

## CHAPTER V

### CONCLUSION

In this part, the results finding and the analyzing of community participation approach in the CBHD project will be review and summary. In this part, there will be a present of facilitating factors to success and obstacles of community participation in health care development in mountainous areas and some suggestions for better practices of community participation in health care reapplications.

#### 5.1 Community Participation assessment

The Community Based Health Development has been considered a suitable approach to improve the use of health services of the people who are living in the rural and disadvantaged areas. Mobilize the community taking part in decision-making, empower and create the ownership of community to manage their own health. Problem can be solving without support or interfering from outsiders. The study used the frame work to assess the situation of the CBHD project in Yen Bai with provided assessment tools to measure the dimensions of community participation in this area. Conclusions are made as below:

##### *Community involvement in health needs assessment and health care*

Most of the heath needs identification using participatory approach will have a present of political, local authority, health professions and villagers of the commune. Thanks to that, the awareness of community on health care therefore increased today among groups of health professionals, local authorities, mass-organization and people in the villages as well. However, the concept of the approach is clear to the health managers and local authorities but not to the villagers. The affected community hence does not have much influence to the large range. Some of community was strongly mobilized people taking part in the process but some could not because of the ignorance attitude on tat approach of villagers, they might not have interest to be

involved in health care activities. This can be seen first as the weakness of organizing and management of the community. Mass-organization does not take the duty of mobilizing the whole commune since that is their main tasks. Secondly, the differences in expectation of each group among health professions, local authorities and villagers were not the same. Their perception and understanding might narrowed the view of health care and health protection in a broadly away. Health staff consolidated their thinking on health and illness and does in the same traditional way in health needs assessment and the villagers think they could live in the way of their ancient century ago and so on. No one could agree or unique on ideas of all for health.

The strongly involvement of community members in health care bring to the transparency and good governance in the project. Every members of community will know how health care activities will be done, who is going to be implement it, which was assign for members to monitoring it. Health profession could learn and know more about their community health since the approach giving them a chance to discuss and study in the field works vs. people could follow the instructors on health education and consultant by the health staff. The relationship between providers and client therefore improves accordingly.

To the score on health needs assessment the people in the commune was quite high (score 4.4) on this dimension since they did not have enough information on the tools and time to study it, moreover they were the inner then they might not see the other weakness of their own in mobilizing in decision making. But if they found some evidence showing in this study here they may have change their mind and the results can be different.

#### *The strongpoint of leadership*

Leadership was high in ranking mark putting from both sides the community member and researcher. The community has put score 4.4 but not more than 3 has been given by researcher for that dimension. As stated in the analysis, the leadership actually in these areas particularly strong as everywhere in Viet Nam. A character of

socialist country, in Viet Nam political Party, mass-organization and Government play a role of leading for manage and development for society. The leadership in CBHD could not be recognized so much since the strongly influence of the leading role of communist party in driven any activities in development stage. With this score the study also assured that for the better mobilizing of community, the role of the mass-organization should be more actively since this project is provided the approach to practice to increase the democracy regime of communist party of Viet Nam. Leadership actually in theoretical must be more in collective way than focus in some of certain bodies.

### *Organizations*

The use of existing organization in the project has been put the success of scoring into 4 compared to the 4.2 that made by community. The organization was used as it was set up in the community. The good coordination between several sectors can be good evidence showing the well organized work in health care development.

The unity of community organization was other contributes to the success of community participation. Organization builds up by the community and work for it. It can be from political election or voting but it has had duty and responsibility of the representation of community in dealing with issues related to the development of community. However, the organization also has a link in management and leaderships. That could not separate since in Viet Nam the local authorities has been introduced and posted by electoral regime. By using the existing organization the project could be assured that the spirits of approach could maintaining when it close. Capacity of institutions will not go with the project but the knowledge of approach could strengthen management capacity on routine work. In another words, institutionalize of product of project can be seen in practice.

The weakness of the organization dimension was that there is no represent of the villagers, the poor and vulnerable group in decision making. That was just for

minor issue but it can be a major bad affect for management and leadership in term of mobilizing people in health care.

### *Management*

Integration in management was a good method in the development work as many policy-markers announced. Health care could not be separate as previously. Evidence showing that there was not much change in decision making structure. The capacity style of management and the decision making process are all remaining problems. Decisions were not made by the Community Health Committee (CHC) but rather done by health professional (Commune Health Station). Health staff is still strongly or solely decide what going next in planning. Health sector can be the main actor for responsively to health care, but more involved and informed to other should help the accountability and transparency in health management.

