

Part 1 Module 3: Tools (PLA methodology) and communication skills to carry out the PD process

Module 3: Tools and communication skills to carry out the PD process

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Session 1: PLA Methodology and PD Process

Competency	Participants have a working understanding of the PLA methodology, its principles and characteristics Describe how the PLA methodology is applied in the PD process
Materials:	Flip charts and markers
Method	Brainstorming
Process	1. PLA Overview: Introduce the PLA methodology for the PD process (flip chart) <i>The PLA methodology provides facilitators and the stakeholders an insight into the behavior of people in a quick and low cost way for the joint planning and design of projects or initiatives It is a qualitative approach, which is directed at exploring and understanding behavior in-depth rather than measuring behavior. It involves local people in every step of designing and carry out the exploration of problems and findings solutions.</i>

2. Explain the characteristics of the PLA and other participatory methods

- Every body is learning.
- The methodology seeks diversity .
- Group learning process over a short period of time (immersion)
- Use of triangulation (3 or more sources of information)
- Tools and methods are context specific.
- Experts and stakeholders are facilitating the activity together.
- PLA leads community mobilization for change.

(See Appendix 1 for details).

3. Ask participants what are the 4 “ D” of the PD process

4. Review the PD process with the flow chart from the previous module and describes some of the tools by saying: *Direct observations in the field, Key informant interviews, analytical games, and diagrams, all contribute to*

a) a progressive accurate analysis of the current situation,

b) the discovery of unique or uncommon desirable or beneficial behaviors that contribute to solving the problem at hand

c) and the development of an action plan by local people with the help of facilitators

(See Appendix 2 for details)

Explain that the activity on identification of stakeholders (Venn diagram) performed earlier in the day, was a PLA activity.

**Helpful
hints**

Session 2: Role of PD facilitator in the PD process and practice of a PLA activity

Competency
Materials
Methods
Process

Participants will be able to describe their role in the PD process

Game, brainstorming

1. Trainer divide the participants into 2 groups and distribute activity cards and asks them to list what should be a facilitator’s behavior and attitude while conducting the PD process

2. After feedback, trainer compares ideas shared by participants with a pre-arranged flip chart. Explains the points that were not included.

(See Appendix 3)

3. Blind game. Trainer asks participants to divide in pairs and gives the following assignment. One person will close his/her eyes and the other will lead the blind person around without exchanging a word. After a few

minutes, they will switch role.

After exercise, the trainer asks how people felt when blind, when leading the blind, then asks what this game has to do with PD. (See Appendix 4)

4. Trainer asks participants to comment on this quote:

“ By using PLA, you lose your status as researcher. You are within the community, you are helping the group to reveal their way of life, as well as their perceptions and aspirations. People you are working with, trust you”.

5. Practicing a PLA activity: Transect & Direct Observation:

Method : Field Visit: (See Appendix 5 for details)

The participants are sent into the field, and when they come back they are split into two groups and given an assignment to jot down whatever they have observed during this visit, then report in the plenary through flip charts.

**Helpful
Hints**

Conclude the session by stressing that good observations seek concrete things and helps in forming strong conclusions. Direct observation can be used to cross check some information. For good and proper observation it is necessary to keep our box open and use all senses i.e. sight, hearing, touch, smell & taste.

Practicing Mapping: (See Appendix 6 for details)

