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Report to 1977 Executive Board on Community Involvement in Primary Health Care - WHO/UNICEF Study of the Process of Community Motivation and Continued Participation

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UNITED NATIONS, NEW YORK

EXPRO

EXPRO-247 19 December 1975

TO: Field Offices

FROM: Charles A. Egger
Deputy Executive Director, Programmes

SUBJECT: Report to 1977 Executive Board on Community Involvement in Primary Health Care - WHO/UNICEF Study of the Process of Community Motivation and Continued Participation

Introduction

Important changes have taken place in the orientation of UNICEF and WHO policy on meeting basic health needs as a result of the Joint Study on Alternative Approaches to Meeting Basic Health Needs in Developing Countries presented to our Executive Board at its 1975 session. These changes were summarized in EXPRO-245.

One aspect of our new policy orientation which has received considerable attention is the concept that communities should become partners with government in the delivery of primary health care. More specifically, they should be involved in the design, staffing, functioning and other forms of support for their local health care centres. While the inclusion of this concept in our policy represents an improvement, we still face the difficult problem of applying it at the country level. Neither WHO nor ourselves know very much about the processes that work within a community which stimulate successful community-based primary health care activities.

In view of the above situation, it has been agreed with WHO that the next study for the WHO/UNICEF Joint Committee on Health Policy (JCHP) will analyse examples of successful community participation or involvement in activities to improve their health and general living conditions. The specific objectives of the study are twofold: first, to elicit information about the processes of community motivation, organization and continued involvement in relation to primary health care oriented activities; and secondly, to prepare recommendations for the promotion of community developmental activities including health, and to devise approaches to such community motivation and involvement.

The study will be reviewed at the 21st Session of the JCHP and will be presented at the 1977 Session of our Executive Board.

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(20p.) + 1b.

Preparation to Date - Background Papers

Early in November 1975, WHO, in consultation with UNICEF established a working group with responsibility for carrying out the JCHP Study and preparing the report for the JCHP. The group has met several times and has ... produced a draft study proposal, a copy of which is attached. The following annexures accompany the proposal:

Annex 1: Timetable of Events

Annex 2: WHO Budget Estimates

Annex 3: Tentative Budget Estimation for UNICEF

Annex 4: Suggested Criteria for Selection of Cases for the Study Showing Strong Community Motivation in Primary Health Care Activities

Annex 5: Suggested Guideline for Analysis and Presentation of Cases

Annex 6: Illustrative Situations Suggested by WHO which are Potential Cases for the JCHP Study

How the Study Will be Made

The Working Group will examine data collected for the Alternative Approaches Study and use what is relevant for the subject currently under review.

To supplement the use of existing reports, the group intends to conduct studies in a few carefully selected countries. The examination of experiences at the community level is aimed at providing additional insights about the process of community involvement and motivation in primary health care. As with the Alternative Approaches Study, this study is not intended to produce original basic research.

UNICEF participation in the study is being coordinated at Headquarters through one officer. Headquarters will consult with Field Offices about different aspects of the study as it proceeds. As in the past, UNICEF may invite one or more consultants to participate in the study.

Participation of Field Offices

We intend to seek Field Office participation throughout the course of the study. At this juncture, we would be grateful if you would review the

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study proposal and suggest to Headquarters situations that meet the criteria listed in Annex 4 and would warrant studying in detail. We would also like your reaction to the tentative list of case studies noted in Annex 6. In view of the deadline imposed by the study timetable (Annex 1), would you please cable us your suggestions about the possible case studies by 31 January 1976.

We apologize for the short notice in seeking your views regarding the case studies. We hope that you will supplement your cabled proposals by memo.

While reading the draft study proposal you may also formulate some views on the improvement of the proposal itself. We would welcome your suggestions.

