

CHAPTER VI

ANNOTATED BIBLIOGRAPHY

This bibliography covers materials that deal, directly or indirectly, with participation approaches, the stakeholders, and the impact of stakeholder participation. A much larger mass of materials deals with community development, community participation, partnerships, and participatory action research (PAR). Some of the materials on participatory are also found in material dealing with stakeholder analysis, conflict management, and impact analysis. Some materials are also included on participation in research and policy, as some of the lessons learned in these areas are also useful for projects and programs.

This bibliographic annotations has been compiled from a number of sources, available at the College of Public Health, the central library, Chulalongkorn University, Thailand; and Mahidol University as well as internet availability. The Internet available documents are said to be major useful throughout this study due to the study of health partnerships in Thailand is still limited. Therefore, the Internet-search method is briefly described as follows.

6.1 Search method

There are several key words: *community participation, community engagement, community involvement, community empowerment, community capacity building, coalition building, local health partners, and partnership in health development*, combined with *community health development* are used in order to find out some more

relevant references for this study. This is said to be the most useful strategy with recent advanced learning technological development. This is because, several references of articles in journals on topics that related to community participation, community development as well as partnerships in health care programs. Some useful web sites providing potential articles also attached in outlined bibliography.

6.2 Annotated bibliography

Abbot, Joanne and Irene Guijt, (1998) *Changing Views on Change: Participatory Approaches to Monitoring the Environment*, SARL Discussion Paper No. 2, London: International Institute for Environment and Development (IIED): 96.

This discussion paper reviews participatory approaches to monitoring environmental change. It describes monitoring approaches that develop partnerships of multiple stakeholders for efficient, effective, and social inclusive monitoring. The drive for accountability and the need for more information to improve planning processes have given impetus to participatory monitoring. This paper discusses various project-led approaches to participatory monitoring of the environment, many of which highlight the importance of indicator definition. The paper acknowledges the need to assess the claimed benefits of participatory monitoring and gives an example of how this has been done. It also looks at stakeholder analysis and negotiating the needs of different stakeholders. An extensive list of references is attached.

Bhatnagar, Bhuvan, (1992). “Participatory Development and the World Bank: Opportunities and Concerns”, in Bhatnagar, Bhuvan and Aubrey C. Williams (eds.), *Participatory Development and the World Bank: Potential Directions for Change*, World Bank Discussion Paper 183, Washington D.C.: The World Bank: 13-30.

This paper reports on the results of a survey of 20 World Bank-supported participatory projects. It focuses on the survey questions dealing with the capacity of the Bank to support participation, including the extent of participation, the time and money required, and the staff resources needed. Three preliminary hypotheses on costs emerge:

1. There are frequently added costs to designing and initially supervising participatory operations;
2. Some ways exist to defray these added costs, in a limited number of instances;
3. The real question for the long run is to identify the net benefits from participatory practices, as well as those who benefit and will therefore contribute on a sustainable basis.

Boelen, Charles. (2000). *Towards Unity for Health: Challenges and Opportunities for Partnership in Health Development – A Working Paper*, Geneva: World Health Organization.

This book provides the framework of concept of partnership. The content of the book covers the project “Towards Unity for Health” (TUFH) which studies and promotes efforts worldwide to foster unity in providing services based on people’s needs, particularly through a sustainable integration of medicine and public health. The TUFH project hopes to make the various actors operating in the health services

delivery system more aware of the complexity of creating a productive relationship among key elements that constitute such as a system while remaining pragmatic and focuses on people's health needs

The challenge starts with having a good grasp of the implications for adhering to the values of quality, equity, relevance and cost-effectiveness and maintaining a balance among them. A main obstacle on the road towards meeting this obligation is the commonly observed and growing fragmentation in the health services delivery system. This is exemplified by the persistent divisions such as those between individual and community health activities, economic and social aspects of health, curative and preventive services, generalists and specialists, the public sector and the private sector, and health services providers and users

