Group analysis does not provide many opportunities to learn important individual interpretation or experiences.
- The lack of experience and commitment in participatory work by development workers can have a negative impact on the quality of the exercise.
- Communication difficulties can occur, especially when there are language or marked cultural differences
- Information about the community is sometimes “extracted” by the PRA team for their own benefit or for the benefit of their organisation they work for, rather than for the benefit of the community.
- It is time-consuming and requires highly trained personnel to manage.
### 2.4 Steps in conducting PRA exercises

<table>
<thead>
<tr>
<th>Steps</th>
<th>Key aspects and Issues</th>
<th>Responsible person/office</th>
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</table>
| **Step I:** Conceptualizing the PRA focus | Set the goal for the PRA  
Define the problem/topic/issues for investigation  
Developing research questions | The core team within the organization |
| **II:** Site selection |  
- Develop criteria of selection for study site  
- Preliminary visits  
- Confirming or deciding appropriateness of site in relation to objectives (representation)  
- Get clearance from the local authorities  
- Get a contact person in the community  
- Make appointments with the community through their leadership | Project/program staff |
| **III:** Putting the PRA research team together and developing research tools |  
- Develop and agree on data collection tools  
- Identify and recruit PRA research team  
- Train/orient the PRA research team in data collection tools. Even when the team is familiar with the PRA tools, there is need to refresh their mind and harmonize the approach. Also brainstorm on community entry issues. E.g what kind of problems or challenges are you likely to face? Suggest ways on how to address the anticipated problems/challenges  
- Define and assign roles | Project/program staff |
**Example of the composition of the PRA research team:**

**Facilitator**
- Introduces the exercises to the community
- Makes sure everybody in the group is given an opportunity to give his/her views
- Supports the note taker in gathering all relevant documentation
- Directs the discussion and promotes participation
- Ensures good time management
- Wraps up the sessions

**Recorder**
- Records the proceedings/discussions with guidance of a checklist of key issues
- Makes sure all the required materials are available
- Supports the facilitator Agree on a meeting place
- Observe time
- Get a translator if you do not speak the local language by asking some questions and seeking clarity
- Copies visual outputs into a note book/flip charts/manila paper
- Takes note of disruptive factors to the group processes

**Translator**
- Helps the facilitator in interpreting the questions if there is language barrier
- Should not subject data/messages to personal views/prejudices

<table>
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<th>IV: Data collection</th>
<th>Community mobilization</th>
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<td></td>
<td>Pilot the tools in the field to establish their appropriateness</td>
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<td></td>
<td>Apply the selected tools in the community to assess the situation basing on the objectives</td>
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<td>PRA research team and the community</td>
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</table>
### VI: Data synthesis & analysis

Start this while in the field together with the community by asking oneself the following questions:
- What does the response (data) mean?
- Why is the respondent (data) saying that?
- What are the consequences/implications of the response?
- What are the contradictions between what is expected and the reality?
- Who is responsible (cause and possible solutions)?

### VII: Report Writing and dissemination of the findings

- Prepare daily reports in order to capture relevant information
- Agree on the reporting format i.e. list chapters, major headings and sub-headings
- Merge the daily report
- While compiling the reports, it is good to ask yourselves the following questions.
  - Who will read the report (community, government, NGOs, donor)?
  - What will the report be used for?
  - What should the report contain?
  - How should the information be presented?
  - Who will write the report?
- Share out the first draft with key stakeholders in order to solicit comments and ownership of the findings
- Disseminate the key findings to all stakeholders including the community.

### 2.5 Duration of PRA processes in the community

A typical PRA exercise lasts about seven days or more depending on the circumstances such as:
- The time available to both the community members and the PRA team
- The number of the moderators to facilitate the process, and
- The number of community members able and willing to participate
- Number of tools that are going to be applied. Each tool usually takes between two and four hours although some tools may take less than two or more than four hours, depending on:
  - The level of detail of the information required,
  - The time that community members need to understand and actively participate in the exercise
  - The time needed to discuss a particular topic or theme
**Interview Tips**

Good interviewing skills as listed below are required while applying PRA tools in a community.

- Be prepared for all sessions by having a clear plan of what is to be covered
- Always remember to explain the purpose of the meeting/interview. You should have translated the questions into the local language that all understand. Be clear, simple and in a few words explain the purpose of the topic for discussion
- Watch your body language by being friendly in words, actions and physical appearance
- Stay calm and self-controlled; never get too emotional
- Be flexible but principled and consistent
- Accept when in the wrong
- Start with something all your participants know; sharing the results from the previous day’s work is useful
- Mix questions with general discussions. It keeps the conversation going and shows that you are listening
- If you work in a team, never contradict each other in the team before your audience! This may force them to take sides
- Use diagrams, symbols and other drawings: they help to promote and maintain participation
- Avoid using scientific terms and jargon you have not defined/explained to your partners
- Observe and listen. Observe the people, their activities, and resources and note them down. Listen to what they say, their songs, proverbs, comments etc. They will help you to understand them better
- Always close-up the discussion by thanking the members and be polite
- Jot down the main points, make full notes after the sessions
SECTION III

3. PRA Data Collection Techniques

There are a variety of PRA tools, which can be applied while conducting a needs assessment. Under this section of the guide, about thirteen PRA tools and steps to follow while conducting a community needs assessment for the COVCT Project are presented.

These tools can also be used at any stage of the implementation of the COVCT project. The order of the implementation of the tools varies and depends on the purpose of the exercise. However, while in the community, it is important first to apply tools that will obtain some general information about the community such as social and resource mapping. These tools also help the PRA team to start the dialogue with the community, in addition to serving as entry point.

The PRA team leader should package the introductory message very well so as not raise community expectations. Usually the communities say “We have heard what you have said, but what is the project going to give us?” The team (leader) can respond by explaining that the project (or any other activity) will not be giving money. Rather, with the help of the project, the community members will be able to identify their needs and priority problems and together come up with solutions. It is also important at the outset to ensure that the community members understand the expected output/outcome of the exercise. PRA data falls under three main categories: spatial, time and social economic information.

The tools are discussed under the following information categories:

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<tr>
<th>INFORMATION CATEGORIES</th>
<th>SPECIFIC TOOLS</th>
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<td>Resource map of the community</td>
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<td>TIME</td>
<td>Timeline/historical profiles</td>
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<td>SOCIO-ECONOMIC</td>
<td>Social Map</td>
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<td></td>
<td>Institutional relationship (Venn diagram)</td>
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<td>Mobility map</td>
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<td>Seasonal Calendar</td>
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<td>Income and expenditure analysis</td>
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<td>Wealth ranking</td>
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<td>Gender analysis</td>
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<tr>
<td>PRIORITIZING PROBLEMS AND</td>
<td>Pair wise ranking</td>
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<tr>
<td>SOLUTIONS</td>
<td>Preference ranking</td>
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<td>Problem tree</td>
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3.1 Spatial information

This generates information on the geographical and physical characteristics of a community. Such information will be obtained through drawing of a community resource map.

3.1.1 Resource Map

A resource map is a tool that helps the PRA team to learn about a community, its resources and associated issues. It is a good tool to begin with because it is easy for the community to do and it puts them at ease.