Study Proposal - Community Involvement in Primary Health Care

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2.	Purpose of Study	2
3.	Objectives of Study	3
4.	Proposed Method for Study	[illegible]
5.	Inputs Required for the Study	5
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The proposal is accompanied by the following Annexes:

Annex 1: Timetable

Annex 2: WHO Budget Estimate

Annex 3: Tentative Budget Estimation for UNICEF

Annex 4: Suggested Criteria for Selection of Case Studies

Annex 5: Suggested Guideline for Analysis and Presentation of Cases

Annex 6: Illustrative Situations which are Potential Cases for the JCHP Study

PROPOSAL FOR THE 1977 UNICEF-WHO JOINT COMMITTEE ON HEALTH POLICY

Community Involvement in Primary Health Care: A Study of the Process of Community Motivation and Continued Participation

1. Introduction

Within the context of the continuing interest of UNICEF and WHO in collaborating in activities which can lead to improvement in the health and general living conditions of populations in developing countries, the 20th Session of the UNICEF-WHO Joint Committee on Health Policy (JCHP) determined that the next study should focus on situations in which the participation or involvement of rural communities in activities to improve their health and general living conditions is the dominant theme. The JCHP identified the process of health education as being one aspect in need of further investigation, and suggested that it be approached as a subject closely related to and supportive of the new approach in development of primary health care oriented activities. Following discussions between the two Secretariats, it was decided that this broad area be further narrowed to the identification of those crucial elements of community motivation and organization for continued action which are necessary for the initiation and implementation of community-based activities.

The study should give major attention to the characteristics and processes arising within the communities themselves and also to the characteristics of the mobilization and educational processes, be they internal or external in origin, which stimulated or lead to these successful community-based primary health care activities. The study should consist of a review of available literature on the subject including materials collected for the last JCHP study, as well as a limited number of new illustrative case studies at country level. These will be analyzed and presented in a format so that common principles may be identified and applied in a strategic fashion to the work of UNICEF and WHO in their collaboration with countries.

2. Purpose of the Study

Previous sessions of the JCHP have emphasized the interest of both UNICEF and WHO in identifying, describing, and benefiting from successful existing country experiences, in meeting the basic health needs of populations of developing countries. The most recent JCHP study on this topic described such promising experiences in a number of countries. This led to new activities as well as to the intensification of various joint UNICEF-WHO efforts in the field of primary health care. The study further raised practical questions about how such primary health care activities could be enhanced and replicated.

These are questions for which information is not readily available to WHO and UNICEF. It is clear there is a need to analyze examples of such successful community-based actions in health and general development in order to identify:

a. the internal dynamic processes and characteristics of the communities themselves which made the development and continuation of these activities possible; and

b. where applicable, the external mobilization process by which governmental or other agents assisted in the development and continuation of these community activities.

It is the expectation that the identification and descriptive analysis of a limited number of such cases will result in the exposition of operational guidelines that can be used in the promotion of such activities elsewhere.

3. Objectives of the Study

a. To elicit information about the processes of community motivation, organization and continued involvement in relation to primary health care oriented activities.

b. To prepare recommendations for the promotion of community developmental activities including health and to devise approaches to such community motivation and involvement. These will be described in the report to be prepared for the 21st Session of the UNESCO/WHO JCHP.

4. Proposed method for Study

a. To develop the study design and plan of work, keeping in mind the need for wide geographical and cultural coverage.

b. To search for and find appropriate information on the subject through:

(i) developing a set of criteria for the identification of relevant case studies;

(ii) developing an analytic framework for the description and presentation of selected case studies;

(iii) contacting potential informants and identifying relevant examples, taking into account geographical distribution;

(iv) reviewing available materials, for example, existing literature and case studies;

(v) undertaking new studies.

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c. To analyze the information collected in order to identify any common processes or factors relevant to the objectives of the study.

d. To prepare recommendations as far as possible from the cases presented in this study for the promotion of community motivation in relation to the development of primary health care activities.

e. To prepare a report for JCHP which will enable WHO and UNICEF to better collaborate with countries in the motivation of their communities for the development of primary health care activities.