Criteria and conditions to support a momentum towards unity for health are also outlined in four categories:

- Innovative patterns of services for integrating medicine and public health
- Implications for health professionals
- Essential and sustainable partnerships
- Evidence of impact

The book also provides the concepts of medicine and public health coordination or integration. Emphasis is put on the implications of unified approaches in health services delivery for health professionals, for both their practice and education. The concept of the social accountability of educational institutions is presented and discussed, not only as a measure to align these institutions to better serve people's

needs, but also to encourage them to be partners in shaping the future health system. Five principal partners or stakeholders have been identified who are essential to creating a movement towards unity in health services delivery: policy-makers, health managers, health professionals, academic institutions and communities.

Bracht, Neil. (1999). *Health Promotion at the Community Level 2: New Advances*, SAGE Publications, London.

This discussion document explores the options available for expanding participation in community health development, placing this exploration in the larger context of the concepts of participation and the current usage of participation in research, the paper enumerates the potential benefits of balanced participation of different stakeholders. Experiences of health partnership between private and public sectors were also described.

Cernea, Michael M. (1991). *Putting People First: Sociological Variables in Rural Development*, New York: Oxford University Press: 575: <http://www.fao.org>

The main theme of this publication is that “putting people first” in development programs is an imperative in successful development. The book highlights issues related to natural resources management, particularly water, forests, and fisheries; the environmental implications of development programs; and the development of human capital through investments in grassroots organizations and participation. It also points to such adverse consequences of development as the risk of greater impoverishment for some marginal groups, the forced displacement and involuntary resettlement of populations, and the deterioration of common income-generating

negative, from many World Bank-assisted development projects, as well as projects supported by other international, bilateral, or national development agencies. In addition to sections on sectoral projects, the book contains sections on evaluation, participation and the collection of social data.

Clayton, Andrew, Peter Oakley and Brian Pratt 1998 *Empowering People: A Guide to Participation*, New York: UNDP: 58: <http://www.fao.org>

Prepared for UNDP staff promoting participation in UNDP programs, this guidebook covers the concepts of participation in development, strategies for participation, methods of promoting participation (including stakeholder analysis), the monitoring and evaluation of participation, institutional support for participation and a listing of resources. The chapter devoted to monitoring and evaluation of participation looks at conceptual issues including the need to recognize both the qualitative and quantitative dimensions of participation. It discusses critical issues in selecting indicators of participation and gives examples of both qualitative and quantitative indicators. The process of participation at project level can only be evaluated if it has been monitored, and the some key features and examples of a monitoring system for participation are given. This chapter also looks at issues of the interpretation of qualitative findings.

This sourcebook is intended to be an easy reference for people working with in participatory development project and programs. Chapter I, “Reflections on Participation” explores the meaning of participatory development and participatory processes in planning and implementation of World Bank-supported operations. Distinguishing between popular and stakeholder participation, it deals with the

importance of stakeholder analysis. It also discusses the importance of using participatory approaches to reach the poor. Chapter II, “Shared Experiences”, contains examples of participatory approaches in Bank-supported operations. Chapter III, “Practice Pointers in Participatory Planning and Decision making” takes the reader through the various steps of participatory planning and decision making. Chapter IV, “Practice Pointers in Enabling the Poor to Participate”, looks at common barriers, strengthening the financial and organizational capacity of the poor, and creating an enabling environment for participation. The Sourcebook also contains a section on Methods and Tools, and summaries of working papers on sectoral and cross-cutting issues.

Edgerton, J.K. McClean, C. Robb, P., Shah and S. Tikare, (2000). “Participatory Processes in the poverty Reduction Strategy” in *Poverty Reduction Strategy Sourcebook*, Draft for Discussion, Washington D.C.: The World Bank: 30: <http://www.fao.org>

This draft chapter of the World Bank Poverty Reduction Strategy Sourcebook focuses on developing participatory process while the poverty reduction strategy is being formulated or strengthened. It looks at types and dimensions of participation; the participation of local people in the diagnosis of poverty; consultation and information flows within government, civic government at the local and national levels; and information dissemination and feedback to stakeholders. The chapter also addresses possible pitfalls and constraints.