**Purpose:** This tool is used to identify resources important to the community (water points, trees, forests, crops, hills, roads and pathways) and institutions (schools, health units). This is also used to assess utilization patterns and gaps in resource use and control and how they impact on the implementation of development initiatives like COVCT pilot project.

**Local materials needed:** These include sticks, stones, grasses, wood, tree leaves, and coloured sand to draw the map and indicate the different features on the ground. Some groups within the community especially the youth sometimes prefer to use modern materials that may include chalk, markers, flip charts or Manila paper in drawing the maps.

**Duration:** 2 hours

**Steps to follow/sequence**

i. Introduce yourself and the rest of the team.
ii. Explain the purpose of the tool to the community and inform the community that you are interacting with them in order to learn what goes on in their community.
iii. Separate groups of men, women and children and the elderly in the community. This is because each group may look at resources differently. Women will map the resources they think are important, so are the men and children.
iv. Agree with each group on a suitable place (adequate space and free from interruptions and materials to use. It is better to draw on the ground especially where the ground is leveled using local materials such as branches, leaves, grains, beans, or stones. This helps to move things or add more easily and people who are nervous about writing can participate more effectively.
v. Help the groups get started by facilitating them to draw the maps themselves. You may start by placing a rock or leaf to represent a central and important landmark of the community, and then ask them to draw the boundaries of the village/community.
vi. Ask members to draw other things on the map that are important. Do not interrupt them unless they stop drawing. It would also be helpful to draw roads and significant spots of the village into the map.
vii. Encourage active participation of all the members.
viii. Do not overcrowd the map. All information may not be plotted on the map, put other useful information in the notebook.

ix. When the map is completed, you ask the members to describe it and probe for the importance of such resources to the community in relation to prevention and mitigation of HIV/AIDS.

x. Discuss with the community abundant and scarce resources and probe for reasons and implications of either scenario.

xi. Transfer the map to the paper. If there is a community member who can do it, encourage them to do so.

xii. Make sure that the map has a key that explains the different items and symbols used, the date, village name, PRA team and participants.

xiii. Make sure a copy of the map remains with a selected community member for further use/reference.

<table>
<thead>
<tr>
<th>Discussion guide</th>
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<tbody>
<tr>
<td>What important resources exist in this community?</td>
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<tr>
<td>Where do people go to collect water, firewood, herbs, and how do they use the resources etc? (Probe for the use of herbs in relation to HIV/AIDS)</td>
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<tr>
<td>What are those resources that women, men, girls and boys use?</td>
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<tr>
<td>What resources are abundant/scarce?</td>
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<tr>
<td>What are the implications of abundance or scarcity of resources?</td>
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</tbody>
</table>
Example 1: A Resource Map of Kakoola Village

This map was drawn by a group of community members of Kakoola village. The map presents resources that the community members perceived to be important to them and found within the boundaries of their village.

3.2. Time information

This provides information about the history and changes a particular community has experienced.

3.2.1 Time Line/Historical Profile

It is a line or flow chart with dates or events along with it showing things that happened in the past up to the present day. The trend lines will help the PRA team understand the villagers' perceptions of significant changes in the community over time. The tool focuses on community attention on positive and negative changes over time in terms of major health related events, resource use and management practices among others.
**Purpose:** This tool will help the community to understand the past better in order to analyze the present conditions in relation to HIV/AIDS and related problems. It will also help people understand how the HIV/AIDS scourge has influenced their lives, how they have coped with its related problems and can predict about the future based on the current trends.

**Materials needed:** sticks, leaves, dry logs, markers and flip charts.

**Duration:** 1 hour.

**Steps to follow/sequence**

1. Make sure community members are gathered in a circle in a place where they can draw preferably on the ground.
2. Explain to the community groups the meaning of trend lines.
3. Mention the purpose of the exercise and ask the community to help in identifying major events that occurred in the community in relation to HIV/AIDS and have impacted on their lives (10 years ago).
4. Ask one community member to find a stick and to draw a long line on the ground where events will be plotted.
5. Facilitate the community to use local materials or markers and flip charts for those who prefer to write to represent events.
6. Make sure that the stick is passed on from one member to the other. Also listen carefully to capture events that affected the community.
7. Probe for events of interest if they are not mentioned and ask for reasons why they happened and who was affected in the community.
8. At the end of the exercise ask if anyone may wish to add to the information already generated.
9. Ask one member of the community to transfer the timeline on a piece of paper for the community while the facilitator records his/her information.

**Discussion Guide**

*Which year/period did they come to know about HIV/AIDS?*

*What actually happened?*

*How did the event or the occurrence impact on the community and the different social groups (women, men, girls, boys, elderly, people living with HIV/AIDS, and persons with disability)?*

*What was the community response?*
### Example 2: A Timeline for Kakoola Village

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1980</td>
<td>Famine-locally known as “ani amuwadde akatebe”</td>
<td>People ate ‘Kayinja’ and forest food called ‘kama’ and there were increased thefts</td>
</tr>
<tr>
<td>1994</td>
<td>Cassava mosaic</td>
<td>Led to famine which affected men most because they had to look for food to feed the family</td>
</tr>
<tr>
<td>1995</td>
<td>Coffee boom</td>
<td>People gained income (a kg of coffee was at Ug shs 1000/=) and constructed permanent houses, shops, bought assets -motorcycles (10), land, car (1), bicycles, and people could afford basic necessities-education, food, clothing, food selling places emerged Increased coffee thefts and fights</td>
</tr>
<tr>
<td>2000</td>
<td>Coffee wilt disease</td>
<td>Low incomes and thus poverty, reduced agricultural production due to inability to hire labour which they depended on most, high drop out rate of children from school</td>
</tr>
<tr>
<td>2004</td>
<td>Vanilla production</td>
<td>Increased income- a kg of vanilla was at Ug shs 100,000=/=. People bought assets-cattle, mobile phones, plots of land (2) and constructed permanent houses.</td>
</tr>
</tbody>
</table>

**Participants:** Male youth, **Facilitator:** Juliet Kanyesigye

**Note:** Sometimes the time line may yield information that may not directly relate to the topics discussed. Users should reflect the importance of such information to the purpose of the PRA. In this case the key events are related to agriculture production, famine. Therefore the relationship with health and HIV/AIDS can be further discussed to see how these major events affected the community. Famine compromises the nutritional status of a person; therefore it has negative consequences on health. This time line also shows coffee as a major cash crop, therefore the boom has a positive impact on incomes and associated benefits. Conversely the coffee wilt disease leads to reduced income, which can compromise service access. In the needs assessment, the community associated increased incomes among men to marrying more wives and drinking which are HIV/AIDS risk factors. They also attributed such raise in incomes to availability of money for school fees (for girls this has the potential to lower the age of marriage), and more house hold assets and overall improved social economic status of homes. During the exercise users should make sure they probe and bring out linkages with the PRA purpose.

