

# KIWASAP

## Community Participation

### Introduction

Community participation is a very fashionable phrase. It often appears in documents from international agencies, but community participation is a term that is not understood very well. Although everyone talks about it, community participation is often not put into practice.

Four basic questions will be discussed:

1. What is community participation?
2. What benefits can come from community participation?
3. Why is it difficult to have community participation?
4. How can community participation be achieved?

The first question which we need to consider is: *What is Community Participation? What does the word community really mean? What do we mean by the community becoming involved and participating in improvement of water and sanitation?*

### Notion of community

The word *community* is used in many different ways. It can be used to describe:

- a locality or small geographic area
- a group of people sharing some interest
- a network of relationships at a local level

So "community" means more than just the people who live close together, it refers to sharing and working together in some way. As you will see in a later section, people can live close together but be divided in interests and share little in common.

### Top-Down Approach

One way of defining community participation is to compare it with other approaches

which do not involve participation. The traditional approach in any community service care planning is for the decisions to be made by senior persons in the organization - the so-called "experts". The planners make the decisions and decide the priorities. This approach is sometimes called the "top-down" approach and contrast with the "bottom-up" approach where members of the community make the decisions.

### **Professional Dominance**

This approach of leaving decisions to professional persons is also used by many educators. Many services have specialist design sections to plan and implement education programmes. The content is chosen by the educators based on defined needs.

In the traditional approach research is often carried out through surveys to find out what the community thinks and believe to be the problem. But in the end it is usually the educator who makes the decisions on what goes into the programmes.

### **SEE PICTURE**

What do you think is going on in the education lesson in the picture? Are the community participating? Is the educator telling the group what they should be doing? Is she making all the decisions and choosing the objectives for the session?

### **Indoctrination**

Traditional education is often indoctrination. Indoctrination is the process of telling people what to do. We make the decisions and expect them to follow.

Just because a meeting is held by planners out in a community does not mean that there is community participation. You need to look carefully to find out what is really going on. Are the planners using it just to tell the villagers what to do? Or have they come to consult the people and give them a say in their own future?

### **Self-help**

The term community participation is often applied to programmes where self-help

labour is used. The community may contribute their labour to dig a latrine for the school in their village. Is this genuine participation? Are they doing it because they have been told to do it? Or did they decide themselves to do it?

### **Spectrum of participation**

When we carefully examine different interpretations of the word community participation we find that it is used to cover a whole range of very different actions along a ladder of participation:

manipulation		token power only to community
consultation		
community control		complete power to make decisions given to community

At one extreme there are actions which are really forms of manipulation.

Manipulation is when someone tries to have a hand in the decisions somebody else is making.

### **Total participation**

At the opposite extreme there is total participation or complete control of their affairs by the community. For example we may give the local community control over the health budget for a locality. They may run the health clinic and make important decisions.

### **Consultation**

Between these two extremes are a range of other activities that might sometimes happen. One common activity is consultation or asking a community's opinion. Holding a meeting to ask people's opinions is actually a very limited form of participation if the final decisions are made by outsiders.

### **Check-list of participation**

Projects may say that they are using community participation or involvement and it is

important to find out whether this is actually true. Table 1 contains a check list of questions to ask to find out where on the continuum in figure 1 a project lies.

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table 1: a check-list of questions for finding the degree of participation in a programme.

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Is the community involved in planning, management and control of the programme at the community level? Were the felt needs of the community found out at the outset of the programme and was notice taken of them in planning the programme objectives?

What forms of social organization exist in the community and to what extent have they been involved in the decision-making process? e.g. farmer's cooperatives, clubs, churches, political organizations, trade unions etc.?

Is there a mechanism for dialogue between organization personnel and community leadership?

Is there a mechanism for community representatives to be involved in decision-making at higher levels and is this effective?

Is there any evidence of the external agents changing their plans as a result of criticism from the community?

