

Topic 15. How to promote and sustain community participation?

A hand out from the project on “Integrated management of public health programmes at district level”

This project was developed by Incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual emerged covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.



**Developed by
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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (**see CD accompanying the manual**)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (**see list of contributors**).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

Dr Ravi Narayan
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15. How to promote and sustain community participation?¹

Community participation and partnerships

Enabling the active involvement of the community in efforts to tackle the *Health* problem is a cornerstone of the *District level Public Health Management*. Drawing on the Primary Health Care Strategy, (WHO) endorsed at Alma-ata in 1978, the involvement of the community as active participants in the process rather than as passive beneficiaries is an important challenge.

The guidelines that follow are based on certain principles that are crucial to the successful evolution of a partnership with the community. The community and its representatives both formal and informal must be involved in all aspects of the programme from planning, to organization, to monitoring and to evaluation.

The focus of activities should not be just providing packages of services but enabling and empowering the community to participate in decision-making and taking responsibility. The large range of untapped human and material resources in the community must be mobilized.

The *Public Health* programme must not be compartmentalized or selectivised but must become an integral part of all the ongoing health and development programmes.

A major thrust should be to demystify the problem at community level; build confidence, skill and capability at community level to tackle the problem; and help community to identify the programme as their own. The process should also be facilitated with a certain humility so that the health team is willing to learn from local experience, wisdom and culture.

New approaches or alternatives can emerge if this 'learning from the people' and 'working with them' rather than 'for them' becomes a team commitment. 'We need not only to persuade the people to accept the professionals wisdom, but also the professional to understand the peoples wisdom'

Partnership with the Community

What is partnership with community?

- It has now been demonstrated, throughout the world that when a community participates effectively in a health programme with full understanding and involvement then the achievements of that health programme are sustainable and long lasting.

- This partnership should include the involvement of the community in all aspects and stages of the programme and in an increasing sense of ownership by them of the programme.
- All members of the primary health care team under the leadership and direction of the district Malaria Programme Manager will build this partnership.

(The community may be of different types: A village, a tribal hamlet; an urban slum; a small township. Within each of these there may be clusters based on class, caste, occupation, ethnicity or other characteristics. Some form of village or community self-government may be available. Partnership with all these groups may have to be evolved gradually in an area or region. The process will differ depending on the levels of cohesion and the types of diversities/ plurality within each community)

How partnership is developed?

The partnership with a community can be evolved through five generic steps:

- Step one: Identifying potential leadership in the community
- Step two: Evolving a local health committee to support *disease/condition* control
- Step three: Sensitizing and empowering the community
- Step four: Building capacity of local community and its volunteers
- Step five: Organising, managing and sustaining the programme.

Step One: Identify potential leadership in the community

Informal discussions should be held with various individuals and groups within the community to identify individuals who form and mould the opinion of the community and undertake leadership role on various occasions. These may include one or more of the following:

- Leaders – both elected and traditional
- Leaders of community clubs and organizations of farmers, women and youth.
- Religious and socio-cultural group leaders.
- Teachers
- Retired defense services or government personnel living in the area.
- Village health workers and development workers, who stay in the area.
- Informal opinion leaders.
- Others in the community who could assume leadership roles.

Step Two: Evolve a health committee

Organize a committee at the community level with involvement of the potential leaders and orient the committee to the local *Health* situation and the potential malaria control activities to get their help in sensitizing the community. This can be done through one or two informal discussions and dialogue. A "mini

workshop" may be conducted to stimulate action and create commitment of committee members.

Caution

- Ensure adequate representation of women, youth and socioeconomically-marginalised sections on these committee.
- If there was already a health committee in the community earlier then revive it . If there is no committee than start a committee that will tackle all health problems gradually.

The functions of the committee will be:

- a) Organize meetings to sensitize the community
- b) Help to identify and mobilize community volunteers
- c) Plan the local community based activities for Health /
- d) Monitor the local community based activities.

Step Three: Sensitizing and empowering the community

- (1) With the help of the committee conduct community level meetings to sensitize the community to all aspects of *health* situation.

These meetings should stress at least three things:

- a) Create awareness of health situation and programme at village/ community level
 - b) Emphasize and define community's role in the programme by stressing
 - a. That they are partners not only passive beneficiaries.
 - b. That their active participation to tackle the problem will ensure benefits to the community.
 - c) Invite some of them to take active role to control health problems in their villages as active local volunteers who can be trained for specific roles and functions (see Step Four).
- (2) The health team members and volunteers may conduct simple surveys in the community to assess the existing knowledge of Health in the community; to understand what the people do when they face health problems (attitudes and local health practices); and then develop a plan of action that will be done by volunteer individually or jointly by community leaders, by each household or joint work by all people in the village. The action plan should build local strengths such as positive beliefs and positive health practices and should counter weaknesses those non-conducive beliefs and health practices.
 - (3) The community should be empowered through active interaction with the local committee members to develop action plan to prevent and control local health problems in their own village. Several meetings may be conducted for the community to:
 - a) Understand the local situation
 - b) To identify the existing resources in the community including people to volunteer and provide material and other resources.
 - c) To identify the external resources that can be mobilized from the programme especially the health team at district level.

