

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Community Participation: Role-playing Exercise</b>
<b>Module: 1.4.1</b>	<b>ECTS: 0.25</b>
<b>Author(s), degrees, institution(s)</b>	<b>Zelimir Jaksic</b> , MD, PhD, Professor emeritus Andrija Stampar School of Public Health, Medical School University of Zagreb, Zagreb, Croatia
<b>Address for correspondence</b>	<b>Zelimir Jaksic</b> , MD, PhD, Professor Andrija Stampar School of Public Health Medical School, University of Zagreb Rockefeller str. 4 10000 Zagreb, Croatia Tel: + 385 1 4590 100 Fax +385 1 4590 182
<b>Key words</b>	community participation, community involvement, community action, health promotion, community health, participatory approach
<b>Learning objectives</b>	After completing this exercise, students and public health professionals should: <ul style="list-style-type: none"> <li>• To identify different areas, types and other characteristics in organizing community participation</li> <li>• To understand different factors important in initiating , supporting, sustaining and spreading community participation</li> <li>• To identify common obstacles to community participation</li> <li>• To review different goals and strategies in implementing the participatory approach.</li> </ul>
<b>Abstract</b>	Three different situations (tasks) are described. All of them are based on decision-making process given by professionals and/or local community members. Beside described three real life situations, a different levels and approaches in community participation should be presented, using students' experiences and attitudes.
<b>Teaching methods</b>	Role-playing exercise. Video (camera and videoplayer) (not necessary)
<b>Specific recommendations for teachers</b>	After role-playing, it is strongly recommended to analyse different situations and different solutions, obstacles and prerequisites for community participation and community action (What we did learn?).
<b>Assessment of students</b>	Observation of the role-playing exercise and group discussion

## **COMMUNITY PARTICIPATION: ROLE-PLAYING EXERCISE**

**Zelimir Jaksic**

### **Note:**

This text is prepared from Jaksic Z. Community participation. In: Jaksic Z, Folmer H, Kovacic L, Sosic Z, eds. Planning and management of primary health care in developing countries. Zagreb: Andrija Stampar School of Public Health, 1996.

### **Task**

Each of the following tasks is given to two groups. These two groups discuss the given task and together define circumstances and setting. After that, every group should decide separately about their goals and strategies.

Nota bene:

The groups are not homogenous. In every group individuals have their own interests and strategies. From each group 2-3 members will be elected for the role-playing of a joint meeting as described by the tasks below. The role-playing is presented in the plenary session for 10-15 minutes. The preparation and presentation of role-playing should follow the real-world experiences of participants in the group, avoiding artificial «psychological» constructions.

After the presentation, members of the group who have not participated in role-playing comment the play and particularly the probable consequences of the planned participatory project 6 months after the shown meeting.

### *TASK 1*

The district governor was given instructions to organize a campaign in rural sanitation to prevent further threat of diarrhoeal diseases in his district, a poor rural area with 500.000 inhabitants. His orders were to involve the local communities, because only 30% of estimated total costs should be covered by the government. The villagers are disappointed with previous governmental actions, when high expectations were raised, and promises not fulfilled. However, he has to try again and he might succeed this time, because villagers feel badly the need for improvement of sanitary conditions. He organized a meeting of representatives of different sectors and agencies. Among other decisions, they decided to form a working group to elaborate the community involvement strategy. The working group should consist of 3 experts from the health sector (district health officer, health educator and sanitary technician) and 3 experts from other sectors (agriculture, education and water administration). They have to propose a plan jointly but it is Obvious that a hidden interest of every participant is to manage the whole project. The questions given to them are:

- Propose the strategy and mechanisms for community involvement (raising funds and mobilizing people)
- Propose the managerial structure of the project to support community involvement in the best Possible way...

Group A: health workers

Group B: other members

*TASK 2*

There is a campaign going on in spacing the pregnancies (family planning). Because it is a repeated experience, the local community is divided, doubtful and disturbed. The local midwife and the teacher organize a meeting, following the instructions of the district authorities, but only few people come. Among those who are attending the meeting, there are people with quite opposite attitudes and beliefs. Few of them have a genuine interest and others, although not directly concerned, think that family planning is against the traditions and dangerous for the future of their community.

Group A: midwife, a young woman, several other supporters of family planning

Group B: teacher, religious leader and several other opponents to the idea

*TASK 3*

A donating agency, very interested in participatory development in a slum area decided to stimulate the development by investing into a project useful for the majority of people and also stimulating further cooperative undertakings. The condition is that people themselves decide and propose what it should be, and are willing to contribute to it by personal involvement, when the project starts. The representative of the donating agency decided to start the first preparatory meeting of the local Governmental Committee, appointed two years ago, but never very active or concordant. After the last unsuccessful campaign called «Healthy environment, healthy children», suggested by and international agency, the committee has never met again. The chairman is the local priest, very cooperative. Some of the other members represent the local elite, but there is also a very critical group of representatives of youth organization led by the local teacher and community health worker raising unpleasant social and political questions. It is expected that repairs of the roads and houses, improvement in nutrition, safe water, repairs of the school building and other projects will be brought in for consideration. It is clear to the representative that behind many of these projects there are some special interests of individuals and groups. However, he is resolute to insist on a consensus of the Development Committee about what to do and how to plan further involvement of people, against different individual, group, political or pecuniary interests.

Group A:

donor's representative, chairman of the development committee, and 2-3 wealthy people like the local merchant, owner of several houses, et. and several other good-wishing, unsuspecting people

Group B:

teacher, community health worker, members of youth organization, several other good-wishing, unsuspecting people.