Are deprived groups e.g. landless, unemployed, women adequately represented in the decision-making process?

Are local resources used e.g. labour, building money?

Were the community involved in the evaluation of the project and in the drafting of the final report?

## WHAT BENEFITS COME FROM COMMUNITY PARTICIPATION

We have seen that community participation means the involvement of communities in decisions about their own future. We now need to examine carefully why education has to work at the community level and what benefits can come from community participation.

Many of the reasons for community participation that will be described below have been learnt from the failure of programmes which did not work at the community level and did not have the participation of the community

### Levels of influence

Much health education is with individuals - for example when advice is given at a clinic. When home visits are made to persons in the community, it is still really health education with individuals.

In community participation programmes the emphasis is not with individuals but with the **WHOLE COMMUNITY**.

Emphasis is on dealing with groups of people and the whole community., In figure 2 some of the influences on behaviour at the individual, community and national level are shown. Health education has tended to place too much emphasis in the past on working with individuals. However as can be seen in figure 2 many of the important influences on a behaviour are at the community level and not under the control of individuals. These include social pressure from other people through norms, shared culture and also the local socio-economic situation. Even when the influences are at the national level, it is often through pressure from communities that governments will change.

**Figure 2. Levels of influence**

Beliefs} Of individuals Values} person only Attitudes}	Beliefs} Shared Values} by whole Attitudes} community	Beliefs} Shared Values} by whole Attitudes} nation
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Susceptibility to pressure from family and community	Influence of community leaders, elders and opinion leaders (norms)	Mass media advertising and marketing by commercial companies
Knowledge, skills and education	Quantity, quality and appropriateness of local services: health, education, agriculture and sanitation etc.	Government policies on education and agriculture etc.
Genetic endowment		National health education service
Economic situation of individual and family	Social-economic condition of community	Social-economic condition of country

### **Drawing on local knowledge**

Health workers cannot know as much about a community as the people who live there themselves. It makes sense to involve communities in making plans because they KNOW local conditions and the possibilities for change. A common approach is to try and involve the community in helping to carry out initial surveys so you can draw on their detailed local knowledge.

A common complaint from planners is that their projects are not supported and maintained by the "ungrateful" communities receiving "help". If the community have been involved in choosing priorities and deciding on plans they are much more likely to become involved in the programme. Community participation leads to greater involvement and motivation by the people because they see the programme to be meeting THEIR needs.

### **Assessment of training needs**

In health education we are often trying to persuade people to take up services such as ante-natal, child health and family planning. The reasons for low utilization and uptake are often because the services are poorly located, inaccessible, inconveniently

timed and not perceived as relevant. If communities have been involved in decisions over the kind of services, the services developed will be more appropriate and more likely be used.

### **Developing self reliance**

If communities have been involved in making plans for their surroundings they will be more willing to contribute money or labour to the schemes. They will see the need and be prepared to contribute.

The enthusiasm that comes from community participation can lead to a greater sense of self-reliance for the future. For example - water is often a need that communities see. They are usually willing to participate in water programmes because they see that benefits will come. The feeling of community solidarity and self-reliance from participating in decisions over their own future through a water project can lead to further activities.

### **Self-confidence and problem solving skills**

In the traditional approach key decisions are made by outside professionals -the health planners, engineers and trained persons. Ordinary people in the community are made to feel that they know very little and cannot make decisions. The experience of participating in programmes builds up confidence that **they** can make decisions over their future. Communities learn problem-solving skills and self-reliance.

### **Better relationship between Community worker and community**

Community participation leads to a better relationship between the community and community workers. Instead of a servant-master relationship and suspicion, there is trust and a feeling of partnership.

### **Primary health care**

Early attempts to develop alternatives to hospital based curative health services were the 'basic health services' approach. In this approach the emphasis was on the development of local clinics and the training of village health workers. This approach was replaced by the concept of 'primary health care'. Primary health care was defined

as:

"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage in their development in the spirit of self reliance and determination."

