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Participation without power: Subterfuge or development?

B. C. Smith

ABSTRACT Some forms of *participation* are often criticised as tokenist, giving participants no power. Participation in government schemes often means no more than using the service on offer or providing inputs to resource it. *Participation* may treat people as objects in 'self-help' schemes that have not been designed by those affected. It may be a means of indoctrination, place responsibility for *development* with those least able to bear it, become a kind of forced labour, or discourage utilization by the poor. However, in developing countries benefits may be derived from even the weakest forms of *participation*. Five such forms are identified – *utilization, contributions, enlistment, cooperation, and consultation* – and their benefit to community development considered.

Introduction

Most community development work involves the participation of the communities or beneficiaries involved. Indeed, community development has been defined as a social process resulting from citizen participation (UN, 1963; Vaughn, 1972; Darby and Morris, 1975; OICD, 1979; Christenson and Robinson, 1980; Rahman, 1990). This paper recognises that some forms of participation are often criticised as tokenist, giving participants no power. It argues, however, that in developing countries benefits may be derived from even the weakest forms of participation. Five such forms are identified: utilization, contributions, enlistment, cooperation, and consultation.

The negative effects of inauthentic participation

It is widely recognized that participation in government schemes often means no more than using the service on offer or providing inputs to resource it. This is frequently contrasted with stronger forms of participation, involving control over decisions, priorities, plans and implementation; or the spontaneous, induced or assisted formation of groups to achieve collective goals (Arnstein, 1969; Cohen and Uphoff, 1980; Rifkin, 1990; WHO, 1991; Rahman, 1993, p. 150; Smith *et al.*, 1993). Passive participation has attracted hostile reactions for being tokenist, inauthentic, incorporative and even repressive (Smith, 1985, ch. 9).

One disbenefit of such participation is that it is a technocratic and paternalistic activity which treats people as objects or as unpaid hands in 'self-help' schemes that have not been designed by those affected (Oakley and Marsden, 1984; Burkey, 1993; Stiefel and Wolfe, 1994). Certainly someone who helps build a road, apply insecticides, improve home hygiene, engage in a clean-up campaign, or fill in drainage ditches may be said to be 'participating' in those projects, but unless the 'participant' can also make decisions and plans affecting their choice and location, it is mere sophistry to say that a contribution of resources constitutes participation. The promotion of participation may be regarded as no more than rhetoric unless communities have some degree of power over the service (Pearse and Stiefel, 1980).

Secondly, consultation, the weakest form of participation in decision making, is often said to be a means of indoctrinating the public in the values and priorities of the planners to ensure that they obtain public endorsement of their decisions, rather than a way of informing bureaucrats and professionals of local needs, priorities and values. Consultation may be used to endow planners with a legitimacy which they would not otherwise enjoy. The right to comment on local plans is merely the right to advise, not to decide. Decision makers are obliged only to seek advice. They are not obliged to follow it. Examples are the 'meet the people' tours undertaken by members of Upazilas in Bangladesh, and the collection of information by surveys carried out by officials (Quddus, 1987). Consultative participation will not even necessarily entitle participants to advise and comment on all stages of planning.

Thirdly, weak participation can be a useful ideological device for throwing responsibility for community development onto the shoulders of those least able to bear it. Participation becomes part of the justification for 'rolling back' the state, reducing spending on social welfare, and shifting the burden from the public sector to communities, including those in the greatest need (Mayo and Craig, 1995, p. 4). Resourcing community services through voluntary labour as well as cash contributions enables governments to evade demands for equitable redistribution.

Fourthly, the assumption that there are under-utilised resources waiting to be tapped can lead to vulnerable and marginal people being dragooned into 'voluntary' work, so that participation becomes a kind of forced labour. Voluntary community workers, appointed by village leaders or their representatives, may be too poor to devote unpaid time to anything (Serpenti, 1979, p. 76). And labour efficiency is likely to be low or even counter-productive if the participants themselves are not the primary beneficiaries of self-help schemes.