5. Required inputs

From WHO

a) JCHP Study Committee - The function of this Committee shall be to provide general guidance for the study.

- Director, FHE
- Director, SHS
- Chief, CPD
- Chief, HED

Assisted by the Core Working Group.

b) JCHP Core Working Group - This group shall have the responsibility, together with the UNICEF representative, of carrying out the study and preparing the report.

1 public health administrator	full-time (SHS)
1 health educator	full-time (FHE)
1 sociologist	half-time (SHS)
1 public health administrator	part-time (FHE)
1 economist/political scientist	part-time (SHS)
1 sociologist	part-time (FHE)

Two half-time secretaries for the Core Working Group
half-time (FHE)
half-time (SHS)

Others may be co-opted as required.

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c) <u>JCHP Advisory Committee</u> - This broad multidisciplinary Committee shall meet periodically to provide technical advice to the Study and shall be composed of the following:

Chief, MCH
Chief Scientist Sociologist (SHS)
Programme Area Leader, PHC
IR/FHE/team

Staff members from: HMD
OMH
EHE
NUT

others may be co-opted as required. Members of the Core Working Group will attend all meetings of the Advisory Committee.

d) A focal point for the study at Regional level; to be designated by the Regional Directors. (Possibly the Chairman of the Regional Office PHC Committee).

e) Consultant(s)

(i) Three consultant months to assist in the preparation and review of case study material.

(ii) Contractual services for preparation of case study material.

(iii) Temporary advisers to assist in the review and analysis of materials collected.

WHO Regional staff members to be used whenever possible in this study.

<u>From UNICEF</u>

(i) Focal point for the study

(ii) Consultant(s) as and when required - three consultant months

(iii) Contractual services for preparation of case study material.

(iv) Temporary advisers to assist in the review and analysis of material collected.

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Joint UNICEF/WHO Review Committee - The composition will be:

a) Members of the WHO JCHP Study Committee

b) JCHP Core Working Group

c) UNICEF representative(s)

d) WHO Chief Medical Adviser to UNICEF

e) WHO/UNICEF consultant(s) if required.

Sessions will be held in Geneva for reasons of economy.

6. Major Activities

a. Preparation of Study proposal

b. Preparation of detailed study design and Plan of Work

c. Contacts with informants

d. Identification and selection of advisors and consultants

e. Information gathering

f. Analysis of information

g. Preparation of draft report

h. Review of report

i. Submission of final report

Annexes

1 Timetable

2. Budget - WHO

3. Budget - UNICEF

4. Suggested Criteria for Selection

5. Suggested Criteria for Analysis

6. Brief description of illustrative situations which are potential cases for the JCHP Study

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ANNEX 1

TIMETABLE OF EVENTS

14 November 1975	Completion of Draft Proposal
17 November 1975	Meeting with the JCHP Study Committee - Review of 1st draft - Ratification of WHO groups, including JCHP Advisory Committee - Decisions on date for a meeting of the JCHP Advisory Committee - Drafts for JCHP Study Committee
19 November 1975	Invitation to Advisory Committee members Draft memo to Dr. Fazzi with copies of document Draft to RDs (designation of Regional focal point)
21 November 1975	Advisory Committee meeting 1) Explanation of the purpose of the Study 2) Review and discussion of the Draft Outline of Proposal 3) Request for information on potential cases for study
26 November 1975	JCHP Study Committee meeting to consider all drafts of documents
28 November 1975	Final draft of Study document submitted to Director-General
Early December 1975	Submission of final draft of Study document to UNICEF through inter-Secretariat mechanism Initial contact with all informants from HQ and ROs.

