A SUBNATIONAL OUTREACH PROGRAMME:
PROPOSED ACTION STEPS AND TRAINING
FOR PRIMARY HEALTH CARE IMPLEMENTATION

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DLG 5

June, 1994

This paper forms part of the background documentation for the ICDC study on Decentralization of National Programmes of Action, directed by Carlos Castillo. This paper proposes design and implementation strategies for a subnational outreach programme of primary health care in least developed countries.

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This proposal for a subnational outreach programme for primary health care does not specifically deal with decentralizing the National Programmes of Action for Women and Children (NPA) to which this series of Innocenti Occasional Papers is dedicated. However, the methods and activities discussed in this paper could be of interest to those who are working in the decentralization of NPAs.
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EXECUTIVE SUMMARY

This paper focuses on the design and implementation of a subnational outreach programme to help least developed countries meet the specific goals included in the Declaration on the Survival, Protection and Development of Children, produced at the United Nation’s sponsored Summit for Children in 1990, and, more specifically, in the area of primary health care, as inspired by the 1978 Declaration of Alma-Ata, which enshrined health as a ‘fundamental human right’.

In working toward the achievement of the Summit Goals, an effective subnational outreach programme requires that a set of specific action steps be created and implemented. The subnational outreach strategy presented in this paper seeks to identify a series of such action steps that can be useful and relevant at the international, national, provincial, district (municipal), and local-community levels. Starting with the promotion of national-level awareness, ownership and commitment with respect to the country’s particular problems and issues as relating to the Summit Goals, the action steps go on to propose ways to institutionalize community participation and empowerment, encourage alliance building, strengthen sustainability, and support up-scaling and replication.

In order to increase and improve the participation of both local-community beneficiaries and administrators in the design and implementation of a primary health care programme, several processes are presented and discussed: action research, process integration training, local participation activities, and the long-term empowerment of local communities. The integration of these processes is necessary for the long-term sustainability of a locally based primary health care programme.

Along with the scarcity of financial resources that plagues most least developed countries, limiting the possibility of transferring meaningful resources to the regions and provinces in need, other more structural obstacles often also hinder effective local capacity-building interventions. Indeed, most local administrative systems conform to a centralized system of rules and regulations in which control and security is emphasized and a formal top-down hierarchical system of decision-making is rigidly adhered to.

As this paper points out, decentralization in the administrative structures of disadvantaged rural and urban provinces is an essential condition for development activities. It is also necessary to effectively demonstrate to various important administrative officials, such as provincial governors, the value of such decentralization, since with their support, the overall pressures for decentralization will be strengthened. This paper recommends some useful and practical training and research methods to help to ensure the participation and cooperation of such key actors.

Fortunately, a more change and development oriented system of administration, focusing more on results and encouraging greater autonomy and risk taking, is emerging in a number of least developed countries. In the final analysis, however, meaningful decentralization will occur only when it is understood how local-level efforts can supplement and augment the scarce resources of the central government, and how integrating service activities utilizes those scarce resources more efficiently.
I. AN HISTORICAL AND ORGANIZATIONAL ANALYSIS

In 1978 a major meeting on health took place in Alma-Ata, Kazakhstan. Sponsored by The World Health Organization (WHO) and UNICEF, and attended by delegations from 134 countries and 67 UN organizations, the meeting culminated in the adoption of the "Declaration of Alma-Ata", which enshrined health as a "fundamental human right".

The Child Survival and Development Revolution

The UNICEF Executive Board presented The Child Survival and Development Revolution (CSDR) approach in 1983 as a cost-effective strategy for safeguarding child health and promoting child development. CSDR recommended a series of interventions specifically aimed at making significant improvements in child health, with a consequent reduction in infant and child mortality. This new strategy reflected the growing awareness that most infant and child deaths are due to a limited number of causes that can be prevented or remedied in large part by empowering parents with greater knowledge.

Utilizing past experiences in basic-needs strategies and mass-media technologies, CSDR recognized the importance of generating political will at the highest levels and of making extensive use of mass communication to mobilize society for the prevention of avoidable infant and child deaths and disabilities. The major emphasis was in empowering parents, particularly mothers, with knowledge of self-help, and in generating an increased demand for low-cost services to meet the needs of their children. While this strategy was useful in raising national awareness, it seldom recognized the importance of an effective local-administrative system for linking central-government hopes to local-community needs.

The Need for Increased Awareness and Social Mobilization

According to The State of the World's Children (1984), 75 per cent of the world's population, 97 per cent of all annual infant deaths (under one year of age), 98 per cent of annual child deaths (from ages one to five), and 85 per cent of annual births are in the less-developed world. The major causes of death among children are diarrhea and malnutrition, measles, lower respiratory infections, tetanus and malaria. In Africa, women throughout their child-bearing years who become pregnant suffer a 1 in 21 chance of dying from pregnancy-related complications. In Asia, the figure is 1 in 54; South America, 1 in 73; the Caribbean, 1 in 140;
North America, 1 in 6,366; and northern Europe, 1 in 9,850. Throughout LDCs, infants and small children are weakened by virtually continual upper respiratory infections and multiple bouts of severe diarrhea. School children suffer from intestinal-worm-induced anemia and malnutrition, the 'oriental sores' of leishmaniasis, onchocerciasis (river blindness), trachoma, measles, and vitamin A deficiency, and are maimed by polio and dracunculiasis, the 'fiery serpent'.

Political will has long been acknowledged as a necessary element for the successful implementation of the primary health care approach, but expressions of support have seldom led to concrete and widespread action. During the 1980s the issues of public health and child care became part of the political agenda in many countries and received greater allocations of resources. During the 1990s the key issue will be that of implementing programmes at the subnational level, where provincial and local administrative personnel translate national policy into effective local initiatives.

An important and challenging part of this strategy lies in generating the broad social mobilization needed to promote and sustain political will at the national and local levels, and to demonstrate an intervention's feasibility and value to NGOs and other international donors. Some of the best examples of this approach have been the immunization and oral-rehydration campaigns that were able to mobilize government officials from various ministries, local schools, religious organizations, labour unions, mothers' clubs, community-health committees and parent-teacher organizations.

The collective experience of a nation successfully engaged in attaining nationwide coverage may well enhance national feelings of self-reliance and political self-confidence. At the administrative level, accelerated immunization programmes represent the first experience of broad partnerships in the area of health, and have provided valuable experience in working together and important lessons in financial administration. At the local-community level, the process has empowered parents and even whole communities. The concept of prevention embodied in immunization can also lead to demands by parents for other lifesaving measures that they can perform themselves. The strategy being presented in this subnational outreach programme assumes that such immunization programmes are more likely to be sustained financially as well as operationally if they are a part of a local primary health care system. Much research is still needed, however, to determine the best ways for implementing such strategies.
The North/South Paradigm Debate

A principal controversy over the last two decades has pitted the so-called **vertical approaches based upon the northern paradigm**, which seek direct, targeted programmes and use specific technologies like drugs, vaccines and insecticides, against the **horizontal approaches based upon the southern paradigm**, which argue for a broad-based strategy encompassing medical, ecological, sociological, and political factors to improve health. This controversy is built around three basic issues: (1) positive versus negative attitudes toward science and technology; (2) a belief in technique-oriented, as opposed to community-based, approaches; and (3) a debate whether the ‘experts’ or the people should make the decisions.

One of the first large-scale vertical attempts to deal with rampant ill health was the Rockefeller Foundation’s campaign in 1913 to eradicate hookworms. This campaign, which was carried to 52 countries over a 40-year span, failed because of the enormous reproductive potential of the worms, the lack of highly effective non-toxic drugs and the inadequacy of sanitary facilities. Today roughly one billion people are still infected with hookworm.

Shortly after WHO was established in 1948 a number of mass campaigns were initiated against tuberculosis, yaws, and malaria. The massive anti-malaria effort starting in 1955 was prompted by the development of DDT and of powerful new anti-malarial drugs. Fifteen years later, because the malaria parasite and the mosquito carrier had developed resistance, efforts to eradicate malaria in many areas of the Less Developed World were suspended. Still one must acknowledge the great success of one vertical approach — the eradication of smallpox by 1978.

Alternative strategies were suggested in the aftermath of the failure to eradicate malaria. A study by Thomas McKeown suggested that water supplies and sanitation, decent housing and in particular the availability of food had been responsible for dramatic improvements in health in the developed world.¹ Thus **improved health is largely due to socio-economic progress and not to specific medical interventions**. Equally significant is the inequitable distribution of health resources. Large modern hospitals located in the major cities of LDCs often provide health care for less than 10 to 20 per cent of the country’s population and can require 50 to 75 per cent of the country’s health budget.

These factors — the failure of major vertical, global campaigns to eradicate or control disease, the emphasis on socio-economic development in the less developed world to the exclusion of more immediate measures, and a tertiary health care system that distorts the
pattern of health care delivery in most countries — constituted the grounds for the emergence of a new strategy using a community-based approach.

In 1973 a WHO working-group report on basic health services concluded:

[there has been] a failure to meet the expectations of the populations; an inability of the health services to deliver a level of national coverage adequate to meet the stated demands and the changing needs of different societies; a wide gap in health status between countries, and between different groups within countries; rapidly rising costs without a visible and meaningful improvement in service; and a feeling of helplessness on the part of the consumer.

Two years later a joint WHO/UNICEF report described a range of successful or promising health systems in nine selected countries: Bangladesh, China, Cuba, India, Niger, Nigeria, Tanzania, Venezuela, and Yugoslavia. The report concluded, however, that a “virtual revolution” was needed to bring about “changes in the distribution of power, in the pattern of political decision-making, in the attitude and commitment of the health professionals and administrators in ministries of health and universities, and in people’s awareness of what they are entitled to”.

Yet one study published in 1979 approached the health care needs of LDCs with a most creative perspective.² Instead of arguing for the long-term requirements of the horizontal approach, these authors argued for a straightforward vertical approach that would seek to eliminate the major causes of death. Their analysis revealed that the two gravest health problems in LDCs were diarrhea and respiratory infections in infants and young children, each of which was responsible for billions of illnesses and 5 to 10 million deaths per year.

On the basis of these figures and of the crucial element of control feasibility (i.e. the availability of adequate, low-cost means of preventing or treating these problems), the article concluded that the application of four very low-cost (vertical) measures could save the lives of millions of children every year. The report recommended immunization against tuberculosis, polio, measles, diphtheria, whooping cough, and tetanus; wide use of oral rehydration therapy; treatment of life-threatening malaria; and breast feeding of infants, which provides children with protective antibodies present in mother’s milk. The paper did not discourage application of the (horizontal) comprehensive primary health care strategy of Alma-Ata, but stated that until such strategy could be made available to all, “services aimed at the few most important diseases may be the most effective means of improving the health
of the greatest number of people”.

