
PARTICIPATORY METHODS AND TOOLS

by Meera Kaul Shah

This annex describes the participatory methods that have been mentioned in the previous chapters. Each method is explained in detail, along with illustrative examples.

FOCUS GROUP DISCUSSIONS (FGD)

What are FGDs?

Focus group discussions are meetings held with small groups of participants to discuss a few selected topics. These discussions are conducted in an informal setting, and all participants are encouraged to present their opinions, experiences, views, and/or concerns on the selected topics. This is an important method used in most participatory processes, and it also has to be used with nearly all the other methods described in this chapter.

Usually a group of 8-15 is a good size for these discussions. However, it is common to have large turnouts at the community level during a participatory process. While it is possible to have a visual analysis, like a social map, prepared in a large group, it is preferable to break up in smaller groups for the discussions and analysis.

Often it works best to have separate discussions with similar sets of people – men, women, adolescents, women in childbearing age, etc.

Why are FGDs used?

Group discussions are important as a means to engage all the community participants in the monitoring process. FGDs also provide an opportunity for the group to use various visual methods that help in focusing the discussions and analysis on a particular topic. Therefore, a FGD can include discussions, as well as the preparation, and discussion of a visual. These group discussions also provide an opportunity to discuss results, including visuals, from another group. This is often an important means of verification, i.e. understanding whether results from one group are any different from another, and why.

When are FGDs used?

FGDs can be used at any point in the monitoring or evaluation process. Sometimes these are planned well in advance, and the participants decide when and where they will be able to meet for the discussions. At other times discussions are held spontaneously, whenever an opportunity arises at the community level, e.g. if a group of women are waiting outside the health centre, they could be invited for a discussion; or a group discussion can be held at the local church after the weekly service.

How to conduct a FGD?

A list of topics for discussion should be prepared beforehand. These are introduced one by one by the facilitator. Once the facilitator introduces the topic, s/he allows the group to discuss the issue among themselves without too much interruption. The facilitator's role is of critical importance in conducting a FGD. This person should be able to listen attentively, ask probing questions, observe the participants and ensure that no one dominates the discussion. Open-ended probing questions often begin with: why, when, how, where, how much, who, or what.

While the facilitator should try to ensure that the list of topics is covered during a discussion, it is possible that new issues emerge during the FGD. The facilitator should be flexible and allow some diversions from the plan, and at the same time ensure that the overall direction of the discussions is not lost.

SOCIAL MAP

What is a social map?

A social map is a visual representation of a residential area – villages, or in the case of urban areas, neighborhoods. It depicts the boundary of the settlement, the social facilities available in the area, as well as all the households that reside there. Social facilities include: school, health centre, water sources, roads, playgrounds, shops, places of worship, etc. All the houses in the area are also drawn on the map.

The social map can be prepared on the ground, on paper, or on a chalkboard. It should be immediately copied on to paper to keep a record for further and future use. Color markers and symbols can be used to show the different features of households (female headed households, households with orphans, etc) as well as the social facilities.

Should we use the ground or paper to prepare the maps?

Using the ground to prepare a social map, or any other visual, has several benefits:

- ✓ Preparing a visual on the ground enables more people to take part in its preparation and the discussions that follow.
- ✓ It is easier to make correction on the ground as compared to paper
- ✓ Using locally available materials

It is best to copy the map on paper as soon as it is ready. This map on paper will be used many times for planning and monitoring as the project activities are implemented.

It is the community participants that prepare the social map, and not the facilitator. Once the participants start preparing the map, the facilitator observes the process, and can ask questions after they have completed the map.

When is a social map prepared?

A social map can be prepared early on in the appraisal process. This is an easy and fun method to use, and helps in building rapport with the community. It is also a very important tool for planning and monitoring the project activities. While the map may be prepared in the beginning, it will be added to, and used, many times in the planning and monitoring process. Therefore it is important that it is recorded properly on paper.

How is a social map prepared?

Social map, like most participatory methods, is best prepared in a group. The process first starts with a discussion about the neighborhood or village, and the facilitators ask the community members to describe the area they live in. Starting questions can include: How big is your community? How many households reside here? What are the facilities available here? Etc.

Once the participants start describing their settlement, the facilitator asks them to show the details on a map. This map can be prepared on the ground or on large sheets of paper. It is best to start the map on the ground using locally available material like seeds, twigs, stones, leaves, etc, or by simply drawing on the ground with a stick.