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Approx. 15 Dec. 1975 continuous	Following UNICEF approval of outline of study proposal, formal contact with other organizations. - UNRISD - ISVS - UN Volunteers - CMC - UNDP formal contact with other informants.
End December 1975	Completion of detailed study design following meetings with JCHP Advisory Committee and JCHP Study Committee
31 January 1976	Compilation of possible case studies - from previous study and review of literature - from informants
End of January 1976	Draft short list of programmes and projects selected for in-depth study with the collaboration of ROs
Last half of February 1976	Joint Study Review Committee Meeting in Geneva. Selection of ± 6 cases
Early March 1976	Arrangements for Country Data Collection - RO collaboration for country visits - Government approval - finding guides and informants - scheduling
May-July 1976	Country Data Collection -field visits and commissioned reports
July 1976	Write-up of material collected during field visits
August 1976	Analysis of all materials

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Early September 1976	Preparation of Draft Report
End September 1976	Meeting of Joint Study Review Committee with temporary advisers - Review of draft report
Early October 1976	Re-drafting of Report
End October 1976	Submission of Report

ANNEX 2

WHO Budget Estimate

Travel - C ountries for in-depth studies estimated for below should be considered as tentative. Final selection will be made by the Joint Review Committee from a list of programmes to be completed by February 1976

2 WHO staff members, 2-week visits from Geneva

1.	to W. Samoa, WPRO				
	air fare $2,650 x 2	$ 5 312			
	per diem $37 x 15 x 2	$ 1 110	$ 6 422		WHO
2.	to Africa (Niger,Tanzania)				
	air fare $1 961 x 2	$ 3 922			
	per diem $35 x 15 x 2	$ 1 050			
	per diem $42 x 15 x 2	$ 1 260	$ 6 232		WHO
3.	to Indonesia				
	air fare $1 709 x 2	$ 3 418			
	per diem $30 x 15 x 2	$ 852	$ 4 270		WHO
4.	to Peru and Guatemala				
	air fare $1 664 x 2	$ 3 328			
	per diem $30 x 15 x 2	$ 900			
	$37 x 15 x 2	$ 1 110	$ 5 338		WHO
5.	Dr. Fazzi, New York-Geneva x 2 (1-week visits)				
	air fare $1 100 x 2	$ 2 200			
	per diem $40 x 7 x 2	$ 560	$ 2 760	$25 022	WHO

	(balance from previous page)	$25 022
	say	$25 000
Consultant(s) in Geneva		
(Daily pay rate consisting of salary and per diem - $110)		
3 months		
1 air fare, from outside Europe	$ 2 200	
daily pay rate $110 x 93	$10 230	$12 430
Contractual Services		
(to prepare case studies)		12 000
Meeting of temporary advisers to review and revise the draft report (4 WHO, 4 UNICEF)		
4 temporary advisers, 1 week in Geneva		
Total cost for 4 persons $1 800 x 4	$7 200	
Other costs of the meeting	$2 500	9 700
Miscellaneous Costs		
Documents, books, periodicals	$1 500	
Additional travel expenses	$1 500	3 000
		62 130
	rounded to	$62 000 *

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* In view of the complexities of the proposed study, the need for contractual services, as well as the inclusion of two trips by Dr. Fazzi to Geneva, andpossible increases in per diem and air fare, it is expected that the present study will cost more than the previous one: SHS.026 (1974). Alternative Approaches to Meeting the Basic Health Needs of Population in Developing Countries - $42 000.

ANNEX 3

Tentative Budget Estimation for UNICEF

Travel		
Country visits for 1 or 2 persons, subject to UNICEF's decision, estimates based on cost for one person		$11 130
1 staff member New York - Geneva 3 visits of 6 days each		$ 4 140
Consultant(s) working in Geneva total 3 months		
1 air fare from outside Europe	$2 200	
daily pay rate $110 x 93	10 230	$12 430
Contractual Services to prepare case studies		$12 000
Meeting of temporary advisers to review and revise the draft report 4 UNICEF, 4 WHO		
4 temporary advisers, 1 week in Geneva		
4 temporary advisers, 1 week in Geneva		
Total cost for 4 persons $1 800 x 4	$7 200	
Other costs of the meeting	2 500	$ 9 700
Miscellaneous costs		$ 3 000
TOTAL		$52 400

ANNEX 4

SUGGESTED CRITERIA FOR SELECTION OF CASES FOR THE STUDY SHOWING STRONG COMMUNITY MOTIVATION IN PRIMARY HEALTH CARE ACTIVITIES

1. The cases nominated for study should have achieved a wide coverage of the community or communities within which the process is functioning.