Session 3 : Communication Skills : Exploration and Practice

Competency	By the end of this session, participants will be able to: Use various verbal & non-verbal communication skills & carry out FGD adequately Use 3-D visual aids (i.e. .:dolls) to observe practices around delivery & immediate & post-partum care
Methods	Brainstorming, role plays
Materials	Appendices, flip charts & magic markers
Process	<ol style="list-style-type: none">1. <u>Warm-up game on Wayward whispers & story sequences</u> (See appendix 7 for details) Feedback : trainer asks participants what lesson they have learned about communication from the game Responses might include: one way communication/message is difficult to understand. People need to have the opportunity to repeat or ask for clarification on what has been communicated. Simple language and clear messages facilitate good communication. An unstressed friendly environment enhances effective communication, etc.
Helpful Hints	<p>Stress the importance of good clear communication at all levels and with all players in the development process. (This includes the coordinator and the community members.)</p> <ol style="list-style-type: none">2. <u>Brainstorming on nature of communication.</u> Ask participants questions on nature of communication and type of communications they know about. (Brainstorming) and develops a working definition of communication with participants Definition : <i>Communication is termed as conversation, <u>dialogue</u> in simple language. Transfer of experience, idea, opinions, thoughts, emotions, information and knowledge from one place to another or from one person to another is called communication.</i>3. <u>Role play to illustrate the power of non-verbal communication.</u> Trainer asks for 2 Volunteers to role-play 2 prepared scenarios repeating the nonsense syllable “la- dee la- dee la- dee” for all verbal communication, while conveying their real messages through non-verbal signs. (See appendix for details on scenarios) Feedback: Discuss with participants what was communicated and how, why it did not succeed, what it would take for it to succeed.4. Trainer asks participants to define what is non-verbal communication and come up with a definition: <i>Our attitudes and behaviors affect the communication process e.g. the way we dress, the way we sit or stand, our body movements, our facial expressions and tone of our voice.</i>

<p>Process</p>	<p>5. <u>Brainstorming on non-verbal signs of listening.</u> Explore with participants non-verbal signs of active listening and poor listening. (See session 3, appendix 3 for sample lists of answers)</p> <p>6. <u>Role play on verbal/non-verbal communication</u> Invite participants to watch two role plays and give their feedbacks on both verbal & non-verbal communication as well as effects of poor and good communication (See Appendix 4 & 5 for details on scenarios, effects of communication)</p> <p>7. <u>Brainstorming on list of barriers to good communication.</u> Develop with participants a list of barriers to good communication.</p> <p>8. <u>Brainstorming on skills for good facilitation.</u> Trainer explores with participants a list of skills for good facilitation At the end of the session, compare brainstorming list with prepared flip chart, discuss missing points and add points made by participants which were not included in the prepared list. (See Appendix 6 on good facilitation skills).</p>
<p>Helpful Hints</p>	<p>Keep the flip chart on tips for good facilitation on the wall of training room. Refer to this list when participants practice facilitation in other training modules, to assess their skills</p>
<p>Process</p>	<p>9. <u>Brainstorming on definition of FGD.</u> Trainer asks participants to define focus group discussions and their objectives. He writes responses on the board. Responses should include the following important elements: <i>Focus Group Discussions are informal gatherings of homogeneous individuals, (i.e. people of similar groups such as mothers, grandmothers, siblings, fathers, etc.) during which they discuss in depth their common practices, beliefs, attitudes about a specific subject. They also discuss issues pertaining to the topic and explores ways to improve or solve the issues raised during the discussion.</i></p> <p>10. <u>Exercise on FGD:</u> Trainer asks participants to divide into groups of 4-5 and complete the following exercise: Assignment: “Take a large sheet of paper and using a marker, draw a diagram of the best seating arrangement for a FGD including the location of participants, the facilitator and the recorder.” “Next use another color marker to draw arrows which represent the ideal flow of communications. (I.e. from whom to whom in the group, especially between participants) After the exercise the trainer asks the groups to share their flip charts and explain why they have chosen their particular seating arrangement, and the communication flow.</p>
<p>Helpful Hints</p>	<p>The purpose of this exercise is to get participants to begin to consider and discuss some of the critical features of a Focus group Discussion which</p>

include:). Stress the following points:

FGD is an **informal gathering**, where the **most important members are the participants** who are the **experts** on the community norms regarding the subject being discussed. The facilitator should not assume the role of teacher or director during the FGD, but rather that of someone who helps the flow of conversation. (The seating arrangement should reflect this with the facilitator sitting in the semi-circle or circle **without a special seat/place, the reorder sitting far from facilitator.**)

The ideal flow of conversation is **between members of the group**, not from the facilitator to a group member, and then back to the facilitator. Hence, arrows should reflect the discussion **between FGD members** without any special focus on the facilitator

11. Role play fo FGD: Trainer ask for a Volunteer to play the role of Facilitator and practice some of the tips provided above. The rest of the participants are divided in 2 groups, some play the role of FGD members, other observe the interaction. The group can choose among the topics used in maternal & newborn care for this exercise.