The participants may start by drawing the roads, some houses, and maybe a few important places like the mosque and the school. The facilitators should ask the group to show all the features of the settlement that they can think of. Labels or symbols can be used on the map to identify different facilities or features.

Once the map is nearing completion, the facilitators can probe further and ask whether all the houses in the community have been drawn; or whether they can think of any other facility in their area. The facilitator should ask questions, and not prompt answers.

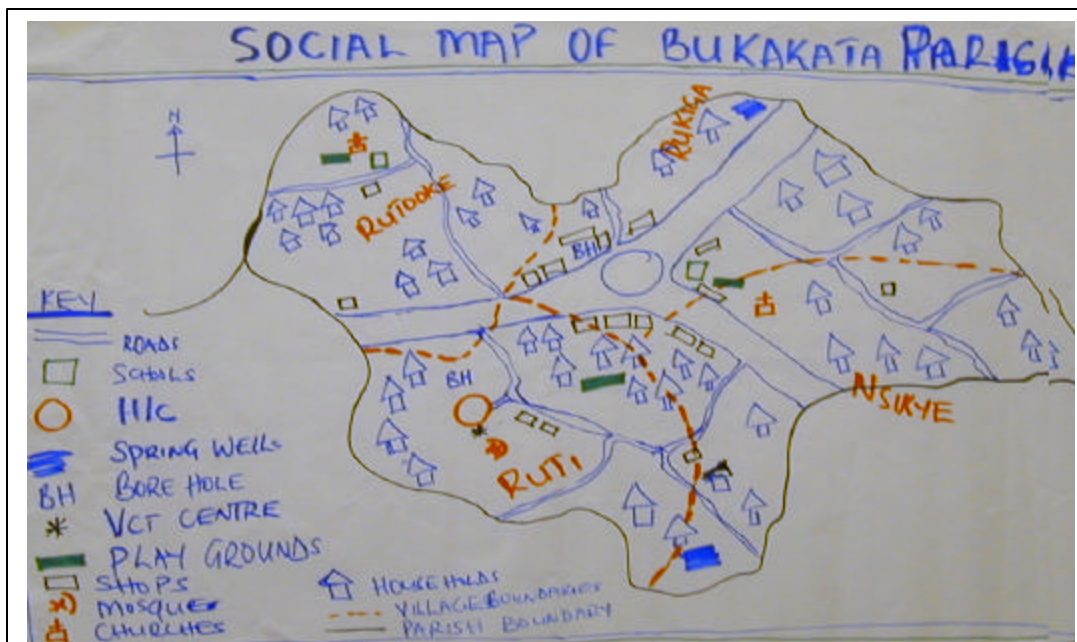
It is sometimes possible that the group may overlook some features in their map. The facilitators can ask these questions after the map has been prepared and new information can be added as the discussion proceeds.

How is the social map used?

The social map can be of great importance in the participatory planning and monitoring process. Apart from showing the physical features of the neighborhood, the social map can also be used to analyze differences among the community e.g. how many of the households are headed by women? How

many households have chronically sick persons? How many households have been affected by death in the household in the last six months? How many households are looking after orphans? Etc. These can be depicted against the houses in different color or symbols. Mapping this information is a critical component of the baseline. This is the basic information on which the project activities will be designed and monitored. Hence social map can be a tool for several purposes: appraisal, planning, monitoring and evaluation. The same map can be used over and over again to review progress of planned activities at the community level. Since it is the community members who prepare the map with all this information, it is very easy for them to monitor the progress using such a map.

Example of a Social Map



The above social map was developed by participants at a Participatory Monitoring and Evaluation workshop in Kampala, Uganda. It depicts the boundaries of an imaginary settlement, its houses, and social facilities. The social facilities featured in this map include playgrounds, schools, shops, churches, mosques, VCT centers, bore holes, and springs wells. Participants created this map to demonstrate how social mapping could be used as a participatory appraisal and baseline tool. By plotting all of the VCT centers in the settlement area, participants were able to determine that of the four parishes in the settlement, only one has VCT services and these services are located in an area that is difficult to access. Thus, participants were able to use this tool as a means of advocating and planning more VCT centers that are regionally representative and accessible.

LISTING

What is listing?

Listing refers to gathering and putting together several options, views, types, experiences, etc that a group may have on a particular topic. For example a group of women may have been receiving information on HIV/AIDS from a variety of different sources – the radio, their friends, health centre, pamphlets, etc. By preparing a list of all the different responses we ensure that we get a complete picture of the situation and don't end up focusing on one or two issues alone.

When is listing used?

