People's Participation in Health Care

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The methodology of paticipatory research and action including the major steps and stages involve in operationalising community participation has been discussed.

Introduction

It has been fully recognised by now that for achieving 'Health for All' by the end of this century primary health care would work as an effective instrument. However, the success of primary health care mainly depends on people's fuller and effective participation for their health promotion. How people can be involved, mobilised and activised for participation in these efforts is not possible unless the Health Workers become aware with the methods of activising communities' institutions in promoting participatory actions and research.

So, the methodology that the health and family planning workers should adopt for promoting participatory research and participatory actions it sought to be discussed here. Methodological deliberations become important because participatory research is different from conventional research. Participatory rearch for each of its projects and programmes may require the use of specific methods/stages relevant to their specific situations. But for the sake of convenience a tentative and general presentation about few guiding points is made of the stage/methods involved in these participatory efforts. In this sence, the present note is not a biographical or chronological presentation of guidelines for participatory actions and research.

The background note is a modest attempt to initiate discussions towards the preparation of a guideline for health and family welfare workers to promote participatory research and actions.

What has been prepared as a guideline discusses in brief the various definitions of community participation, rational. Indian context for people's participation etc. It also makes a presentation about setting of objectives for participatory efforts, implementation stage/methods (including monitoring-evaluation) and termination phase. Besides the methods for participatory efforts an attempt has been made to present in this tentative note, the principles of community participation and the emerging issues.

Wherever required and possible, the experiences or the leads have been documented to supplement the discussion in the note—from the findings of an Innovative Project of the National Institute of Health and Family Welfare in Community Participation. The Project is still in progress which has got following five participatory schemes inbuilt in it. The details of the project and schemes therein are given in brief in the Appendix.

1. Organising and Activising of Village Health Committees.
2. Organising Mother's Health Clubs.
3. Organising School Health Clubs in villages.
4. Re-orienting Village Health Guides through Innovative Action Research Training.
5. Organising Clinic-cum-orientation Sessions.

Rational

The potential contribution of the approach of community participation to development in general and health in particular is enormous as demonstrated by several independent experiments carried out in the country.

The distinctive possible contributions of the approach are (a) an increasing understanding of the 'user perspective' in the health and family welfare programmes and (b) promoting and strengthening community 'self-reliance' in matters of health and family welfare.

Community participation is one possible means for buiding community capabilities so that people are able to plan, implement and finance health activities by themselves Presently, health project and programmes are initiated, designed and implemented from the 'top down' by health ministeries and institutions without systematic consultation of intended beneficiaries, the basic idea being that people will accept the services to the extent they are delivered to the people. However, this did not happen to the extent expected. There is a growing realisation that 'top-down' appreach creates an increasing dependency of the people.

Moreover, the cost of 'top down approach' works out so high that no government in any low income countries can reasonably accept to meet the health needs of all the people in near future. Experience also brought in the realisation that the intended

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beneficiaries of health programmes do not necessarily share the perception of health programme planners and of their priority health needs. As a result services offered to the people are often rejected or under-utilised because they do not meet their needs.

Meanwhile, several ad hoc small scale grass root experiments successfully demonstrated the potentials of the approach of community participation for health sector. As a result there is a gradual shift in the approach from 'top down' to 'bottom up' as reflected in the Sixth and Seventh draft Five Year Plans of the National Health Policy.

Good and sound health has been a concern of all societies since times immemorial. Every society has therefore developed several norms and values which deal with health/ill health situations. Any outside intervention is likely to face opposition unless it is acceptable in terms of these socio-cultural values. Community participation can increase this acceptability through sanctioning by community norms.

The advantages which are foreseen or have been experieaced, are advanced in favour of participatory method. Taken together they make a strong case in favour of Community participation. Some of these are:

— More will be accomplishd.
— Services can be achieved at lower cost.
— Participation has an intrinsic value for population groups.
— It can be a catalyst for further development efforts.
— Participation leads to sense of responsibility for a project.
— Participation guarantees that felt need is taken care of and thus utilisation of programme service is maximum.
— Participation ensures that things are done the right way.
— It uses indigenous knowledge and expertise or better use of local possibilities.
— It frees (lessens) population from total dependence on professionals.

By involving people more can be accomplished than what is possible to achieve by the Government agency alone. Community participation approach makes it possible for voluntary organizations to contribute to health. It increases the capacities of disorganised poor sections of population who need health services most and yet who remain out of the reach of the present health bureaucracies. When this concept is followed, health services can be provided at lower costs. When a community shares some burden of health programmes the same amount of Government money can be used for more people. Some cost may be saved by adopting organizational and technically simple ways through local ways of doing things. In addition to instrumental value of public participation, it has an intrinsic value of its own when it gives satisfaction of being a part of the process. Successful community participation acts as a catalyst for further developmental efforts. The organizational experiences of working in groups, committees and with institutions as well at the enthusiasm generated by one success will provide means and the stimulus for further efforts. Public participation creates pride as well as sense of responsibility tawards the project.

The experimentation, research and action programmes for participatory efforts in health sector primarily travelled through other developmental sectors. People's participation started receiving greater attention in health sector because of:

— Resource—Health developmental Aspiration lag.
— Time—Developmental lag.
— Non-trickling down or Non-percolation of health efforts.

There is a growing feeling that participation would be able to narrow all these gaps.