The Subnational Outreach Approach

The subnational outreach programme entails an integration of both the vertical and horizontal approaches. One dimension must reflect the level of development in the communities where the strategy is to be implemented. If we conceptualize the interaction between the local community and the intervention strategies encouraged by outside entities, a matrix with two sets of factors emerges:

1. **Local community.** Several parameters for evaluating a local community’s capacity to participate in a primary health care programme are: the attitude of the community’s local leadership toward development and change and their experience in local-institution building; poverty, infant-mortality, life-expectancy indicators; past experiences in health, education, and productive-enterprise development activities. The scale emerging from these characteristics helps to categorize communities from very low capacity, to some initial capacity, to some high degree of capacity.

2. **Kinds of interventions.** In a **technique-oriented programme**, outside experts enter a village for some type of one-shot programme: mass immunization, child-growth monitoring, the installation of a potable water system, the creation of a health care centre staffed by urban-trained health workers, etc.. The emphasis of this first level of intervention is reflective of a specialized primary health care programme that enters a local community and provides services that the local community cannot provide for itself. These services are maintained through external-resource allocations from the central government or international donors. Such a strategy is assumed to be relevant for local communities with very low levels of leadership and community capacity.

In a **decentralized form of intervention**, local-administrative systems organize and support a programme for training community health care workers. This kind of intervention is best suited for a local community that can select individuals from within the community to receive extensive health care training at a district or provincial training centre. Often, such local health workers are seen as an appropriate link between the community and the local administrative system, and they receive appropriate supervision from local health officials. Such a strategy is assumed to be relevant for local communities where there is some initial or average level of capacity.
In a local-institution-building form of intervention, the community is urged to take responsibility for its own health services. This requires autonomous institutions (e.g. a community-health committee as part of a community council, or functioning women's clubs or health clubs made up of local citizens willing to plan and organize the health care programmes deemed relevant by the local community). This third form of intervention requires a community with some high level of leadership, a willingness to engage in local resource mobilization to supplement or replace the scarce resources coming from the central government or outside donors, and a sense of community development and awareness.

**Intervention Strategy Matrix**

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<th></th>
<th>Low Capacity</th>
<th>Moderate Capacity</th>
<th>High Capacity</th>
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<tbody>
<tr>
<td>Technique Oriented</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>(Professional Health Facilitators)</td>
<td></td>
<td></td>
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<tr>
<td>Decentralized</td>
<td>D</td>
<td>E</td>
<td>F</td>
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<tr>
<td>(Community Health Workers)</td>
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<tr>
<td>Local Institution Building</td>
<td>G</td>
<td>H</td>
<td>I</td>
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<tr>
<td>(Local Health Institutions)</td>
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This matrix aims to clarify the relationship between the characteristics of a given community and the most suitable form of intervention. It is possible that in a given community all three types of intervention might be used simultaneously or sequentially; however, in general, strategy A is probably the most appropriate in a community with a low level of capacity, E in a community with a moderate capacity, and I in a community with high capacity. Some empirical research is necessary to ascertain the sequencing of these interventions, and the prerequisites necessary to go from strategy A to D to G in a low-capacity community, etc.

In assessing the utility of each of these forms of intervention, several factors need to be considered: (1) the uncertainty of funding sources limits the size and scope of a given intervention; (2) high levels of poverty naturally limit the capacity of a community to mobilize its resources; (3) excessive outside funding generally increases dependency and apathy within the community and results in unsustainable activities; (4) expensive and erratically supplied drugs weaken the effectiveness and credibility of local health care workers; and (5) most foreign or expert-based projects tend to have built-in implementation
There are a number of local-community interventions that have substantially reduced infant and child mortality. One summary of such interventions suggests:

The elements of projects which have aided in success include: easily accessible and well-covered population, prior well-established relationship between the providers of care and the community, concentration on a small number of key interventions, easily accessible referral hospital, sustained funding, comprehensive surveillance system, good leadership, and established supply system.

Thus the literature does provide evidence that community-based systems of intervention can work, but only if the capacity of the community is consistent with the intervention being implemented. When a strategy focuses on outside interventions without consolidating serious community involvement, there is a danger that such "high-profile, donor-aided projects deflect attention from the real factors that empower people and allow them to control their health: the political processes which allow and disallow the channels of dissent, of demand, of participation". Operationalizing this process of community involvement and local participation will require a great deal of additional testing, evaluating and comparing. This will be the major focus of the final three chapters. If this new approach to primary health care at the subnational level is to be implemented, local government systems must be greatly enhanced at the provincial, district (municipality) and local-community levels.

But first it is necessary to outline a series of action steps for identifying the disadvantaged areas for implementing a subnational outreach programme in primary health care, and for mobilizing the support of the key actors in area of development.

II. A FRAMEWORK FOR NATIONAL PROGRAMMES OF ACTION
AT THE PROVINCIAL/DISTRICT LEVEL

In September, 1990, more than 150 political leaders, senior officers and representatives of various international agencies assembled at the United Nations in New York to participate in the Summit for Children. Out of this meeting came a set of specific goals for children, which were embodied in a Declaration on the Survival, Protection and Development of Children. An effective subnational outreach programme for less developed countries requires that a set
of specific action steps be created and implemented if these goals are to be achieved. Moreover, given the experimental nature of this programme and the complexities in its implementation, it is recommended that the following action steps be initiated in no more than three to five countries during the next year. Based upon lessons learned in the first year, an updated set of action steps should ther be developed for other nations in subsequent years.

**Action Steps at the National Level: A Formal Strategic Programme**

1. A short UNICEF-sponsored white paper should be written presenting a clear and detailed description of the Summit Goals deemed necessary to pursue, with some indicators to place those goals in perspective. The white paper should help to identify specific provinces (governorates) in each of the participating countries where some priority should be given.

2. A **prototype presentation** should be prepared for spelling out specific ways that UNICEF staff can help guide key officials in various participating countries through three key processes: **awareness, ownership, and commitment**.

   - **Awareness.** Officials and representatives must become more aware of the problems of women and children in their countries, as implied in the Summit Goals. Information sources can include UNICEF and other international-agency reports, country studies, videos and other mass media materials describing the plight of women and children. Action Steps include: (1) a UNICEF country-staff assessment of the awareness level in their respective countries and the identification of key individuals within the country who can facilitate the implementation of a subnational outreach programme; (2) a series of informal meetings, conferences and workshops where key actors can discuss problems and possible solutions. These should be organized and conducted by UNICEF regional and country staff, with key representatives from international and national organizations and from non-governmental organizations (NGOs).

   - **Ownership.** Governments should be encouraged to publicly announce their support of the Summit Goals and the subnational outreach programme. Key government officials must be urged to spell out specific recommendations and policies that confirm government ownership of the issues related to women and children in the underserved areas of their countries.

   - **Commitment.** Serious commitment implies a willingness to allocate resources
(financial, human and material) over an extended period of time, and actively encourage and facilitate the implementation of the programme through both governmental and non-governmental means. The following action steps help document such commitment: (1) the central government officially allocates resources for the subnational outreach programme; (2) governors of the more disadvantaged provinces are formally invited to a strategy workshop on community participation and empowerment. Based upon this workshop, certain governors are urged to actively participate in the programme; (3) as a reflection of central-government commitment, key provincial and district officials agree to pursue these specific action steps in their jurisdictions.

3. Special efforts must be made by UNICEF regional and country staffs to recruit a group of governors and/or mayors who are predisposed to allowing decentralized and autonomous decision-making within their provinces. Much of the success of these action steps will depend on the awareness, ownership and commitment of the local-government officials selected to spearhead the process of implementation. Before selecting the specific areas for initial emphasis, it will be important to assess the local-government officials who will be responsible for implementation. (See Chapter III for the differences between development-oriented and status-quo-oriented local officials).

4. A timetable should be drawn up and agreed upon for countries to implement these action steps in a timely fashion. Below are five broadly defined action steps which would be an essential part of a UNICEF-sponsored subnational outreach programme.

1 - Action Steps for Institutionalizing Community Participation and Empowerment

1. A detailed study should be undertaken describing the processes of community participation and empowerment and their importance for the implementation of the subnational outreach programme. The study should include a review of literature to demonstrate how these processes have been operationalized elsewhere and suggest ways they can be introduced into the programme. (See chapters IV and V for a preliminary effort in outlining such a study on participation and empowerment.) The final version of this document might emerge following a UNICEF prototype workshop for key regional-staff and selected country-staff members that focuses on team building and other organizational development-training skills.

2. It is crucial that both UNICEF staff and key local-government officials share a
common understanding about the meaning and importance of community participation and empowerment. It is recommended that the document on participation and empowerment become the foundation for UNICEF-government development workshops that should bring together participants in the outreach programme: UNICEF regional and country staff, key provincial staff, NGO representatives, and other key actors at the provincial level. The agenda should include team-building activities and discussions on how to encourage participation and empowerment.

3. Household and community surveys should be carried out to determine a community's present level of development and the appropriate interventions that might be introduced. Data should reflect: (a) the existing quality of local leadership; (b) the number and effectiveness of existing community organizations; (c) the level of community interest in organizing itself for development activities; and (d) the successes and failures of past development projects.

4. Specific local entry points must be identified in the selected rural and urban communities, and local data-collection strategies developed and tested in several pilot areas. Local-community members should also be encouraged to identify the areas, neighbourhoods and specific families that are at greatest risk. A child-friendly community checklist should be used to prioritize communities within the targeted areas on the basis of their vulnerability and need for immediate attention.

2 - Action Steps for Encouraging Alliance Building

1. UNICEF staff should be actively involved in identifying potential governmental and non-governmental entities that could be willing to provide resources and personnel. Special care must be taken, however, that these entities do not monopolize the process of action-step implementation. Local initiatives and self-help activities must be encouraged to stimulate the 'social energy' that often emerges when communities begin taking greater responsibility for their needs.

2. Networking mechanisms must be established for coordinating the efforts of the central and local governments, NGOs and local-community institutions. UNICEF staff might help to identify specific individuals for this process, especially for the implementation and evaluation activities so crucial to programme success and sustainability.

3. Faculty and administrators from local universities and research institutes should be
strongly encouraged to participate in the initial action steps. Although these participants must not be allowed to dominate the process, such alliances can be very helpful in providing resources and support when local resources are limited.