We can use listing whenever there is more than one option on a topic, or when there are several views on the subject. For example, when we are discussing sources of information on HIV/AIDS, the FGD participants can mention several options – the radio, friends, magazines, health centre, etc. Since there can be several sources of information, it is useful to prepare a list, so that we can discuss each one of them systematically during the group discussions.

Example of Listing

Knowledge of Sexually-Transmitted Infections

Prepared by a group of 10-19 year old boys M'tendere Compound, Lusaka, Zambia.

Sexually Transmitted Infection	Symptoms
Leaking	⇒ Pus coming out from the penis or vagina ⇒ Sores around the penis or the vagina
Bola Bola	⇒ Swelling around the testicles ⇒ Swelling around the groin for man or woman ⇒ <i>Kuyenda dangaza</i> (moving with the legs far apart) ⇒ The body of an affected person becomes abnormal, i.e. limbs become very small and the chest remains big
Syphilis	⇒ Sores on the penis and the vagina ⇒ Gave the same symptoms as leaking
Gonorrhea	Rash on the body
Kalionde-onde (HIV/AIDS)	⇒ Eyes turn yellow ⇒ Diarrhea ⇒ Cough/fever/sneezing ⇒ Great appetite ⇒ Weight loss
Kaswende	⇒ Pain in the groin (male and female) ⇒ Sores on the surface of the sexual organs ⇒ Ulcers on the sexual organs

Source: Shah, 1999

RANKING

What is ranking?

Ranking is a method, which is used to evaluate options in a sequence. It is the same as giving ranks to all students in a class after an exam. All the students write the exam, and are given marks for their performance. Based on these marks, the students are given a rank in the class. The first rank is given to the student who performs the best, second to the next best, third to the next best and so on. Same ranking can be used to understand how people make choices in their daily lives. For example, men may list six different sources of information on HIV/AIDS. They can rank these six sources according to which is the most useful source, which provides the most information, or which one they like the best.

Ranking (and scoring) is a very useful method in analyzing people's preferences, prevalence, and how they make choices when faced with several options. It helps in analyzing people's decision making process when they have a list of different options to choose from. This method also helps in determining different criteria that people use while making these choices. Ranking can also be used in analyzing people's sexual behavior and attitudes.

How is ranking carried out?

Once the discussion starts on a selected topic, the group will prepare a list of different options available to them under that topic (sources of information, different types of contraceptives, preferences for sex partners, etc). Once all the options have been listed (this can be on paper or on the ground), the group can be asked which one is the most preferred option (or the most important, the most prevalent, etc, depending on what is being discussed). This can be ranked one. The next most preferred option can be ranked two, and so on till the list has been exhausted. For the next step, the facilitator asks why one option is preferred over the other, and what the differences are. These differences and reasons provide the criteria on the basis of which the group makes its decisions. All criteria should be positive; otherwise it would be difficult to compare the ranks. For example, if one of the criteria is 'expensive', change it to 'affordable' or 'inexpensive, or 'cheap'. At this stage prepare a table with the options on one side and the criteria on the other. Then ask the group to carry out the ranking process for each of the options available. For example, if we are discussing sources of information on HIV/AIDS, the group may mention four sources: the radio, posters, friends, and the health centre. For criteria they may mention easy access, provides answers to my questions, and good information. Then we would ask them to rank all the four sources for 'easy access'. Once that is done they repeat the process for "cheap" and so on. Once completed the result could look like the following table (hypothetical example).

Example: Ranking of sources of information on HIV/AIDS

Sources of information	Criteria		
	Easy access	Provides answers to my questions	Good information
Radio	2	2	1
Posters	3	4	4
Friends	1	1	3
Health Centre	4	3	2

SCORING

What is scoring?

Like ranking, scoring provides an opportunity to evaluate different choices. It is very similar to ranking, however scoring provides some additional analysis. Continuing with the example of students sitting for an exam, we know that the ranking after an exam tells us who performed the best in the class. However, if we look at the students' scores, we will know the difference in levels of performance between the first and second ranks as well. The student who stood first could have got a total of 95 marks out of 100. The second 93, and the third 83. This tells us that the difference between the first and the second was small (two marks) but there was a big difference between the second and third positions (ten marks). This tells us that student who came second can easily make it to first position, but the third position will have to work much harder to beat the second position.

While ranking and scoring both provide us with the sequence of choice, scoring also gives the depth of difference between two options. When using scoring, the group gives a score for each of the options, rather than a rank.

How is scoring carried out?

