

# Report of the Online skills session on Participatory Action Research in health and well-being, June 2024

Regional Network for Equity in Health in East and Southern Africa (EQUINET)  
July 2024



Co-ordinated by Training and Research Support Centre (B Kaim, with R Loewenson, B Ncube) in association with and for the EQUINET Steering Committee members with group work facilitation by SC members: Nonjabula Mahlangu, CWGH, Barbara Kaim, TARSC and Kingsley Chikaphupha, REACH Trust and rapporteuring by Blessings Sabao, CMPD, Fortunate Machingura, and Nadine Nanji IWGHSS.

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## 1. Background

EQUINET has been implementing various training and research activities using participatory action research (PAR) for several decades. This reflected the understanding that the voice, power and self-determination that is inherent for equity should also be integrated in the production of knowledge, and that knowledge and its generation and use is a deeply sociopolitical activity. While some thematic areas of work in EQUINET had applied PAR approaches, not all had, and steering committee (SC) members felt that it would be important to widen understanding of the methods to see how they could be integrated within different areas of work, as a cross cutting process.

This 2-hour online skills session was implemented on 20 June between 12 noon and 2pm Southern Africa time. It was organized at the request of the EQUINET SC to give SC members and colleagues involved in EQUINET work from partners a brief introduction to PAR and how it can be used in EQUINET's various thematic areas. The session aimed stimulate interest in and understanding of how PAR can deepen the research work in EQUINET, and build connections to supporting each other as we move forward and strategize for next steps.

EQUINET SC members selected one to two other people they worked with in their research and capacity building activities. The SC members and these additional colleagues joined as the 26 participants from 15 institutions in 5 countries in the region (Kenya, Malawi, South Africa, Uganda, Zambia, Zimbabwe) in the session. They represented various work strands in EQUINET, including participatory and accountable primary health care (PHC), urban health equity, health impact assessment, health rights, tax justice for health, PHC and youth, and health in the extractive sector. (See participant list, *Appendix 1*). It was organized and facilitated by Barbara Kaim, with support and input from Dr. Rene Loewenson, internet support from Belinda Ncube, and members of the EQUINET SC who facilitated the group work element. The session was supported by Open Society Policy Centre, Medico International and TARSC.

Selected reading materials were circulated prior to the meeting to provide some grounding for the skills inputs and discussions. This included:

1. The PAR Methods Reader, co produced by TARSC/EQUINET, WHO AHPSR and IDRC. Available online at [https://equinetafrica.org/sites/default/files/uploads/documents/PAR\\_Methods\\_Reader2014\\_f\\_or\\_web.pdf](https://equinetafrica.org/sites/default/files/uploads/documents/PAR_Methods_Reader2014_f_or_web.pdf). Specifically parts 1 and 2 were recommended, or pages 11-19 , Table 4 on page 35 and pages 40 -48.
2. The video 'Building empowered communities for health, Lusaka, Zambia' coproduced by Lusaka District Health Office and TARSC at <https://vimeo.com/72914294>

## **2. Introduction**

Barbara Kaim, TARSC, welcomed participants and gave a short history of PAR within EQUINET. She noted that EQUINET has been involved in undertaking PAR research, training and documentation for over 20 years. Many organisations in the region have implemented PAR, some of whom she noted are with us today in the session. Many PAR research and training documents are available on the EQUINET website at <https://www.equinetafrica.org/content/equinet-publications.html> as well as on the PAR portal <https://www.equinetafrica.org/content/portal-resources-participatory-action-research.html> . EQUINET working with other regions has initiated a PRA4equity email mailing list where about 200 people from around the region and globally share ideas and resources online.

EQUINET has engaged with PAR at community, national and increasingly at regional and global level and, over the years, has learnt a lot about the opportunities and challenges to this approach. Key is a recognition of how important it is to see PAR as a cross-cutting issue that can enrich many aspects of EQUINET's work.

