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**TECHNIQUE:**

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- **✍ Participatory Learning and Action**

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Participatory Learning and Action (PLA) is a type of “rapid appraisal”. The predecessor to PLA was Rapid Rural Appraisal, or RRA. Put forward in the late 1970s, RRA was developed to overcome two obstacles: (1) the time delay in the use of long surveys which gathered information that came too late for use in decision-making and (2) the biases of development planners which resulted in decisions that stemmed from their contacts with elites rather than the low-income individuals most affected by the project(s). Following RRA, Participatory Rural Appraisal (PRA) was developed to include local people in the decision-making involving assessments and program development and improvement.

As the technique left the rural area and came to be used in urban settings, the name changed to Participatory Learning and Action, which is an umbrella term for various approaches that put the community first in research and assessment, including Participatory Action Research (PAR). PLA has two essential characteristics: one, it is based on qualitative inquiry and two, it is based on participation of beneficiaries of the project in the information-gathering process.

As with other qualitative methods of rapid data collection, PLA uses semi-structured interviews, including focus group interviews and individual key respondent interviews. Another source of information in this method is oral case histories.

A second PLA tool is the use of visualizations, based on illustrating the data in both the collection and analytical stages. Some of these techniques are described in the Visual Techniques section of Part II of this manual. These visualization exercises are extremely important to the Participatory Learning and Action process, and can be very useful in eliciting different kinds of information from your target population.

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***Strengths & Weaknesses of PLA***

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***Strengths***

As with RAP, qualitative methods used in PLA provide a framework to develop conceptualizations about health problem that can be shared between health care providers and the community. The “visualizations” that are part of PLA provide new dimensions in portraying the problems and developing solutions that mesh well with qualitative methods. These visualizations are especially useful with a low-literacy population.

***Weaknesses***

These are the same as with any qualitative method. Good listening skills by interviewers are essential in order to elicit the proper information and to “hear” correctly what’s being said. Again, similar to RAP, PLA depends upon information that is not biased by inaccuracy due to the sloppy recording of information or the failure to acknowledge the limits of data collection. Information should be verified using triangulation.

Also important is the use of PLA methods as part of program development or an evaluation strategy and not simply as intervention activities. Sharing the information gathered and having the community participate in the development of the questions to be asked are also

vital. One of the principal philosophies behind PLA is that knowledge belongs to the community that it comes from and that the community is an essential element in the development of solutions.

### What is the measure of *true* participation?

There are several ways to look at participation by the community itself. The “modes of participation” move from little participation to a point where the community itself carries out their own agenda, without outside help. There are several options in between.

***Cooption:*** Representation from the community is established, but there’s no real input or power by these community representatives.

***Compliance:*** Those outside of the community decide the agenda and direct the process, assigning various tasks to community representatives.

***Consultation:*** Community members get to give their opinions, but the analysis of what was said and the course of action are decided by those outside of the community.

***Cooperation:*** Those inside and outside the community work together to determine priorities, although the responsibility for directing the process remains with those outside of the community.

***Co-learning:*** Knowledge is shared between those inside and outside the community in order to create new understanding and collaboration on action plans, without facilitation by those outside of the community.

***Collective action:*** The agenda is set by those inside the community who mobilize to make it happen, *without* outsiders to initiate and facilitate the process. [Martin 1997, adapted from Pretty (1995) in Cornwall (1996, p. 96)]

Where does your assessment fit?