### 3.3 Socio-economic information

This information details the socio-economic conditions in the community. Tools used to obtain such information include social mapping, wealth ranking mobility mapping, income and expenditure, gender analysis and seasonal calendar.
3.3.1 Social Map

This is a map drawn by the community indicating where people live, as well as significant community characteristics, institutions and their relationship with the community. This is sometimes drawn alongside the community resource map.

**Purpose:** The tool is used to create rapport as community members get involved in locating their own households as well as identifying important people (graduates, extension workers, community resource persons, trained counselors etc) and institutions (churches, schools and health facilities including VCT services, TBAs, traditional healers) that relate with them. It also indicates markets, meeting places, water points and the distribution of groups at risk in the community.

The type of information generated will also be relevant to the planned project in terms of planning and monitoring issues.

**Local materials needed:** These include sticks, stones, grasses, wood, tree leaves, and coloured sand to draw the map and indicate the different features on the ground. Some groups within the community especially the youth sometimes prefer to use modern materials that may include chalk, markers, flip charts or Manila paper in drawing the maps.

**Duration:** 2 hours

**Steps to follow/sequence**

i. Introductions of the people present (including the facilitator and the PRA team)
ii. Explain the purpose of the meeting and the tool to the community
iii. Divide community members into groups according to sex and age.
iv. Request each group to draw a map of its village/community showing all households. It would also be helpful to draw roads and significant spots/features of the village on the map.
v. Ask whether the number of households has increased or gone down – if there have been any changes, ask why the number has changed and whether this has caused any problem for certain families or for the community at large e.g. child headed and single households.
vi. Ask the groups to map institutions, buildings and places that offer some kind of social services or which are popular spots to meet and discuss. Examples: schools, churches, health units, traditional healers, community structures, community leaders, local shops, drinking joints etc.
vii. Among the mentioned institutions like health units, probe for coverage levels, type of service, gaps, implementers and other resource persons.
viii. Find out whether the community is knowledgeable about VCT services and if VCT services are offered, where, by who and the in service delivery gaps.
ix. Wrap up the discussion and request one community member (if any of them can write and read) to transfer the map on paper and request them to keep a copy.
x. Make sure that the map has a key showing the different items and symbols used; the date, village name, PRA team, participants and any other relevant feature.
Discussion Guide

- What are the approximate boundaries of the community?
- How many households are found in the community (Village) and where they are located?
- Has the number of households increased or reduced during recent years. If there have been changes ask why? Also ask whether the change has caused any problem for certain families or for the community?
- Show which institutions (formal and informal) and individuals that offer some kind of social services or which are popular spots to meet and discuss. Examples: schools, churches, health services, traditional healers, NGOs/CBOs, community groups, community centres, community leaders, local shops and drinking joints, place where people frequently meet, etc.
- Probe for health services that are provided in the community especially HIV/AIDS related that benefit the different social groups (women, men, youth and children i.e. type of service, coverage, targeting, knowledge and practice (behaviours), benefits from such services, providers of the services and gaps (in all the above mentioned).
- Probe for care and support services (package, target, and challenges.
- Who are the most vulnerable groups to HIV/AIDS and why?
- What factors hinder utilisation of health services including VCT services?
- What factors promote the utilisation of health services including VCT services?
- What are the health needs of the community and the different groups within the community that are currently met and unmet?
- Get suggestions on which health services they would want to be improved and suggestions on how it should be improved?
- What constraints are likely to be faced while implementing a development project in the community?
Example 3: Social Map of Kakooka Village

Social mapping can also be applied together with wealth ranking tool. In the process of plotting households on the map, community members can also identify the poor/rich households and rank them using their own indicators of poverty.

3.3.2 Wealth Ranking

This tool is used to discuss community perceptions of wellbeing and poverty, and classify households in relation to degrees of wellbeing.

**Purpose:** This tool is used to investigate local perceptions of wealth differences and inequalities in a community and how these affect the use of health facilities. The tool also helps to understand how these differences influence or determine people’s behaviours, coping strategies. In addition, it enables the team to identify and understand local indicators and criteria of wealth and well being as well as mapping out the relative position of households in a community. In addition, the tool discusses the impact of HIV/AIDS on household wealth status.
Local materials: Cards in relation to number of households, markers and Manila paper.

Duration: 2 - 3 hrs

Steps to follow/sequence
i. Welcome remarks by area leader
ii. Introduce the PRA group and the purpose of the exercise. There is also need to explain clearly what the community is likely to benefit from their participation in the process. This will help to allay any fears and minimise false expectations.
iii. Informants are selected on the basis of their being known by all people in their community very well.
iv. Prepare a number of cards equivalent to the number of families in the community (but make a random sample if the families are more than 100)
v. Write on each card the name of a family (one family per card).
vi. Write on a separate piece of paper each wealth criterion (e.g. moderately rich, poor and very poor).
vii. Ask members to distribute family cards according to the wealth criteria (e.g. piles of the rich, moderately rich, poor and very poor depending on their definition of the different categories of wealth).
viii. Briefly demonstrate with few examples how the exercise is to be done (e.g. in which pile would Mr. Otim’s household fall? The ‘rich pile’? The ‘somewhat rich’ pile? The ‘very poor’ pile? You can do this for two or three households. Once people have understood the procedure, let them continue.
ix. Throughout the exercise, as people debate amongst themselves, carefully listen and note the criteria that they use to distribute each individual to a particular category.
x. Alternatively, if you realise the community is very sensitive, the exercise could be facilitated without mentioning any household name, by asking how many wealth categories and what would be the criteria for belonging to each of them.
xi. After each household has been plotted (or each category defined), ask what factors have led to members belong to particular wealth categories, (probe for HIV/AIDS related factors)

xii. Ask them what factors can lead to anyone of them ‘move’ from one category to another (become better or worse off).

xiii. Community members then can summarise the characteristics of each category and estimate what proportion of the population falls into which category.
xiv. Summarise the criteria and indicators derived from the ranking discussion.

xv. Where appropriate, action points can then be developed.

xvi. Transfer the information on paper and leave a copy with the community.

xvii. Put the name of the village, the group and date on the table.
Discussion guide:
What criteria do you use to determine whether household A or B is rich or poor?
Why are some people rich while others poor?
How do people cope when they are poor?
Which among the groups mentioned has more/least access to health services i.e. information, care and treatment etc.

Example 4: Wealth Categories in Nyondo Village

<table>
<thead>
<tr>
<th>Category</th>
<th>Characteristic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rich</td>
<td>Consistent income from selling milk, pineapples, matooke. Own cows, motorcycle, shops, maize mill, and blockhouses, Amaka agesimisa- meaning admirable/well-to-do homes that can also afford to pay for health services.</td>
<td>11 (3%)</td>
</tr>
<tr>
<td>Relatively rich</td>
<td>Teachers who are paid monthly salary. Own at least 3 cows, 2 small pieces of land-ebibanja, iron roofed and house built with blocks but no longer have income due to coffee and banana wilt, one person has a motorcycle but sold cows to buy it, own latrines but are not in good condition.</td>
<td>60 (17%)</td>
</tr>
<tr>
<td>Poor</td>
<td>Live in grass-thatched houses; own at least 2 goats, and one kibanja. Have many children (sons) using that same piece of land, only depend on sale of crops and do not want to change their practices of cultivation.</td>
<td>90 (25%)</td>
</tr>
<tr>
<td>Very poor</td>
<td>Many of these are the youths, who have just married and depend on their parents’ land, and the elderly.</td>
<td>143 (41%)</td>
</tr>
<tr>
<td>Very-very poor-Lunkumpe</td>
<td>Have no land, some had coffee and sold it off and remained with small pieces, no clothes, no help when they fall sick and they cannot afford treatment.</td>
<td>48 (14%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>352</td>
</tr>
</tbody>
</table>

The community members of Nyondo village generated the five different wealth groups highlighted in the table above categorizing the households from the poorest of the poor to the richest.