A notice to the community stressed that there will be no change in system of management, the ways of community participation is for the mobilizing and creating the responsibilities of community members, everyone should be response to their health and more for health of community in the development of the locality.

Democratization, decentralization can having a good influence to the approach. Researcher could not find any supporting of this regime to the community participation since the practices of these regimes are slow in progress. That could be a dream for CBHD if its ideas can be a bridge to connect the sprits of it in health care management with the participation of the community.

The role of leadership in project was not appeared in the management of project and health care of community since health profession did not have break their thinking and determinant on health care and illness on the way of natural science. Health managers have to graduate in health profession school not from else to get knowledge on anthropology to be able to understand people perceptions.

### *Perception and understanding of community*

Different in understanding can limit the participation in health care. Community members should have the same and unique in thinking that, health care so far will not be for health sector alone to deal with. The unique has to be in perception of the purposes approach, the way of implementing and results analyzing. It will be a big task for the community of ethnic minority since there were a lot of difficulties, diversity of culture and linguistic problems in communication.

Clear understandings of the approach could contribute to the success; people will not confuse and know that the participation is and will not misspend their time or resources but more for their rights and benefits in using health services, access to the good quality of care and improve their living standard as a whole.

### **5.2 Lesson-learned from the CBHD project**

The objectives of the CBHD project have been achieved in bringing better health services to the poor and ethnic minorities. This has been done in a way that those people could influence by their health services and participate in planning and implementation process of health care activities. But lesson-learned could draw the knowledge for a better health development at local level. Below are some:

- The planning process and planning mechanisms must be clear. What level should be decentralized? How much power can be taken from lower level to support this approach? In other word, the approach should be reality and to be legitimated as a mechanism, that make the people more confident in applying the approach. For example the decentralizing approach used in the CBHD project could be good for lower level when implementing their plans.
- The role of political party, local administration, masses organizations and other representatives in the community are very important to mobilize the whole society for health care. Therefore, the attitude of members could not be

rigid. Their roles should be like a locomotive to support the involvement of community members.

- Community participation should mobilize resources for health care from many ways. Then the autonomy mechanism comes into practice. But to the mountainous areas, autonomy is still too early to be applied.
- The importance to integrate the project objectives into the routine management system is a good lesson to learn. The plan of health care should be a part of the commune master plan.

### **5.3 Recommendations**

For the better improvement of community based approach in practice, the following recommendations are made:

- There should be a clear concept from very beginning that community participation in health care is supposed to achieve health status of people. Questions can be address is: What motivates participation? What are the various agendas (by different people for different reasons)? How should the administrative systematic be organized to be flexible and productive?
- Community preparation should be well conducted before other actions taken. Time spending for meetings and group discussions should be planed since people do not have much time to participate.
- For the selection of participant involved, strict criteria should be developed. Representatives from a community should represent in the group with a strong commitment that they will frankly and actively be involved in health care for their group's interests. They should be carefully trained on the community approaches. All core groups, facilitators and leaders should attend these training courses.

- The leadership and managerial administration in community based health care must be integrated. It could not be separate from the project settings. The development plan must be a master plan for the whole locality, not just for health care. Good atmosphere of relationship should be built during the community participation process.
- Community members should have the time and the resource to participate. The political and administrative system first has to get to understand the concept of the approaches. The resources providing can be of different kinds of labor, time, office, water, electricity or local materials. For the poor, resource contribution should not become a burden then the results will not much sustain for next cycle of the process.
- The information and data on health should be available and easily access in use for analyzing the situation in the community. It is very important for the needs identification and planning as well as to the monitoring process.

To close the session, it is important to note that, the numbers of findings revealed in this study on facilitating factors of success but not less obstacles to community participation approach in health care, will be just for lesson-learned not for the purpose of criticized to our setting fields. The complexity aspects in health care of people in disadvantaged areas has been investigate within the context of policy advocacy, local health system situations and the cultural of ethnic minority as well as willingness and the readiness of community in disadvantaged areas. The results of this research hopefully can be useful for policy makers, health authorities and other researchers in that field to have a view of health management in disadvantaged areas. Moreover, that can be a resource to formulate reasonable policies to improve the heath care and the accessibility of people to health services at grass roots level in the remote area.