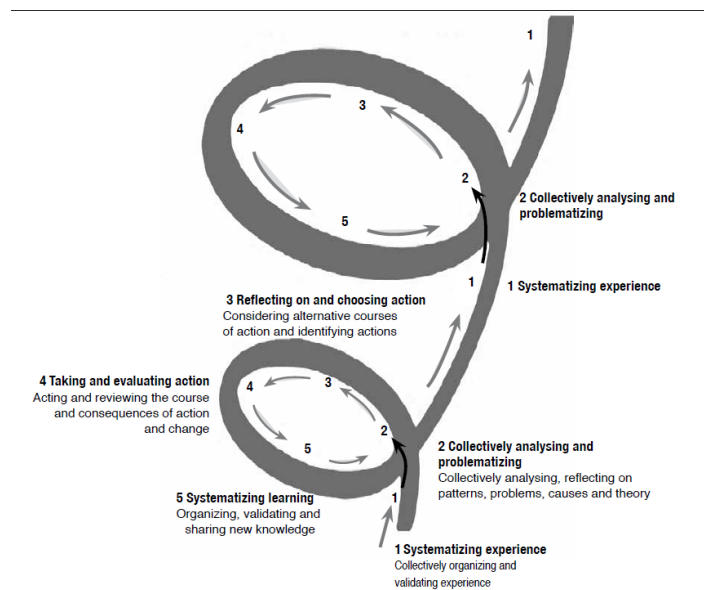
## **3. Working with participatory action research in health and wellbeing**

Dr Rene Loewenson, TARSC, gave an informative presentation on the basics of PAR, current issues and opportunities, punctuated with discussion of questions and comments from participants. (Her presentation, and the introductory and concluding remarks in the session are available online at [https://youtu.be/OR\\_lhxoSQuQ](https://youtu.be/OR_lhxoSQuQ))

She introduced why PAR is important to equity and health systems, given the role of power, socio-political constructs of reality, and the importance of holistic and transformative approaches in addressing health equity. PAR seeks to understand, but also to transform reality. It is not neutral – it reflects the values and contexts of those generating it, understanding that knowledge is a source of power. In PAR, knowledge is gained when those directly affected by the conditions and issues investigated in research are involved in generating the knowledge on it, in a spiral of validating experience, analysis, action and learning from action, and in this process building a consciousness that reality can be changed.

Rene explained that PAR has a long history, outlining its roots in the past century in different regions globally, including in Latin American pedagogy of the oppressed, European trade union and workers movements on their health, African trade union and Indian social movement work. She presented the different paradigms of research inquiry, from more positivist to more reflexive forms, and their underlying understanding of knowledge and reality. PAR understands reality as subjective and the methods aim to explain, understand and transform reality, where those participating in the research are active agents of change. Theory is built from lived experience, collectively validated and problematised.

The methods transform those participating from research object to active researchers and agents of change, applying the principle of 'no delegation', with the researcher as facilitator. She explained the nature of homogenous groups in PAR, and the importance of such groups being linked to wider organisational forms to enable action and theory being built from lived experience of a group with shared organisational potential. The methods organise and collectively validate experience, and problematize on the causes to identify actions. There is a step then of implementing, reflecting on and generating knowledge from the action taken, and through this knowledge about reality and consciousness of the power to transform it in those affected. This may happen in repeated cycles, as shown in the graphic.



Following a brief discussion on the range of visual and other methods that can be used in PAR, Rene explored current opportunities for PAR. With new developments in information technologies, social platforms offer the possibility to generate and use knowledge at a wider scale, as trialled by EQUINET in 2018 to understand the impact of results based financing on PHC from the lens of communities and primary care health workers in five ESA countries implementing PAR online. She also gave an example of how PAR can be used in emergencies, citing EQUINET's work in New Kru Town, Liberia, post the Ebola pandemic. (Reports of these areas of work are available on the EQUINET website).

The presentation suggested how the horizon of how PAR has expanded from the local, community level to exploring ways in which it can be used more widely at national or even regional to global level. This brings up questions, such as:

1. If the findings of PAR are to reach a wider audience, how do we move from visual, dynamic, relational 3-dimensional evidence into 2-dimensional reporting?
2. How does institutionalizing PAR (whether in a CSO, Trade Union, community group, government agency, etc) affect the PAR process and preserve its core power and transformation features?