Trainer (See Appendix 10 for possible scenarios for focus group discussions).

Helpful Hints

Discuss with participants the differences between the two scenarios, brainstorm on effects of poor and good communication (See Appendix 11 for details) and provide feedback with tips for good facilitation (flip chart from Appendix 12)

12 . Using 3-D visual aids to enhance communication

Trainer says “Often people are self -conscious when they try to describe how they do something. People may, in fact, not even be conscious of how they actually carry-out routine activities.

Using visual aids or props can make people feel less self-conscious, or be more focused on concentrated on how they actually do things which are very routine. In this project we use stuffed doll of different weight to explore different practices with local people.

13. Group exercise on use of the stuffed doll.

Trainer divides participants in 3 groups (MIL, TBAs and fathers) and give each group a stuffed doll. Ask each group to choose a facilitator and discuss a practice of their choice (delivery, post-partum, care of LBW). The purpose of this exercise is to see how the “3 D” tool can be used to explore practices.

Helpful Hints

In the feedback session, participants share ways to introduce and use the stuffed doll

Appendix 1 : Characteristics of the PLA Methodology

- *Everybody is learning.*
The focus is on cumulative learning by **all participants, including both facilitators and local people.**
- *The methodology seeks diversity* since everyone's view is influenced by idiosyncratic interpretation, bias and prejudices. **“Truth”** is approached through the rapid build-up of diverse information rather than via statistical replication.
- *Group learning process.* All involve the recognition that the complexity of the world/reality can be revealed through group analysis. The group learning process brings together outside investigators (professionals) with inside investigators (local people)
- *Use of triangulation* The accuracy and completeness of a PLA based inquiry is maximized by investigating aspect of the situation in a variety of ways, using a variety of tools (mapping, matrix making, FGD, semi-structured interviews, conceptual/analytical games, KII, etc), with a variety of people (family members, civil & religious leaders, influential individuals, professionals, etc..).
- *Context specific.* Tools and terms and methods need to be flexible and constantly adapted to fit the local context to encourage a sense of ownership among the community
- *Facilitating experts and stakeholders.* The methodology emphasizes the role of the external “expert” as helping people carry out their own investigation to achieve a goal.
- *Leading to community mobilization for change .* The participatory process (joint analysis & dialogue) leads to a debate about change and the debate changes the perception of the actors and their readiness to contemplate change.

Appendix 2: PLA methodology and PD process

In the PD process, the PLA methodology allows the facilitators together with the local people to:

- Understand common community attitudes, practices and beliefs (determinants of behaviors) regarding a specific problem from their world view because the local people are given a context in which they can express themselves freely, (**Define**)
- Identify the few individuals who are able to outperform or overcome a specific problem or prevent it. (**Determine**)
- Discover these community members' uncommon behaviors and strategies, the unique ways some people learn to survive despite their situation and their environment. (**Discover**)
- Prioritize action or initiative that can be immediately started with local effort, (Community development or Action plan) (**Design**)

Appendix 3: Role of the PD facilitator in PLA methodology

1. **Learning** from the people since the community knows more about itself than we do (interest, curiosity and asking questions).
Learning **from mistake, to embrace error as an opportunity to learn to do better**
2. **Listening; Sitting at the feet of the group**
3. **Being open:** recognizing people's priorities which may be quite different from what we thought they were.
4. **Seeing things differently:** challenging our educated self: asking questions like what, what if, why and how.
4. **Sharing experiences and practices** with the people in 3 ways:
 - local people share experiences and practices among themselves
 - Local people share experiences and practices with outsiders
 - Outsiders share what they have learned with each other and the people.

