People's Participation in Rural Health Services

a study of development of the concept

Mrs. URMIL BHANDARI

VINOD BHANDARI

Despite some successful experiments, Primary Health Care is still more of a slogan than a nation-wide reality in most developing countries, according to Mrs. Urmil Bhandari and Vinod Bhandari of Rural Health Training Centre, Najafgarh, New Delhi. To change the situation is thus the greatest health challenge for the next two decades. The authors, in this paper to be published in two parts, survey the scope and impact of the different health committees appointed by official agencies during the last five decades to examine the relevant perspective.

THE World Development Report 1980 prepared by World Bank lists four main areas of human development—education, health, nutrition and fertility—and the links between them. In each, it considers the causes and effects of poverty and various ways of breaking its grip on the poor and their children. Briefly, it states that every individual is born with a collection of abilities and talents. Education in its many forms, has the potential to help fulfil and apply them.

In general terms, as per the report, the determinants of health have long been well known. One is people's purchasing power (which depends on their incomes and on prices over certain goods and services including food, housing, fuel, soap, water and medical services. Another is health environment—climate, standards of public sanitation and the prevalence of communicable diseases. A third is people's understanding of nutrition, health and hygiene. Knowledge is still evolving, however, on the relative importance of these different factors, and on the best ways to deploy government resources to improve health. Now it has increasingly been plainly realised that health care systems modelled on those in the developed world were not the quickest, cheapest or more effective ways to improve the health of the majority of people in developing countries. The 1970s have thus witnessed the evolution of a much broader approach to health policy, including an emphasis on universal low-cost basic health care. But despite some successful experiments "primary health care" is still more of a slogan than a nation-wide reality in most developing countries. To change this is the greatest health challenge for the next two decades. Primary Health Care which is quite broad in the scope, emphasizes self-reliance and partnership between local communities and governmental agencies.

The Imperative Need

Keeping in mind the imperative need to improve the nutritional status of the people the report observes that systematic efforts at national nutritional planning in developing countries go back barely a decade. During this period considerable progress has been achieved in establishing the extent and causes of malnutrition and what can be done to reduce it. Similarly, during the last few decades progress has been made in understanding the causes and consequences of high birth rate, and in helping to resolve two controversial and important issues—the dispute between those alleging that family planning programmes have little effect on birth rates and those saying that family planning alone could reduce birth rates—has been greatly narrowed if not wholly settled. The evidence overwhelmingly suggests that both social and economic conditions and family planning are important in determining birth rates, and that they are mutually reinforcing.

Further, the four key questions that invariably affect the human development programmes and their effectiveness are: Political Support—this has been critical to the considerable success of HUMAN development programmes in reaching the poor; Finance—although money alone will not produce human development but a shortage of funds is a common, often binding constraint; Administration—for many programmes administrative and institutional capacities are found to be scarcer than finance, unfortunately the importance of which is frequently overlooked, and, Demand—the way families and individuals respond to services is crucial to improving health, hygiene and nutrition, etc. All the above four factors like education, health, nutrition and fertility are closely interlinked.

Internal and External Factors

It would thus be seen that any human development programme is influenced by a set of two

factors, i.e., internal factors and external factors. Of these, internal factors which are considered to be of vital importance include the creation of demand for developmental services, subordination of local resources, the state of community organisation, the perception of the people of the utility and desirability of such services, etc., constitute an important and integral component in addition to the willingness of the community members to take an active part in the planning, implementing and evaluating of such programmes. Community's participation of this kind is larger in scope and content than participation in conventional health services. Informed opinion and active cooperation on the part of the public are of utmost importance in the improvement of the health of the people.

The greater emphasis being attached to the importance of internal factors for human development programmes may be seen as a shifting point from the traditional models of development which were generally based on the assumption that marked increase in the output is not possible except through a massive increase in investment of resources from outside. The colonial administration in the pre-independence era built a host of so-called development programmes based on this assumption of development—not regarding the vital need of involving the people and seeking their active participation in such programmes. This undermining of the role of internal factors has resulted in achieving to a lesser extent the favourable outcome of such programmes. It has now safely been asserted that in the absence of strengthening the planning machinery and the planning process at the grass-roots level, the government's commitment to develop the health status of its rural people will be infructuous. Everybody accepts the wisdom and necessity of people's participation in development programmes still much needs to be done in this direction.

The present paper limits its scope to discuss the role of people's participation in the health sector and includes within its scope a review of the steps taken in the country in this direction.

