

P.N. ARK-345
75448

THE MANAGEMENT IMPLICATIONS OF COMMUNITY PARTICIPATION IN FAMILY PLANNING SERVICE DELIVERY

Leslie Curtin
U.S. Agency for International Development
Washington, D.C.

Sara Seims
Management Sciences for Health
Boston, Massachusetts

INTRODUCTION

The idea that local family planning programs should respond to the perceived needs of the community and should be planned and carried out with the full cooperation of members of the community has gained particular favour in recent years. Of course, the concept of community participation is not a new one in the general development field. For some years, especially in rural areas of developing countries, the emphasis in much development planning has been to encourage community residents themselves to assess what basic services need priority attention; to decide how best to address their problems (be they lack of roads, energy sources, sanitation, employment, schools, health care); and then to play a major role in solving a particular problem. Some observers believe that increased emphasis on community participation in the development process has not been based on altogether altruistic motives on the part of external funding agencies. Rather, they see it as a pragmatic recognition that earlier, top-down planning and implementation processes simply were not working, and that many development schemes ceased to operate or fell into disuse once the original outside funders and project directors had gone back to their own countries.

In fact, many discussions of community participation do not make it clear whether those advocating this approach to the development process are doing so:

- Because they wish to improve program activities and increase the availability and acceptability of services (sometimes by using volunteer workers from within the community, who presumably understand the needs and cultural context of their community); or
- Because they really want community leaders, or the actual and potential users of a service, to exert greater control over the level and quality of the services available to a community.

This is a troubling issue, because if the reasons for promoting community participation are not clearly discussed and articulated, community members can legitimately question those motives. Very few descriptions of community-based projects include any discussion of the possibly varying interpretations that might exist at a philosophical level, or in practical terms of project implementation. If program planners hope that community participation in a service to deliver reversible contraceptive methods will achieve improved practice of family planning and reduced fertility levels, they should acknowledge that this objective might not be the primary concern of the community. And if the community is given to understand that community involvement in those services is the major objective of such a project, the program planners or the donors supporting the project should realize that the community might shift its emphasis from increased use of modern methods to, say, involving men in family planning decisions, education programs for adolescents, or training in natural family planning.

On the other hand, there is little doubt that community participation increases the likelihood of long-term sustainability for a program. This is because the more involved in a program the community is, the more likely its members are to be committed to its continuation, and to be prepared to contribute resources for its support. That justification for encouraging community participation seems to be both reasonable and unambiguous.

A Framework for Assessing Community Participation

In a recent pair of articles on community participation in family planning, the authors established a by now familiar and accepted framework with which to analyse the degree to which true community participation could be said to exist in both national family planning programs and individual family planning projects throughout the developing world.¹ In the first of these articles, for the purposes of the study, the author simply defined community as "users of the services or beneficiaries of the project activities." This, of course, is deliberately a very wide and imprecise definition, as is the author's understanding of community participation: "A . . . process in which people in partnership with those able to assist them, identify problems and needs and increasingly assume responsibility themselves to plan, manage, control and assess the collective action . . . necessary to address those needs." If we apply these two definitions to the family planning field, a community could consist of women attending a family planning or maternal and child health clinic, the members of a youth group made up of sexually active teenagers at risk of pregnancy, or couples living in a remote village where no family planning services are available.

The articles outline four different levels of community participation along a spectrum going from passive to active involvement on the part of community members and service recipients. The most passive form of participation is illustrated by community residents who simply avail themselves of the services provided - program beneficiaries. At the next level, community residents might take part in a program or project by helping to provide the actual services (carrying out education on family planning, door-to-door promotion of contraceptive practice, distribution of contraceptive supplies). At a more active level, community participants might take part in the decision-making process surrounding a service-delivery project, and might contribute resources other than labor to support the work of the project. Finally, the most involved and active role of community members would be that of monitoring the project's achievements or evaluating the quality and impact of a service program. Such participation would extend to making suggestions about ways in which a project could be improved or its targets amended.

The review of community participation in family planning programs in South Asia found that in the vast majority of examples, the involvement of the community tended to be limited to passive participation in receiving services (benefits) and to some low-level participation in implementation activities. However, there was virtually no involvement at the decision-making or evaluation level. In fact, the survey found, the most common use made of the community was to use local residents or leaders to assist in generating demand for the services offered by the project.