The PD facilitator is not a trainer but a learner/student not a teacher (listening, not lecturing)

The PD facilitator takes full personal responsibility for the work, not relying on manuals or a rigid set of rules, but using their best judgment.

Appendix 4: Blind Game (Conceptual game)

Purpose: To encourage participants to brainstorm about their views on any given training topic, particularly focusing on issues of trust, learning, and leadership.

Length: Approximately 5-6 minutes

Materials: None; (blindfolds optional)

Steps:

1. Participants are told that they are going to take part in a blind exercise. They are divided into pairs.
2. The facilitator explains that one member of each pair will be 'blind' and the other will lead them around the room. The blind person may not open their eyes (remove blindfold). There can be no talking. After 3 minutes, when instructed, they will switch roles.
3. The facilitator tells the participants to start. After approximately 3 minutes, the facilitator tells the participants to switch roles. After an additional 3 minutes, the facilitator announces an end to the exercise.
4. After the exercise, the facilitator asks participants how they felt when they were blind and how they felt when they were leading the blind person.
5. The facilitator asks participants what is the relevance of the game to the topic being discussed. For PD, experts experience a role reversal from being the leader/expert "leading the blind, i.e. the villagers", to being blind and being led by the villagers. Discussion on issues like control and power

Note for trainers/facilitators Format for training participants in PLA activities

1. The group selects a facilitator for the activity
2. The facilitator reviews briefly the assignment with trainer
3. Trainer supervises/observes the activity
4. The group present their work
5. Discussion or more information on the topic
6. Feedback from participants on the activity itself, the performance of the facilitator

Appendix 5 Transect Activity (PLA Activity)

Topic:	Informal learning about and from the community
Activity:	“Walking about “-Transect
With whom	team of 2 people with 1 or 2 community members , trainees
Duration :	2 hours during preliminary visits to village

What do we want to learn about

- What kind of environment families live in, and (roads, tube wells, electricity)
- What type of transportation is available for obstetric emergencies (public buses, taxis, trucks and private cars, other)
- What kind of environment pregnant women & new mothers live (RH), places where stillborn and dead newborn are buried
- Population density, problem of big size families (RH)
- Location of grocery shops, clinic, traditional healers, TBAs, LHW and Lady counselors' houses, tea shops...
- Women's type of work outside the home (crops, vegetables, fruit trees
- Access to media (radio and television), public address system (mosque)
- Other

Directions to carry out PLA Activity

1. Create a checklist of places & people to visit, and topics for informal conversation.
2. Select a specific road or neighborhood (mohallah) with community members. Make sure to select mohallahs that are at the outskirts of the village as well as well-to-do mohallahs, or mohallah with a different caste.
3. Take a slow walk down the road or path selected with a community member, or with a child/children
4. While walking around make careful observation of where people gather to talk (such as tea shop for men and well for women), distances between houses and health center, configuration of mohallahs
5. Interact with pregnant women or women with infants (female only) and ask about the local network of women, Visit tea shops (male only), etc.
6. Later, create a chart with all the information gathered for further discussion with community members during Focus Group Discussions.
7. Write up information gathered from conversation, make case studies, and take quotes from people you met.

Topics : Distance to health center, transportation issues, women's workload access to maternal & newborn health information via media, women's networks at mohallah level, availability of health providers (public and private).

Appendix 6: VILLAGE RESOURCE MAPPING (PLA tool)

Purpose:	To develop a map of the village as perceived by the community.
With whom:	Male/female groups separately. identified activists, Union council member , self-selected activists, dais and LHW (minimum 2 from each mohallah), or FGD members i.e.MIL, parents of <12 months.
When;	Preliminary meeting with leaders and activists
Materials:	Paper, colored pens (black, red, green, brown, blue), beans (3 sizes and colors for stillborn, died within 28 days, healthy newborns)
How long:	1 Hour

Steps:

Note: Ahead of time make a list of places and information you think you need regarding the issue of maternal & newborn care.