3.3.3 Mobility Map
This map shows how members move in and outside their community to meet their needs. In the map, the length of the line connecting the community and the destination is an indication of the relative distance. The thickness of the line shows average numbers of people who travel to that place. Thus, the wider it is the more people go to the particular place.
Purpose: This tool helps the community members to discuss and learn about the relevant places that they need to reach for particular resources and services as well as highlighting the existing services and those the community lacks or are scarce. The tool also helps to discuss the factors promoting and hindering the availability and accessibility of services in particular VCT services.

Materials: stones, leaves, sticks, and flip charts/manila paper, markers if the map is to be drawn on paper.

Duration: 1.30 hours.

Steps to follow/sequence

i. Introduce yourselves and explain the purpose of the exercise (i.e. constructing a map will help us to understand what makes people move in and out of their community, where they go and why).

ii. Divide them into gender and age groups.

iii. Ask one community member to draw a large circle on the ground that represents their community.

iv. Using open questions, such as “what places do you have to visit outside your community?” Ask them to represent these places with symbols of their choice. Each place can be linked to the symbol or circle for the community with arrow lines.

v. Continue asking why such movements happen, and the frequencies for going to the places represented e.g. hospital, market etc.

vi. Ask whether this is a traditional movement pattern or recent phenomena.

vii. Establish movement pattern by gender (men, women, youth), when they move and why. This will also enable the team explore mobility for health services by gender and why?

viii. Repeat the same process for people who come to the community.

ix. Discuss with the community whether such mobility is good or bad for the community and whether there connection to the spread of HIV/AIDS.

x. Transfer the diagram into the paper and leave a copy with them.
Example 5: Mobility Map of Kakoola Village

Arrows pointing inside the circle reflect movements in the community while those pointing outside reflect movements of community members from the village to other parts.

3.3.4 Income and Expenditure Analysis

Information on income and expenditure is vital to understand a community, how community members earn their income and spend it and how their income and expenditure patterns affect the way they live.

Purpose: The tool is used to assess how members have been earning and spending their income. It also looks at factors that affect income and expenditure i.e. sickness, dependants, seasonal variations, treatment of infected HIV/AIDS patients, orphans etc. The tool is used to look at future expenditure decisions and their implications in relation to the well being of individuals, households and the community at large. The exercise
also brings out coping mechanisms and identifies strategies that address some of the identified constraints.

**Duration:** 1 hr.

**Materials:** stones or beans and a stick with which to draw the matrix on the ground or markers and manila papers.

**Steps to follow/sequence**

i. Introduce yourself and the rest of the team.

ii. Explain to the group that you want to learn about their sources of income and expenditure patterns. Reassure them that you don’t want to know how much they make but are only interested in learning about where their money comes from as an important aspect of learning.

iii. Ask the group to list their sources of income. Be sure to probe them to include both cash sources and payments in kind.

iv. Facilitate the community members draw a circle representing a household with arrows facing in (income) and out (expenditure).

v. You ask them to interpret the chart.

vi. Transfer the information into paper and leave them with a copy.

**Discussion guide:**

*What are the most important sources of income in the community, both cash and in kind?*

*How do people’s sources of income compare to the rich (refer to wealth ranking exercise)?*

*How do women’s sources of income compare with men?*

*How are expenditures spread out over the year?*

*Which expenditures are common to almost everyone (probe for HIV/AIDS related expenditures)?*

*For each social group, what proportion of income is spent on basic need like food, clothing, housing, health care and education?*

*Who can save and type of saving?*

*How do women’s expenditures compare to men’s?*

*To what extent does the household income meet the expenses?*

*Which time or seasons are better or worse?*

*How do you cope during periods of scarcity?*

**Additional aspects of discussion for individual households:**

*Who lives in this household or homestead (by age and sex)?*

*Which members contribute to the household income (in cash, credit, food, labour etc.)?*

*Which other people outside the household contribute to income (family, friends, and community)?*
Example 6: Income and Expenditure Patterns of Kakoola Village

Arrows pointing in the community reflect the sources of household incomes, while those pointing outside the circle reflect household

3.3.5 Seasonal Calendar
This is a locally produced calendar showing seasonal variations that affect the lives of the community members.

**Purpose:** This tool is used to show the different seasons, crop production, and disease patterns among others throughout the annual cycle. It identifies the months of greatest difficulty and vulnerability, or other significant variances, which have effect on people’s lives. For example, it will show seasonal variations of climate in relation to rainfall patterns, crop sequences, income and expenditure, nutrition, health and disease patterns etc., periods of scarcity and abundance. It is also used to assess periods when communities are “more or less busy” based on activities they do across the year and how these influence their participation in development activities and community social life such as participation in social support groups, arranging funeral rites and marriage ceremonies.

**Duration:** 1.30 hrs.

**Materials:** Leaves, sticks, stones whereby many items such as stones represent more rainfall or too much drought. However, some may decide to use modern materials such as Manila paper, flip charts and markers.

**Steps to follow/sequence:**
i. Introduce yourself and the rest of the team.
ii. Introduce the topic for discussion and explain clearly the purpose of the exercise.
iii. Divide community members into smaller groups at this stage basing on gender and age.
iv. Guide the community to prepare local materials such as stones and leaves to use during the exercise. These local materials could represent the months and the topics to be discussed: the months are arranged in one row at the top of the matrix and the topics on a vertical column.
v. Guide the community members to draw a matrix representing an annual calendar on the ground.
vi. Proceed by asking community members to fill the calendar using local materials.
vii. Find out the characteristics of the different months/seasons. For example by asking when there is “more” or “less” of this occurrence like rainfall, fever and other topics and discuss the score to be given in the matrix (high or low). Then move to the next month and discuss whether this is more, equal or less than the previous month. Do the same for the remaining months. When the first topic is covered, then move to the next until all have been filled.
viii. After the calendar is finished ask the group which linkages they see among the different topics of the calendar. Encourage the group to discuss what they see on the calendar.
ix. Transfer the data into paper and leave a copy with the community and make sure that the calendar has a key explaining the different items and symbols used on the map.

