

## **PARTICIPATORY RURAL APPRAISAL (PRA)**

Participatory Rural Appraisal is an approach used by non-governmental organizations and other agencies in international development. The approach aims to incorporate the knowledge and opinions of rural people in the planning and management of development of projects and programmes.

PRA is a methodology used for interactive processes of social development: It is a way of learning from people, with the people and by the people. It is, therefore, a methodology for analyses, planning, monitoring and evaluation. It is a citizen-centred method of development. The process empowers locals by including them directly in the issue identification and evaluation process and, in many cases, in the final implementation and post-construction monitoring.

Many development organizations face the 'local knowledge problem': the inability to understand or identify the full scope of local needs without communing with residents. Participatory rural appraisal allows organizers to overcome this problem by including residents directly in the issue identification and evaluation process.

The basic techniques of PRA include –

- Understanding group dynamics e.g. – through learning contracts, role reversals, feedback sessions.
- Surveying and sampling e.g. – wealth ranking, social mapping, household population survey, transect walks.
- Interviewing e.g. – focus group discussions, semi-structured interviews, stake-holder interviews.
- Community mapping e.g. – cartography.

<b>VILLAGE</b>	<b>NO. OF HOUSEHOLDS</b>	<b>POPULATION</b>
<b>1.DHAMANI</b>	<b>74</b>	<b>549</b>
• Haushachiwadi	28	223
<b>2.DHODHANI</b>	<b>230</b>	<b>1227</b>
• Pimpalwadi	18	63
• Chinchwadi	40	136
<b>3.WAGHACHIWADI</b>	<b>111</b>	<b>520</b>
<b>4. TAWARWADI</b>	<b>120</b>	<b>618</b>
• Satichiwadi	36	187
• Kombaltekdi	47	202
• Kondichiwadi	48	227
• Maldunge	15	55
• Tadpati	24	79
<b>5. DEHRANG</b>	<b>65</b>	<b>335</b>
• Bapdevwadi	25	150
<b>TOTAL</b>	<b>881</b>	<b>4571</b>

## PRA TECHNIQUES USED

- Village Mapping
- Transect walks
- Focus Group Discussions
- Meeting with stakeholders-
  - a) Tehsildar, Talathi and BDO(Panvel)
  - b) Medical Officer PHC Nere
  - c) Gramsevak, Sarpanch, Upsarpanch and Gram panchayat members
  - d) Local leaders
  - e) Primary school teachers
  - f) Anganwadi sevikas
  - g) ASHA workers