3 - Action Steps for Strengthening Sustainability through Intersectoral Coordination

1. Project benefits are much more likely to be sustained when the local community participates in the processes of planning, implementation and evaluation. Although these local communities have very few surplus resources, specific resource-mobilization strategies must be encouraged whenever possible. Such strategies might include using local labour inputs, subsidized user fees, or donations of locally available materials. Several major benefits can emerge from local-resource-mobilization strategies: (a) services will more likely be sustained; (b) the local community can make the service-delivery system more accountable to its needs; and c) a sense of accomplishment and autonomy is promoted within the community.

2. An integrated resource-acquisition system needs to be created to identify potential resources from international donors, national and local governments, NGOs and private voluntary organizations for supplementing and encouraging the local-resource-mobilization activities described above. Since outside resources often tend to dominate local project implementation and create greater dependency, however, it is important that they be used primarily to provide incentive and support.

4 - Action Steps for Supporting Up-Scaling and Replication

1. Many local-community-oriented projects fail as a result of weak local leadership, inappropriate outside interventions, and the disagreement within the community on the steps to be taken. It is necessary to develop a monitoring process to identify and document the prerequisites for project success. UNICEF should actively search for, document and disseminate success stories from throughout the world.

2. Each country should assess the lessons learned from the first year of activity and then undertake the same five action steps during the following year through a carefully designed action-research approach to be developed in the first several months of the second year. (See Chapter IV)
5 - Action Steps for Implementing a Subnational Strategy at the Provincial Level

Developing awareness, ownership and commitment at the national level is a necessary, although insufficient, condition for mobilizing provincial governors to participate in the subnational outreach programme. The following action steps constitute a formal strategy for implementing a subnational programme at the provincial level.

1. **Support of provincial governors.** A crucial dimension in the subnational strategy will be the orientation and openness of the provincial governor. Extensive interaction between these governors and UNICEF country staff is necessary to determine which governors will most likely support the programme. A careful review must be made of a governor’s past activities and of his working style, including an evaluation of the decision-making autonomy he entrusts to subordinates and lower-level administrators (See Chapter III).

2. **Alternative strategies.** Many local governors with police and military backgrounds have authoritarian management styles. If governors are not found to implement a decentralized approach, it is recommended that alternative strategies be considered. These may include focusing on district chiefs and municipality mayors.

3. **Management and administrative capacity-building.** Public and private organizations must be encouraged to play a strong role in the planning and management of these social programmes. Local-government shortcomings in development planning and management and in coordinating donor activities often contribute to breakdowns during the implementation stage.

   To improve the implementation process, it is strongly recommended that part of the UNICEF strategy for the next five years be to identify some approaches for improving development-management capacity in local-government systems (provincial, district and village levels). Development management can be defined here as a process whereby individuals and institutions working in local areas organize and use the available resources to achieve the objectives of the outreach programme.

4. **The significance of consistent policies.** Efforts to facilitate the implementation of child health care programmes must be consistent with national policies that define goals and purposes and provide an appropriate allocation of resources. To the extent that national policies are inconsistent with the goals of the subnational outreach programme, the Programme will fail regardless of the local capacities developed.

   The local staff charged with designing and implementing the subnational outreach
programme must give adequate attention to its policy implications. Many studies of past failures emphasize that projects often aimed at unrealistic targets in too short a period of time, that they were designed too quickly or in far too much detail, and that the activities proposed were often in contrast to local values and/or conditions.

5. **Local capacities in health-project planning and implementation.** Recent research on health-programme implementation has pointed out that inappropriate projects are often chosen, as the people responsible for identifying and formulating them do not sufficiently evaluate whether they will contribute to a sustainable process of improved health and sanitation.

   The effective planning and implementation of a health care project require two kinds of activities: (1) The project’s financial, technical and administrative requirements must be plotted out. Here, one must examine the economic and specific material/technical resources needed to implement a project and assess their availability. Administrative considerations include the scope and timetable of the project, the number of personnel required, and the agency coordination needed. (2) An understanding of the social, economic and political contexts in which the project is to operate must be gained, and some criteria for identifying project communities examined. Such criteria include community leadership structures, local-community institutions and organizations, community systems for dealing with sickness and disease, the perceptions of health and sanitation within the community, and community input about which kinds of interventions are held to be most appropriate.

   At the subnational level the notion of administrative capacity has usually reflected western concepts of project planning. In the many studies associated with such planning, however, it is seldom inquired whether a formal project will really solve health problems in the community, if the community wants the programme, or if the local-administrative system has adequate management skills for the long-term implementation of the programme.

6. **Local contexts of primary health care projects.** It is often assumed that decisions concerning primary health care programmes must come from the central-government level. This leads to two negative consequences: (a) local officials are hesitant to make decisions without approval from above, meaning many health programmes reflect central-government agendas that may not be relevant to a given area; (b) centrally defined programmes reinforce the dependency and apathy that local communities feel towards such health care systems and cripple the processes of empowerment and social energy imperative to a sustainable and integrated community health care system.
There are a number of contextual problems that any subnational project-identification process must face: (a) a shortage of competent and well-informed planners; (b) conflicting pressures from various groups and sectors of the community. Local-level functionaries have to grapple with these conflicts of interest, reconcile them, and identify projects which the community can accept and come to take responsibility for; and (c) the challenge of actually reaching the most disadvantaged and most at-risk people in a given area.  

7. **The need to involve the local community.** Before a specific health care project attains an identity of its own, it must pass through several stages of examination and consideration. If this model of community involvement is to be operationalized there must be processes for identifying and defining problems and needs, determining levels of community ownership and awareness, and outlining and analysing the internal and external factors that are likely to affect the implementation process. Here, local officials can play a negative role by dominating the decision-making process or a facilitative role by helping to clarify and mediate various options.

Most health projects are generated by government agencies, usually associated with the ministry of health, that have the best access to resources and to international agencies and private organizations. There is a need, however, to consider alternative channels for structuring and stimulating local health care programmes in a given area, such as through the involvement of local-community institutions, grassroots organizations, private voluntary associations and NGOs. In most disadvantaged areas of LDCs this approach to health care is still rather unusual; there is, however, an increasing realization that local people have the best knowledge of their area's problems as well as its potentials.

**III. THE ROLE OF THE GOVERNOR**  
**IN THE SUBNATIONAL OUTREACH PROGRAMME**

Many local administrative systems in LDCs have not sufficiently analysed the role that executive officials (governors, district chiefs, village chiefs) might play in improving the performance of projects and programmes. As a result, the administrative-structural ability in LDCs to design and implement managerial reforms appropriate to their political and cultural realities has not improved, despite the on-going endowments from international donors.

Most local administrative systems tend to emphasize control and security, and function through a formal top-down hierarchical system of decision-making that conforms
to a centralized system of rules and regulations. A more change and development oriented system of administration is emerging, however, which focuses more on results and encourages greater autonomy and risk taking.

This chapter will seek to describe a variety of managerial and organizational interventions in development that LDC governors and district chiefs have found to be useful. From a careful review of the literature on development administration and management, it is possible to identify the characteristics and behaviours of high-performance managers, either within a specific geographical area or a specific sector. This material suggests that effective development managers must understand the environment in which they work and be willing to adopt a wide variety of managerial and administrative innovations.

It is necessary to distinguish between an administrative manager and a development manager. The former conforms to a higher centralized administrative system and sees his responsibilities mainly in terms of spending the budgetary resources allotted to him. The latter instead seeks to achieve specific development goals, both within and outside the bureaucratic system, and understands that while an administrator must ensure his budgetary allocations are properly accounted for, a manager must equally be concerned with the quality of the services provided and the impact such services have on the lives of the people in his district. While this role of development manager may be played at different levels, we will focus on the provincial level and seek to identify the basic preconditions necessary for a governor and his staff to become more development oriented.

A first assumption in this analysis is that development and change in society occur more through a political process than an administrative process. A political process requires the release of human energy and involves developing political commitments, bargaining, and appropriate coalition building. Some economists emphasize the availability and efficient allocation of resources as keys to development, and assume that achieving results depends upon the proper disbursement of resources. This ‘turn-key’ approach to development, however, invariably ignores the ‘nasty problems’ that characterize the processes of implementation.

Another approach to development focuses on the role of leadership. Any careful review of different subnational administrators in a region will quickly document that the leadership styles of different governors create very different policy-implementation environments. Therefore, this approach might imply that personality factors are a key to our definition of a development manager.
Though adequate investment capital and inspiring leadership styles can be helpful, many programmes with great resources have generated very poor results, and many committed leaders have been unable to solve the sticky problems of social and economic change. Numerous other variables obviously contribute to the successful implementation of sustainable development programmes, like decentralization, local institution building, beneficiary participation, organization design and training, and programme context and content.

Professor Samuel Paul has argued very persuasively that few people have understood the interrelationships of these relevant variables and that performance might be influenced by combinations of them operating under different conditions.\(^\text{17}\) David Korten has used the term ‘strategic management’ to define an approach that influences strategy design, organizational structures, and processes of a development programme in relation to its environment.\(^\text{13}\) Managers who follow a strategic management approach involve their staff in long-term choices and interactive decision-making about goals, resources and action plans.

Such processes, including planning, controls and incentives, will reflect the cultural and social interactive patterns of any given society. For a local governor to become development oriented, his local administrative system will require new organizational arrangements that allow for a flexible distribution of authority, an open reporting relationship based upon mutually acceptable performance criteria, and commitment-inducing incentive systems.

A development-oriented governor must consider the interplay of at least three crucial aspects. First, he will need to establish a strategy that is both consistent with the central government’s long-term policy objectives and appropriate to the local environment. Second, he has to be aware of the bureaucratic characteristics that can either hinder or facilitate development goals, and decide which new distributions of authority, reporting relationships and staff interactions might be useful in strengthening the processes of development. Third, he must ensure that the participation and monitoring processes are conducive to developing human resources within the governorate’s administrative system while stimulating increased social energy and involvement within the population.
Managerial Interventions Appropriate for Subnational Systems in LDCs

A review of successful urban- and rural-development programmes in LDCs points to certain characteristics that reflect trends occurring in many areas.14

Local Implementation Flexibility. In most successful programmes, development managers have been given significant autonomy and flexibility to determine the most appropriate means for achieving a set of broad goals. For example, while most national governments seek to articulate long-term goals and policy priorities in the areas of health, education, agriculture and economic development, these broad policy guidelines, if properly interpreted, do not necessarily have to restrict a local governor’s own initiative and resourcefulness. In fact, most local administrative systems give these local officials extensive power to implement and encourage effective development processes.

This opening to greater operational flexibility for development managers underscores the principle that those responsible for planning should work closely with those responsible for implementation. The establishment of various planning and coordinating agencies and management systems at the local level aims to bring together local administrative officials and increase the effectiveness of implementation. Through the participation of representatives from various ministerial and citizens’ organizations, the provincial level may seek to reduce the gap between planners and implementors. Such efforts to bring the insights of planning down to the operational level of various governmental programmes is an innovation that governors should reinforce and encourage.