In the plenary these issues were discussed, and some issues clarified:

- Experimental research often uses a control group to validate causal findings. This is not used in PAR. In PAR validation of results comes from within the methods and the extent to which they reflect participation, the homogeneity of the group, and the extent to which the collective validation elicits, organizes, respects, and triangulates the experiences of those directly affected. The validity is thus linked to how effectively the methods overcome the subject- object distinction and enable collective analysis.
- While Participatory Rural Appraisal (PRA) is useful in generating information from communities, it may be done in ways that still extract information from affected groups, without enabling their own problematizing, analysis, action and learning from action that is central to PAR. PAR as a systematic approach for the latter can help enrich the PRA process.

- All research processes need to follow clear ethical guidelines. There are clear ethical issues to address in PAR, as outlined in the PAR Methods reader (see the link noted earlier), particularly given the role of power and social relations in the process for generating knowledge. This is even more important when the issues and actions may raise sensitive or risky issues. However the role of an Ethics Research Committee varies by the context. For example, when PAR is implemented by an organization such as a trade union within its own internal processes and members to democratize knowledge as part of its organization for change, it would be more important to ensure that the work follows the ethical principles in PAR, rather than by submission to an Ethics Research Council. The reality is that most Ethics Councils do not understand PAR methods or the ethical issues to be addressed in PAR. For example, they may ask questions relevant for positivist research that are not relevant to PAR, such as how were the respondents kept 'blind' to the research aims.

#### **4. Putting PAR into action in our work in EQUINET: Group work and synthesis**

Participants then progressed into 3 preselected groups to discuss how PAR could be better integrated within EQUINET work:

Group 1: Using PAR at local level (facilitated by Nonjabula Mahlangu, CWGH),

Group 2: Using PAR at national level (Barbara Kaim, TARSC) and

Group 3: Using PAR at regional/global level (Kingsley Chikaphupha, REACH Trust)

Each group spent 20 mins discussing and reflecting on the following questions for their specific level (local, or national, or regional and global):

1. What communities or organisations do you think you could involve in your work, noting that they will also have a clear organising platform to sustain the process?
2. What issues do you think these groups would want to address using the PAR approaches as discussed in the session?
3. Are there people who can facilitate such PAR processes in these groups? Who? What further capacity support would they need?

Based on feedback during plenary and notes taken by the 3 group rapporteurs (Blessings Sabao, Fortunate Machingura and Nadine Nanji), this report summarises the common responses across all 3 levels – local, national and regional/international.

#### **For Question 1: Communities or organisations to involve with a clear organising platform to sustain the process**

All three groups reiterated that any PAR work needs to include the views and experiences of those most affected by the issue/s being addressed. Groups 1 and 2 emphasized that ensuring community engagement and empowerment through participatory methods is important to achieve better health outcomes.

- Group 1 included everyone from community health workers (CHWs), community interest groups (such as youth and women) to health facility committees, local authorities, unions and other government structures as appropriate groups to work with locally.
- Group 2 (national) saw the groups as dependent on the issue in focus. They included health facilities and health departments, educational institutions, as well as targeted programmes, such as on tuberculosis.
- Group 3, (regional/international) identified specific forums where members of EQUINET could raise PAR and knowledge from PAR in the forum agendas. The forums included FP2030 (a global partnership focused on family planning) which has a meeting in

September 2024, the Summit of the Future, also scheduled to meet in September 2024 and the G20 meeting. The group suggested approaching the African Union to discuss the role of PAR, or to organise EQUINET and partners to bring PAR into regional processes.

### **For Question 2: Issues these groups would want to address using the PAR approaches**

Group 1 identified a range of local issues that could use PAR:

- To improving health availability, affordability and accessibility through a focus on health insurance, health service provision and access to quality health care;
- To bring community perspectives on health policies to engage on policy changes that promote health equity, using PAR and dialogue to inform policy-making;
- With locally identified issues, to facilitate collaboration, coordination and shared decision-making between community based organisations (CBOs), non government organisations (NGOs), government agencies and the private sector;
- To involve communities in resource allocation, leveraging of local resources and advocating for additional funding or support to locally prioritised issues and actions.