### **Benefits of community participation**

The benefits of community participation can be summarised as:

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Table 2:

#### **Community Participation**

emphasises community rather than individuals  
makes programmes relevant to local situation  
ensures community motivation and support  
improves take-up of services  
promotes self-help and self-reliance  
improves communication between community workers and community  
enables the development of primary health care

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### **PROBLEMS WITH IMPLEMENTATION OF COMMUNITY PARTICIPATION**

We have seen how participation of the community can bring about many benefits. But some problems can arise in community participation programmes. We need to examine these problems and see how they can be overcome.

The first problem comes with the shift of emphasis of decision-making from the outside professionals to the community.

#### **Professionals and power**

Outside professionals such as engineers and planners may find this difficult to accept. They may see themselves as the experts and not recognise that the community should



have a say in their affairs.

Producers of education materials may see themselves to be the ones with the skills in communication design. They may not accept that others can contribute.

The Community worker in the community may feel threatened by allowing people in the community to make decisions.

Planners and other professionals may be reluctant to pass real power to communities. However sometimes they adopt community participation for the wrong reasons.

### **Concept of needs**

Basing programmes on a community's felt needs is often criticised by planners and community workers. They often object and claim that the community are not really above to define their own needs.

What do we mean by needs?

*Is there such a thing as the real needs of a community?*

### **Defining needs**

It is necessary to carefully define and distinguish between different kinds of needs.

**felt needs** are literally what people "feel" or their "wants". They may only be the feelings of individual people's or a collective feeling shared by the whole group.

**expressed needs** have not only been felt but have been brought to the attention - i.e. "expressed" - of the authorities by request, petitions, complaints etc.

**agency-determined needs** are what external services e.g. community workers, planners etc. have decided that the community needs

There is no such thing as the "real need" for a particular community but a range of perspectives. Very often what the various services and other external agencies think the community needs is quite different from what the community themselves hold as felt need.

### **Felt need**

If we look at how people define their felt needs we see that they are based on their

judgement of the present situation and possibilities for change. These judgements may depend on the beliefs about the extent and nature of problems, their causes and possibilities for prevention and cure. These beliefs are influenced by their previous experience, education, understanding of epidemiology and biology. See Table 3 below:

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**Table 3 FELT NEEDS**

**INCLUDES** a persons or community's assessment of the present situation and potential for change

**WHICH MAY DEPEND ON** beliefs about the extent and nature of problems, their causes and possibilities for prevention and cure

**WHICH ARE INFLUENCED BY** previous experience, culture, education understanding of the situation.

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**Difficulties with felt needs**

So felt needs may be based on a realistic assessment of their situation by the community. But they can also be based on misunderstandings and lack of critical knowledge.

**Water, Health education, sanitation and other needs**

Another problem with felt needs comes from the lack of flexibility of programmes to deal with what the community raise as needs. The community do not usually separate their needs into administratively convenient topics like health, education, community development or employment. People may raise poor roads or lack of irrigation for their crops as their most important needs. Water & sanitation may not even be mentioned.

This problem is particularly difficult when a project is set up on a single issue e.g. water, nutrition, sanitation or immunisation. Employers and funding sponsors may not be willing to allow their field workers to become involved in activities outside the immediate responsibilities of the organization.

## Question

What do you do if you are a public health worker and people do not raise water or sanitation topics as their needs?

## Division in community

Another problem comes with the concept of community itself. We often assume that everyone in a village or community agree with each other and share the same felt needs. This is unlikely to be the case. People are likely to agree earlier or later. It can be very difficult to get everyone to agree at public meetings over what they want. Frequently the needs that emerge from meetings are those of the dominant powerful groups. The needs of disadvantaged sections of the community such as the poor or women may be ignored.

Divisions of a society according to inequalities in wealth, power and employment are often referred to as 'social stratification' (literally the 'layering' of the community). Other forms of divisions can exist according to religion, language, tribe or race.

