

PERSPECTIVE

Community participatory techniques: Have such techniques been able to make an impactAnika Sulania¹, Nazish Rasheed²¹Demonstrator, ²Assistant Professor, Department of Community Medicine, Hamdard Institute of Medical Sciences and Research (HIMSR) and Jamia Hamdard, New Delhi, India

Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

Corresponding Author

Address for Correspondence: Anika Sulania, Demonstrator, Department of Community Medicine, Hamdard Institute of Medical Sciences and Research (HIMSR) and Jamia Hamdard, New Delhi, India
E Mail ID: ani.sulania@gmail.com

Citation

Sulania A, Rasheed N. Community participatory techniques: Have such techniques been able to make an impact. *Ind J Comm Health*. 2014;26(4):446–447.

Source of Funding : Nil **Conflict of Interest:** None declared

Article Cycle

Submission: 20/09/2014; **Revision:** 13/10/2014; **Acceptance:** 14/10/2014; **Publication:** 15/12/2014

India remains far from attaining the goal of health for all proposed by WHO during 1977 to be achieved by 2000. According to WHO, Alma-Ata Declaration of 1978, “The people have a right and duty to participate individually and collectively in the planning and implementation of their health care” [1]. The approach was clearly targeted for communities to achieve a level of health which would permit all individuals to lead a socially useful and economically productive life through primary health care approach. With this statement the focus started shifting towards community development through their participation.

Health sector in India too realized the benefits of community involvement and henceforth strategic modifications were made in national programme. Innovations for community participation were developed implementing this paradigm shift from top down to bottom up approach [2]. Participatory learning approach (PLA) and Participatory rural appraisal (PRA) are such techniques by which the community participation can be enhanced. The basic concept of PRA is to learn from rural people [3]. The group of heterogeneous population comprises all the strata of community where with the help of facilitator the group interacts and performs the exercise and reaches at a common consensus or solution to the problem. The recommendations in turn are implemented by the community only. The various techniques include Participatory mapping

and modeling, Transect walks, Time lines and trend and change analysis, Seasonal calendars, Daily time use analysis, Venn diagramming, etc. The information collected with such techniques is accurate and if opportunities are given it can be used to bring out the project, policies and programme for the development of the communities.

Initially these techniques were used in fields other than emergencies and disasters like non-formal education, health and agriculture. In India such participatory techniques began to surface in late eighties. Aga khan rural support programme (AKRSP) Gujarat was one of the first NGO to use them with the help of IIED [3]. Subsequently, there was an explosion of innovation mainly in the nongovernmental organization (NGO) sector but also in some government organizations.

In India 68% of population resides in rural areas [4] hence any programme or policy should focus on this group. The unmet needs of the rural population can only be met by educating them and involving them in taking responsibility of their own health needs and drawing out plans for action based on their priorities and available resources, which can be achieved by the various participatory techniques. However, such techniques remain largely underutilized and its coverage being restricted to a few of the premier institutes of health planning and management or few NGOs, Participatory rural approaches are new, underexplored and seemingly open-ended frontier.

There is an urgent need to rapidly increase use of good PRA techniques and introduce them in mainstream organizations and institutions. It's high time in India to focus on such participatory techniques to increase the community participation and to attain the health for all.

References

1. WHO. Primary Health Care Alma-Ata, USSR, 6-12 September. Geneva. WHO. 1978
2. GOI. Basic guide to reproductive and child health program for use by NGOs, training institutions and health functionaries. New Delhi: MOHFW GO; 1997
3. Chambers R. The Origins and Practice of Participatory Rural Appraisal. *World Development*, 1994;22(7):953-969
4. Census of India. Registrar General of India. 2011