- d) To develop a local plan of action that will include:
 - Health awareness building activities
 - Promotion of early diagnosis and treatment
 - Measures for prompt referral when required
 - Prevention activities at individual household and community level
 - Activities that be done by volunteers
- e) To develop a simple programme for implementation and for regular monitoring of the programme so that problems identified can be solved and the local experiences will improve the programme and evolve further plans.

Step Four: Building capacity of local community volunteers

The local community based volunteers identified by the committee should be trained to build their capacity to participate effectively in the programme. This training should include:

- (1) Knowledge of all the essential aspects of *Health and disease*
- (2) How to conduct " simple-surveys" in the community?
- (3) Practical skill development to do some or all of these potential functions:
 - (a) Make local community members aware of all aspects of specific disease/ health situations and the programme.
 - (b) Identify a case of specific disease/ health situations at community level.
 - (c) Take appropriate diagnostic procedures made available for disease conditions Eg; blood smear for Malaria
 - (d) Treat uncomplicated cases locally
 - (e) Identify problem or serious cases and arrange suitable referrals.
 - (f) Some form of simple community surveillance .
 - (g) Promoting preventive measures at individual and at community level.
 - (h) Mobilizing community to support control activities at community level
 - (i) Helping to 'monitor and evaluate' programme at community level by facilitating community feedback.

The types of skill taught to local community volunteers will differ in different countries of the region and in different states of the same country since the levels of health care services are varied and the components of the malaria control programmes will be varied. However practical skill development will be the key to success in the programme.

Step Five: Organizing, managing and sustaining the programmes

Once the plans of the local health programme is drawn up by the District Level Public Health Managers by interactive dialogue with the local health committee and the local volunteers are trained then the programme must be organized and managed in close collaboration with the local committee and the volunteers. As part of the partnership with the community, the programme will consist of the following major components:

- (1) Empowerment of women in the community endorsing their role as the main health care providers at family level

- (2) Organizing diagnosis, treatment and referral at community level
- (3) Organizing control at community level
- (4) Sustaining the community level action and partnership which includes community based surveillance, monitoring and evaluation

As the programme evolves and all the above components are organized and managed, then through a continuous interactions with the committee and the volunteers and members of the community, the programme managers can seek feedback and suggestions for modifying and improving the programme.

This can feed into the planning cycle for the programme so that newer and newer ideas, innovations and changes take place in the health programme and the community partnerships.

The above section has outlined the importance and methodology for community participation and involvement, which is a core principle of primary health care and district health management today. Two important additional components of this involvement especially in the context of current health challenges need to be kept in mind. The first is the need to specially empower women who in all societies -both traditional and modern – in rural and urban, continue to be the key health action initiators, and the second is to involve community in health action at collective and community level going beyond the orthodox bio medical focus on individuals and families. The next two subsections focus on these components.

Empowerment of Women

An important challenge for the District level Public Health initiative in each country is the recognition and involvement of women in the programme as health care partners.

Why empowerment of women?

- Women have been traditionally the main health care providers at family level and community level. They take family responsibilities that include nutrition, care of the children, care of the sick and elderly. This has provided them more knowledge, and skills to undertake health care tasks.
- In many parts of the world, women have shown greater potential and ability, collectively to promote and sustain programmes especially related to health. They support each other effectively

In many societies and communities women already face the triple burden of family, work and childcare. It is therefore necessary to involve them in health programs, recognizing their potential and their status but not necessarily adding to their burdens.

Empowerment of women must be closely complemented by the involvement of men to share the responsibilities of health at both family and community level.

Greater involvement of women through an active empowerment process is therefore an important step. Women can be empowered in, community and family-based actions.

What can empowerment of women do?

Women can be empowered to play a variety of roles that are required for effective community and family-based control of health problems These are:

- (1) Primary health care/ management of health problems at family level
- (2) Identification of family members that need referral
- (3) Health education and awareness building about common health problems and their management with locally available resources.
- (4) Management of cleanliness in and around the house.
- (5) Use of preventive measures at home level.
- (6) Special needs of women who are pregnant and very small children when they fall ill.
- (7) Involvement in organizing / managing health programmes as community volunteers.
- (8) Involvement in organizing / managing health programmes as members of women's organizations or community health committees.