Indian Context for People's Participation in Health

In the Indian context the importance of community participation in development has been recognised right from the first five year plan. The first plan document noted that conditions should be created to enable individuals and groups to make their maximum contribution as citizens and in fulfilling the targets of the plan and advancing its objectives; therefore, it called for making adequate arrangements for enlisting public co-operation and association from the very beginning.

The Seventh plan is recorded in its Approach Paper emphasizes: "Achieving active community participation and involvement in Health and Health related programmes should also be part of the strategy. In particular, active community participation and involvement of non-governmental organizations in a massive health education effort is urgently needed."

Definitions and meaning of participation—Community Participation

UN Social Development Division defines participation as a 'process of activities comprising people's involvement in decision making, contributing to the developmental efforts, sharing, equitably in the benefits derived therefrom'.

Verhagan is of the opinion that participation is generally presented as the active involvement of target groups in the planning, implementation and control programmes and projects—not merely their passive acquiescence in performing predetermined tasks, not merely their exploitation in order to reduce the labour cost. Participation—it is argued, guarantees that the beneficiaries' own interests are taken into account. This enhances the likelihood that programmes and projects will prove effective in meeting felt development needs and that participants share equitably in all benefits.

There is a tendency to confuse participation with mobilisation. That is why sometime when planners and bureaucrats refer about the lack of popular participation in developmental process what they refer to is the people's failure to ratify and accept the pro-

gramme uncritically rather than participate. And when they talk about moves to ensure people's participation in programmes they actually refer to mobilisation. The UN studies puts it as 'In relation to development, people's participation is a process which can be defined as active and meaningful involvement of the masses or people at different levels: (a) in the decision making process for the determination in societal goals and the allocation of resources to achieve them and (b) in the voluntary execution of resulting programme and projects. The participation may take place at three different levels; in decision making, in implementation and in receiving benefits. Again, this participation depends on organisation of institutional structure, prevailing value systems and nature of leadership.

Alastair White (1981) defines it as 'The involvement of local populations in the decision making concerning development projects or in their implementation'.

Despite the great diversity in the objectives sought through popular participation and the different ways in which the term has been understood and interpreted a certain consensus emerges on a working definition. According to this consensus participation has three dimensions. The involvement of all those affected in decision making about what should be done and how the mass contribution to the implementation of the decisions and sharing in the benefits of the programme. A fourth element sometimes considered in local participation is evaluation (World Bank 1978).

The involvement of the population in the physical work of implementing a project should not be taken as community participation unless there is sharing of decision to an extent with the community. For example when an external agency controls the process and calls upon the targeted beneficiary (community) to give their help (labour) directly it can not be treated as community participation although some amount of self help labour is seen.

This is what a WHO Report (1978) has to say on this. In the old ideology 'involvement was conceptualised as an endeavour on the part of community to help in the implementation of plans already made and targets set vertically or say adoption of 'top down' approach". This kind of involvement is based on passive acceptance of services and passive support in cash or kind. As the report put it community participation is more than 'acceptance', allegiance, and unpaid labour.

The new type of participatory involvement requires identification with the movement/project/programme which grows out of involvement in *thinking planning, deciding, acting* and *evaluating* focussed on one *collective purpose*, may it be improvement in health care or overall development. So, community participation is mental as well as physical process.

Still there is no agreement on what exactly constitutes a community participation approach. However, one comprehensive and widely acceptable definition is given below:

Community participation is an *Educational* and *Empowering process* in which people in *partnership* with those able to assist them *identify problems* and *needs* and increasingly *assume respansibilities themselves* to *plan, manage, control; assess* the *collective actions* that are *proved necessary.*

What Community Participation is not

— Involvement of people just in physical work *(Shramdan)* can hardly be considered community participation because at least *some degree of sharing decisions* with community is *not* there. Although it may appear self help labour.
— '*Begar*' (Imposed labour) from the community is also not community participation.
— *Efforts* on part of individuals to assist in the implementation of plans already made and targets vertically set is not community participation. The kind of involvement of Top-down targets will be *passive.*
— Providing money for a health centre or giving bricks to school building is also not community participation. Dynamics of community participation needs much more.
— Mere mobilisation is also not participation or involvement as it lacks orientation and attitude formation inbuilt in participation. It is not just focussing on activities.
— It is not against or parallel to the 'System' rather it may be supporting..
— It may not be entirely or absolutely autonomous but spontaneous.
— Participation does not evolve around single individual.

Main Possible Steps or Stages

The previous section dealing with the definition of community participation has emphasised the point that this concept and its formulation in concrete stages is still being evolved. This is more true in the area of health where it has received less attention by planners and administrators. Although, several successful small scale programmes have been initiated and developed in this country they are still at different stages in their experimentation. As such the information available about them is fragmentary, ad hoc and very often incomplete in nature. There have not been enough opportunities to consolidate and systematize the varied experiences with a view to develop a practical theory on this issue. Although, it is strongly felt that a stage has come when these experiences need be shared widely and systematically organised to produce definite steps/stages which can be followed by normal health workers in the programme.

This paper is perhaps concretising for the first time formalising of steps/stages for operationalising community participation projects or programmes in the area of health and family welfare. *As a first attempt these are surely tentative and open to discussion.*

(To be Concluded)

(Courtesy: **Social Change***)*