Management Information Systems. Local administrations have seldom maintained the data needed to effectively monitor programme progress, and few subnational officials have had access to, or even sought to collect, the information needed to measure and therefore reward progress and improvement. Instead, the emphasis of most data collection in the past has been to ensure proper disbursement and accounting of budgetary allocations.

When programme monitoring is used to document failure and thus justify sanctions, subtle but very destructive administrative behaviours are often reinforced: greater employee passivity, rigid conformity to regulations, a tendency to report only ‘favourable data’, and finally a general lack of initiative and creativity. On the other hand, when monitoring is used to identify and reward positive results, the administrative environment is often characterized by greater commitment to performance goals, greater responsibility for and commitment to beneficiary needs, and a much more collaborative relationship between higher and lower
levels in the administrative structure. A development-oriented governor actively seeks such information and takes a personal interest in performance indicators.

**Enhancing Private Sector Development.** During the 1960s and early 1970s the social and economic development approach of many LDCs emphasized central planning, public-sector implementation and budget allocations. Although in recent years national leaders in many LDCs have acknowledged the need to strengthen the private sector and stimulate greater productivity and entrepreneurship, a number of local administrative officials still advocate public-sector solutions or only limited private-sector involvement. Such officials tend to see financial and personnel resources only in terms of budgetary allocations from the central government and assume that solutions to social and economic problems depend mostly on funds and resources from the central government and/or international donor agencies.

Development-oriented officials see opportunities beyond the public sector. They recognize that private voluntary organizations can supplement government services; they encourage local councils to contract with local entrepreneurs to establish joint projects that can benefit both the private and public sectors; they acknowledge that greater productivity and small-scale enterprise can increase incomes and create new employment opportunities.

**Human Resource Management Strategies.** Reviews of the more development-oriented governors indicate that creative adaptations have emerged in human resource management and have helped to stimulate greater productivity and commitment. Especially important has been the willingness to select staff on the basis of management skills and the ability to produce results rather than on seniority and passive loyalty. Such governors continually reach down into the ranks, rewarding initiative and proven ability; they emphasize training and reward competency and result-oriented behaviour.\(^5\) While training opportunities can provide some impetus for motivation, immediate economic incentives are generally difficult to achieve. Still, staff motivation can be enhanced through such non-economic incentives as recognition, status, training opportunities, increased levels of responsibility and access to key decision-making groups.

Unfortunately, too many provincial officials tend to focus on the mistakes and weaknesses of their staff. The negative aspects of personnel management (transfers, letters of reprimand on file, public ostracism) generally undermine an organization’s morale, initiative and risk taking, and encourage passivity. Appropriate human-resource management is much needed in most subnational systems; fortunately, many officials are beginning to
understand the importance of this management skill in the processes of development.

**Local Institution Capacity-Building.** When central-government programmes are introduced into the provinces of most countries, some officials emphasize the dual nature of these programmes: (1) providing funds to help finance certain development projects (education, health, roads, etc.); (2) strengthening local-community institutions to more actively participate in all project phases, from assessing needs to project implementation and maintenance.

Status-quo provincial officials tend to focus on the first goal of funding and executing government projects. Questions concerning local involvement and participation are seen as irrelevant: central-government officials are better able than the local communities to know when, where, and how projects should be implemented. Over the last decade, however, a growing number of subnational officials and their staff have had a more development-oriented approach to these central-government projects: such projects are viewed as a means to enhance and reinforce local resource-mobilization activities, and to create self-sustaining systems that help operate and maintain projects over time.

This shift in emphasis must be reflected, or at least not undermined, by central government policy. When governorate officials determine the needs, plan the programmes, and construct the facilities, villagers and community residents will take little interest in operating or maintaining a facility that obviously belongs to the government. Moreover, when provincial officials provide resources and services without attempting to supplement the programme’s funding through local participation and local resource mobilization, the apathy of the local-community members and their dependency on government hand-outs are reinforced.

Therefore, the emergence of a new kind of governor, or ‘development manager’, needs to be promoted in the subnational areas of LDCs. At the same time, decentralization should be pursued in the administrative structures of disadvantaged rural and urban provinces as a vital condition for development activities. It can be argued that when a majority of the governors in a given country becomes development oriented, the pressures for decentralization will be strengthened. Meaningful decentralization will occur, however, only when it is understood how local-level efforts can supplement and augment the scarce resources of the central government, and how integrating service activities utilizes those scarce resources more efficiently.

If such a decentralized system is to be established, the local government officials
responsible for the implementation of programmes will need considerably more training in management skills. It is important, therefore, to define the kinds of training that would be most suitable.

**The Need for Alternative Approaches to Management Training**

There is broad agreement that the traditional classroom approaches to management training have been ineffective in increasing the capacities and competence of management teams in third world settings. This major failure has prompted the introduction of new training strategies based upon various socio-technical and organization-development interventions. There is now increasing awareness that training programmes are more effective when integrated into the day-to-day operations of the local system and when reflecting that system's cultural and administrative realities.

**An Organization-Development Approach.** The organization-development (OD) approach to training is based upon the strategies of action research and specific action steps. Professor Gregory D. Schmidt, who has documented how some types of OD approaches can be very useful in a third world setting, also observes how efforts to build organizational capacity within these types of environments face a number of serious obstacles:

First, it is well documented that capacity-building efforts are often undercut by such donor practices as 'blueprint' designs for projects, pressures to rapidly 'move money', and undue emphasis on tangible construction and production targets. As many analysts have argued, donors must change many of their own policies and procedures if they are serious about institutional development.

He also notes how serious efforts to institutionalize capacity-building and increased local-system performance will be extremely difficult given the rigid budgetary and civil-service regulations that characterize such systems.

Professor Robert T. Golembiewski, a leading expert on the use of OD interventions, states that there is still little knowledge about the efficacy of such behavioural-science interventions in the third world. Few would characterize the present situation in most LDCs (extreme levels of poverty, illiteracy, civic inertia and traditional bureaucratic systems) as particularly favourable for an action research/OD approach. While no comprehensive study exists on the successful application of OD in LDCs, some works have documented the utility of several socio-technical interventions in various third world settings.
Professor Golembiewski, in a recent study of the literature, found some 114 different citations describing 100 OD applications in various LDCs.\textsuperscript{22} He reflects on the significant impact that action research and OD-training methodologies have had on some local administrative systems, but then argues that a number of challenges must be met before meaningful management training and institutional capacity-building will be a permanent part of these systems.

Professor Schmidt describes the dilemma best:

Conspicuously lacking are techniques for linking innovative training and other capacity-building measures at the level of the organization to the elimination or reform of external controls that inhibit organization performance. This gap in the literature is paralleled in the field by the general failure of project-based, capacity-building efforts to have impacts on national-level structures and process.\textsuperscript{23}

**Institutionalizing the Lessons Learned.** The changes introduced through action research and OD training in provincial and district work teams will probably not have much impact on staff-team outputs unless behaviours are altered, and follow-up training and staff incentives are structured into the training programme. Thus, to achieve positive long-term organizational effects, changes in work-related behaviour must reach down to individual staff members. While this may seem obvious, it cannot be overemphasized: without such changes the process tends to lose focus and become ineffective.

At the same time, of the many factors contributing to the performance of a subnational office, perhaps the most difficult to influence is the behaviour of individual staff members. An organization's performance is enhanced by personnel who work hard, take responsibility and initiative, learn their jobs well, show creativity in solving work problems, cooperate with one another, communicate important information, listen to others, confront conflict in a culturally appropriate way, and are committed.\textsuperscript{24} Likewise, a number of factors contribute to low staff motivation and performance: unchallenging tasks, authoritarian treatment by superiors, few opportunities for training or promotion, etc. Apathy, rigid conformity to rules, little personal commitment and no sense of pride in the work are most often the results. Almost invariably, such staff members do only as they are instructed, work minimum hours, make no or few contributions, and take no personal responsibility and initiative.

An in-depth treatment of these problems would require a study of local administrator behaviour in a given country that is far beyond the scope of this study.\textsuperscript{25} Nevertheless, such
problems must be considered and dealt with if management efficacy is to be institutionalized.

**Subnational Training in Development Administration.** Since the end of the Second World War many public-administration schools and institutes have been established in the third world. Even a cursory look at these programmes reveals how amorphous they are in terms of target groups, substantive content, orientation, methodologies, and training techniques. Many development experts, particularly in the 1960s and 1970s, genuinely believed that the introduction of western administrative practices was the key to effective administration in the economic and social development of the third world. In general, these institutes of public administration, with their appropriate classrooms, offices, libraries, curriculum, and attentive students, have been a disappointment, and the training in public administration has done little to increase the effectiveness of the government ministries charged with social and economic development.

In reviewing development projects, it becomes clear that organizations in health, agriculture, transportation, communication, housing, education and welfare are being administered. But they are often not being managed. Although personnel appear committed to improving the quality of services and the performance of their organizations, each of these specialists is working with an incomplete concept of management. It is therefore not surprising that the potentially huge payoffs that truly effective management would provide have not been forthcoming in most LDCs.

Before considering improved systems for managing and implementing health care programmes for children, it is necessary to define management and the critical functions that an effective manager must perform. For our purposes the essential elements of management can be defined as a process of **assessment, feedback, and implementation.**

- **Assessment** focuses on the need to clarify goals and establish measurable results; it is a process of viewing the overall objectives of an organization, of defining each sub-unit's major areas of responsibility in terms of results expected, and of developing indicators to monitor the achievement or non-achievement of objectives in each contributing unit of the organization. Assessment serves to identify problems to be solved, decisions to be made, and future events to be analysed and planned.

- **Feedback** requires open communication between higher and lower echelons in the organization and the issuance of progress reports containing timely information on what is and is not working. Effective feedback requires that there be an awareness of where improvement is needed in the performance of the system.
- **Implementation** relates to decisions regarding possible alternative strategies. Based on the data obtained through feedback, a manager must identify crucial current and future problems, break them down into more clearly defined sub-problems, establish priorities, and select appropriate strategies (plans of action). In other words, effective management requires a feedback system whereby managers, by adjusting people, technology, structures and processes, improve the performance of an organizational system to better attain its given objectives.

To understand why effective management of a health care system for children is generally quite difficult to implement in an LDC setting, it is necessary to look at the two most common forms of organizational behaviour in a traditional society: the classic bureaucratic system and the patron-client system. Many LDCs have administrative structures containing a subtle combination of both these systems; but to clarify why effective management systems in many subnational areas are nearly impossible to implement, both systems must be distinguished.