For all these roles they need empowerment training that provides them knowledge and skills to play their roles and also knowledge and awareness about existing health care structures and alternatives.

How to achieve women empowerment?

- Women should be reached preferably in groups to help the interactive and participatory process between and among them.
- They can be reached at and or through:
 - a) Women's organizations or clubs (e.g. Mahila mandals)
 - b) Informal community level groups of women
 - c) Religious and social organizations and gathering
 - d) Weekly community markets
 - e) Voluntary organizations working with and for women
- Special groups of women who are already playing leadership or other roles in society can be involved to take greater interest in mobilizing and empowering other women in the community. These may be :
 - Women members of local bodies/village self government
 - Women teachers
 - Women staff of banks, post offices and other services.

- Women health and development workers.
- All the members of the above groups can be trained in the functions listed above through regular local training sessions that use effective IEC materials.
- A home care package that is particularly focused on women volunteers and participants should be stressed.

Women involved in social development work should be recognized and honoured. This would act as an incentive for involvement of more women.

Health action at Community Level

There are ways by which people in the community can protect themselves from common illnesses and prevent some of them.

- (1) Avoiding disease through personal protection
- (2) Controlling the disease spread by elimination/ taking precaution towards the disease causing factors in and around the house and in the community.
- (3) provision of adequate knowledge and skill to health workers to take care of disease at a primary level
- (4) For disease prevention to be effective at household and community level, the local health committee, community volunteers, other members of the community, particularly women should be made aware of all the simple and effective methods to prevent and control disease.

Why prevention is necessary?

- Remember prevention is better than cure because prevention is simple and low cost.
- Diseased conditions also lead to increased stress and irritability.
- Teaching the community to take measures to prevent disease has additional advantages of teaching people to take more personal responsibility for their own health as well as encouraging collective action to tackle some of the health problems at the community level.

How to promote community action?

- Identify the target community; rural, urban and developments project area, (stratify if there are diversities in the socio-epidemiological situation of health in the area).
- Motivate the community through awareness campaign using appropriate IEC materials.
- Establish a committee with a chairperson. Active members such as teachers, women postmasters, retired employees, development workers, religious leaders can be included with one person assuming the leadership role.
- The activities of the committee should include
 - Motivation of the community through interactive meetings
 - Identifying solutions - including those from community experience

- Planning the campaign
- Monitoring and reviewing the campaign.
- Small groups with active members can be formed to generate collective force in taking health initiatives.
- School children and youth can be motivated in planning health campaigns and improving the environment .
- Technical skills in improving environmental sanitation need to be developed so as to make the community self-reliant.
- Potential avenues can be explored for resource mobilization from local sources and from other sectors and departments to enhance the campaign nature of activity.
- If the campaign has to be successful then all sections of the community should be involved - children, youth, women, teachers, others. The campaign committee should identify the roles of each of these groups and orient them to those roles to ensure that the campaign goes smoothly.
- Other departments who can help the campaign are:
 - Local administration
 - Sanitation / water supply
 - Agriculture department
 - Fisheries
 - Public works department
 - Forestry etc.

Cooperation and resources from all of them especially their field workers should be mobilized.

Sustaining community level action and partnership

Sustaining Community Level Action and Partnership to eliminate health problem in the community, action at community level should be sustained on a long term basis.

Community participation can be sustained by the following measures in the programme:

Involve community right from planning in all stages of programme.

- (1) Frequent interaction with community, providing solutions to the problems in carrying out health programmes will also sustain the interest of community.
- (2) Promote socially acceptable and viable solutions that are
 - Culturally acceptable
 - Low – cost, available / affordable by all
 - Socio-epidemiologically sound and need based.
- (3) Ensure that supplies are constantly available This will also greatly help the sustainability of the programme.
- (4) Develop dynamic leadership and encourage self reliance.

- (5) Minimize conflicts by keeping organizations small; restricting memberships to persons with harmonious objectives; defining objectives; in a focussed way and distributing benefits equally.
- (6) Increase popular awareness of the value and the benefits of a malaria programme.
- (7) Encouragement of income generating activities, e.g., social forestry plantations will also help sustainability of the community involvement.
- (8) Provide some incentives for the community from the district administration in the form of
 - Declaring healthy villages
 - Developmental inputs.

References :

1. WHO -SEARO, *Guidelines for implementation of Roll Back Malaria at district level*, SEA MAL-230 Draft, World Health Organization- Regional office for South East Asia, 2003

Further Reading on community participation
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