Food and Agriculture Organization (FAO). (1990). *Participation in Practice: Lessons from the FAO People's Participation Programs*, Rome: FAO: 44: <http://www.fao.org>

Written for policy makers and development practitioners, this paper reviews the first decade of the work of FAO's People's Participation Program (PPP) and summarizes the lessons learnt. After a brief overview of the reasons for promoting participation in rural development projects and programs, it describes the PPP and its working hypothesis: that of realizing people's participation through small group formation. The paper provides guidelines for replication of the PPP approach. A section of the paper deals with the costs and benefits of participation. Although the cost-effectiveness of participation is difficult to determine and data is fragmentary, there is sufficient evidence to show the PPP's benefits are significant to both individual participants and to society in general.

Frank, Flo and Anne Smith. (1999). *The Community Development Handbook: A Tool to Build Community Capacity*, Canada: Human Resources Development: <http://www.hrdc.drhc.gc.ca/community>

Community capacity is an important consideration in community development as the process of community development itself often results in increased capacity. This handbook provides a great deal to do with developing potential and enhancing community living by looking at community development realizing the capacity building and other processes often get confused with it. This handbook provides an introductory guide to community development, information and tools that assist in building common understanding and appropriate approaches by:

- Defining the terms “community development” and “community capacity building” and explaining the link between two.
- Explaining the community development process
- Explaining the skills and knowledge needed to be effective
- Identifying the most common problems experienced in community development
- Explaining how experience that these problems may be overcome

In addition, throughout this handbook, stories that are based upon community development experience across Canada are also provided. They are snapshots of different situations and are intended to be brief and to the point. The content of this handbook is as follows:

Section I: focuses on defining community development and capacity building

Section II: identifies the conditions that support community development

Section III: outlines the community development process and how to apply it

Section IV: explores the attitudes, knowledge, and skills required to develop the capacity needed to effectively undertake a community development initiative

Section V: examines common issues and concerns as well as providing some possible solutions

Health Development Section, Public Health Division, 2000 *Statewide Health Promotion Organizations: A Partnerships Resource for Local Agencies*, Public Health Division, Victoria: <http://www.dhs.vic.gov/phd/99912044/index.htm>

This resource provides the change in the sector and up-to-date information that provides maximum benefit. The criteria for inclusion into the resource are that organizations need to:

- Operate on a statewide basis
- Be primarily a health organization with a significant health promotion role
- Demonstrate an understanding of health promotion, and be able to describe their activities in a health promoting framework
- Have a capacity to support local agencies

The resource also seeks to identify key types of functions that will be useful to local agencies. The section detailing current examples includes collaborative and project work, which although not comprehensive, should inform users of the focus of working in the primary health care and community service sector, particularly where health promotion networks may be poorly developed. Its efforts ensure that health promotion is an integral part of redevelopment in the primary health care sector, and that it is achieved through partnership. Some of the proposed Community Health Plans also provide a further opportunity for the integration of health promotion into routine services. It pointed out that an increasing role as the number of organizations interested in increasing or enhancing their health promotion efforts increases.

Health System Research Office (2001). *Conceptual Framework of National Health System (draft)*, Thailand: Ministry of Public Health (MOPH).

This book provides the conceptual framework and the implication of health care system in Thailand. Emphasis is on the total health system reform in order to initiate national health system based on the strategy of “Samliam Khayuen Phu Khoa” or “Triangular Mountain-Driven”. The main concept of this framework consists of (1) Knowledge creation, (2) Social movement, and (3) Political linkage or political dynamic.

The draft also provides the ultimate linkage of current 30-baht universal coverage, and health care decentralization strategies towards the formulation of the 9th National Economic and Social Development Plan (2002 – 2006) with the vision of health for the Thai people.