**The classic bureaucratic system** is based upon a set of assumptions: (1) an organization should be structured hierarchically, with upper echelons controlling and directing lower echelons; (2) programmes are formulated by policy makers and then routinely administered according to a pre-established set of rules and regulations; (3) when an appropriate administrative system is functioning according to the established operating procedures, programme objectives will automatically be ensured.²⁸

Based upon such a system, the act of implementation assumes that objectives are achieved: teachers conducting classes in a village school room assumes education is taking place; the construction of irrigation systems assumes peasants are watering their fields; establishing health departments in each district assumes health services are effectively and equitably distributed. Bureaucratic systems function well when objectives, activities and programmes are simple, predictable and constant in their application and consequences. All human and material resources must be easily controlled and directed, and results easy to see and confirm. Such systems, however, usually do not question a programme’s quality of service and its impact and progress over time: such considerations are assumed to be built-in to the system itself.²⁹

If LDC systems of government functioned only within the framework of the bureaucratic model, one might have cause for optimism; the appropriate training of key officials in effective planning and implementation might be sufficient. However, another
pervasive organizational system, quite different from bureaucracy, further hinders efforts at introducing effective management.

The **patron-client system** still characterizes much of the social organization in Africa, Asia and Latin America; historically, it was also a significant approach to political and social life in Europe and the United States. The patron-client system ensures protection and loyalty through a system of obligations, responsibilities and security. The weak and oppressed have a patron who feeds them in times of famine and protects them in times of war in return for their unquestioning loyalty. While some see it as a master and slave relationship, others see it as one providing security and identity. In any event, no system is probably more appropriate for a society torn by conflict, denied due process of law, and ravaged by the unpredictability of famine and natural or man-made disaster.  

Most societies seeking development, stability and progress are often forced to rely on organizational systems based on the patron-client model. While common enough in urban areas, this system is especially pervasive in the provinces and districts of a great many LDCs. At the same time, it should be apparent why such an organizational system runs counter to the process of implementation based on rational decision-making and planning.

Cultural characteristics are learned phenomena that depend largely on the experiences of the individual growing up in a society, and organizations largely determine the kind of experiences that the individual will have. Given the characteristics of patronage and bureaucracy, it would appear clear how organizations to a large extent develop their own cultures through the control of experience. Efforts to introduce and insist upon the adoption of effective management are always painful and difficult in settings where the cultural orientations are so inimical to those implied in our form of management.

First, it must be recognized that differences in the administrative performance of people from different cultures are determined primarily by the kinds of organizations in which they work, and not by culturally determined traits of their personalities. To put this quite specifically: people from different cultures will perform similarly in similar organizations and people from similar cultures will perform differently in different organizations. People gradually become socialized to the norms, incentives, values and expectations subscribed to in an organization.

Secondly, the basic structural features of organizations are partially determined independent of cultural variables: they persist or change as an active process of choice and individual will. They are created, usually piecemeal, by ‘someone’ who at some point changes
organizational objectives and operating procedures. Organizational effectiveness and efficiency have never been found to be the monopoly of any one cultural or racial group.

A Typology of Training Methods for Subnational Outreach Training

Three approaches to training can help clarify which methods are best suited for implementing effective management systems in the subnational systems previously described.

Traditional Administrative Training (TAT). In this approach the relevant operating and managerial knowledge is vested in a few select members situated at or near the top of the organizational hierarchy. The knowledge needed for making changes in the organization and management is also vested in these same positions. This model suggests that training programmes can prepare people lower down in the organization to eventually enter responsible positions. TAT is also status-quo oriented. In a society that rewards obedience and conformity to the administrative structures of society, such training may be quite rational and appropriate.

On the basis of these considerations, an assumption concerning the processes of learning and development follows: (1) the curriculum reflects the philosophies and methods of the management elite and is based on the system's historical precedents, rules and regulations; (2) the relationship between teacher and trainee is a traditional one in which the former is assumed to know both the problems and answers; and (3) the teacher is active and knowledgeable, the student passive and unaware.

Western Adoption Training (WAT). Between the 1950s and 1970s public-administration training programmes frequently reflected western administrative and management practices and role definitions, which were assumed to be the only alternative to the ineffectual status-quo orientation of the indigenous systems. Some of the techniques used in WAT include the contemporary concepts of MBO, double loop learning, and models of participatory management and human-resource management.

Many such training programmes, however, do not take into account the organizational context, cultural values or political relationships of the participants' home reality. Many LDC officials trained in the United States have noted that their participation in a human-relations training programme had led them to develop a more positive attitude toward a participative leadership style. But this favourable attitude rapidly diminished when they returned home to their jobs. Such programmes seldom deal with the crucial questions of how such new skills
and perceptions can actually be used in the trainees’ own countries.

**Process Integration Training (PIT).** This alternative orientation to training and management holds that management is not merely a function of structure (TAT) or technique (WAT), but of a process which is essentially problem-solving and result-achieving. Thus it seeks to analyse where an organization is, why it is there, and where it wants to be in the future. It also seeks to define the obstacles in the way of desired goals, and the specific actions that can be taken to solve those problems.

Here, integration implies openness to a wide variety of ways in which management structures can be organized, leadership styles developed, and management processes of decision-making and implementation utilized. It does not necessitate choosing between old rules (TAT) or new techniques (WAT); rather, it is a reality-testing process which examines each structure, procedure, rule, technique and style in terms of their appropriateness for solving problems and achieving goals in the administrative environment where a particular health care system is being implemented. The focus of PIT is on the process of change — identifying what to change and how to change it — and it provides practice in making changes that increase effectiveness, problem-solving capabilities and goal achievement.

PIT is concerned with the development of both the individual and the intricate set of relationships within the bureaucratic environment. Training can thus never be isolated from the actual job setting, from the realities of political interactions, or from the orientation of the administrators and officials involved in the implementation of a child health care strategy. Such process-oriented training seeks to utilize a learning model that focuses on (1) actual organization issues; (2) the process skills needed to generate greater awareness about questions of ‘where we are and where we want to be’; and (3) acquiring knowledge about change through initiating actual change in the organization.

Operational efficiency is achieved when management know-how is successfully integrated with local values and the environment. This implies that management development and training should not merely focus on transferring management techniques, but should adapt them to local managerial practices and social customs, as well as to the organizational environment of the subnational unit administering the project. PIT thus seeks to shift the emphasis, not only by developing indigenous teaching materials, techniques, case studies and exercises, but by structuring a significant portion of the training to developing the skills needed to implement these management concepts in the context of the pertinent political and cultural conditions.
Top management personnel must be intimately involved in all phases of training in the PIT approach, since the training itself is to be directly applied to immediate concerns of the organization. Changes in the organization's methods, relationships and personal styles may or may not adhere to past or normal procedures and approaches, depending upon the interactive processes that emerge in the training. Nevertheless, the best way to keep training goals and top management goals congruent is to include relevant higher-level managers in the training process itself.

**Process Integration Training for Subnational Action Research Teams**

It is recommended that some type of PIT be conducted in each province where this subnational strategy is to be implemented.

PIT is based on three basic modalities: (1) mature people learn best when they are directly involved in addressing real problems requiring real answers and solutions; (2) a number of individual experiences can be examined to help find solutions to major problems. It is important to note that in the PIT approach, in contrast to the more conventional case-study method, workshop participants take responsibility both for defining and owning the problems identified and for working actively in implementing the agreed-upon action steps; (3) the participants form small groups, each under the leadership of a trained management consultant, that meet at least once or twice a month after the initial three- or four-day introductory PIT workshop. During these meetings, training participants review the progress made on previously agreed-upon action steps, identify new obstacles and problems, consider new action steps, and discuss how to determine and find the information, resources and solutions needed to work out programme constraints and problems.

In an environment of scarce resources, PIT tends to focus on creative solutions that depend on available resources. Coming from different parts of the governmental system, the members of these action-research teams gradually develop the level of trust and mutual accommodation needed to discuss differing solutions in useful and appropriate ways.

The action-research teams created as part of the training process should be composed of key participants who can influence the implementation of the programme. Thus the role of the PIT-workshop consultant in forming such teams is more important than many participants first realize. The outside consultant should instill team members with a greater sense of objectivity and openness and try to ensure that the dialogue, ideas and actions of
the group come about through persuasion and discussion rather than through the exercise of authority. Achieving results by involvement and consent is still a relatively novel way of getting things done in most administrative systems.

PIT therefore provides an opportunity for administrators, other key officials and perhaps even some beneficiaries to develop management skills by learning from each other through sharing their perspectives and insights. With careful planning and appropriate organization support, a PIT workshop and the action-research teams can produce positive results in the areas of fact finding, diagnosis, creativity, problem-solving and decision-making through on-going action-step monitoring and by stimulating team members to take actions for themselves.31

In the next two chapters we shall discuss the last two parts of the subnational strategy. Chapter IV will seek to use concepts of action research in conceptualizing the processes of community involvement and participation, and discuss ways in which action-research methodologies can be used to identify problems and develop and test solutions. Chapter V will introduce the concept of empowerment and explore how a community facilitator must stimulate communities into taking responsibility for ensuring that primary health care programmes are relevant, useful and ultimately sustainable. We will call this process 'community empowerment'.

IV. ACTION RESEARCH AND ITS IMPACT ON COMMUNITY INVOLVEMENT

The Fundamental Characteristics of Action Research

The term action research was first coined by social psychologist Kurt Lewin. Lewin’s model entails a 'spiral of cycles', which includes elements of general-situation identification, reconnaissance, general planning, developing the first action step, implementing the first action step, evaluation and devising the general plan. From this basic cycle the researcher then 'spirals' into the second action step, implementation, evaluation, revising the general plan, developing the third action step, and so on.

The process of action research, however, also presents potential problem areas that require attention. First, it can lead one to assume that the general situation can be defined in advance, that reconnaissance is merely fact-finding, and that implementation is a fairly
straightforward process. Second, the initial analysis of the situation must be open to a broad process of discussion and interaction among a number of people within the administrative system and, more importantly, within the community. Third, reconnaissance should involve analysis as well as fact-finding, and should be carried out in all successive spirals of activities, rather than only at the beginning. Fourth, the implementation of an action step is often difficult; moreover, one should not evaluate the effects of an action until it has actually been implemented.

**Identifying and Clarifying the General Situation.** The general situation refers to a state of affairs which is perceived as an obstacle to some desired goal. Such situations should be directly related to one's field of action. Since it takes time to understand what should be changed and the effects that such changes might have, one should not be over eager to define the situation in the early phases of a development project.