2. These activities should have been in existence long enough to be self-multiplying. If possible, beyond the tenure of a particular charismatic organizer.

3. The potential studies should express a range of different health and development related activities constituting the actions which communities are doing for themselves i.e. the cases should be inter-sectoral rather than narrow in their content.

4. The actions which make up a nominated case should be effective in terms of reducing evident health or other problems and improving the quality of life of the population.

5. The activities should be low-cost in the sense of being affordable by the community.

6. The activities should be acceptable to the population involved as evidenced by:

   a) continued use of services or facilities established by or offered by the communities;

   b) local support for the activities in the form of participation, labour, and/or contributions in money or kind;

   c) expressed attitudes toward the people and services which form a part of the community activities.

7. The supportive role of government or other agencies toward community-based activities should be well-defined and should relate to the community level needs, whether they be in health or in broader examples of rural development. This support should be in terms of training, logistics and supply, technical supervision and referral, and administrative and political coordination and encouragement.

ANNEX 5

SUGGESTED GUIDELINE FOR ANALYSIS AND PRESENTATION OF CASES

With respect to the existing community-based activities, what are the relationships of the following factors:

I. Internal

a. Detailed description of the process by which the existing set of activities were established, the way in which community motivation was developed, including the identification of the needs by the communities, the identification of means to meet these needs, and the role of particular individuals and groups in implementing these community-based actions.

b. Nature of decision-making in the communities. Pattern of leadership of the communities. How does the community usually identify problems and organize itself to resolve these problems? Where applicable, how are decisions and leadership functions distributed between:

men and women

on the basis of age

clan or other sub-unit basis levels of leaders - family heads, larger family groupings, sectors of the village or settlement, sub-chiefs, chiefs, etc.

representatives selected in "democratic" manner or another non-ascribed basis of selection

role of the "individual" leader apart from more structured leaderships.

c. Nature of traditional systems of communal or shared resources, including method of financing to accomplish collective objectives (agriculture, marketing, temple construction, roads, sanitation, insurance, water, education, etc.) in the community. Nature of traditional systems of medicine, healing and midwifery as practiced in the community.

d. Nature of the reward or compensation system as well as control mechanisms for above activities.

II. External

a. Detailed description of the process of "establishing" activities in the particular area being described, including both problems and successes involved in reaching the present state of community activities.

b. The structure of government (or other agency) actions organized to encourage and respond to community motivations for development. The policy of the government toward de-centralized decisions and development activities at the community level. The means adopted by the government to implement its policy. The nature and degree of coordination between various governmental and other agencies involved in rural/community development. The recruitment, training, and career structure of the agency(ies) organized to carry out these tasks. The specific nature of the methods used by these external agencies to encourage and respond to community motivation for development.

ANNEX 6

ILLUSTRATIVE SITUATIONS WHICH ARE POTENTIAL CASES FOR THE JCHP STUDY

The WPRO staff views the Western Samoa situation as one of the best examples of existing community involvement in primary health care. In the 1920's an attempt was made to introduce health care taking into consideration the existing traditional community structure.

The following exerpt from a 1973 Field Visit Report describes some of this traditional structure.

Human qualities of the Samoans include a code of honour, a sense of obligation, great curiosity, pride, dignity, confidence in themselves and the capacity to adapt new ways and methods to suit their own culture and tradition.