**Discussion guide**

*What are the busiest months of the year and what do you do during these months?*
*When are you least busy during the year and what do you do then?*
*When is food scarce or in plenty? What happens?*
*What could be the most appropriate season for additional activities for men and women? What time constraints do exist and for what reason?*
*What diseases are common and when and how do they impact on the productivity of the community?*
### Example 7: Seasonal Calendar for Kakoola and Nyondo Villages

<table>
<thead>
<tr>
<th>Event</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought</td>
<td>00</td>
<td>00000</td>
<td>00000</td>
<td>00</td>
<td>0000</td>
<td>00</td>
<td>00</td>
<td>00000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rainfall</td>
<td></td>
<td>0000</td>
<td>00</td>
<td>0000</td>
<td>00</td>
<td>0000</td>
<td>00</td>
<td>0000</td>
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</tr>
<tr>
<td>Malaria</td>
<td></td>
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<td>00</td>
<td>0000</td>
<td>00</td>
<td>0000</td>
<td>00</td>
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<tr>
<td>Diarrhoea</td>
<td></td>
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<td>00</td>
<td>0000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cough &amp; flu</td>
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<td>0000</td>
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<tr>
<td>Famine</td>
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<tr>
<td>Harvesting</td>
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<td>00</td>
<td>00000</td>
<td>00</td>
<td>0000</td>
<td>00</td>
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<td>0</td>
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</tr>
<tr>
<td>Income</td>
<td></td>
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<td>00</td>
<td>0000</td>
<td>00</td>
<td>00</td>
<td>0000</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Expenditure</td>
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<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Poverty</td>
<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0000</td>
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<td>0000</td>
<td>0000</td>
<td>0000</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Participation</td>
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<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
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<td>0</td>
</tr>
</tbody>
</table>

**Note:** Zeros (0) in the table represent stones used by participants to indicate the degree of change by month. This calendar was constructed using leaves, stones, and symbols to identify each item, and participants then used a stick to mark the seasonal differences on the ground.

### 3.3.6 Venn Diagrams/Institutional Mapping

This is a map that indicates key institutions/organisations, groups and individuals in the community and their relative importance to the community.

**Purpose:** The institutional map will provide an opportunity to identify all the institutions, organisations, individuals and groups present in the community and their respective roles especially those that offer HIV/AIDS services. The community will also be able to discuss their relationship with the identified institutions/individuals, existing gaps, opportunities and potential partnerships for future planning.

**Materials:** Leaves, sticks, stones and if the map is to be drawn on paper, flip charts/manila paper and markers

**Duration:** 3 hours
**Steps to follow/sequence**

i. Introduce yourselves and discuss the purpose of making the diagram.
ii. Ask the community to list organisations/institutions/groups that work in or with the community, their roles and effectiveness.
iii. Ask one of the community members to volunteer and draw the institutions/individuals in form of circles preferably on the ground.
iv. Explain that a circle will represent each actor and that the size of the circle will signify the importance of that actor (the larger the circle, the more important the actor is to the community.)
v. Where actors communicate or link with each other, their respective circles should be drawn in such a way that they touch or overlap with one another.
vi. Discuss all institutions and place them in relation to one another. This will give a diagram of institutional relationship with the community.
vii. Transfer the diagram from the ground to the paper; include the date, the village name and the PRA team.

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**Discussion guide**

Which organisations/institutions/groups/individuals are working in or with the community?
Which of these do the community regard as most important and why?
Which groups are addressing health issues and which issues? Probe for VCT and other HIV/AIDS services.
Which organisations work together?
Are there services, which are meant for a specific group (women, youth etc) only? If so, which services and how are they used?
Are there some particular groups or kind of people who are excluded from being members of or receiving services from certain institutions?

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Example 8: Institutional Mapping/Venn diagram
3.3.7 Gender Analysis

Gender analysis focuses on understanding and documenting the differences in gender roles, activities, needs, and opportunities in a given context. Gender analysis involves the disaggregation of quantitative data by gender. It highlights the different roles and learned behavior of men and women based on gender attributes. These vary across cultures, class, ethnicity, income, education, and time; thus, gender analysis does not treat women as a homogeneous group or gender attributes as immutable.

**Purpose:** The tool helps to analyse the different roles and responsibilities in terms of activities, access, control and ownership of resources and the implications of this analysis to development work. This analysis also brings out the implications of the inequalities on health care such as expenditure patterns, decisions on utilisation of health care, and choice of treatment including VCT services among others. Therefore, this guide will use the following tools to analyse gender issues.

- Activities profiles.
- Access, ownership and control profiles and
- Gender decision matrix

**Activity Profile**

This tool makes a detailed analysis of roles performed by women, men, girls and boys in the homes and the community.

**Purpose:** This tool will be used to illustrate all the different kinds of activities carried out in a day. It will particularly be useful for looking at relative workloads between different groups in the community. Comparisons between profiles of men and women will show who works the longest hours, who concentrates on a few activities such as income generating activities, social obligations like looking after the sick and who has the most leisure time and sleep.

**Materials:** Leaves, stones, and pictures – these can be drawn using sticks on the ground or markers on Manila paper

**Duration:** 1 hour

**Steps to follow/sequence**

i. Introduce yourselves and explain that you want to learn with them about what they do on a typical day

ii. Separate participants into groups of male, female, boys and girls. Make sure that each groups includes people from different socio-economic groups

iii. Ask them to collect local materials that will present different roles they perform

iv. Ask them to list all the activities they do at home, activities that bring money and community activities. You can start by asking them what they did yesterday or how they generally pass their day. If time allows, help them to understand this better by asking one of them what he/she did yesterday starting from when she/he woke up to bedtime.
v. Plot each activity in the matrix. Activities that are carried out at the same time (such as child care and cooking) can be noted in the same spaces.
vi. Use local materials such as stones and fruits as scores to indicate the level of involvement of women, men, girls and boys
vii. When the matrix is done, ask questions about activities shown
viii. Discuss the implications of the information in relation to accessibility and utilisation of the health services especially VCT services

**Discussion guide:**
For each group, how is their time divided?
What is the difference between women and men's workload?
Who has the heaviest workload?
Who has time for rest and leisure?
How much time do women or men, girls or boys spend on looking after the sick?

Example 9: Activity Profile for Nyondo Village

<table>
<thead>
<tr>
<th>Activity</th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal rearing</td>
<td>000</td>
<td>0</td>
<td>0000</td>
<td>00</td>
</tr>
<tr>
<td>Cooking</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Fetching water</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Land clearing</td>
<td>000000</td>
<td>0</td>
<td>000</td>
<td>0000</td>
</tr>
<tr>
<td>Ploughing</td>
<td>0</td>
<td>00000</td>
<td>0000</td>
<td>0000</td>
</tr>
<tr>
<td>Weeding</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Buying/selling Produce</td>
<td>000000</td>
<td>000</td>
<td>0</td>
<td>000</td>
</tr>
<tr>
<td>Washing clothes</td>
<td>0</td>
<td>00000</td>
<td>-</td>
<td>000</td>
</tr>
<tr>
<td>Washing utensils</td>
<td>0</td>
<td>00000</td>
<td>-</td>
<td>0000</td>
</tr>
<tr>
<td>Sweeping compound</td>
<td>0</td>
<td>00000</td>
<td>-</td>
<td>0000</td>
</tr>
<tr>
<td>Ironing clothes</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Bathing children</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Cleaning the house</td>
<td>0</td>
<td>00000</td>
<td>-</td>
<td>00000</td>
</tr>
<tr>
<td>Slaughtering livestock</td>
<td>000000</td>
<td>0</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Attending to the sick</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Repairing cloth</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Building a house</td>
<td>000000</td>
<td>0</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Collecting firewood</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Peeling fruit</td>
<td>0</td>
<td>00000</td>
<td>0</td>
<td>0000</td>
</tr>
<tr>
<td>Total score</td>
<td>29</td>
<td>83</td>
<td>22</td>
<td>60</td>
</tr>
</tbody>
</table>

**RE Team**
Florence Maboko
Senega Mubanda
Date: 31/8/2005
Parkhurst, 10 female youth.
Note: The higher the score the heavier the workload attributed to each group (men, women, boys and girls).