There are many reasons why the community might not participate, at any level, in a service program. Non-participation in family planning is often attributable to a wide range of complex and interrelated factors. Women in the community might not practice family planning, even where services are available, because they do not believe that the benefits of contraception outweigh the perceived social, psychological, health or financial costs. Or because their husbands, or the community's religious leaders, are opposed to family planning. Community members might not assist in providing family planning because the project planners have not shown that the service addresses the priority needs of the community; that, for example, it is concerned with improving maternal and child health rather than with population control; or that it relates to wider health, education, or women's development issues. If community members do not take part in the project planning process, it is likely that the project's planners and managers will not understand or adequately anticipate these types of cultural barriers or misperceptions. And if community members do not take part in a project by contributing their own resources, it is likely that the planners did not provide realistic opportunities for the target group to contribute finances, materials, skills, and technical assistance.

In the final assessment, whatever levels of community participation in family planning programs exist at the present time, most discussions of the ethical and pragmatic implications of such participation identify a number of important issues and questions. What level of involvement in a family planning project by the community is desirable or feasible? How can programs be decentralized so as to allow services to be delivered both more efficiently and more sensitively? What role should funders and donors play in assisting the spread of community participation, and how should non-governmental organisations (especially family planning associations) promote community participation? However, very little attention is paid to another important dimension of community participation - the managerial implications of this concept. Even programs dependent on high levels of community participation and control require management and accountability at the central level, especially for the purposes of data collection and program evaluation. The need for oversight does not cease simply because family planning

activities are carried out by unpaid volunteers working at the grass-roots level. The policy-relevant questions for management are therefore: At the national level, how can the work of perhaps hundreds or thousands of volunteers be managed and coordinated? At the project level, what are the levels of decision-making in a community-based service at which the community realistically can and should become involved? And at the organisational level, what management approaches can best ensure that embarking on a new community-based project will not be disruptive of the agency's other ongoing activities?

The Role of Management in Community-Based Services

Management approaches to community-based services (CBS) should be no different than those that would be applied to the more traditional service delivery systems, such as clinic- or hospital-based family planning programs. In either context, any organisation aiming to establish a service project would have to take steps to develop a strategic plan. This would include: defining objectives for the program; analysing of the external environment within which the program must operate; assessing of the organisation's strengths and weaknesses to determine whether it is in a position to undertake the project; designing the interventions (or activities) necessary to accomplish the project's goals; preparing financial, administrative, staffing (both recruitment and training) and logistical plans to support those activities; and establishing a monitoring and evaluation plan to assess the subsequent success or failure of the project.

DEVELOPING A STRATEGIC PLAN:

1. Defining a broad objective and detailed targets. The broad objective might be expressed in terms of seeking to reduce high levels of maternal and infant mortality, or establishing a community-based system for the delivery of contraceptive services. The specific targets might be expressed in numerical terms of levels of contraceptive use to be achieved, or numbers of specific methods to be distributed. Of course, a major decision, in any project aspiring to community participation, would be to what degree community representatives will play a role in setting the overall objective or numerical targets.

2. Analysing the external environment. This analysis is the point at which the organisation must examine the context within which the project is to be carried out. The community clearly has very important contributions to make at this stage of the planning process, and if their input is not sought, an organisation might overlook very important factors either obstructing or assisting a project's operations. The analysis should involve asking such questions about existing conditions in the country as:

- What are the current government policies toward family planning?
- Are decision makers in the government favourable to new service delivery systems?
- What is the position of the medical establishment on CBS?
- What are the attitudes of religious and community leaders toward CBS?
- What are the local cultural values and practices of the community?
- What is its general economic and health level?
- What are the existing sources of supply for family planning services?
- What is the status of women in the society or in the community?
- How can concerns about contraceptive safety be addressed, if contraceptive supplies are to be delivered by non-medical personnel?
- Are other organisations planning to carry out community-based projects in the country or in the same region of the country?
- Are funds available to carry out a community-based project, and what will be the role of the funders in determining goals and targets? Are these likely to be consonant with the perceived needs of the community?