**Reconnaissance.** There are two stages to this phase: (1) describing the facts of the situation; and (2) explaining the facts of the situation. One needs to describe as fully as possible the nature of the situation one wants changed; fact-finding helps to clarify the nature of the problem and can lead to some radical changes in one's understanding of it.

Having collected and described the relevant facts, one then needs to explain them. How do they arise? What are the relevant contingencies, or critical factors, which have a bearing on the state of affairs described? In asking these questions one moves from a description of the facts to a critical analysis of the context in which they arise. This involves (1) brainstorming to generate explanatory hypotheses (possible solutions) and (2) hypothesis testing. An hypothesis may indicate a relationship between the facts of the problem situation and certain factors operating within the problem situation.

Having generated some hypotheses (solutions), one can then proceed to gather information which is relevant to testing them. In gathering this evidence, further explanations of the problem situation may also emerge, which in turn lead to more information gathering, etc. Even when hypotheses have been tested and found to apply, they should retain the status of 'hypotheses' rather than 'conclusions', since one can always encounter circumstances where they do not apply and which prompt a search for more comprehensive explanations. The process of analysis can be endless, but in action research it must be interrupted for the sake of action when there is sufficient certainty that the hypotheses can guide action. Explanations do not tell one what to do; they can, however, suggest possibilities for action.

**Constructing the General Plan.** The general plan of action should contain statements
of: (1) the general situation, which by now is likely to have changed, or been further clarified; (2) the factors one is going to change and the actions to be undertaken in this direction; (3) negotiations needed to be conducted with others before undertaking the proposed course of action; (4) the resources needed to undertake the course of action; and (5) the ethical framework which will govern access to and release of information.

**Developing the Next Action Step(s).** Here one decides which course of action outlined in the general plan to implement next, and how to monitor both the process of implementation and its effects. Monitoring should demonstrate if the course of action is being well implemented and reveal its effects, both intended and unintended. It should also enable one to view the situation from a variety of perspectives.

**Implementing the Next Action Step(s).** Implementing a course of action can take time and usually implies changes in the participants' behaviours. The time necessary to secure implementation may depend on the community facilitator’s frequency of contact with the community members involved, or on the extent to which he or she is able to analyse the cause of implementation problems when they arise. In other words, the community facilitator may have to undertake some reconnaissance to determine the underlying causes of implementation difficulties. As a result it may be necessary to modify the general definition of both the problem and its solutions.

Even if the action step is implemented with relative ease, it may create troublesome side-effects that require a shift into reconnaissance to understand how these arise. This too may lead to modifications in the definition of the general situation and in the plan of action. A number of techniques and methods can be used to gather evidence in the reconnaissance and monitoring phases of action research. Several of these are:

- **Diaries.** It is useful for participants (especially community facilitators) to keep a diary on a continuous basis to help reconstruct past events and situations. The diary should contain personal accounts of observations, feelings, reactions, interpretations, hypotheses, explanations, etc. Other persons involved in the project can also be encouraged to keep a diary, as this enables the community facilitator to compare his or her experiences with those of others. It is important to remember that keeping the diary is a personal matter; disclosing its contents should be at the discretion of its author.

- **Document analysis.** Documents (minutes of meetings, agreed-upon action plans, summaries of survey information, etc.) can provide relevant information on the issues and problems under investigation.
- **Tape/video recording and transcripts.** This will become a more common part of action research in the future and will be invaluable for identifying problems and noting activities and processes that influence the project over time.

- **Intervening.** This is an effective method of discerning other points of view. It is important to periodically interview members of the community or of the community council who have responsibilities in implementing the project. A variety of structured and unstructured questions should be asked so that the replies provide a broad perspective of concerns, perceptions and issues.

- **The shadow study.** It is sometimes very useful for someone to observe the community facilitator at work over an extended period of time to note the behaviours, activities and concerns that influence his or her effectiveness. Observers should be briefed on what to look for.

- **Checklists, questionnaires, inventories.** These should include the items and issues that need to be considered on a regular basis.

- **Triangulation.** This is a general method for bringing different kinds of evidence into relationship so they can be compared and contrasted. Triangulation provides observations and accounts of a situation from a variety of perspectives.

### The Fundamental Aim of Action Research

The fundamental aim of action research is to improve practice rather than to produce knowledge. In terms of the subnational outreach strategy, action research will focus on improving the process of community development (health care, poverty alleviation, literacy, etc.) in the disadvantaged areas of LDCs by jointly considering the quality of outcomes and processes. Neither consideration in isolation is sufficient. The effectiveness of a given health care delivery system requires a careful assessment of all aspects of the process: from the quality of the health practitioner’s training and skills to the relationships that exist between the health care worker and the administrative system in which she works, the patients she helps, and the community where she provides service. This kind of holistic approach to viewing the relationships between processes and results in specific situations is a central feature to action research.

Improving the practice of health care in disadvantaged areas, when viewed as the realization of specific goals through concrete forms of action, requires a continuing reflection
by health practitioners (or better, ‘community-health facilitators’). Indeed, since the appropriate realization of a goal is ultimately a matter of personal judgment, which is in principle infinitely contestable, practitioners who sincerely want to improve their practices are duty-bound to reflect continuously about them in relation to the context in which they operate.

Following the publication of Donald Schon’s book on the ‘reflective practitioner’ the phrase ‘reflective practice’ has become very fashionable in the jargon of professional development. While some of the material in the book is fairly theoretical, its focus is to sensitize community-development specialists to the importance of integrating a central system of administration with the cultural-value systems of local communities.

The kind of reflection inferred here is quite different from technical-means/ends reasoning; it has ethical and philosophical implications that must be considered. The reflection of a community facilitator insinuates choosing a course of action in a particular set of circumstances with specific community values. Therefore the realization of his or her goals implies an ethical process: a primary health care programme must reflect the community’s values and traditions.

In the field of development administration, the term action research will be used to articulate a paradigm of inquiry that supports such ethical reflection within the practice of programme implementation. The commonly used positivist paradigm is rejected on the grounds that it serves the interests of those who look to research as a source of technical-means/ends rules for controlling and shaping the practices of development workers or community facilitators. This action-research approach to development work challenges community facilitators to consider the ethical dimensions associated with traditional values and the processes of introducing change and development into a community.

A felt need of community facilitators to initiate change and innovation activates this form of reflection and inquiry and is a necessary precondition of action research. The dissatisfaction that many community facilitators feel about the traditional bureaucratic approach to community work has catalyzed radical changes in both goal content and the processes whereby goals are constructed and linked to members of the community. The community facilitators who conceive their work only in technical terms fail to see that the role of process and interaction is a key to effectiveness. An emphasis on technical skills, on the other hand, creates the illusion that improvement is largely a matter of developing such skills.
The recent rapid growth of highly centralized and technocratic administrative systems in LDCs reflects the mistaken notion that decentralized systems are by their nature less efficient, less effective and more prone to dysfunctions. In reality these technocratic systems more often encourage apathy and rigid compliance to rules and regulations, which contribute little to helping communities solve their problems. In contrast, when community facilitators engage in collaborative reflection on the basis of common concerns, and involve local people in the process, they develop the courage to critique the administrative structures shaping their practices and assume the power to negotiate changes within the system to encourage greater local responsibility and initiative. This is the major purpose for introducing action-research processes into a given province, district or community, and reflects the last part of the subnational outreach programme, community empowerment. First, however, we shall consider how action research strategies can strengthen the subnational outreach programme’s goal to enhance local-community involvement and participation.

Introducing Meaningful Participation into a Subnational Programme

Meaningful participation occurs when everyone feels a part of, and profits from, a process of community development. In this sense, meaningful participation goes hand in hand with the redistribution of power. It is also important to point out that development activities in an isolated village are different from those in a village or community where government services are readily available, even if inequitably distributed. In an attempt to cut across both the euphemisms and rhetoric of participation, we will consider a typology of various levels of participation in local communities where outside donors or government officials dominate the processes of participation.

Pseudo Participation. In the name of people’s participation, members of a community are assembled for the purpose of ‘being educated’ or to garner their support. The local-government officials educate, persuade, and advise the citizens in such meetings, which are described in high-sounding rhetoric as ‘grassroots participation’.

Information Sharing. Informing community members of their rights, responsibilities, and options can be the most important first step toward achieving legitimate participation. Too frequently, however, emphasis is placed on a one-way flow of information — from both private and public outside officials to community members — with no channel provided for feedback and no power for negotiation.
Consultation. Inviting the opinions of community members can be, like sharing information, a legitimate step toward their full participation. But if consulting them is not combined with other kinds of participation, it offers no assurance that the people's concerns and ideas will be taken into account. The most frequent methods used for consulting people are attitude surveys and community meetings.

Placation. Some degree of local-community influence is evident at this level, although it is combined with a form of tokenism. Examples include programme-planning committees in which a few carefully picked village members participate, or the formation of a village-based advisory council. Outside government officials retain the right to judge the legitimacy or feasibility of the advice coming from community members. The degree to which villagers are actually placated depends largely on two factors: the quality of technical assistance they receive in articulating their priorities, and the extent to which the village community is organized to press for those priorities.

Partnership. Here power is redistributed through negotiations between villagers and officials. They agree to share planning and decision-making responsibilities through, for example, planning committees and mechanisms for resolving impasses. Partnership works most effectively when there is an organized power-base in the village to which community leaders are accountable; when the village-level committees have the financial resources to pay their leaders reasonable honoraria for their time and efforts; and when such committees have the resources to hire (and fire) technical experts and community organizers. Most often, this shared power is taken by community members and not given by the officials.

Delegated Power. Through negotiations between village leaders and government officials, communities sometimes achieve dominant decision-making authority over a particular plan or programme. This most commonly occurs in rural areas, where locally trained facilitators (rural development facilitators) receive government approval for directing a programme. In a sense the government is delegating a certain level of power and authority to the rural development facilitators to work with the village community. At this level of participation, village leaders and their members still rely on outsiders for the resources and materials; nevertheless, the villagers play a significant role in deciding how these are to be used. Outside officials most often audit and monitor the project to ensure it is implemented according to certain standards.

Community Autonomy. There are increasing demands by many LDC societies for community-controlled schools, health clinics, and village-development programmes, as
community members call for greater autonomy and authority. This entails guarantees that local-community institutions be allowed to govern a programme or project, including its policy and managerial aspects, and negotiate the conditions under which 'outsiders' may intervene. A village council or development centre at this level will seek to mobilize its own resources through user fees, local taxes, and links to other resources.

**Community Local Government.** The ultimate level of community participation is the creation of a local-government system in which a village or neighborhood council and local leaders are elected and held accountable to the local community. Community-local government, however, is still not a widely available option for most local communities. From a local-provincial, municipality or district point of view, there are clear advantages for encouraging a process in which village and/or community groups become an autonomous part of their local administrative system: when local institutions have real political power, they generally become more effective and sustainable, and are better able to pursue their own interests.