The process remains the same as described under 'ranking'. The only difference here is that instead of giving a rank to every option, the group gives a score to indicate their preference. In order to score all the options, the group must decide the maximum score an option can get. There are no rules on what the maximum should be. They could decide to give scores out of 10 or 50 or 100, or whatever they feel comfortable with.

Scoring of sources of information on HIV/AIDS

Sources of information	Criteria		
	Easy access (scores out of 100, 100 =best)	Provides answers to my questions (scores out of 100) 100 =best)	Good information (scores out of 100) 100 =best)
Radio	60	50	75
Posters	55	25	25
Friends	80	60	55
Health Center	20	48	72

Example of Pair-wise Ranking and Scoring

By Peter Muyingo, Monitoring and Documentation Officer, GOAL Uganda

At a Participatory Monitoring and Evaluation Workshop in Kampala, Uganda in a small group exercise, one group was faced with the task of answering the following question:

Based on your experience in the field, what is the number one reason women engage in risky sexual behaviors?

In order to answer this question, the group members first brainstormed and identified eight issues contributing to women's sexual risk-taking behaviors. In the interest of simplicity, each issue was assigned a letter to represent it.

Note: The community should always be left to decide on the letters, symbols, pictures, etc. to represent the variables in a pair-wise ranking matrix.

The following issues and codes were selected:

The environment = A
Ignorance = B
Illiteracy = C
Peer influence = D
Traditional cultural beliefs, attitude and practices = E
Poverty = F
Moral decay = G
Drug abuse = H

The group then constructed a matrix putting the letters representing each issue on both the horizontal and vertical axis (as shown in the matrix below).

For each box in the matrix, the group compared the issue on the horizontal axis with that on the vertical axis and discussed which issue was more important in influencing women's sexual risk-taking behaviors.

For example, in the matrix below, the first box is examining H (drug abuse) and A (the environment) as issues contributing to women's sexual risk-taking behaviors. After some discussion, the group chooses A (the environment) as playing a more important role in contributing toward women's sexual risk-taking behaviors than H (drug abuse). Thus A is written into the first box. This process continues until all the issues have been compared with each other.

Note: It is important for the group note-taker to capture the reasons and justifications for each ranking as the members discuss.

Once all the issues have been compared with each other, the number of times each issue is chosen is counted. The issue with the highest number ranks number one, the issue with the second highest number ranks number two, and so on.

In this example: F (Poverty) was chosen the greatest number of times and was therefore selected by this group as the number one reason contributing to women's sexual risk-taking behaviors.

PAIR-WISE RANKING OF ISSUES

Reasons	A	B	C	D	E	F	G	H
H	A	B	H	D	E	F	G	X
G	A	G	G	D	E	F	X	
F	F	F	F	F	F	X		
E	E	E	E	E	X			
D	A	D	D	X				
C	A	B	X					
B	A	X						
A	X							

Reasons	SCORES (depending on frequency of the letter in the matrix)	RANK
A (<i>Environment</i>)	5	3
B (<i>Ignorance</i>)	2	6
C (<i>Illiteracy</i>)	0	8
D (<i>Peer influence</i>)	4	4
E (<i>Traditional cultural beliefs, attitudes, practices</i>)	6	2
F (<i>Poverty</i>)	7	1
G (<i>Moral decay</i>)	3	5
H (<i>Drug abuse</i>)	1	7

TIME LINE

What is a time line?

Time line refers to a systematic recall of critical events and/or changes that may have taken place at the community level or in an individual's life. As the participants recall the major events, these are listed chronologically (i.e. events are arranged in a sequence, according to when they occurred).

A time line is a simple method and can be introduced early on in a discussion. It helps in opening up the participants as they try to recall events that have impacted their lives. This analysis provides an overview of the community's/individual's history and explains how life has been changing for them. It also helps in understanding what types of events are important for the members in the community.

When is time line used?

Since community time-line is a simple method that allows the group to discuss events of a general nature, it can be used at the start of a focus group discussion. This helps in making everyone comfortable in the group, and allows everyone to join the discussion without feeling overawed.

An individual's time line is usually prepared when having a one-to-one discussion with a person. Since it is an individual's personal information that is being discussed here, it is not advisable to use it in a group setting.

How is a time line prepared?

The facilitator first starts by asking the group/individual to recall some of the main events that have taken place at the community level or in an individual's life. Once they mention a few events, these can be plotted on the ground or on paper showing time on one axis, and the events on the other. As events are mentioned, the participants are asked to recall the dates when these occurred, so that these can be plotted in a sequence.