The list may include: boundaries & number of mohallahs, location of health resources (LHW, dais, private doctors, healers, etc) and location of poorer neighborhoods. Key buildings (mosques, schools, shops, bus stops) and key roads and distance to BHU, places to get public or private transportation, etc..

1. On the big piece of paper draw a map of the village with participants, putting in the roads or other significant features (river, hills, then draw the mohallahs boundaries, then important buildings (i.e. mosques, schools, shops, administrative buildings),
2. Have the participants locate their homes, LHW's & TBA's house, teachers, religious leaders , traditional healers, etc.
Discussion point: Who are the other important/influential people & what do they do?, do community members get involved in community projects?, how? What projects?
3. Have the participants indicate where poor people live.
Discussion point: What are these people? (caste/tribe names), what do they do?, Do they participate in community activities?, how?
4. Ask participants to locate the formal & informal places where community people (men, women) meet such as tea shop and barber shop, wells, etc.
Discussion point: How is the community organized? Who does what?,
5. Ask participants to show distance to nearest RHC and/or district hospital, also location of public and private transportation
Discussion point: what kind of medical emergencies have you had in the last 6/12 months?, involving pregnant women, delivering women, post delivery problems for mother and baby?. Is this a big problem in your community?. Do people know what causes this problem?
7. At the end of mapping session, tell the participants to decide where to keep this map because they made it and it will be used again soon.
8. Plan for next meeting

Appendix 7: Game on Wayward whispers & story sequences:

A total of 5 participants are asked to leave the room. One volunteer stays in the room and the three others leave. First volunteer is called in and the facilitator gives a lengthy statement for this person to repeat to the other volunteers. Last volunteer comes in and repeats out what she/he understands.

Lesson learned : One way communication/message is difficult to understand. Two way communication is better, explain purpose, simple language, clear message, effective visual aid, friendly environment, reduce channels

Important: clarity of message at all levels from the coordinator to the community member.

Appendix 8: Role play on non-verbal communication

Trainer asks for 2 Volunteers to role-play 2 prepared scenarios repeating the nonsense syllable “la- dee la- dee la- dee” for all verbal communication, while conveying **their real messages** through **non-verbal signs**.

Scenario: X is waiting for Y who is already 2 hours late. When Y arrives he greets X, but does not acknowledge that he has kept her waiting for so long. X mumbles a very cool greeting and makes it known that she is quite angry with X for his lateness.

X is oblivious of Y’s displeasure, and warmly starts asking her questions. Y lets X know that she is not pleased with him, thinks he is rude, and is not interested in answering his questions.

Feedback: trainer asks participants what was communicated and how

Appendix 9: Key to effective non-verbal behavior

- Treat people with respect, and give full attention:
- Assure privacy and confidentiality
- Establish eye contact
- Listen carefully to what the person says.
- Listening is not just **hearing**, what the other person is saying but also **showing** to that person that he/she has your full attention.

Non-verbal signs that show that a person is not listening:

- Shuffling papers on the table.
- Refraining from eye contact
- Turning your back towards the person from time to time
- Looking at the watch from time to time
- Interruptions for the telephone and other staff members.

Non-verbal behaviors that shows that a person is actively listening:

- Leaning forward slightly towards the person
- Nodding your head or comment occasionally
- Not fidgeting or writing while the person is talking
- Repeating what he or she says and not interrupting him or her
- To show understanding, say “yes”, “Ok” etc.
- Ignoring distractions

Appendix 10: Role plays to illustrate Effects of poor and good Communication

Facilitator creates two versions of the same scene to be role-played.. The first (#1) portrays poor communication skills. The second (#2) demonstrates appropriate communication skills.

Method: Provider/client interaction skits/role play

Assignment: Prior to the session ask for 2 volunteers to role-play the scenarios. (They will need 5-10 minutes to read through the scenario and prepare for the role-play.)