**Access, ownership and control profile**
This tool will be used to discuss how women, men, girls, and boys access and control resources for they need to carry out their activities.

- Access refers to who uses the resources
- Control refers to who looks after the resources
- Ownership refers to the owner of the resources

**Purpose:** This tool is intended to enable the community and the PRA research team to look at the resources that are required for undertaking the activities that are shown in the activity profile by men, women, boys and girls. The tool also helps the communities to look at how men, women, boys, and girls’ access and control resources for various activities and how gender related to the proposed pilot project (COVCTs) as well as establish who would control the benefits from the project or project activities. This tool makes the community become more aware of the inequality in power relations between groups. It also helps them identify constraints faced by men, women, boys and girls.

**Duration:** 1 hr.

**Materials:** leaves, sticks, Manila paper and markers.

**Steps to follow/sequence**

i. Discuss and identify local terms for access, ownership and control – examples are very useful.

ii. Divide into smaller groups of men, women, boys and girls, as was the case with preparation of the activity profile.

iii. Discuss and list down services, benefits, assets, etc., needed to undertake the activities listed in the Activity Profile. This time ask the group to list all the resources that men, women, boys and girls need in order for them to carry out their different activities.

iv. Then ask, “Who controls the resources that are needed?”

v. Stand back and let the people complete their own access and control profile. Use the questions you prepared in advance to encourage and keep on the subject.

vi. After making the access and control profile, discuss the results with community and team members.

**Discussion guide:**

*What resources (money, time, tools, credit, transport, labour, permission of making decisions, machinery or equipment, food, etc) are needed to do the activities that women and girls do?*

*What resources are needed to do the activities that men and boys do?*

*For each resource, who has control over the resource?*

*How does lack of access to resource by the person who needs it affect the activity?*

*Why are some resources not in the control of the person who needs to use it?*
What have been the changes in access and control over the last 10-15 years?

Example 10: Resource Access, Control & Ownership Profile, Nyondo Village

<table>
<thead>
<tr>
<th>Resources</th>
<th>Access</th>
<th>Control</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M W B G</td>
<td>M W B G</td>
<td>M W B G</td>
</tr>
<tr>
<td>Cow</td>
<td>0000</td>
<td>00 0</td>
<td>000000</td>
</tr>
<tr>
<td>LAND</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
<tr>
<td>Food crops</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
<tr>
<td>Radio</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
<tr>
<td>Farm implements</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
<tr>
<td>Bicycle</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
<tr>
<td>Household utensils</td>
<td>0000</td>
<td>00 0</td>
<td>0000</td>
</tr>
</tbody>
</table>

PRA Research Team: Florence Mahoro and Senoga Mubanda, Participants: 10 Female Youths

Note: The symbols (10 stones) were distributed among the different groups to determine resource access, control and ownership. The more the stones against a particular group the more the access, control or ownership of a given resource.

Gender Decision Matrix
The tool analyses the roles played by men and women in decision-making including those decisions that affect their lives.

Purpose: This tool helps to review different types of decisions taken by men and women in the household and community and their implications on the utilisation and accessibility of health facilities including VCT services.

Duration: 1 hr.

Materials needed: Local materials like leaves, stones, beans and sticks.

Steps to follow/sequence
i. Introduce yourselves and explain the objectives and procedure of the exercise.
ii. Help the community members to draw a matrix, preferably on the ground. This will consist of three columns: columns for “decisions” “women”, “men” and “boys” and “girls” if needed.
iii. Each row will represent a decision: this is where the community can be asked to list important decisions (like five) that have to be taken at individual level, five at household level and five at community level. Use symbols to represent each of the agreed upon decisions.
iv. Ask community members to score whether women or men normally take a decision. Use 10 scores per row, for example row 1 could represent the decision
about which health unit/hospital to send the pregnant wife to. In this case if the community agrees that husband usually decide although the wife also has a say: give 8 to men box and two to women box.

v. After each type of decision has been scored, a final summary row can be added and scores used as above: the last row could be in answer to the question: so who has more decision-making powers in the household and why?

vi. Help the community members develop action points: are any changes desirable in view of the various scores?

### Discussion guide:

- **How are decisions being made in the household with regard to health or responding to health problems?**
- **What are the implications of such decisions?**
- **In case of disagreements, what do you do as men or women?**
- **How are household resources allocated in case of ill health and who does it?**

Example 11: A Gender Decision Matrix for Kakola Village

<table>
<thead>
<tr>
<th>Decisions</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>ooooooo</td>
<td>oo</td>
</tr>
<tr>
<td>Condom use</td>
<td>oooooo</td>
<td>ooo</td>
</tr>
<tr>
<td>HIV Testing &amp; counseling</td>
<td>oo</td>
<td>ooooooo&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Family planning</td>
<td>oooooo</td>
<td>oooo</td>
</tr>
<tr>
<td>Payment of health services</td>
<td>oooooo</td>
<td>oooo</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>oooooo</td>
<td>oooo</td>
</tr>
<tr>
<td>PMTCT</td>
<td>oo</td>
<td>oooooooo</td>
</tr>
<tr>
<td>Breast feeding (post natal)</td>
<td>ooo</td>
<td>ooooooo</td>
</tr>
</tbody>
</table>

**Facilitators:** Rebecca Mukasa, Ben Lubega and Giduno Yusuf Salim  
**Participants:** 15 Women

**Note:** The higher the score the greater the decision making power

---

<sup>3</sup> HIV testing and counselling is mainly based on individual decisions
3.4 Prioritising problems and solutions

This is a process of identifying and ranking problems by the community members as well as exploring possible solutions and it involves community action planning.

3.4.1 Preference Ranking

A tool used to prioritize problems, or preference of individuals in a community. It can be done by open voting in a group or individuals can write down their preferences separately.

**Purpose:** The tool allows participants to determine the main problems of the individuals and helps them to compare the priorities of the different individuals. The tool can also help in highlighting the differences in opinions between different individuals within a community. For example, when discussing a water problem, women are likely to discuss how domestic hygiene and health of the family are affected whereas men will discuss the water problem in light of brick making and youth will mention it as a big problem at school. The tool helps the PRA team to better understand community priorities or perception on a particular situation (such as VCT services) or problems.