Some of the ways communities can be split into factions are shown in figure 3 below where the size of a grouping is shown by the area under the curve. It is essential to understand the power structure and division in a community.

How do you think your approach might differ with each of the community structures below?

## Power Structures

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Figure 3      **Community Power Structures**

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	One main group with a common leader
	two groups (in this case one larger than the other)
	Community divided into four factions
	No distinct structures or divisions (e.g. newly-occupied area which has not yet developed a social structure)

### **Need for field staff**

There can be situations where communities have spontaneously organised themselves and initiated their own programmes to improve their conditions. When this happens a major barrier to progress is often the willingness and flexibility of program services to respond to demands by the community for action.

However the initial situation is often a community divided in its interests and felt needs and poorly organised to take advantage of available resources. An external input is usually necessary to provide the stimulus for change. Many projects have failed because they did not recognise the need for field staff to act as community organisers. Another reason for failure can be that staff were appointed but not given the training to work with communities.

### **Time scale for community participation**

Another serious problem comes from the short time scale of many projects. It's not enough to make a single visit to a community and expect that everyone will join together and work. Effective community participation is a **process** that takes time to develop. Unfortunately many programmes are planned on a short time scale. A 'project cycle' of two or three years is common. At the end of this period sponsors are often demanding 'results' such as completed latrines, decreases in morbidity etc. However it is extremely difficult to develop genuine community participation in such a short time. Although lip service may be paid to community participation, projects often dispense with that in the rush to meet targets.

### **Difficulties with community participation**

The difficulties with community participation programmes can thus be summarised as:

- the opposition from planners
- lack of understanding by community workers
- community felt needs based on incomplete understanding
- boundaries between government agencies
- divisions in the community
- the need for skilled community workers

increased time required

### **Question**

What steps would you take in a programme to overcome each of the difficulties listed above?

## **PLANNING FOR COMMUNITY PARTICIPATION**

You have seen that community participation can bring considerable benefits to community programmes. But there are also many difficulties in the implementation of these strategies. We now need to look at how these difficulties can be overcome and effective community participation programmes can be implemented.

### **Initial briefings**

*It is important that everyone involved in implementing the programme meet and carefully consider all the implications of a community participation strategy. Everyone involved should be made aware of the advantages of letting communities decide for themselves what their priorities should be.*

### **Involvement of other sectors**

As the community may bring up needs that cannot be met by the one services, it is important to involve persons from other departments such as agriculture, rural development and adult literacy. If they are involved, **THEY** can act on social and economic needs and **YOU** can concentrate on meeting the felt needs that are specific to health. But health, social and economic needs all are interrelated so it is important that you work as a team.

### **Open-ended community oriented objectives**

When setting objectives for your programmes it is important not to be too rigid on your desired outcomes. If you are genuinely promoting community participation your objectives will be determined by the community themselves. This must be pointed out to any donor agencies who should not try and impose objectives on the community. Keep your objectives open-ended.

As the main point of community participation is to develop self reliance, critical awareness and problem solving skills in communities, this should be reflected in the objectives.

**Question**

Look at the two sets of objectives below. What differences can you see in them?

1.	By the end of the programme 20 Pit Latrines will have been dug
2.	By the end of the programme the community would have come together to consider how they might work together to improve their community and have started on a topic of their own choice.

The first objective is based on changes imposed on by outside agencies and is concerned with a single health behaviour. The second objective is concerned with changes in the people themselves rather than particular behaviours. The second objectives deals with more fundamental changes in the community.

**Community Participation as a Process**

You can see that community participation cannot be achieved through occasional visits and holding meetings. You should allow a realistic time scale for your programme. It should be seen as a process over time which can go through a series of overlapping stages such as those listed below:

**Common stages in the community participation process**

Selection of area entry: getting to know the community initial action building the organization further activities withdrawal and end of formal project output
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**Selection of area**

The area for the programme is selected. This may be because of survey or clinic data indicating particular needs or problems. It may also be that there have already been some community activities drawing attention to particular problems and felt needs.