Karl, Marilee, (2000). *Monitoring and Evaluating Stakeholder Participation in Agriculture and Rural Development Project: A Literature Review*, Sustainable Development Department (SD), Food and Agriculture Organization of the United Nations (FAO), <http://www.fao.org/Ppdirect/Ppre0074.htm>

The paper presents a literature review of experiences in monitoring and evaluating stakeholder participation in agriculture and rural development projects from around the world, used in differing contexts and involving different kinds of stakeholder-NGOs, donors, research institutions, government, people’s organizations, and communities. It introduces the key principles of the need, purposes and difficulties

of monitoring and evaluating participation, its methodologies as well as more conventional approaches. Finally, it raises key issues and broad challenges from the literature and outlines potential areas for future research.

Lasker, R.D. and the Committee on Medicine and Public Health. (1997). *Medicine and Public Health: The Power of Collaboration*, Chicago: Health Administration Press.

This monograph focuses on the relationship between medicine and public health. It demonstrated that relationship is important precisely because of the change that are occurring in the current environment, the medical and public health sectors are becoming increasingly dependent on one another in achieving their missions in addressing health problems and in responding to economic and performance pressures. This monograph is also provides the present collaborative strategies which represent an unrecognized transformation in the American health system. The content of this monograph is divided onto three parts. The first part, *The Collaborative Imperative*, lays out a context for thinking about the relationship between medicine and public health. It begins with an analysis of the historical relationship between the two sectors, exploring their early connections and the factors that led to progressive isolation. It then reviews previous attempts to bridge the gap between medicine and public health describing not only the types of strategies that have been put forward, but also the reasons they failed to change the status quo. Finally, it reassesses the relationship between medicine and public health in the context of today's environment, identifying factors that are making the two health sectors increasingly dependent on one another, and new incentives that are making it advantageous for professional and organizations in medicine and public health to work more closely together.

The second part of the monograph, *Models of Medicine and Public Health Collaboration*, is based on the 414 cases of medicine and public health collaboration that collected. It documents and describes an important transformation in the American health system. In addition, it provides the reader with a practical framework for understanding and implementing collaborative strategies. The discussion of six types of synergies and partnership issues that enable professionals and organizations from different “cultures” to work together in a common enterprise.

The final part of this monograph, *Conclusions and Next Steps*, summarizes the benefits of cross-sectoral collaboration in today’s environment. It then focuses on collaboration affects the identity and roles of health professionals in the two sectors and the way they think and work. It concludes with a discussion of issues that need to be addressed to promote productive medicine, and public health interactions in the future, describing efforts currently underway to increase awareness and understanding of collaborative strategies, as well as to provide professionals and organizations engaged in these activities with technical and policy support.

Nan Provincial Public Health Office, (2000). *Report of Health Team Problem Solving Process*, Nan: Provincial Public Health Office.

This report summarizes the Health Team Problem Solving Process and its results from 1998 – 1999. The process of Health Team Problem Solving (HTPS) is developed by Nan health team in 1998 which developed based on the concepts of DTSP – a continual health planning methodology developed by WHO (1970). It is based on the problem-oriented “rational-analytical” planning concepts and methods embodied in the project management approach via 2 workshops in:

- Conducting their own analysis of one high priority public health problem.
- Devising and then implementing their own solution to this problem.
- Conducting and presenting the results of their own evaluation of their implementation (progress, constraints, improvement and impact).
- Developing the ability to gather and use data.
- Developing good teamwork and improved managerial skills.
- Team learn a “bottom line’ approach. Their efforts are focused on health outcomes or end-results with the aim of achieving a better health status of the population.
- Their challenge is to reduce this specific health problem over a relatively short period of time.