Have participants observe the **verbal and non-verbal** interaction between doctor and client in both scenarios. Participants are then asked to comment on components of poor and good communication observed during the role-plays.

Sample Scenario #1:

Woman brings child with pneumonia to the clinic. The mother-in-law did not think that it was necessary for the woman to come to the clinic. She said she had already visited the traditional healer before coming to the clinic.

The doctor is very impatient with the woman. He tells the woman what she should have done. He is reproachful, acts very busy and rushes through the examination. The doctor keeps the mother standing. He makes the woman feel guilty. She is too nervous to answer his questions, feels guilty and intimidated. The doctor give instructions for medication very quickly and does not check with the mother whether she has understood how she is to use the prescribed medicine.

Doctor's non-verbal behavior : He has no eye-contact with the woman. He frequently looks at his watch and points at the child with his pen. He gesticulates (moves his arms wildly) to show his irritation

Mother's non-verbal behavior: She holds her head bent down. Her mouth and lips are held tight. She looks away from the doctor in shame. She tries to calm the baby who is crying

Sample Scenario #2: The situation is the same as #1 above. However, the doctor 's verbal & non-verbal communication skills are different. The Mother and baby are comfortable and the mother is eager to talk.

Doctor's verbal behavior: He invites the mother to sit down, asks the baby's name. The doctor speaks slowly and engagingly. He asks her if she has confidence in the healer she visited prior to coming to see him. He examines the baby thoroughly. The doctor then provides very clear instruction for medication and asks the mother to repeat the instruction to check her understanding. Finally he says he wants to see the baby again in a few days .

Doctor's non-verbal behavior: He smiles at the mother and baby. He comes around his desk and sits next to mother & baby, etc.

Appendix 11: Some Effects of Communication

Effects of poor Communication:

- Misconception
- Uncertainty
- Disappointment
- Loss
- Lack of confidence
- Bad relations
- Distress
- Unable to attain the desired results

Effects of good communication on behavior:

- Solutions to problems
- Good relations
- Better results
- Satisfaction
- Self Confidence
- Achievement of the desired goal

Barriers to the process of communication

- Language problem
- Cultural difference (between health worker and patient)
- Lack of facilities
- Lack of interest
- Individual perception
- Gender difference
- Religious Barriers
- Noise, external disturbance
- Personal problems
- Class difference
- Social difference
- Personal likes and dislikes
- Hearing handicap

Appendix 12 : Summary of Tips for good facilitation

Tips for good facilitation (PLA activities, FGD, meetings, group learning)

1. Setting up the climate

- Make sure everybody knows everybody
- Use jokes, casual conversation and small talk to make people feel comfortable
- Be relaxed, direct and confident

2. Explaining the purpose of the meeting

“We are here to learn from you about your life and the lives of your children so that together we can improve them. We want to learn about young children and their lives in the community”.

3. Facilitator non-verbal behavior

- Maintain eye contact with everyone as you speak
- **Practice active listening:** nodding, smiling, showing interest
- Sit in the group, not higher or away from the group

4. Facilitator verbal behavior (how to speak)

- Be sure participants talk more than you do
- Ask open-ended questions with “What, how, what if, why “, refrain from using closed questions which are answered by a “YES” or “NO”
- Share relevant personal experience with participants to make them feel comfortable and trusting you Evoke feelings, beliefs, needs.

5. Encouraging people’s participation

- Acknowledge individual’s willingness to talk, even if the statement is incorrect, beside the point, by saying :”this is interesting....that’s a good question, I never thought of it this way..”
- Don’t answer all the questions yourself, but encourage other participants to answer them
- Encourage others to add to a point being discussed saying: “I wonder what other think about this idea?”.
- When asking a question, wait at least 20 seconds to give an opportunity for a participant to fill the silent space.

6. Quoting participants ideas, remarks and opinion

- To single out ideas from participants
- To summarize ideas, opinion from the group
- To broaden the discussion
- To let people know that you listened carefully to what they said