## Entry

The field worker identifies and makes contacts with opinion leaders, community groups, field workers from government and NGOs through meetings, informal contact. The field worker tries to determine the felt needs of the different sections of the community, the local pattern of power and influence, and divisions or conflicts. This may be through DIALOGUE in meetings with individuals, village committees. There may be a community meeting to discuss problems. This process of dialogue has been summarised by Batten (1967) in his book on the Non-directive approach to Community work see figure 4.

Stages in the thinking process leading to action by a group		
	Members of the Group	The Work (By asking questions)
Stage One	Vaguely dissatisfied but passive	
		Stimulates people to think why they are dissatisfied and with what
Stage Two	Now aware of certain needs	
		Stimulates people to think about what specific changes would result in these needs being met
Stage Three	Now aware of wanting changes of some specific kinds	
		Stimulates people to consider what they might do to bring such changes about by taking action themselves
Stage Four	Decide for, or against trying to meet some want for themselves	
		If necessary, stimulates people to consider how best they can organize themselves to do what they now want to do
Stage Five	Plan what to do and how they will do it	
		Stimulates people to consider and decide in detail just what to do, who will do it, and when and how they will do it
Stage Six	Act according to their planning	

		Stimulates people to think through any unforeseen difficulties or problems they may encounter in the course of what they do (He may again need to help them work through each of the preceding five stages in deciding how to tackle each problem)
Stage Seven	Satisfied with the result of what they have achieved?	

### Community Profile

The field workers must be able to make a profile of the community they are working in. This will involve identifying any special features which will affect the success of community participation programmes. These could be geographical as well as social features. It is important to know of any previous programmes that may have taken place in that area - and whether they were successes or failures.

The field workers must be able to find out what are the community's needs. It is important to know whether the whole community agree on their needs or if there are differences. Are there minorities with different needs? Are there conflicting interests?

### Identifying and working with local leaders

In any community there will always be individuals with special influence. These are sometimes called opinion leaders. Opinion leaders may be chiefs, religious leaders, teachers or older persons. It is important to find out who the opinion leaders are and what THEY think are the needs of the community. These opinion leaders can be a great help to you in understanding the community you are working in,.

Table 4: The importance of local leaders for community health education	
	<b>Local leaders can contribute the following:</b>
1.	Bring people to meetings
2.	Arrange for and find meeting places
3.	Help reach more people by telling others
4.	Help people in the community know you and gain confidence in you



5.	Give general information about the programme and help interpret it to the people
6.	Help identify problems and resources in the community
7.	Help plan and organise programmes and community activities
8.	Help plan and organise any services which might be provided
9.	Give simple demonstrations
10.	Conduct meetings
11.	Lead youth groups and various individual projects
12.	Interest others in becoming leaders
13.	Help neighbours learn skills
14.	Share information with neighbours
15.	Serve as an officer in an organization or chairman of a committee

(adapted from Peace Corps (1978). Community Health Education in Developing Countries - Getting Started)

### **Initial actions**

Building up community participation may involve meeting individuals to find out about the problems of the area. But it also involves working with large groups. It is usual to have a community meeting early in the programme. These provide an opportunity for **EVERYBODY** to participate in the discussion.

Out of the large meeting a small group is often formed such as a village water committee. The field worker may be able to work closely with these small groups and advise them on the best way to organize themselves.

The field worker encourages a group to come together to decide on immediate objectives. The community worker encourages them to select short-term achievable objectives which will unit different factions in common action. The community worker helps with resources and advice but lets the community take the lead.

### **Building organization structures in the community**

The success of this initial action results in individuals in the group gaining more confidence and attracting more members. The need for some structure becomes apparent and the community worker advises on committee structures etc.