Community Development Programme

It may not be inappropriate at this juncture to focus our attention on the Community Development Programme which was the first organised effort on the part of the Government in the post-independence era to seek active participation of the rural masses in a comprehensive development programme. This programme which was launched in 1952 is commonly defined as "a movement designed to better living for the whole community with the active participation, and if possible, on the initiative of the community, but if this initiative is not forthcoming spontaneously, by the use of techniques for arousing and stimulating it in order to secure its active and enthusiastic response to the programme." The programme aimed at the accomplishment of maximum desired change without sacrificing too much of a traditional culture which she cherishes. It required not only the sanction but the free participation of millions of persons and hundreds of thousands of village groups.

India's programme is stated to be unique in that it is both community development and an extension programme. It is community development in that its major objective is to develop village communities which will stimulate, encourage and aid villages themselves to do much of the work necessary to accomplish this objective. It is an extension programme in that it develops channels between all higher centres of information and villages, and develops trained personnel to carry agriculture, health, sanitation, education and all other types of scientific and technical knowledge to villagers living in hundreds of thousands of villages. As such, unless people feel that a programme is theirs and value it as a contribution to their welfare no substantial results will be gained. People's participation must be not only in project execution but project planning too.

Critical Appraisals

Various critical appraisals of the programme have been undertaken by various national and international agencies—the observations of such agencies regarding the functioning of the programme provide both a feeling of ecstasy and agony to the planners, implementing agencies and masses too. A detailed discussion on the observations reported by various agencies do not fall within the scope of our present discussion, still, a few points which might have direct or indirect relevancy to health programmes are: the programme has not succeeded to the desired extent, in enlisting the mental and emotional involvement of rural masses; in order to show results, there was a tendency to support material improvements, which produced visible and quantifiable results, rather concentrate on the development of educated, self-reliant and self-stimulating citizens able to make decisions about their future, a notion that does not easily lend itself to quantification, and it may be said that the programme has aimed at the development of 'achievement motive' among the villagers so that they can realise their real needs and take suitable steps to meet them preferably with their own efforts and resources under the guidance of developmental agencies operating in their respective areas. Unfortunately, it is in this vital sphere that the programme has failed—still an average villager seems to show dependency tendency and tends to depend on official agencies for the solution of his day-to-day problems without making any meaningful and practical efforts on his part either individually or collectively to overcome some of his problems.

It is widely recognised that health of the rural poor can only be improved as a part of all round socio-economical development programme. It should not be considered as a one dimensional process. This concept translates the idea that health development is a non-compartmentalised, homogeneous continuum where every benefit flows from one point to another. As such, health programmes can be effective only if they become an in-built component of the total rural development programme. However, in practice it has been observed that this vital component of rural reconstruction, more or less, has been existing in isolation. In the absence of any meaningful coordination it has not been able, except in exceptional instances, to involve people and enlist their participation in its implementation.

REVIEW OF COMMITTEE REPORTS

Let us review, how the importance of involving people in the organisation and delivery of health care services was viewed and considered by various important health committees constituted by the Government of India and the mechanism, if any, devised and suggested by these committees to achieve this objective.

Health Survey and Development Committee (1943-46)

The Committee was appointed by the Government of India in October 1943 to conduct a survey of the existing position in regard to health conditions and health organisation in what was then known as British India and to make recommendations for future developments. In making their recommendations, the Committee kept in view certain principles of which the following have relevancy to our discussion:

> "No individual should fail to secure adequate medical care because of his inability to pay for it."
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> "The health programmes must, from the very beginning, lay special emphasis on preventive work."
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> "As much medical relief and preventive health care as possible should be provided to the vast rural population of the country, health services should be placed as close as possible to the people in order to ensure the maximum benefit to the communities to be served."
>
> "Health consciousness should be stimulated by providing health education on a wide basis as well as by providing opportunities for the individual participation in local health programmes."

The Committee thus has accepted health as a fundamental need of the people and has laid down emphasis on the need of strengthening preventive medicine. Further, it has stressed the importance of creating health consciousness among the masses and has accepted it as essential to secure the active co-operation of the people in the development of health programme. In its opinion, the idea must be inculcated that, ultimately, the health of the individual is his own responsibility and, in attempting to do so, the most effective means would seem to be to stimulate his health consciousness. This becomes all the more important with the observation of the Committee that the vast majority of people of India view with apathy the large amount of unnecessary suffering and morbidity that exists in their midst and, unless this attitude can be replaced by one of active co-operation among themselves and with the health authorities for the promotion of health of the community, no permanent success can be achieved.

For the first time this Committee suggested a mechanism for enlisting the participation of people in health programme. Its recommendations consisted of a suggestion for the establishment of large number of Village Health Committees. The Committee was of the view that in every village there should be established a health committee of voluntary workers consisting of five to seven individuals. These committees should be set up on the principle of bringing together a certain number of persons of standing in the village who can be helpful in promoting specific lines of health activity.