The main strategy within the process of HTPS consists of 14 stages:

Stage 1: Data preparation

Stage 2: Review of available data

Stage 3: Problem analysis

Stage 4: Design of field data collection

Stage 5: Field data collection

Stage 6: Analysis of field data

Stage 7: Problem definition and description

Stage 8: Idea generation and selection

Stage 9: Formulation of objectives and targets

Stage 10: Solution description

Stage 11: Implementation planning

Stage 12: Evaluation plan and indicators

Stage 13: Proposal preparation

Stage 14: Presentation of proposal

Oakley, Peter et al., (1991) *Project with People: The Practice of Participation in Rural Development*, Geneva: International Labour Organization (ILO): 284:
<http://www.fao.org>

Looking at a wide range of attempts to promote the participation of people within rural development projects, the study highlights the methodological approaches applied in promoting participation within variety of sectoral institutional and policy settings. Elements of strategy and of a methodology for promoting people's participation are drawn from these case studies. The study also gives an overview of the concepts and challenges of participation and the principles of participatory practice. One section of the study is devoted to two distinguish broad interpretations:

1. The mobilization of people by outsiders to take part in activities that are determined from the outside and;
2. The empowerment of the poor to take independent, collective action to overcome their poverty and improve promoting people's participation in rural development.

Rudquist, Anders, and Prudence Woodford-Berger, (1996). *Evaluation and Participation – Somre Lessons*, SIDA Studies in Evaluation 96/1, Stockholm: 65.

This paper reviews and synthezes the experiences of eight bilateral donor agencies with regard to support to participation / participatory development in policy work and through program and project funding. It also draws on other sources of information about participation and evaluation. The focus is on two main sets of issues;

1. Donor agency experience with support to participation; and
2. Donor agency experience with assessment methodologies for the evaluation of participation, and for participatory evaluation.

The review shows that participation as operational practice has lagged far behind donor awareness, advocacy, policy declarations and general development rhetoric. Therefore, evaluations explicitly addressing participation are only now beginning to emerge. Evaluating participation requires methodological adjustments and the paper explores some of these, including the need for qualitative indicators. The paper also summarizes the World Bank findings on costs and benefits of participation. Finally, it draws some general conclusions on evaluating participation.

University of South Africa (Unisa) 2000 “Community Participation Policy” in *Community and Culture*, University of South Africa, <http://www.unisa.ac.za/commcu/policy.html>

This report is the synthesis of a study carried out by the University of South Africa for the purpose of increasing the understanding of community participation and formally integrated into the policies and decision-making structures of the University. The paper provides guidelines for replication of the program with chapters on the community participation, including:

1. Context
2. Definition, mission, vision and objectives
3. Basic policy principles;

4. Management structures and functions;
5. Community partnership; and
6. Evaluation of community partnership project

The book outlines some of the main issues and debates in participatory research and participatory technology development, concentrating on implementation. Arguments in favour of community participation are noted, as are a number of difficulties, including that of assessing the effectiveness of participatory methods. It also notes that the resources needed for collaborative participatory work are often underestimated and that methodologies for monitoring and evaluation have been particularly weak. Practical manual explaining how a team of expert and community stakeholders can obtain information on health problems and factors that may influence the set-up of a community-based health programs.

Wadsworth, Y. (1998). *What is Participatory Action Research?*

<http://www.ncrel.org/sdrs/pathwayg.htm>

This paper provides some of the collective wisdom that has been generated over many decades by people who have identified the term 'participatory action research' or PAR. Throughout this paper, the main characteristics of participatory action research are described as the following two conclusions:

- 'Participatory action research' is a description of social research per se: albeit social research which is more *conscious* of its underlying assumptions, and collectivist name, its action consequences and its driving values.
- It faces numerous barriers to its practice which mean that, even when we think we might be doing 'it', *is more or less an approximation* in the direction of 'it'. That is,

every piece of research is more or less participatory. It more or less enables action as part of the process and it all involves more or less critical reflexive, skeptical and imaginative inquiry.