The participants can go as far back in time as they can. Sometimes for a community time line, people even go back by a few hundred years (i.e. a time before they were born) if they feel that there was a significant event that changed people's lives. An individual's time line on the other hand, starts from the day s/he was born and continues to the present day.

Once the dates and the events have been listed, the participants can be asked to narrate the impact these events had on their lives. This can be recorded next to the events.

SEASONALITY ANALYSIS

What is seasonality analysis?

This method is used to analyze the seasonal patterns of some aspects of life. Activities, events, or problems that have a cyclical pattern (i.e. occur regularly at around the same time every year) can be analyzed using this method. These include: availability of food, prevalence/outbreak of diseases, levels of sexual activity, stress in livelihoods, indebtedness, travel outside the village, etc. By analyzing several factors on one visual, it is possible to analyze the relationship between them, and how they impact people's decisions and lives.

How is seasonality analyzed?

The first step in this process is selecting a topic that will be analyzed. For example, the group could be discussing levels of sexual activity. The first question would be whether there are differences in levels of sexual activity at different times in a year. If the answer is yes, we ask the group to decide how they want to divide the year (they can decide months, or seasons, quarters, etc.). The facilitators should not impose their own calendar, as different communities may have their own local calendars.

The calendar is then prepared on the ground or on large sheets of paper using color marker pens. Divide the year as decided by the group. Then ask them to show how the levels of sexual activity varies at different times in the year. This can be done by using stones - placing more stones for the months sexual activity is higher, or using color on paper. Next the facilitator can ask why is it that sexual activity varies from one month to another. The group may come out with several reasons - e.g. harvests, cold weather, marriage season, etc. Since these too have a seasonal pattern, they can also be depicted on the visual. The process continues till we have listed and plotted the seasonal patterns of several related factors.

TREND ANALYSIS

What is trend analysis?

Trend analysis is used to understand people's perceptions on how some selected indicators have been changing over the last 30-50 years. These indicators could include: number of sex partners, age at first sex, condom use, use of the health centre, certain practices (e.g. 'widow inheritance' in Southern Africa, initiation ceremonies, or injectable drug use elsewhere), etc. This method is more useful with older people who can analyze how these changes have been taking place over a long period of time.

How is trend analysis carried out?

The first step would be to start with a discussion on major changes that have taken place on a selected topic. The group decides how far back in time they would like to go for this analysis. They are asked to identify the years or period when significant changes were witnessed. These changes are plotted on the visual.

The visual can be prepared as a drawing, like graphs (showing when the indicator moved up or down). The participants could also carry out the same analysis using numbers or color to indicate the pattern of change.

Once the visual has been prepared the facilitator should ask what prompted the changes they have depicted. Which of the changes are considered positive and which are negative? Why? Can any of the negative changes be reversed? How is the trend likely to continue in future? Etc.

CAUSE-IMPACT DIAGRAMS (FLOW DIAGRAMS)

What is a cause-impact diagram?

Cause-impact diagrams, as the name suggests, are very useful for understanding the causes and impacts of an event, problem, or activity on people's lives. This method also helps in identifying links between different causes and impact. Such an analysis helps in initiating a discussion on how the problem can be approached and the types of activities that can improve the situation.

When is a cause-impact diagram used?

It helps to use this method during later stages of analysis, after a group has identified some key issues. If there is an issue that keeps coming up in all the discussions, this can be selected for an in-depth analysis using a cause-impact diagram.

How is a cause-impact diagram prepared?