In selecting such persons, the Committee was not in favour of bringing in the vote and spirit of competition for the vote, however desirable it may be to confer on individuals the right of claiming to be representatives of the people, has also the disadvantage of introducing into the peaceful atmosphere of cooperative effort, the heat and controversy of political arena. At the same time there should be a large measure of popular support for these individuals. As a precondition to the establishment of health committees, it suggested that:

i) Health personnel should carry out, before attempting to create these committees, a considerable amount of educative work among people in regard to the proposed health programme and the desirability of the more public spirited in the community accepting as a privilege the spirit to associate themselves with the activities of the health organisation in the interest of promoting the welfare of all.

ii) After such preliminary work, during which they will probably be able to pick up the men and women who are likely to become suitable members of the proposed committee, a meeting of village people should be called and the purpose in view in forming the committee and the work that

will be expected of its members should be explained.

iii) Then, as a result of discussion that follows it may be expected that suitable persons will be selected with the general approval of the villagers.

iv) The members of village committee, such selected will, of course, require training in the elementary functions they will be called upon to perform.

The Committee was of the view that the functions assigned to village committees should not be of too complicated or technical a character, nor they should take up too much of their time. The special value of these persons was perceived to lie in the fact that their standing in the village, their local knowledge and intimate contacts with the people will enable them to influence the villagers to carry out effectively the health measures designed to promote the general welfare. Opposition due to social or religious prejudices is likely to yield more easily to advice given and example set by the members of the village committees than to official action. It was further visualised by the Health Survey and Development Committee that the village committee members should also be able to induce the village community to carry out, without payment and through their own efforts, many measures which might otherwise prove expensive. While suggesting this, the Committee had in mind minor sanitary works as the filling of pools, the drainage of pits and the removal of rank vegetation in order to improve the sanitation of the village site. Such works are of particular importance in the areas which are subject to outbreaks of Malaria. Many other directions in which the village health committee can assist the health programme were also indicated by the Committee.

It was further suggested by the Committee that each member of the village health committee should be assigned definite tasks. One individual may, for instance, be made responsible for improving the registration and local compilation of vital statistics. His association with these duties is likely to help to ensure greater completeness in the recording of births, deaths and cases of infectious diseases. This member of the committee, if he takes his work seriously, can help to promote a greater sense of responsibility among his fellow villagers for reporting such events to the proper authority. Another member of the committee could interest himself in village sanitation, while a third might render active assistance to the health staff in carrying out measures against communicable diseases or in the organisation of special steps against threatened outbreaks of such diseases during fairs and festivals, after floods or under abnormal conditions.

In short, it was recognised by the Health Survey and Development Committee that the development of local effort and the promotion of a spirit of self-help in the community are as important to the success of health programmes as the specific services which the trained health staff will be able to place at the disposal of the people.

Health Survey and Planning Committee (1959-61)

The Government of India through the Ministry of Health set up the above Committee on June 12, 1959 to undertake the review of the developments that have taken place since the reports of the Health Survey and Development Committee with a view to formulate further health programmes for the country in the third and subsequent five year plan periods.

Recognising the importance of people's participation, the Committee realised that the progress in public health depends ultimately on the willing assent and co-operation of the people. In this direction, it emphasised the importance of reaching different sections of public in a manner suitable to each class, and also the need for organising health publicity among adult population in places of work, recreation or at home. It envisaged that publicity work should form an integral part of the health organisation work in coordination with voluntary agencies.

However, whereas the Health Survey and Development Committee has put forward a proposal for establishing a health committee in each village for procuring the active participation in local heallth programmes, this Committee did not forward any new proposal in this sphere, on the basis of this it would not be correct to deduce that the Committee has underestimated the need and value of people's involvement in health programmes. On the contrary, the Committee accepted the report of the Research-cum-Action Projects which were initiated in selected centres to promote Rural Latrine Programme. The report has emphasised correctly that to induce the average villager to give up his old habits of using fields in favour of latrines, intensive and sustained public health education programmes will need to be carried out in support of the rural sanitary programme. In this programme conventional methods of group discussions, enlistment of the help and co-operation of village leaders, local administration, etc., may be helpful. A satisfactory solution, according to the report, will depend more upon an appeal to civic consciousness of the community rather than on the activation of the individual villagers.... it is the cumulative effect of this practice on community as a whole that is more likely to lead to collective action on the part of the village community. This should provide a field of activity for the village panchayat to take up this work as part of its essential functions in every village.

(To be Concluded)

Results of Nursing Puzzle-5 on p. 329