**Introducing Change and Participation into Local Administrative Systems**

In order to evaluate how effectively local-government systems can implement the action steps outlined in this paper, it will be necessary to analyse such system's receptivity or resistance to innovation. Four variables provide a partial framework for analysing the magnitude and nature of resistance that will likely be encountered in efforts to effect organization change: (1) the perception of key decision makers about the nature and scope of the proposal for change; (2) the value orientations and decision-making styles of decision makers; (3) the administrative and social distance between the practitioner and the decision maker; and (4) 'sunk costs', or the resources that have already been invested in a programme, or in a part thereof, for which change is being proposed.36

**Obstacles to Meaningful Participation in a Local Government System**

Some of the most common reasons that meaningful participation is so difficult to introduce into a local-government system include:

1. Most officials working with the people do not explain or discuss the implications of meaningful participation.
2. Even when participation is discussed, there is little if any negotiation concerning how participation will be organized or structured.

3. Most community members, drawing on past experiences with local government officials or other local elites, are extremely suspicious of these calls for participation.

4. Many members of so-called 'participatory councils' are not genuinely representative of, or directly accountable to, the local community and especially the most disadvantaged members of the community.

5. Members of these councils seldom have the time to attend the many meetings and are often not aware of their minimum rights, responsibilities and options.

6. Much of the technical assistance provided by local-government officials is poorly conceived. Such officials react bureaucratically when community members press for innovative approaches.

7. Community members are seldom given sufficient information for reviewing government-developed plans or for initiating plans of their own.

8. Much of the training is superficial and irrelevant to the needs of the community. Community members generally play a very peripheral role and must merely accept previously made decisions. When community members have direct responsibility for designing programme plans, time constraints and inadequate technical resources often compel them to generate very traditional approaches.

A Process Integration Approach to Greater Participation

We shall now seek to outline a training programme for stimulating greater participation within a local-government system. This approach is based upon the conceptual model of PIT and combines action research with the processes of community participation.

The key objectives of the PIT approach are: (1) identifying local perceptions of the problems and constraints to be addressed; (2) revealing cultural values and local attitudes to be considered in designing the action steps; (3) arriving at a procedural, analytical and operational framework that meets the goals of the programme; (4) mobilizing local supporters and implementors for the implementation strategy as a whole or for particular programme/project elements; (5) generating sufficient commitment and ownership by appropriate supporters and implementors; (6) initiating a teamwork process to be used throughout planning, implementation, and evaluation; and (7) improving the capacity of
project or programme management teams to plan and manage throughout implementation.

This approach makes no net distinction between implementation and planning since, by its very nature, a programme to improve institutional capacity must be implemented over a long period within a changing environment and be designed to allow for continuous modification based upon learning and innovative problem-solving. The initial planning and design activities represent the first phase of implementation and involve the direct participation of the personnel meant to benefit from the capacity-building process.

In contrast, the conventional approach tends to separate the activities of design and implementation. Normally such an approach places local officials and potential beneficiaries in the role of observers or, at most, information sources, while the central-government officials and outside professionals have sole responsibility for designing the scope and procedures of the programme. Only after the programme has been developed and negotiated and agreements signed (i.e. after the project is ‘designed’) are local officials and potential beneficiaries sometimes given active roles.

The alternative PIT views initial identification, preparation, and appraisal as an integral part of a multi-stage implementation process based on iterative planning, implementation, evaluation and action steps. A variety of interdependent environmental factors must be considered in all phases, such as finance, economics, social conditions, policy, management, technology, human-resource development and institutional development. These factors must be integrated in such a way that their contributions are mutually supported and reinforced.

1. Pre-planning or Design Phase. The purpose of the initial planning process is to establish preconditions acceptable to both UNICEF and the recipient government for the commencement of a subnational outreach programme. This initial design phase requires a series of 2- to 3-day seminars attended by potential government and non-government participants. During these seminars, participants will: (1) identify and establish appropriate relationships with external entities whose actions are likely to directly or indirectly affect programme performance; (2) review and consider various options for appropriate organizational structure, control and coordination; and (3) specify the detailed organization arrangements, and design the learning process to be adopted. These seminars also represent the time for mobilizing the commitments of supporters and implementors to programme goals, which should be laid out in broad terms along with some appropriately detailed plans. Shared expectations should be created so that both the broad and detailed strategies will be
reconsidered as the project proceeds through periodic reviews and re-planning. An important part of pre-planning seminars is to ensure that all participants have a common understanding and commitment to the concepts of local participation and community empowerment deemed necessary to make the Subnational programme effective and sustainable.

2. **Workshop Planning Phase.** The most effective workshops are those that are ‘owned’ and understood by senior officials at both the national and subnational levels. Ownership develops when the workshop is a direct response to the articulated needs of these officials and when sufficient interaction between workshop participants and officials occurs as the preliminary workshops evolve. As a general rule, such workshops should consist of anywhere from 18 to 48 participants. Individual working groups within workshops should consist of between six and ten persons: more than ten is too many for everyone to participate and fewer than six does not provide a wide enough variety of viewpoints for good interaction. Participants should receive some team-building training in the early stages of the workshop to ensure that people with different rank and social status are encouraged to interact in a comfortable way. It is especially necessary to clarify workshop objectives for all of the participants at the beginning of the PIT workshop.

An initial workshop should never last more than two or three days. The group as a whole should produce specific documents needed for project implementation (such as an implementation schedule or a list of equipment needs) as well as a short-term action plan that spells out who does what and when. Following these workshops, local-community facilitators must be trained to conduct similar workshops at the community level. It is at this level that the previously mentioned action-research methods become especially relevant and appropriate.

3. **Community Facilitator Training Phase.** Training of community facilitators consists of participative, practical, ‘learn-by-doing’ workshops scheduled periodically throughout the course of the programme. The aim is to build team-management capacity while producing immediate results (e.g. specific programme designs, action steps, implementation plans). The training involves a minimum of formal lectures and a maximum of participant activity, making extensive use of small groups for discussions, problem-solving and decision-making. The consultant’s role in this training process is to stimulate a climate of active learning among community facilitators so that knowledge emerges through discussion and mutual exploration.

The training process must use learning principles and concepts that are relevant to
the participants' work in local communities, so that the skills and behaviours can be applied immediately. An active learning environment is created when concepts are compatible with the participants' experience, when the participants take responsibility for learning, and when the training process involves both teaching and learning. Special emphasis is given to experiential learning opportunities, and the small-group approach maximizes individual involvement, learning and commitment. A key characteristic of a PIT workshop is the development of specific action steps that can be measured and identifiable goals that can be achieved.

It is crucial that all levels and groups participating in the programme-implementation process be represented in the training, from government officials at the provincial, district and village or neighborhood levels, to local leaders from the villages and neighborhoods, and representatives of the various participating NGOs, private voluntary organizations, and international organizations. By bringing together numerous participants and conducting a set of activities that requires them to address specific work-related questions in a systematic way, the training consultant facilitates a process of clarification and negotiation that integrates his or her knowledge (primarily of technical and process issues) with the knowledge of the other professionals, the local-administrative staff and, most importantly, the potential beneficiaries.

4. **Implementation Phases.** One of the valuable features of the PIT approach is that of helping new programmes begin effectively by: (1) shifting ownership from designers to implementors; (2) developing the organizational system and creating effective teamwork and operating procedures; (3) establishing a management system for effective implementation; and (4) improving the implementation skills of the management team by creating internal capacity for self-reliance.

Regular one- or two-day assessment workshops conducted throughout the life of the programme will greatly increase the effectiveness of the PIT approach. Such assessment sessions must also be scheduled to compare actual experience with that expected from the action plans and, if necessary, to proceed with re-planning. Such follow-up efforts can reinforce the new patterns of behaviour and the use of new tools learned in the earlier workshops.

In the next chapter we shall focus on the role of the community facilitator and the processes wherein communities empower themselves as they endeavour to solve their primary health care problems.
V. ORGANIZING FOR GREATER PARTICIPATION AND EMPOWERMENT

In the previous chapters we have presented a set of strategic action steps to help strengthen subnational systems of government as they attempt to design and implement local-level primary health care programmes. At these levels, government officials often play the key roles; however, it is important to understand that the long-term sustainability of these programmes will largely depend on how well local communities are involved in these processes.

The Challenge of Consciousness in the 1990s

The 1990s are a decade of consciousness raising among the disadvantage communities of the world. Through the mass media and the dissemination of new levels of awareness, new pressures for greater autonomy and pluralism are being unleashed not only between countries, but even more violently within countries, as the demands of disadvantaged communities, reflective of social, ethnic and cultural differences, begin to surface. While these processes of consciousness-raising have proved disruptive to many countries and regions within countries, they must be redefined in more positive terms so that the diversity they represent may contribute to the broader society's goals.

Meaningful linkages between the broader society and the local disadvantaged communities must be created so that resources will be more equitably allocated, and problems of illiteracy, poverty and disease more effectively confronted. There must be a greater willingness to decentralize central-government systems and encourage more local autonomy and self-government. For this to occur in a peaceful and constructive way, the dominant groups in society must begin to consider and act on the problems and demands of the disadvantage communities located in the isolated rural areas and in the teeming urban neighbourhoods.

This arduous process of integration reflects the difficulty of creating a new level of consciousness in situations where the demands of a community, with its social system in which relationships are personal, informal, traditional, general and sentiment-based, clash with the demands of the modern world, where relationships are impersonal, contractual,
utilitarian, specialized and realistically based on market conditions. What is required is the creation of a new sense of community within these disadvantaged groups, as they come together and attempt to salvage their traditions in the face of a largely hostile and dominant world of modernity.

Implications for Community Organization Practices

Literature has shown that evolving disadvantaged communities require intervention strategies that go beyond many of the traditional models of community development. The organizing strategies implied by this outreach programme require a deep and sensitive cultural awareness; bilingualism is clearly preferred, so that the community facilitator is able to speak the local-community language or dialect. A full appreciation of a group's culture will most often require thorough knowledge of its historical experience, including its traditions, political and economic upheavals and customs.

The so-called mobilization style of organizing (move into a community, identify a key issue or problem, mobilize people around that issue or problem, provide a quick fix and leave) has not worked well. Developing the trust necessary to gain access to social networks in a community requires time and patience that go beyond the normal work day. Some activities border on the quasi-legal and involve economic exchanges that help keep money in the community rather than flowing to outsiders. One organizing key will be to devise ways of strengthening existing social networks rather than generating new structures that undermine these networks, as so many of the community-development strategies did in earlier decades. Recent analysis suggests that the strengths of the local communities are to be noted first and foremost, and used as the basis for local institution building; therefore, the thrust of organizing should be toward empowerment, which enables community members to perceive their intrinsic and extrinsic worth and motivates them to use their own resources and skills, in addition to those offered by other sources, for achieving their self-determined goals.