Group 2 identified a range of national issues that could use PAR:

- To build a shared focus on improving health literacy within communities, such as around reproductive health and vaccine uptake.
- To engage on national policies to address safe abortions and maternal mortality and promote national education initiatives in relation to menstrual hygiene and other reproductive health issues (I4D, Uganda).
- To improve national health literacy especially in TB, and include community engagement to build trust and acceptance of TB interventions (IWG and UCT, South Africa)
- To identify risks and adaptive strategies for pregnant women and infants related to health stress (CESHHAR Zimbabwe).

Group 3 identified a range of national issues that could use PAR to engage in regional, global forums on sexual and reproductive health and rights; barriers and technology transfer and vaccine manufacturing; and inter-sectoral collaboration for addressing youth mental health.

### **For Question 3: People who can facilitate such PAR processes in these groups and the capacity support they need**

All three groups appeared confident that there would be a core of people available within communities, organisations and government facilities/institutions available to facilitate PAR processes. They noted, for example, the CHWs, health facility staff, district health officials, CSO and regional organisation representatives. At the same time, there was general consensus that many of these people would need additional training in PAR methods and on issues such as research ethics, community engagement strategies, facilitation skills, health literacy, and evaluating the impact of PAR. Logistical support, especially for CHWs, and use of EQUINET training materials were also mentioned as necessary supports for this.

### **Other points arising:**

The discussions in the session noted that using PAR also calls for policy barriers to be addressed and engagement on supportive policies for successful interventions. Several challenges were noted in institutionalizing PAR at country and institutional level, including concerns on avoiding tokenistic participation. Generally, the discussions indicated that PAR methods could be integrated across a range of different health issues and settings, particularly where the issues demanded collaboration, health literacy and engagement on policy or system change.

## **5. Closing and follow up**

In the concluding part Barbara raised the idea of a PAR Resource Group made up of people who have experience in PAR and who would be willing to assist/guide/review PAR processes. This was supported by participants and needs further follow up to consolidate. She encouraged all to visit the EQUINET website for publications using PAR, to visit also the PARportal on the website at <https://www.equinet africa.org/content/portal-resources-participatory-action-research.html> where there are various materials on methods, research activities, networks on PAR, and to share their work in the Portal (submit at <https://www.equinet africa.org/par/send-information.html> ) and to EQUINET ([admin@equinet africa.org](mailto:admin@equinet africa.org)) as this exchange is also how the field is built.

The meeting ended with thanks to all and a commitment on reporting the session and on follow up discussion to carry forward the issues and ideas raised.

## Appendix 1: Participant list

NAME	INSTITUTION	COUNTRY
Fatia Kiyange*	CEHURD	Uganda
Christopher Ogwang	CEHURD	Uganda
Fortunate Machingura	Centre for Sexual Health and HIV/AIDS Research / Liverpool School of Tropical Medicine	Zimbabwe
Blessings Sabao	Country Minders for Peoples Development	Malawi
Nonjabula Mahlangu*	CWGH	Zimbabwe
Mandy Mathias	CWGH	Zimbabwe
Mongi Khumalo	CWGH	Zimbabwe
Jackoniah Mawopa	Food and Allied Workers Union of Zimbabwe	Zimbabwe
Edmond Kyeyune	Innovations for Development	Uganda
Jovia Gonza	Innovations for Development	Uganda
Bisrat Kubi Dessalegn	International Working Group	Kenya
Nadine Nanji*	International Working Group	South Africa
Ramonde Monde Patientia	International Working Group/UCT School of Public Health	South Africa
Idah Zulu	Lusaka District Health Management Team	Zambia
Nosimilo Mlangeni	National Institute for Occupational Health	South Africa
Kingsley Chikaphupha*	REACH Trust	Malawi
Helecks Mtengo	REACH Trust	Malawi
Rangarirai Machemedze*	SEATINI	Zimbabwe
Didymus Zengenene	SEATINI	Zimbabwe
Artwell Kadungura*	TARSC	Zimbabwe
Barbara Kaim*	TARSC	Zimbabwe
Belinda Ncube*	Consultant, TARSC	Zimbabwe
Rene Loewenson*	TARSC	Zimbabwe
Francis Kairu	Tax Justice Network	Kenya
Benice Maluleke	Zimbabwe Banks and Allied Workers Union (ZIBAWU)	Zimbabwe
Wisborn Malaya	Zim Chambers of Informal Economy Associations	Zimbabwe

- Also EQUINET steering committee members