### I. Community Mapping



## II. Focus Group Discussion



## III. Group Discussion



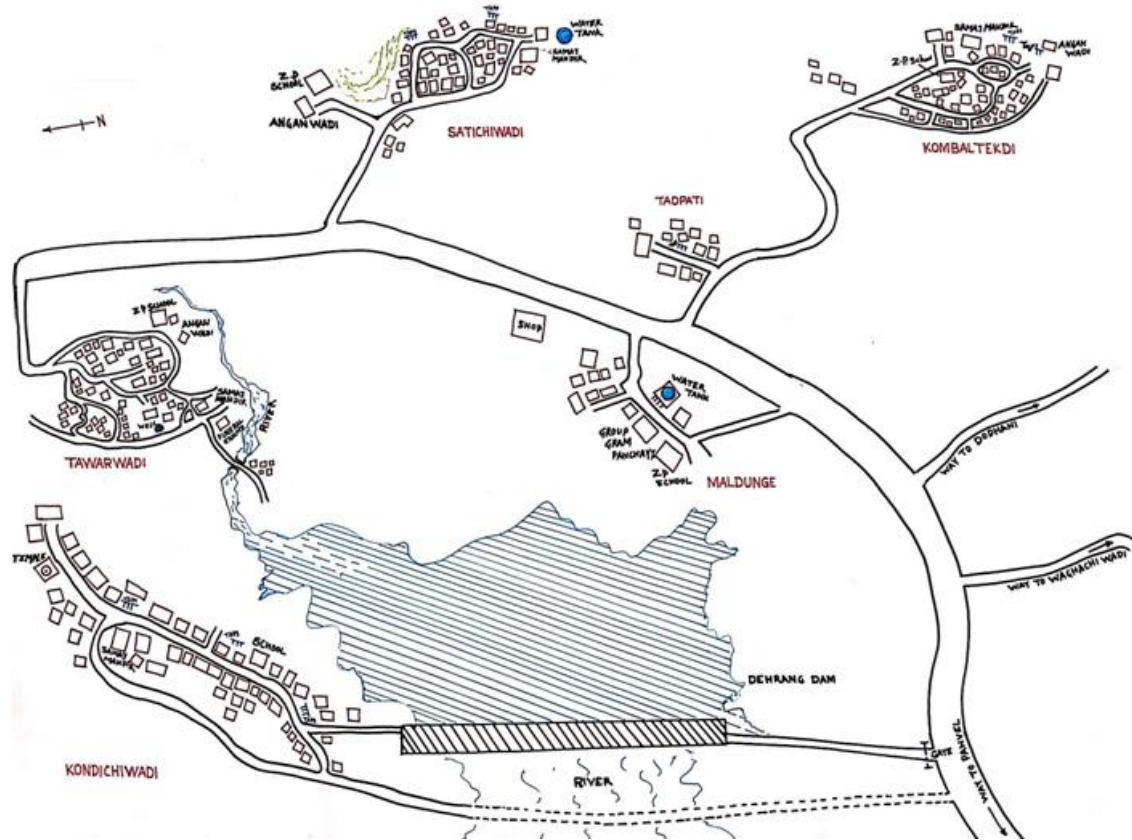
#### IV. Mapping



V. Transect walks



**TAWARWADI VILLAGE**



### Priority areas identified –

- No Anganwadi sevika.
- No health facility.
- Unemployment.
- Substance abuse.
- Lack of waste disposal.
- Lack of electricity.
- No Self help groups.
- Lack of water supply for irrigation.
- Lack of identification card for women and children.
- Kondichiwadi -Lack of roads to access the village.
- Indoor air pollution due to use of chulhas.



## WAGHACHIWADI VILLAGE



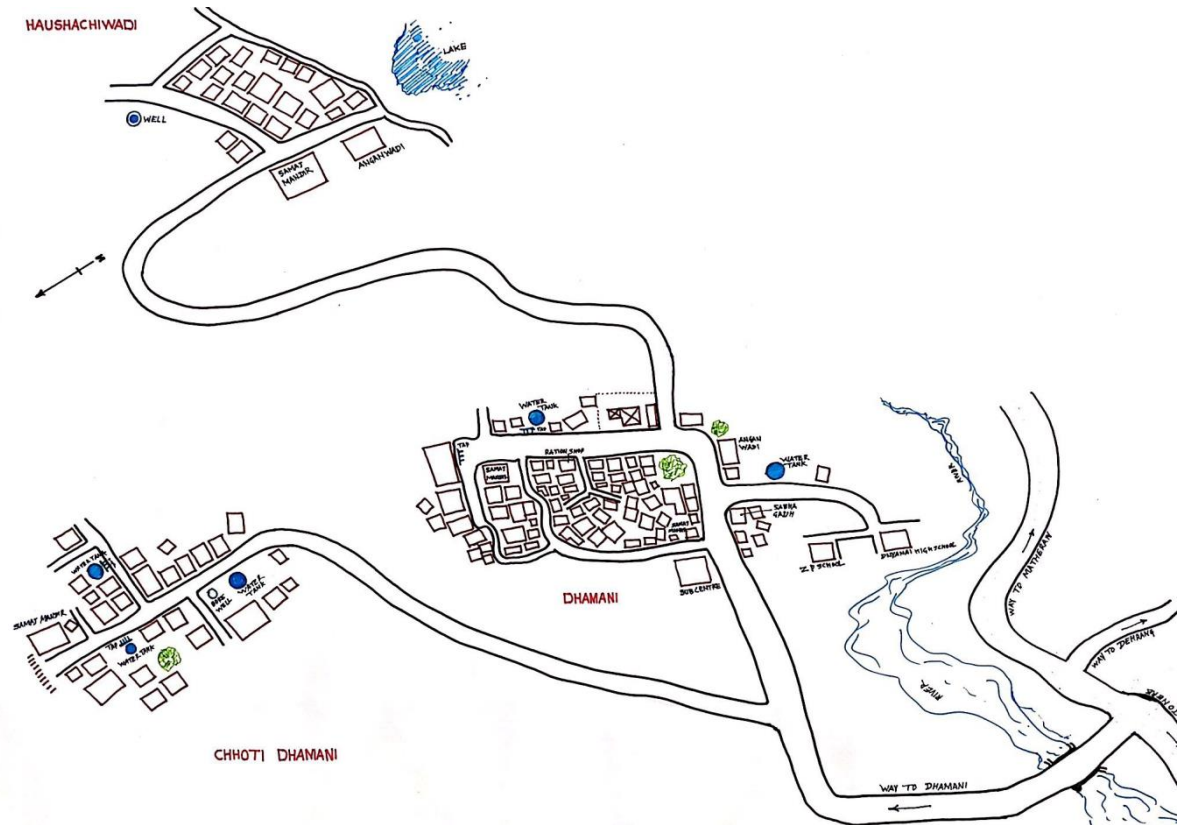
### Priority areas identified –

- Lack of water supply (need to travel far for collecting water).
- Malnutrition.
- Sanitation problems.
- Unemployment.
- Lack of identification card for women and children.