### **Further activities**

The community begin to develop trust and confidence in the community worker and will listen to his suggestions for further actions. The community worker continues his dialogue with the community and sets up educational activities in response to the wishes of the community. The perspective of the community is broadened and they are prepared to tackle wider issues.

Individuals in the community begin to acquire a range of skills as a result of their involvement and begin to identify the need for further education on specific topics.

The community acts on further issues. The community worker begins to take a less active role and encourages the community to take more responsibility for maintaining the project.

### **Withdrawal of external project support**

The community worker collects data for final evaluation. The local community participates in the evaluation of the project. The evaluation criteria used are a combination of those formulated by the community and those derived by the project organizers at the outset of the programme.

The local community reflect and evaluate their achievements and formulate longer term plans for their area. Their activities lead to greater mutual respect and cooperation between local community and government services.

### **Continuation or collapse**

The community worker leaves and the momentum of community activities continues or collapses depending on the strength of the community structures created during the community programme.

These stages should not be applied in a rigid way., They should be seen as overlapping components of a process of working with communities. Whether or not you have to go through them depends on the situation in the community and what has already happened. In some situations there will be substantial community organization and your programme can be fitted into the existing situation. In other

communities there may be divisions, conflicts and you need to start by building up community organization.

### **Building in learning experiences**

It is important to build learning experiences into community participation programmes. In this way, the community will be able to understand more about the different factors that influence their health and how these factors can be changed.

### **Education for critical awareness**

But the approach to teaching should be quite different from traditional health education. It is important to use methods which encourage the community to ask questions and develop a critical awareness of their situation. One approach is to use relevant pictures to stimulate discussion about what they see in them.

### **The influence of Paulo Freire**

The Brazilian adult educator/pries Paulo Freire has been an influential critic of traditional formal educational approaches. He was deeply critical of traditional approaches to education which he compared with depositing facts in people's heads rather like money in a bank. Instead he calls fro a problem-posing approach involving dialogue on an equal basis between the community and the educator.

	<p>"In problem-posing education men develop their power to perceive critically the way they exist in the world with which and in which they find themselves; they come to see the world not as static reality but as a reality in process, in transformation."</p>
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Freire 1972 p.56

### **Conscientization**

The special name he uses for this approach to education is '@conscientization' or consciousness raising. In this approach the community are encouraged to critically reflect on their situation and how they might transform it through action. The process of learning from action he called 'praxis'.

## Participatory learning methods

Paulo Freire used picture of scenes from people's lives to stimulate discussion and reflection on their situation. This is an example of a participatory learning method. Participatory learning methods differ from traditional formal education methods as shown in table 5:

Table 5 Characteristics of participatory learning methods	
	Opportunity built in for discussion, feedback and participation
	Methods used usually involve simulations, role plays and problem-solving exercises: learning aids such as flannelgraphs and pictures are used which can promote discussion
	Less emphasis on acquisition of specific knowledge and more on development of problem-solving skills, critical thinking; reflection and analysis
	Uses small groups (less than 20)
	Open-ended with objectives determined by the whole group
	Trainer acts as facilitator to process rather than teacher and 'expert'

An important participatory learning method is drama. Drama is always very popularly. Everyone can join in the acting and take part in the discussion afterwards. These participatory learning methods are new to many people who are use to traditional formal one-way teaching. The can find it threatening to have discussion and criticism in the session. It is important to provide training in participatory learning methods to field workers in community-based projects.

## Community Health Workers

In Primary health programmes is common to encourage communities to select one of themselves to receive simple training as village health workers or community health workers. They are able to be highly effective communicators because they share the same background characteristics as their fellow villagers.