3. Assessing the organisation's strengths and weaknesses. This process involves the implementing institution asking itself probing questions about its ability to carry out a community-based project. It is unlikely that community representatives who are not part of the organization would have a very meaningful role to play in this process. The analysis should include questions such as:

- Is there good staff morale and motivation within the organisation, and are personnel committed to the concept of community participation?
- Are the existing staff of high quality, well trained and open to change?
- How suitable are the existing staff to work with community members who may be of different cultural, ethnic, or religious backgrounds?
- Will there be possible confusion about employee roles if the organisation embarks on a project to involve community members in service delivery?
- Does the organisation have the administrative ability to expand?
- Is the organisation's existing expertise in delivering services of value in a new project?
- What is the organisation's standing in the community to be served?

4. Designing a workplan. This is the nut-and-bolts process of deciding certain key issues of implementation. It is uncertain how closely involved community members will be with this stage of the strategic planning process. Even if they cannot be present at all the deliberations, it would be advisable for some community representatives to be kept informed on a regular basis. And decisions about staffing patterns (particularly if these involve selecting and training unpaid village volunteers) should certainly not be made without consulting the community itself. A workplan should contain detailed answers to such questions as:

- What activities will be undertaken to reach the project's objectives?
- Who will carry out these activities?
- When and where will they be conducted?
- What resources will be needed to carry out the activities?
- What is a reasonable time frame for the project?

5. Establishing financial, administrative, staffing, and logistical systems. These are likely to be considerably more complex in a community-based system than they are in a clinic-based program. The process involves addressing, among many others, the following issues:

- How can financial accountability be ensured, often at new and distant levels?
- How can staff at remote levels be motivated to produce financial and other information?
- Should new and different administrative systems be introduced?
- Will the new program be integrated into ongoing activities, or will a new and separate management structure be created?
- Will the existing management structure have to be decentralized?
- Will staff roles have to be redefined?
- How should staff be helped to establish realistic priorities among competing demands on their time, competing community needs, and demands from other community agencies with whom they may be working for the first time?

- What happens when a new hierarchy, or new levels of staff, are introduced into an organisation, especially if these are non-literate volunteers of a lower social and economic status?
- What new logistical systems need to be introduced to ensure the supply, transportation, storage, and distribution of contraceptive supplies in a remote village setting?

6. Monitoring and Evaluating a Community-Based Project. This is an extremely important process, and one in which the community should take an active part. If the evaluation is carried out without the community's participation, it is unlikely that the results will go beyond a simple quantitative and financial assessment. The process should be designed to answer some of the following questions:

- Does the project have adequate data collection instruments?
- Are the data collected sufficient to allow an in-depth evaluation of the project?
- Did the project meet the client's needs?
- Were the services offered of high quality?
- Is the service sustainable in the long term?
- Have health conditions in the community improved?
- Has the project served to influence policy-makers at the national level?
- Has the status of women been addressed in the project?
- Are all sub-populations of the community being reached by the project?
- Is the mixture of contraceptive methods being offered wide enough?
- Has involvement of the community been real and productive, or has only lip service been paid to this concept?

Conclusions

The planners and managers in organisations embarking on the introduction of community-based systems for the delivery of family planning services should bear in mind that the going will not necessarily be easy, however professionally they have addressed and anticipated the management issues that are bound to emerge. There is likely to be a difficult stage of transition, that will create uncertainty in the minds of many staff members. Some key members of the staff might decide to leave, and those who stay might feel overburdened by the new responsibilities. However, these concerns will undoubtedly be offset by the awareness that the new project will reach larger numbers of men and women in need; by the satisfaction of knowing that there is a chance of improving community health and individual happiness; by the stimulation that comes from facing new challenges; and by the possibility that a successful community-based pilot project at the local level might well provide a model for replication at the national level.

1. I. Askew, "Organizing Community Participation in Family Planning Projects in South Asia," *Studies in Family Planning*, Vol. 20, No. 4, July/August, 1989; and I. Askew and A. R. Khan, "Community Participation in National Family Planning Programs: Some Organizational Issues," *Studies in Family Planning*, Vol. 21, No. 3, May/June, 1990.