The process of PAR is precisely the cycle of action, reflection, raising of questions, planning of fieldwork to review current and past actions-its conduct, analysis of experiences encountered, the drawing of conclusions, and the planning of new and transformed actions – that characterizes all research endeavor. The paper distinguish the PAR cycle as:

- More *conscious of 'problematizing'* an existing action or practice and more conscious of who is problematizing it.
- More *explicit about 'naming' the problem*, and more self-conscious about raising an unanswered question and focusing an effort to answer it
- More *planned and deliberate* about commencing a process of inquiry and involving others who could or should be involved in that inquiry
- More *systematic and rigorous* in efforts to get answers
- More *carefully documenting and recording action* and what people think about it and in more detail and in ways which are accessible to other relevant parties
- More *intensive and comprehensive* in the study, waiting much longer before jumping to a conclusion
- More *self-skeptical* in checking hunches
- Attempting to develop *deeper understandings and more useful and more powerful theory* about the matters that are researching, in order to produce new knowledge which can inform improved action or practice

- *Changing actions* as part of the research process and then further researching these changed actions

Weiss, E.S., Miller, R., and Lasker, R.D. (2001). Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage, *The Milbank Quarterly*; 79 (2): 179-205: <http://www.cacsh.org>

This report of National Study partnership Functioning gives interesting overview information, which is very useful in analyzing and understanding the partnerships. It summarized partnerships have great potential, public and private funding agencies often require collaboration as a condition of support. This report is divided into five parts. In the first part describes the study sample and data collection. Next, it presents the validity and reliability of the measures used in testing the main hypothesis, and provides a detailed description of these measures. The third part of this report presents the results of the regression analysis conducted to test the hypothesis. In the next section provides the descriptive information about partnership synergy, dimensions of partnership functioning, and the experiences and perspectives of the partnership participants. The final part discusses the study findings and describes practical applications of the study findings.

Through this study provides a valuable empirical foundation to guide the development of tools that will help partnerships leverage their resources and involve partners in a way that enables them to maximize their collaborative potential. In addition, this study leads to a number of findings that can be applied for further development of practical tools and training programs for partners.

World Bank (1998). *Assessing Aids; What Works, What Doesn't, and Why*, New York: Oxford University Press; <http://www.fao.org>

This sourcebook is intended to be an essay reference for people working with in participatory development project and programs. Chapter I, "Reflections on Participation", explores the meaning of participatory development and participatory process in planning and implementation of World Bank-supported operations. Distinguishing between popular and stakeholder participation, it deals with the importance of stakeholder analysis. It also discusses the importance of using participatory approaches to reach the poor. Chapter II, "Shared Experiences", contains examples of participatory approaches in Bank-supported operations. Chapter III: "Planning and Decisions-making", takes the reader through the various steps of participatory planning and decision-making. Chapter IV, "Practice Pointers in Enabling the Poor to Participate", looks at common barriers, strengthening the financial and organizational capacity of the poor, and creating an enabling environment for participation. The sourcebook also contains a section on Methods and Tools, and summaries of working paper on sectoral and cross-cutting issues.

World Health Organization (1997). *Improving the Performance of Health Centers in District Health Systems*, Report of a WHO Study Group, Geneva.

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization. The report aimed at supporting countries to find solutions to difficult problems. Examples of these activities are:

1. The need for hospital and health centres to take on the *responsibilities for populations*, and not just provide health care to individuals, lies behind the efforts of WHO and countries to improve the overall performance of district health systems. Who has therefore prepared a series of documents and guidelines on different issues in district health systems, such as planning, integrated delivery of health care, and capacity building.

2. Some work has been initiated in the area of quality assurance in health facilities. Many countries, particularly the developing ones, are having problems in promoting quality assurance programs. In many situations, quality assurance has wrongly been equated with high cost and sophistication. WHO, therefore, brought together individuals from different schools of thought and experiences to develop a common framework on this subject. Together with agencies like the International Society for Quality Assurance (ISQUA), the Danish International Development Agency (DANIDA), and the United States Agency for International Development (USAID), number of workshops to promote and develop skills for quality assurance was organized.