Social Energy: A Key Catalyst

The exercise of self-determination is central to the framework implied in this strategy. Social energy argues that those processes stimulating self-help, protest, access to community
facilities, and local-resource mobilization can create a transformation of the individual personality; such energy is a prerequisite for instituting a sustainable process of change and problem-solving. Thus the process of empowerment contributes to a people’s sense of purpose; it is a shared experience that helps in the development and fostering of leadership and the identification of resolvable issues, while serving to reduce the community’s malaise and apathy that stand in the way of self-determination and social energy.

This new strategy envisages that the relationship between the community and officials, both governmental and non-governmental, must be a direct, supportive and mutual alliance. Community-based organizations must be autonomous and capable of putting long-term, constant pressure on the administrative system of the central government. Finally, the single-issue strategy based upon a limited number of membership organizations must be integrated into broader strategies involving community institutions (locally elected councils or development committees) that are representative of the whole community.

The Process of Empowerment

Powerlessness arises when people have suffered a loss of valued identities and roles and a denial of valuable resources, and are therefore deprived of the necessary elements for exercising interpersonal influence and effective social functioning. Much of the difficulty in dealing with the problems of people living in poor rural areas and urban neighbourhoods is linked to their severely limited self-determination, which leads to an inevitable sense of dependency. Indeed, after decades, if not centuries, of being subjected to negative treatment, these groups have been left with a pervasive and crippling sense of powerlessness. One of the more insidious consequences of this is an overriding sense of incapacity to direct one’s own life in a course that reflects one’s values and standards of personal accomplishment.

The utilization of power as a pivotal concept in local-community-development programmes represents both a rich opportunity and a serious risk. The opportunity lies in the possibility of connecting the increasing knowledge of power-operations in society to specific strategies for achieving change. The risk, however, lies in the fact that this knowledge is still very fragmented and contradictory and may produce intervention strategies that stimulate even more conflict and dysfunctional activities than already exist.

Much of the conflict within local communities arises from the inability of the local administrative system to solve problems and meet needs. Bureaucracies in most local
administrative systems attempt to standardize their procedures and regulations, policies and role expectations. At first glance, such standardization could appear to be an effective means of providing appropriate guarantees for equal treatment by eliminating biases in administrative practices. The fact is, however, that when ‘standardization’ reflects only the values, norms, life styles, etc., of the dominant group, (local elites, the better educated, the urban middle class), then a form of discrimination is still forthcoming.

This points out one of the dilemmas of modern bureaucracy in a third world setting and one of the major constraints for the effective implementation of government programmes and policies. It is also one of the primary reasons that many have sought the total decentralization of administrative systems, thus opposing the strengthening of those bureaucratic organizations that follow standardized procedures. It can be argued that the centralized bureaucracies in most third world countries have transformed service-delivery systems in ways that have had profoundly adverse effects on both service providers and users, and on the nature of the service itself. Often, relationships between government personnel and local institutions deter rather than encourage the processes of local participation.

In recent years there has been a strong call for debureaucratization so that local officials can work with greater flexibility in adjusting rules and procedures and use a maximum range of discretionary behaviour to benefit the disadvantaged. In the early 1980s, several scholars advocated a reorientation programme for local administrators, known as ‘bureaucratic reorientation’, which called for changes in the bureaucratic structure, the procedures of operation, and the attitudes of local officials towards the local citizenry.37

Others now maintain that administrative reform and extensive training for local officials are not sufficient: local-administrative systems do not modify their behaviours and practices so readily. Recent studies suggest that significant changes in local-administrative behaviours are unlikely unless the upper echelons of the organization demand such changes (and provide for appropriate monitoring and reward mechanisms) or unless local communities can bring them about by making the administrative officials accountable to the community.38

**Empowerment Conceptualized in terms of Community Power.** The societal forces at work in disadvantaged communities usually reinforce the inhabitants’ sense of apathy, powerlessness and frustration, and block individual access to the resources and experiences needed for the development of interpersonal and technical skills. Given the centrality of these
negative experiences in the lives of the disadvantaged and the poor, empowerment may be seen as an important goal and process for development work. Empowerment is defined here as a process whereby the development facilitator engages in a set of activities with these community members with an aim to reducing the powerlessness created by generations of exploitation and discrimination.

From the individual perspective, powerlessness can be defined as the inability to obtain and use resources to achieve personal goals. At the level of community groups, powerlessness becomes the inability to use resources to achieve collective goals. Disadvantaged groups, especially those in disadvantaged areas, are often prevented from completing some task or achieving some goal due to direct or indirect power deficiencies within their community. Indirect deficiencies are related to the group members’ underdeveloped personal resources and interpersonal skills and result from the experience of discrimination and exploitation of the larger society. Power blocks are direct if a representative or official of the larger society prevents the group from obtaining specific resources needed for carrying out a task. Many of the most disadvantaged and isolated villagers tend to see their present condition of powerlessness as ‘natural’, or at least inevitable, and therefore make no efforts change it. Such a situation can be considered ‘power absence’ rather than ‘power failure’.

**Community Facilitators and the Process of Empowerment.** There is much confusion concerning appropriate ways that outside facilitators can best work in a rural area. In the early stage of problem-solving, empowerment activities should be directed at overcoming feelings of apathy and frustration in the disadvantaged communities in order to engage community members in the process of finding solutions to their most basic needs. Subsequent stages in the process continue to relate to the identification and removal of obstacles and to the identification and reinforcement of supports to effective problem-solving. Thus empowerment activities must be designed to ensure that the problem-solving process itself serves to counteract perceptions of inadequacy and impotency.

Many argue that community facilitators can foster real and lasting changes only if they have an impact on the overall conditions of people’s lives. While by definition such facilitators will be working with both individuals and groups, community development ultimately requires some awareness about the community in which the processes of development are being introduced. A systems approach would view the community as a functioning unit and as an entity unto itself that is made up of more than the sum of its
members. The community thus provides the context for understanding how individuals behave in relationship to one another. At the same time, the processes of development do not take place in a vacuum isolated from the larger social and political influences. Culturally skilled community facilitators particularly understand how socio-political influences impinge on the experiences of the disadvantaged in a given society.

During the 1950s and 1960s the more traditional approaches to community development tended to teach the individual how to adjust to the ‘realities’ of living in a village community. There were some basic assumptions associated with this traditional approach: government officials knew what was best for the villagers; central-government programmes would easily solve the problems of the village; and villages were generally homogeneous, with little social or economic differences within their communities, so that consensus and cooperation among villagers was natural and conflict and disagreement within a village community was unnatural and to be avoided.

In contrast, community development of the 1980s and 1990s assesses the problems of a village in the context of the larger political and economic systems of society. Development is much more apt to be defined in political terms, with much greater emphasis placed on the constraints and obstacles to development in a given community. Community development today requires that villagers be encouraged to empower themselves and to engage in political activities, so that they can begin to change some of the inequities in society. Although many private voluntary organizations have been hesitant to engage in politics, especially in the early stages of community development (trust-building and capacity-building), if local communities are to become autonomous and self-reliant, they must be willing to challenge and confront the economic, social and political forces that are preventing them from achieving a better life. This process of local-community empowerment requires considerable political skill, a significant capacity in local-institution building, and a commitment on the part of local communities and local-government officials to work together in identifying problems and in finding sustainable solutions to those problems.

The Community Facilitator. The key individual for stimulating community participation and empowerment is the community facilitator. Such facilitators may be government employees, representatives of private voluntary organizations and even members of the communities themselves. Historically, community facilitators have sought to service the individual needs of community members and, occasionally, to act as advocates on their behalf within the community-development bureaucracy and political arena. Much of the early
efforts in community development rested on the activities of providing services, meeting needs and, in the process, increasing dependency and social stability (apathy).

Individuals, families, groups and communities often feel powerless to deal with their problems and perceive this sense of powerlessness as an accurate reflection of their lack of capacity to satisfy their needs via environmental resources. This sense of powerlessness is particularly acute among the poor and among racial or ethnic minority groups, which have historically been exploited and/or neglected by the larger society. The community facilitator often stands between the community and thebroader society, which possesses resources that both the community facilitator and the community members need. Yet, he or she may not possess the power, or feel sufficiently powerful, to acquire or direct those resources for the local community’s benefit. If community facilitators are to serve as role models for community members they must first feel capable of producing change in order to communicate a sense of their ‘power to change’ to the members of their community.

Too often, community facilitators tend to incorporate the community’s sense of powerlessness and thus do not represent an effective role model for stimulating community leaders to act upon their own personal or social environments. Community facilitators need to conceptually and experientially understand power and empowerment in order to help community members gain power and control over their lives: this implies that community facilitators know what it means to use power and can communicate this awareness to community members in relevant and credible ways. The integration of empowerment efforts by the community facilitator and community members represents a revision in the historic role of community-development professionals.

Empowerment thus reflects the ability to manage emotions, skills, knowledge and material resources in a way that strengthens the community’s ability to deal with the causes, and not just the symptoms, of disadvantaged life. If community facilitators do not learn to understand the political-economic dynamics of the society in which they work, they will not be able to help local community members to learn them either. In this regard, it is essential that community facilitators learn to manage conflict, rather than attempt to resolve conflict or simply ignore it altogether.
NOTES

5. Walsh, 1988; see also Walsh and Warren (eds.), 1986.
8. Little and Mirlees, 1974; Rondinelli and Palia, 1976.
15. Israel, 1987, Chapter 4.
23. Schmidt, op cit., page 41; see also Cochrane, 1986.
24. For an interesting list of additional behaviours that tend to be changed as a consequence of a successful OD intervention program, see Perras and Hoffer, 1986.
25. For an example of this type of in-depth analysis of a local administrative system, see Mayfield, 1994.

27. A critical review of these institutes can be found in Chick, 1969; Islam and Henault, (1979); Stifel et al., 1977.


30. For an analytical description of the patron-client system, see Powell, 1970; Scott, 1976.


32. David Schon, 1983.

33. The typology of participation is adapted from Arnstein, 1969.

34. See the material in Mayfield, 1986, on the need for two-way and shared-awareness communication.

35. This level of participation requires the creation of locally elected community government councils. For a strong advocacy of this type of decentralized power in local communities see Milton Kotler’s writings on citizen participation.

36. For a detailed account of these resistance strategies, see Patti, 1974.


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