The community adheres to the traditional social system, in which the basic unit is the aiga of the extended family. The title holders of matais are either "chiefs" (Ali'i) or "orators" (tufalale) with a wide range of rigid hierarchies existing for both. Besides representing statuses or ceremonial honour, they involve utilitarian functions important in the society, namely, supervision of family affairs, allotment of land for use (private ownership of land being limited), direction of work parties, conduct of external communications on behalf of the group, by representation in councils and meetings, together with a modern variety of government services in relation to central administration at all levels, such as notification of marriages, births and deaths, and other crises.

The women of the community following the same hierarchy, are the wives of the chiefs (ali'i or matai), wives of orators (tufalale), daughters of the chiefs, ladies of the village, and non-titled members (wives of taulele'as). This is the basis for the traditional women's committee which may also include as members, wives of pastors and government officials. Public services and facilities in the district communities such as schools, hospitals and others, are financed, built and maintained by the community itself, e.g. school committees (men), health committees (women). Women's health committees have the district nurse as a member, and undertake all health activities in their area including community development programmes such as dairy cows and vegetable gardens.

Families who may not be members of the traditional women's committee or who may have been evicted for some reason, can still be reached by the district nurse through the Women's Health Committee. The village women's contribution to the WHC may be in the form of services, produce or money.

Traditional youth organizations or tarele'a, whose activities are a boy-scout type of community work, are rather inactive, though there is a tendency to revive their activities, as they are a potential source of well-guided useful manpower for constructive village activities.

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INDONESIA

The BUTSI (Indonesian Board for Volunteer Service)

Development in Indonesia's 56,000 villages is severely handicapped by the lack of extension agents working full-time, at the village level.

Extension services in critically important fields such as agriculture, animal husbandry, health and social welfare, only exist to the Kecamatan (sub-district) level and even there the extension workers are few, and each has to try to meet the needs of several villages and thousands of people.

At the village level, each service is represented by the village Head, but as this one man has to represent all the extension services, in addition to other duties, his effectiveness is severely limited.

BUTSI places its Indonesian volunteers, one to a village, in teams of five in contiguous villages, usually in villages which are far from towns, to help fill some of this extension vacuum. The volunteers act as resident change agents and bridges between the various extension services and the villagers who need their help.

A volunteer usually lives in the house of the village Head and helps him to stimulate, plan, guide, coordinate and lead village development activities, and to draw in the necessary assistance from the Kecamatan and Kabupaten (district) levels.

Volunteers aim to build up good social and working relationships with villagers as basis for their work, and they are helped in this by the fact that they live and work full time, at the village level, for at least one year and usually two years in each village.

Examples of development activities directly assisted by various individual volunteers are:

- Erosion control, reforestation, improvement of existing cultivation techniques, introduction of new or improved cash and food crops, improvement of existing animal and poultry husbandry and the introduction of new species, encouragement of cottage industries, and other contributions to production.
- Adult education, literacy teaching, nutrition education, health education, home economics education, improving village administration, preparation for transmigration, youth leadership and training, encouraging local cultural and social activities and other educational activities.
- The rehabilitation or construction of roads, bridges, irrigation canals, drinking water supplies, school buildings, community sanitary facilities, markets and other physical amenities.

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PERU

Callejon de Huaylas

This is an example of a community development effort which in 1952 initiated a unified programme of change centered on three major areas of development: economics and technology, nutrition and health, and education. Because of the pervasive effects of the previous *hacienda* system, change was also necessary in the area of social organization.

While it is not clear what all the present results of this development process may be, there is considerable advantage in including in the study a development situation which has already passed 20 years of experience, especially since this well-known study had many of the same goals which are presently expressed for PHC and rural development.

GUATEMALA, NIGER AND TANZANIA

These potential sites are listed as they seem to provide the most useful cases from the previous study.

The material from these cases should be reviewed to determine if they meet the criteria for selection, and if these situations would warrant further examination using the particular perspective of this JCHP study. The working group feels that these cases might be informative when that which the *communities* did to make these various activities possible become the framework of analysis.

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