Their effectiveness depends a great deal on the degree of community involvement in their selection, their training and the degree of support received by the programme

### **Need for community-based field organizers**

These lay workers can be highly effective. However as discussed in section 3 there is also the need for skilled field workers to provide support for lay workers and facilitate the process of community participation. The term community worker is used for any field worker whose responsibility it is to work with communities to stimulate community participation and involvement. They may be a special group of workers employed in a programme or be part of the responsibility of an existing worker e.g. a health assistant or nurse.

### **Training of field staff**

Your field workers must be properly trained to enable them to carry out their task effectively. Their training should enable them to:

	<ul style="list-style-type: none"><li>understand community structures</li><li>identify opinion leaders</li><li>be good listeners and communicators</li><li>work with individuals and groups</li><li>advise on community organization</li><li>use participatory learning methods</li></ul>
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### **Community organization activities carried out by specialists or as part of the work of all health workers?**

While it is helpful to have full-time community workers, community participation should not be seen as something that can only be done when a programme has full time community workers on its staff. It should be possible to train health workers to incorporate community organization activities within their normal activities. Indeed one of the reasons why primary health care activities have not always been very successful is because the training of health workers has neglected to include the skills involved in working with communities.

### **Evaluation**

Evaluation involves showing that the objectives have been achieved in the most efficient manner possible. Community participation programmes require special approaches to evaluation. We have already seen above that traditional narrow

objectives determined by external agencies are inappropriate when the main purposes are changes in processes in the community such as critical consciousness and self reliance. Evaluation should be based not only on achievement of specific health and behaviour change but also on these processes.

Evaluation design usually involves data collection to find out if certain key indicators change during the programme is not operating. However a good programme responds to the community's needs. The evaluation design must be flexible and adjust to changing situations.

### **Participatory evaluation**

Community involvement should not be restricted only to planning and implementation. If you take participation seriously, the community should be involved in the evaluation of the programme as well. Evaluation itself becomes a learning experience in which everybody looks at what has been achieved and decides what more needs to be done. There is growing interest in **participatory evaluation** (see Feurstein, 1980; Feurstein, 1986; Hall *et al* 1979)

In practice evaluation has to fulfil a number of distinct needs. You may be mainly concerned with looking at achievements, the effectiveness of your methods and whether the community have found it worthwhile. However your employers may not understand or be sympathetic with the full implications of community participation and may be looking changes that are different to what you and the community may feel important.

It is a good idea to include a range of indicators in the evaluation schedule which take into account both the community's as well as other key group's interests. There may still be problems if you find that the programme has been successful in the community's viewpoint but not the donors (or the other way around!). This reinforces the point made earlier about the importance of a proper briefing of all involved at the outset about what community participation really involves.

### **The limits of working at the community level**

It would be wrong to claim that community participation can overcome all the problems facing communities. Some health educators have been criticised for

emphasising community participation while ignoring action to deal with international forces, government policies, natural disasters, poverty and exploitation which can only be tackled at national and international level. Effective health education cannot ignore politics.

David Werner's cartoon below sums up the care that must be taken in planning health education in politically sensitive areas.

### **Summary:**

#### **Planning for effective community participation programme**

You should decide at the outset of a programme whether community participation is an appropriate strategy. If a community participation approach is to be used it is necessary to plan for participation. This involves taking into account the issues that have been discussed and which are summarised below:

	<ul style="list-style-type: none"><li>Brief all staff on community participation</li><li>Involve all the relevant agencies</li><li>Have open-ended objectives</li><li>Have a realistic time-scale</li><li>Allow genuine community field workers</li><li>Build in participatory learning experiences</li><li>Involve the community in evaluation</li></ul>
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We have looked at the many advantages of building community participation into your health programmes. We have shown how some of the difficulties and problems with community participation can be avoided by careful planning. The most important resources for the promotion of health are the people themselves. Through community participation you can use that resource to improve the health of the people.

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**MINISTRY OF WATER DEVELOPMENT  
KENYAN-GERMAN WATER TEAM**

**PROJECT COMPONENT :**

**KILIFI WATER AND SANITATION PROJECT**

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