Qualitative assessment of community participation in health promotion activities

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Qualitative assessments of community participation were made at the beginning and end of a two-year project for improving children’s health in an Indonesian village. The project directly addressed village health volunteers rather than the population in general, and this largely explained the marked improvements in indicators relating to organization, management and needs which were achieved.

A project for improving the health of children, based on the principle of community participation, was organized between 1986 and 1988 in Tinggi Raja, a village of about 5800 people scattered over an area of 21.4 sq.km in North Sumatra, Indonesia. During this period the mortality rate among children aged under five years decreased from 112 per 1000 births to 22 per 1000 births.

A qualitative evaluation was made of community participation in the project, as demonstrated by village health volunteers working for the posyandu, a post providing integrated health services supported by the state and run by the community. Training for the volunteers was given at health centres and was open to anyone who could read and write. By 1988 there were 76 village health volunteers in Tinggi Raja, of whom 54 were women, 39 of these being unmarried; 12 of the volunteers were unmarried men and 10 were heads of households. A draft questionnaire for use in a household survey was explained to the leading health volunteers, who revised it and trained other volunteers in its administration. The volunteers spent two months visiting the households and collecting information. This experience taught them how to manage information and apply it to the promotion of community participation in health matters. Community awareness was also heightened in monthly seminars organized by the volunteers, during which they discussed their activities, attended lectures and participated in question-and-answer sessions. The seminars provided a useful background for leading village health volunteers in their task of training new volunteers, thus advancing the cause of self-reliance and self-determination.

Initially, many posyandu posts were managed by health centre staff. In these cases, the volunteers and the health requirements were assessed only by the health centre. As the project advanced the volunteers tried to involve members of the community in daily activities and health-related schemes concerning, for instance, the improvement of drinking-water supplies by means of sand filters. New posyandu posts were planned, set up and managed by the volunteers, who endeavoured to assess their own needs after consulting the posyandu report for Tinggi Raja.

It should be noted that qualitative evaluation requires the concept of community participation to be clearly understood. It is fundamental to primary care that people should have the
Changes in assessments of community participation between beginning and end of project

Weekly observations were made on the health status of the inhabitants and the work of the volunteers, and posyandu reports were examined. At the end of the project, discussions were held with the volunteers and health centre staff in order to rank the factors under consideration. On the basis of a method developed in Nepal (1), community participation at the beginning and end of the project was assessed by using a five-point scale to measure the levels of leadership, organization, resource mobilization, management and needs assessment exhibited by the volunteers (see table).

Community participation had improved by the end of the project, particularly in organization, management and needs assessment (see figure), largely because the village health volunteers were addressed directly, although improvements were evident in the general population as well. Had reliance been placed on the evaluation of quantitative data, such as

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right to receive, plan and manage health services. Community participation should be active, people should have the right to choose whether to engage in it, and they should be able to expect some benefit from doing so. These criteria were met in Tinggi Raja.

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Evaluation scale for community participation in health-related activities

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1 (bad)</th>
<th>2 (poor)</th>
<th>3 (fair)</th>
<th>4 (good)</th>
<th>5 (excellent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>No VHV(^a)</td>
<td>VHV present</td>
<td>VHV acts as leader</td>
<td>Community members also act as leaders</td>
<td>VHV act under leadership of community members</td>
</tr>
<tr>
<td>Organization</td>
<td>No posyandu post</td>
<td>Posyandu post exists</td>
<td>Posyandu post is active</td>
<td>Daily activities in progress</td>
<td>Posyandu post active and daily activities in progress</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>No labour or funds</td>
<td>Labour offered</td>
<td>Labour adequate</td>
<td>Funds offered</td>
<td>Labour and funds adequate</td>
</tr>
<tr>
<td>Management</td>
<td>Managed by outside body</td>
<td>Managed by outside body and VHV</td>
<td>Managed mainly by VHV</td>
<td>Planned and managed mainly by VHV</td>
<td>Planned and managed mainly by VHV</td>
</tr>
<tr>
<td>Needs assessment</td>
<td>Assessed only by outside body</td>
<td>Community needs considered by outside body</td>
<td>VHV assesses their needs</td>
<td>VHVcs take part in needs assessment</td>
<td>Community members take part in needs assessment</td>
</tr>
</tbody>
</table>

\(^a\) Village health volunteer
those on mortality among children aged under five years, the progress in community participation would have been less apparent. Significantly, an assessment made five years after the end of the project indicated that the volunteers had strengthened their community health activities, demonstrating the sustainable character of what had been achieved.

Acknowledgements

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Reference


Cost recovery in community water systems

Cost-recovery issues are not always financial in nature. Successful cost recovery requires not only financial policies and processes to put them into effect, but also an appropriate organizational framework and arrangements for effective community participation. Equally important are activities to enhance public awareness, combined with health education programmes that demonstrate the importance of safe water supply and sanitation ... Cost recovery requires changes in the behaviour and attitudes of all those involved in the provision, management and receipt of water supply and sanitation services.