**Duration:** 1 hr.

**Materials:** Stones, beans, sticks flipcharts and markers

**Steps to follow/sequence**

i. Introduce the purpose of the exercise. This could be: determining the current use of VCT services by type of provider (if they are in existence) or establishing preference if VCT services were to be introduced.

ii. Together with the group, list existing set of VCT services and the type of provider.

iii. Represent each option on the ground with a symbol as they are listed and arrange them in a line.

iv. Move to the ranking: each person is asked to collect the same number of stones or beans, seeds etc and to vote against each of the symbols, distributing his/her markers according to preference in a line.

v. Once everyone has voted, the total votes for each option can be counted and the preference of the group established.

vi. Guide the discussion, probing on the reasons for the preference, and their implications for the community.

vii. Where different groups have worked separately, results can be compared.

viii. On completion, ask community members to draw on a piece of paper for their own and for further reference.

**Note:** Restrict the number of participants in a group to a maximum of eight
Example 12: preference ranking of selected VCT service institutions

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government health units</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>NGO/Religious health units</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Clinics</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Referral hospitals</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Traditional health practitioners</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: 5 is the most preferred, 1 is the least preferred. This example is not field based; it was generated during the pre field training.

3.4.2 Pair wise Ranking

It is an effective technique for analyzing reasons for a particular choice amongst a few options.

**Purpose:** This tool helps to determine the main problems of preferences of individual community members and identifies ranking criteria and easily compares the priorities of different individuals.

**Duration:** 1 hr.

**Materials:** Stones, sticks, and seeds among others.

**Steps to follow**

i. Introduce yourself and the rest of the team.

ii. Explain the purpose of the exercise and its expected outcome.

iii. Let the community members list a set of problems, or preferences, to be prioritized.

iv. Having determined the list, help members to prioritise what is on the list by either voting or consensus (preference ranking).

v. Select the first (5-7) highly ranked problems/preferences.

vi. Request participants to draw a matrix on the ground with seven columns and five rows, if you have chosen five problems.

vii. Using local materials help them to plot the five selected problems in the five rows, and place the problem in the last row in the first column, followed by the second last until you have filled the five columns. The sixth column is for scoring and seventh column is for ranking.
viii. Compare the first problem in the first row with that in the first column against the other and record the one agreed upon. Continue doing this for all the problems listed in the rows, then move to the second column – do the same until all the columns are done.

ix. Count the number of times a particular problem appears and put the number in the score column.

x. After scoring, ranking the problems according to the scores.

xi. After scoring and ranking, review the reasons for and against each alternative, one by one, and carefully record the results.

xii. Finally transfer the matrix onto paper for the community and for future discussions.

Example 13: Pair wise Ranking of Community Problems in Kakoola Village

<table>
<thead>
<tr>
<th>Problem</th>
<th>Food scarcity</th>
<th>Secondary school</th>
<th>Vocational school</th>
<th>Water</th>
<th>HIV/AIDS treatment</th>
<th>Bad roads</th>
<th>Health unit</th>
<th>Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health unit</td>
<td>Health unit</td>
<td>Health unit</td>
<td>Health unit</td>
<td>Health unit</td>
<td>Health unit</td>
<td>Health unit</td>
<td>Score</td>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>Bad roads</td>
<td>Bad roads</td>
<td>Bad roads</td>
<td>Bad roads</td>
<td>Water</td>
<td>HIV/AIDS treatment</td>
<td>HIV/AIDS treatment</td>
<td>Score</td>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Water</td>
<td>Water</td>
<td>Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational school</td>
<td>Vocational school</td>
<td>Vocational school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td>Secondary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food scarcity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For details on how to arrive at the scores and ranking, see the steps above.

Facilitators: Tirinawe Crescent and Tsekoko John
Participants: 10 Men
Date: 19th August 2005

3.4.3 Problem Tree

This tool analyses the root causes of the problem rather than looking at the symptoms of the problem.

Purpose: This tool enables the PRA team and community members to further analyse the main problem that emerge from other tools. It facilitates the analysis of causes and effects of the most important community problem. The information generated feeds into the community visioning and action planning.

Duration: 1.30 hrs

Materials: leaves, sticks and stones among others
Steps to follow/sequence
i. Introduce yourself and the rest of the team. Explain the purpose of the exercise and request for active participation and respect for each other.
ii. Mention problems that have been emerging from the different tools and inform them about the priority problem as ranked from the ranking exercise.
iii. Explain that they are going to use this “priority problem” to look at its causes and effects and identify possible solutions.
iv. Explain the process whereby the problem identified will be the “trunk”, the causes of the problem will be the “roots” and the effects of the problem will be the “branches.”
v. Ask members to draw a tree trunk and place a local material to represent the priority problem.
vi. Facilitate them to brainstorm so as to identify the causes for the problem. After this, draw roots that will represent each mentioned cause.
vn. Help them to come up with a list of effect, which is presented as branches.
vi. Brainstorm with the community on the solutions to overcome the identified causes and effects.
ix. Transfer the information on paper including the name of the village, type of the groups and date. Leave a copy with the community.
Example 14: Problem Tree Analysis
3.5 Other Techniques of Data Collection

The following tools are usually used to compliment the PRA tools.

3.5.1 Focus Group Discussions
This is a method of discussing a particular issue with a selected group of people. The method is used to obtain opinions of a specific population or group. It can be used to give voice to marginalized groups such as the poor; those affected by HIV/AIDS; women; disabled persons; ethnic minority groups etc. It is advisable to draw participants from similar social setting, age group, sex etc, as they may feel more comfortable talking to each other and also more likely to talk openly. The recommended number of a group is between 7-12 participants. Data/opinions/views are collected using a discussion guide/checklist.

Steps to follow/sequence
i. Agree on the topic for discussion and it should be well defined and a few questions prepared. If the problem is for instance, “Lack of VCT services”, some of the key questions could be; “what is the current situation? What are the causes of the current situation? How has the situation evolved over time? What could be done to redress the problem?”

ii. Invite a group of people – the selection should be done carefully. The group need not to be too large (4 to 10 people), sufficiently representative of different views and sources of information, and consisting of people who can make contribution to the discussion on the selected topic. Involve the local leaders in the mobilisation of the community to avoid any suspicion

iii. Once the people are gathered, introduce each other; explain why the meeting has been convened, especially to what use the information collected will be put. This is important to create of openness and confidence.

iv. Agree with the participants on the method of recording information such as flip charts, use of a recorder.

v. Start with general questions as they will put people at ease

vi. Keep on observing whether everybody is following and participating. Encourage those who are less confident

vii. Towards the end, make a summary of the main points and check with the group whether everything is correct

3.5.2 Observation
This is a technique that involves systematically selecting, watching and recording behaviour and characteristics of living beings or objects under study. Observations can give more accurate information on behaviour of people than interviews or questionnaires. They are useful in cross-checking information collected on sensitive topics such as AIDS, alcohol, drug use, tuberculosis etc. Observations can also be a primary source of information i.e. observing children as they play; status of physical objects such as of a latrine.
3.5.3 Review of Secondary Data

There is usually a large body of data collected by others. Locating sources and retrieving the information is a good starting point in any data collection effort. Analysis of secondary data is important in enabling the researcher to identify gaps on the subject to be studied or problems in the implementation of a particular activity. Data sources include published or unpublished reports and are obtained from archives and libraries or in offices at various levels of service delivery. Data may be collected using a compilation form or a checklist.
Section IV

4 Community Visioning and Action Planning

During the initial stages of project design, it is good to have an idea of what the community members would want to be addressed by the planned project: this is the vision – which is the long term dream of the community. As a final step in the PRA exercise, it is important to discuss with community about what they would like to see happening in their community in relation to their key priority and draw an action plan basing on their vision. Action planning involves community members in drawing a plan on how to address their problem(s), showing what will be done, how, when and by whom.