### DHAMANI VILLAGE



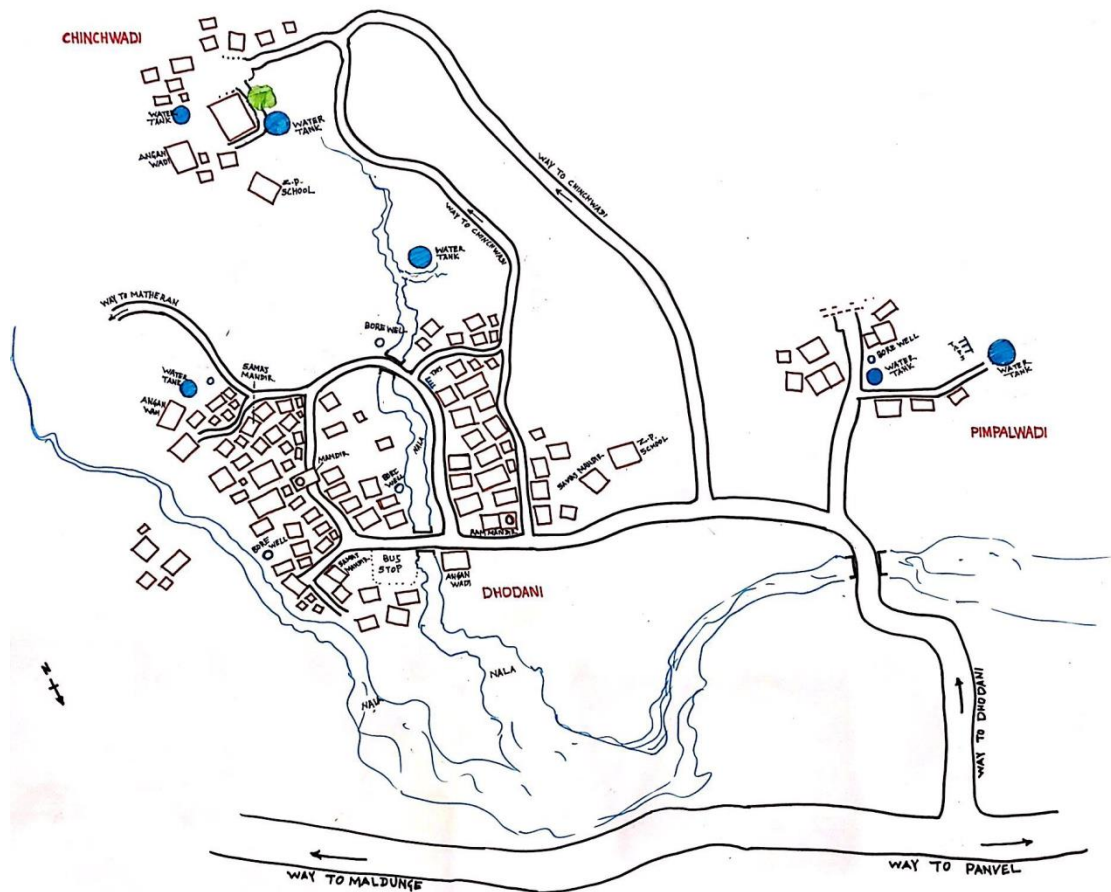


Priority areas identified –

- Lack of doctors in subcentres.
- Sanitation problems.
- No Self help groups.
- Mosquito menace.
- Unemployment.
- Indoor air pollution due to use of chulhas.
- Choti Dhamani-Needs a Mini Anganwadi.
- Haushachiwadi-Improper chlorination of wells.
- Lack of identification card for women and children.
- Lack of Water for agricultural proposes.
- Govt. School-Need to recruit more teachers, No internet facility with computer hardware issues, Sanitation problems.
- Lack of water distribution in the village(requires more bore wells points)
- Anganwadi problems-Lack of toys and books.



**DHODANI VILLAGE**



### Priority areas identified –

- Lack of water supply
- Sanitation problems.
- Mosquito menace.
- Unemployment.
- Waste disposal problems.
- Pimpalwadi-robbing of cattle.
- Chinchwadi-No Electricity.
- Lack of identification card for women and children.
- Anganwadi problems-Old constructions with leaking walls, lack of toys and books.
- Lack of health facilities (specially for emergency services they have to travel to Nere PHC which is 8km away)
- Difficulty in crossing the river especially during monsoons for cremation.



### DEHRANG VILLAGE



#### Priority areas identified –

- Underdeveloped Anganwadi.
- Lack of basic health facility.
- Unemployment.
- Lack of skill developments.
- No Self help groups.
- Bapdevwadi - No primary schools.
- Lack of water supply (need to travel far for collecting water).
- Lack of identification card for women and children.
- Indoor air pollution due to use of chulhas.



## Progress done till now in UBA

- Completion of UBA/household survey.
- Collection of all villages information from talathi officer.
- Data entry of all UBA survey form.
- Online submission of forms.
- Village wise analysis.
- Organized camps.



## Future Action Plans

- Preparation of village wise Village Development Plan(VDP).
- Networking with various organization.
- Implementation of VDP.
- Monitoring and Supervision.
- Evaluation.