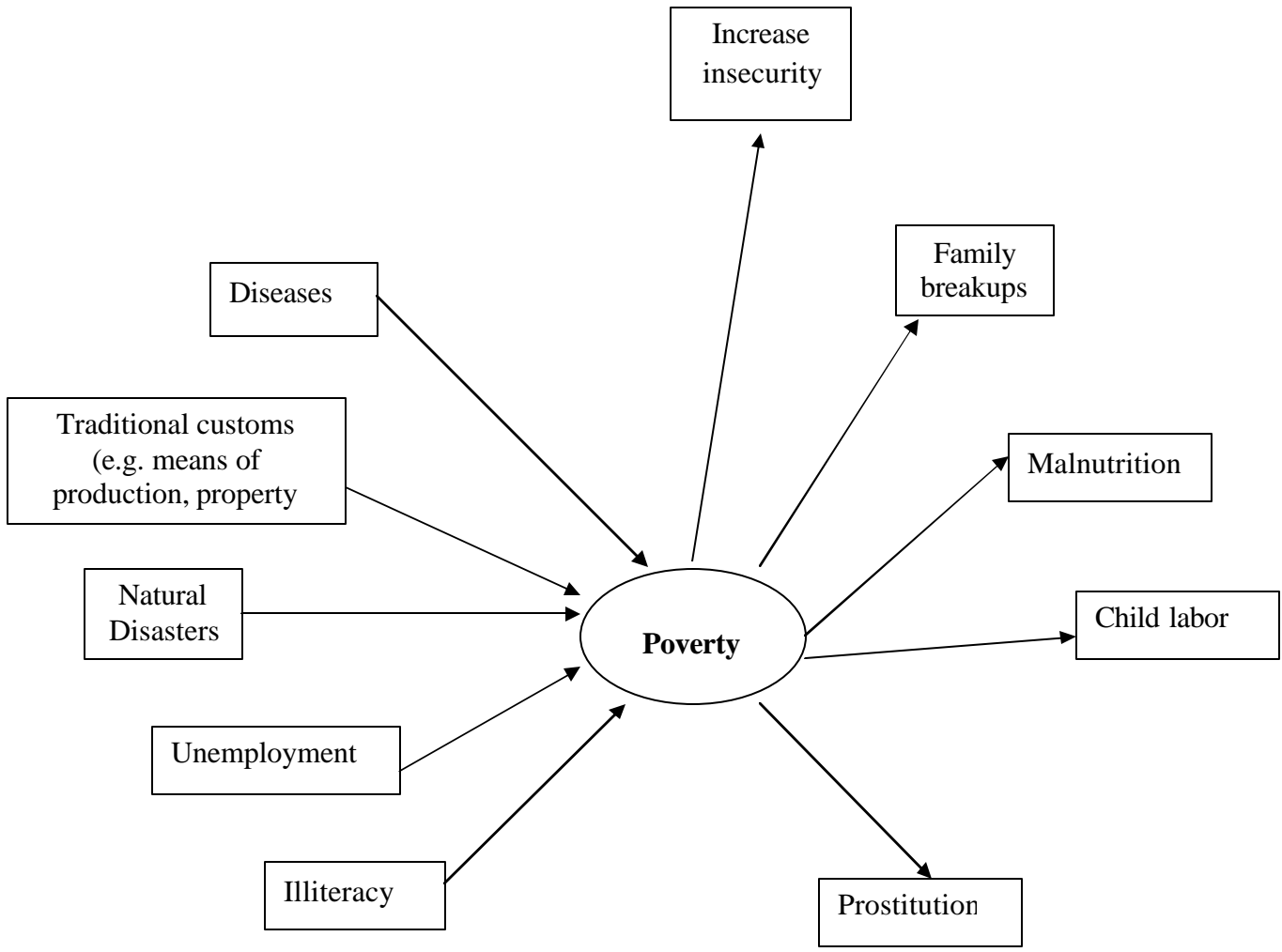
Once the topic has been selected, this can be written on a piece of paper and placed at the centre of the diagram. The same can also be done on the ground using a stick and/or symbols. The group can be asked to list the causes that lead to that problem or activity. These can be drawn and arrows can be drawn from these causes towards the problem listed in the centre. Similarly the impact or different events can be listed on the other side with arrows leading towards them. Different colors can also be used for the causes and the impact.

Once the main causes and impact have been drawn, the facilitator can ask whether there are any links between the causes and impact. Additional causes and impact can also be added as the discussion proceeds.

Both, the causes and the impact, can be given ranks or scores to analyze their intensity.

Example of a Cause-Impact Diagram:

Participants attending a Participatory Monitoring and Evaluation workshop in Kampala, Uganda developed the following cause-impact diagram to explore the issue of poverty after identifying it as one of the main contributors to sexual risk-taking in women.



CASE STUDIES AND INDIVIDUAL LIFE STORIES

What is a case study?

Individual life histories or the description of a significant event in a person's life can be recorded as a case study. This can be a useful tool in monitoring, as the same person can be visited several times over a period of time, in order to understand the changes in their lives. Individual life stories and testimonies can also be used to support/verify the results from analysis carried out in groups on different topics.

How is a case study prepared?

It can be useful to start with an individual time line, where the person recalls the main events in his/her life. This can then be expanded by asking details of what happened and how it impacted their life. In addition, a checklist of some selected issues can also be prepared that will be covered during individual interviews. The facilitators need to be sensitive towards the emotions of the person being interviewed, and should not insist on probing issues the person is not comfortable with. All the details from the interview are written up as a case study.