Purpose: This exercise helps the community members to develop a common long-term goal for their community and on how to achieve this goal. This is through directing their energy towards a desired future, rather than on current problems through action planning of how the goal will be reached.

Duration: 2 hours.

Materials: Cards, flip charts, and markers.

Steps to follow/sequence

i. Introduce yourself and the rest of the team and explain the purpose of the exercise
ii. Introduce the visioning exercise by explaining what a vision is (a long term, but achievable dream), using examples
iii. Ensure that the focus of the discussion is on what the community really wants, not what they think is possible and let the how come later.
iv. Divide the community into two groups, ensuring that each has a mix of women and men, in order to get a true perspective of the community.
v. Let one group discuss what they want to see at household level and the other at community level after a specific period of about five years. Put the ideas from the discussion on paper
vi. When this is done, call back the two groups and facilitate them to discuss both drawings allowing for changes if required.
vii. When the discussion is concluded, guide the community to discuss and draw the picture depicting the present situation in homes and the community.
viii. Guide them to discuss and come up with all the activities that have to be undertaken to move to the present picture/vision.
ix. Finally discuss the next steps (action plan).
Discussion guide:

Why that particular vision (relate it to the project)? What problems are we trying to deal with?
How will the vision contribute to the well-being of the community, households and individual?
What has the community got to do to make the vision real?
Who should we get involved, and how will the community be involved?

Example 15: Action Plan for Construction of a Health Unit in Kakoola Village

<table>
<thead>
<tr>
<th>Activity</th>
<th>Who is responsible</th>
<th>When</th>
<th>Where</th>
<th>Why</th>
<th>Resources</th>
<th>Risks</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form a committee</td>
<td>Community members</td>
<td>2nd week of Aug</td>
<td>Kakola P.S</td>
<td>To mobilise and sell the idea to other community members</td>
<td>Someone in charge of electing a committee</td>
<td>None</td>
<td>Need for a health facility</td>
</tr>
<tr>
<td>Mobilisation &amp; sensitisation</td>
<td>Committee</td>
<td>3rd week of Aug</td>
<td>Kakola P.S</td>
<td>To bring on board every community member To understand the purpose</td>
<td>Transport-bicycles Meeting place Support from the committee</td>
<td>Community members not buying the idea Community conflicts Politics</td>
<td>Greatest need Community interest Willingness of the committee</td>
</tr>
<tr>
<td>Selecting a site/land</td>
<td>Community members</td>
<td>Already offered</td>
<td>Kakola Village</td>
<td>*Land offered by Mzee Nsaga but needed to be debated further</td>
<td>Land offered by Mzee Nsaga</td>
<td>Members may not contribute money</td>
<td>People with land can donate it</td>
</tr>
<tr>
<td>Construction</td>
<td>Community members</td>
<td>6 months</td>
<td>Kakola Village</td>
<td>Land offered by Mzee Nsaga</td>
<td>Money, blocks-labour-own Sand, timber, stones by women Cement Iron sheets Agreement for land Food-women Fetching water-women</td>
<td>Lack of money, Lack of commitment community conflicts</td>
<td>Land is available Government may support us, friends and NGOs Sand, stones, blocks are available Women will feed the builders</td>
</tr>
</tbody>
</table>

Source: Community members of Kakoola Village, Kayunga District.
Section V

5 Data Analysis and Report Writing

5.1 Analysis of Field Findings

The first analysis is done together with the community by making use of key probes: What? Why? When? Where? Which? And How? For example, questions like “What does it mean? Why is it like that? What are the implications of the response? How will the community respond to the problem? Etc

Translation of raw data to text: This is to serve and structure the argument and to make sense of the data collected. Under this, the following key features are noteworthy:

- Classifying, categorising, coding or collating data (Coffey and Atkinson 1996)
- Some studies/assessments use purely a thematic approach in which the data is taken holistically and rearranged under emerging themes from the study.
- Analyse data according to objectives of the study
- Sometimes organising data into thematic areas also helps in developing an argument.

Guidelines for Analysis of PRA findings

- Analysis is a continuous process of reviewing the information collected, classifying it, formulating additional questions, verifying information and drawing conclusions. Analysis is making sense of the collected information. It should not be left until the data has been collected.
- Prepare a list of key issues and arrange your findings according to list. Rearrange, break up, and reassemble pieces of data. Sort and sift through information and look for patterns, differences, variations, and contradictions. Weigh the relative importance of the information. Be self-critical.
- Formulate a series of questions based on the research topic (including new questions which may have come up during the field work) and try to answer them with the help of the collected information.
- Discuss each sub topic in turn, summarise the results, and draw conclusions based on the information gathered during the field work.
- Use diagrams, matrices, ranking methods, and other analytical tools
- For further clarification tabulate the information. Tabulating pulls out key information from interviews and observations, and allows comparison of differences between individuals. Tabulating also helps the team avoid relying on general impressions rather than facts
- Check your findings and conclusions by presenting them to key informants or to a group of community members
- Findings have to be consistent and must not contradict each other. If the findings contradict the secondary sources or other sources you must be able to explain why.
5.2 Writing Reports

1. Daily exercise reports in which each team summarizes key findings under the following headings: topic of discussion, methodology/tool used, target respondents, key findings and key group conclusions
2. Merging of the daily exercise reports into a main report: Develop key themes/structure of the report – these may include introduction/background information, methodology, presentation of the findings, conclusions and recommendations plus references
3. While compiling the report, ask yourself the following questions:
   - Who will read the report (community, government, NGOs, donor)?
   - What will the report be used for?
   - What should the report contain?
   - How should the information be presented?
   - Who will write the report?

5.2.1 Guidelines for the PRA Report

- Keep it short and clear
- Use short sentences
- Prepare it as soon as possible, as the findings must be time-contextual
- Make sure it reaches the right audience so that the results can get factored into decisions
- Choose a form of communication which catches attention
- Organise the report in logic, easy to follow outline and make it understandable as possible. Use sub-headings
- Concentrate on what the community will use
- Make full use of charts, tables, diagrams and illustrations prepared during the PRA
- Distribute the report to interested individuals and institutions

5.2.2 Report Outline

- Title/Topic
- Executive summary
- Introduction/Background information
- Objectives
- Methodology
- Main findings
- Recommendations
- Next steps
- Appendices (references, acronyms used, selected diagrams, maps, statistics, secondary sources among others)
5.2.3 Steps of Report Writing

- Prepare an outline
- Organise and arrange the information according to the outline
- Draft the report
- Review and revise the narrative report with the team
- Finalise the report
- Distribute the report
BIBLIOGRAPHY

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