Participatory communication for water and sanitation

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Susan Laver

INTRODUCTION

Early attempts in health education in respect of environmental sanitation and communicable diseases in the sixties, early seventies and possibly even later, were very much based on passive approaches of 'telling' people what to do. Health Care Providers didactically focussed on the modification of individual behaviour and mostly tended to ignore that communities have a potential resource within themselves to become involved and have control over decisions which affect their lives. There was also a delay in those times to modify political, economic and environmental factors which, with change would have played such a motivating role in the development process. The assumption that communities were ignorant, illiterate, difficult to change and not able to help themselves predominated. Predictably, without true involvement and understanding of the target population, achievement at grass root level was slow.

It was not accidental or by chance that the Alma-Ata Declaration of 1978 or the WHO Global Strategy of Health for All by the year 2000 constantly referred to the need for Governments to embark upon a comprehensive policy for health which would promote active community participation in every sphere of the discipline. Information, education and communication should, it was recommended, play a major role in promoting the concepts of Primary Health Care. It is in this context that we, as Project Workers in the field of Low Cost water and sanitation development face a great challenge today.

PROBLEMS

The high rates of population growth, the multiplicity, nature and scale of needs, the insufficiency of resources and the diverse nature of culture and understanding in developing Africa suggest that, even with recent advances in science and low-cost technology, it will never be possible to grapple with the problems of under-development without the active participation of the people themselves. In this context it is frequently articulated that the improvement of health in our rural communities will ultimately depend on a sound partnership between the people and the implementing agencies. But, we must ask ourselves, how can we seriously promote community participation and self reliance in matters of development without a previous body of knowledge? Can we seriously expect communities to participate in the planning, and the implementation and maintenance of a technology without prior training? Or can we afford to popularise health technology as a fundamental right without developing also a sense of desire and pride in the personal attainment of that asset? Whatever one's sociological theories, the potency of communication, information and education in the development strategy can neither be dismissed nor underestimated.

Not withstanding this, we still find that the approach to health education in many parts of the developing world is paternalistic, didactic, and in the words of a 1983 WHO Expert Committee, 'commandant like' (ref. 1). The view that problems should solved 'individually' and 'professionally' with an unquestioning belief in institutionalised values continues to prevail and it is not entirely uncommon to encounter the belief that our people should be 'the grateful recipients of scientific endeavour'. These misperceptions only serve to remove the communicator even further from the real needs of the target group, reinforcing the belief that health educators are ineffectual.

By comparison however the concept of participatory communication fosters community involvement in every phase of the development process by facilitating, through dialogue, different forms of social communication and media mixes;

* the active involvement of the target in needs identification and problem solving activities
* local representation in project planning
* the setting of attainable goals
* the identification of local information, skills and sources of support at project level
* increased project awareness through appropriate and meaningful information

* the acquisition of new information
* an opportunity for the people to become involved in the maintenance and assessment of project objectives.

There is arguably an urgent need to develop a much wider approach to the communication process and there is no reason why workers in the field of water and sanitation should not heed the call to involve themselves more readily in appropriate information sharing activities.

PLANNING FOR PARTICIPATORY COMMUNICATION IN LOW COST WATER AND SANITATION PROGRAMMES

It is relevant to observe that significantly more project proposals for low cost water and sanitation programmes contain 'educational' and 'training' components than was the case just a few years ago. However, the practitioner committed to a truly integrated approach of communication in this field will face a broader task if he/she is to successfully achieve these objectives. For it is not enough to merely write an 'educational' component into a project proposal without also indentifying the range of activities which can be used to raise interest, activate participation and finally sustain sufficient interest to ensure commitment to the maintenance of the facility at both individual and personal level. These activities need also be intensely sensitive to the perceptual, literacy and social needs of our target groups, and it is for such reasons that it is recommended that a micro-level approach to the planning of communication activities should be adopted. In this way the project worker will be better placed to account for the numerous variables which characterise communities. But, you may ask, where do we start?

In advocating the use of participatory communication in community-based water and sanitation projects, we infer that the project worker should turn his/her attention away from vertical one-way methods of 'telling' (eg. lectures and talks) and rather adopt a selling and sharing approach to communication. The opportunity for this approach occurs throughout the development programme, commencing early in the planning phase and continuing through the mobilisation and implementation phases until project handover when maintenance/user and hygiene education becomes a priority. In this way training and education activities can be integrated with technical inputs, to achieve maximum impact at project level.

Communication activities need not be confined to one or two old tried and tested methods. Indeed many different technologies can be successfully combined to facilitate a continuous flow of programme information. In the organisational phases of the project we recommend for example, that the communicator combines strategies which increase awareness of the advantages of the technology and promote problem solving. In this context psycho-social methods, local drama, on-site meetings, building demonstrations, and visits by the community to other successful projects would be most appropriate.

The next important phase generally concerns the actual implementation of the project, and we find that workers are most in need of simple technical information, eg. how to build a latrine, dig a well, construct a washing slab, fit a pump, etc. This can be provided through simple but appropriate instructional media such as step-by-step construction manuals, reminder sheets, leaflets and other training materials which meet the perceptual needs of the target. On-site training and visits by key leaders to the project are among other activities that will also assist to reinforce these efforts. Communication support of this nature does much to consolidate project objectives and promote community participation, thus bridging the gap between people and technology.

In later stages of the project, information and training will play an important role in promoting a lasting organisational structure for community-based maintenance and user hygiene. Using various activities such as village drama and other forms of social communication, much can be done to facilitate the election and training of individuals/groups to assume maintenance responsibilities and become involved in promoting user hygiene in the community.

In parting, it is also worth pointing out that there is increasing evidence in many countries to show that significant emphasis is now being placed on the use of mass media such as radio and television in different phases of project work, and facilitators will need in future to become much more conversant with its potential in the field of communication.

SPREADING THE COMMUNICATION NET

If we are to shift the dependency for success in low cost water and sanitation projects from mechanics to communities, then communication will undoubtedly have to assume a much greater role in this process. The temptation to provide high level technical information to community-based workers whose needs in no way match such aspirations, will also have to be avoided.

Our communication efforts will therefore need to respond more readily to the key concepts of community participation at project level, so that we can place the practical attainment of objectives within easier reach of our targets. We would therefore urge planners to respond to the need for participatory communication in development projects and to realistically consider the necessity for communicators to spend time in this process. It is also important to recognise that not all communication channels are suited to the sharing of technical information and that a need exists in this context for countries to develop their own media support for community-based programmes. Already developed prototypes could be more widely shared as models which could then be adapted to meet the cultural, social and project needs of participating groups.

Finally it is recommended that concerted efforts are made to convene communication workshops as a practical method of developing and maximising potential in this important sphere.

REFERENCES

1. Health Education in Primary Health Care. Report of a WHO Expert Committee. Technical Report Series No. 690, 1983.