Fifthly, participation may mean no more than improving access to public services so that a greater proportion of intended beneficiaries actually receive the benefits aimed at them. Participation in the sense of decision-making is not involved, even if participation in the enjoyment of public benefits increases.

Finally, community financing through fees, user charges and insurance schemes is the latest fad for getting people to 'participate', especially in health care, by paying for services at the point of consumption. Experience shows that fees discourage utilization by the poor, especially if set at a level high enough to cover the full cost of services. Such participation may also have to be accompanied by real participation if it is to have the desired effect. Community financing depends for its success on community control and accountability. Experience shows that rural households are prepared to pay modest charges provided that the community has a significant role in the operation of the facility, including assessing whether services have improved and ensuring that revenues are retained and utilized locally (e.g. in a revolving fund for medicines) (World Bank, 1993, p. 160).

The benefits of weak participation

There is, however, another side to the picture of passive and resource-mobilizing participation. Beneficial effects may be experienced by the 'participants' and their communities that contribute to their empowerment and development. These may be explored by distinguishing between five different types of activity.

Utilization

Communities can be mobilized to improve the level of take-up of services aimed at specific clienteles (e.g. immunization schemes, health centre services, piped water, sewage systems, hand pumps, pit latrines). Bureaucracies may seek this type of participation by setting up local or 'street-level' offices to improve communication between officials and individual claimants, clients or customers seeking benefits to which they have some right. Improved communication and ease of access then strengthen the claims that people make and increase the take-up rate of other bureaucratically allocated goods and services.

Increased access can provide a basis for modest empowerment. In so far as people who would otherwise go without are brought within the ambit of community development, the distribution of benefits within the community will be altered. This is the first step towards changing the distribution of local power, and so may well be resisted by the local power elite. This is demonstrated by the Mandwa project in India from 1977 to 1983, in which women were recruited as village health workers to provide detection, immunization and treatment against tetanus, leprosy, tuberculosis, gastroenteritis and malaria, as well as pre- and post-natal care and family planning. Despite being cheap and effective (and in line with government policy) the project was destroyed by a coalition of medical professionals (whose shortcomings were revealed) and local elites who feared greater self-reliance on the part of healthier lower classes. Of greatest significance was the inability of the

poor to resist the threats, because of 'their abject poverty and dependency on the local power structure for their survival' (Antia, 1988, p. 162), a tendency that the extension of health care was beginning to reverse.

Another example is extending the coverage of a credit scheme, especially to the poor, which can greatly reduce the problems of default and inadequate collateral, and develop confidence and ability to handle credit, as well as increase production and incomes (Burkey, 1993, pp. 191–193).

Contributions

A very common use of the term participation refers to the provision of labour, materials and cash to a predetermined programme or project by those who will benefit by its completion. In primary health care, for example, this may mean helping to build and maintain a clinic, contributing money to pay the expenses of a health worker, or making furniture for a health centre. Women's groups may be mobilized to provide nutritional education, village craftsmen can manufacture items for water supply, sanitation and refuse disposal, and households can help with environmental sanitation (WHO, 1988).

Such activities are economically efficient if they engage under-utilized labour and skills. They can release untapped resources of different kinds. Schemes financed by direct community contributions in cash or in kind may also be more responsive to local preferences and demands and encourage less wasteful uses of facilities. In this way the resources are used efficiently. In addition, traditional means of soliciting contributions for charitable activities can be exploited.

The mobilization of community resources can be a step towards the empowerment of communities. Investments and loan schemes based on group savings are more likely to lead to success than dependence on finite external funding which can increase dependence and destroy self-reliance (Burkey, 1993, p. 181). Community resourcing can also lead to genuine participation such as involvement in the management of facilities. For example, in Ghana, as well as providing the infrastructure and human resources to set up and run clinics, communities have formed committees to employ the clinics' attendants and manage revolving funds for medicines (Asenso-Okyere, 1995). Community financing of health has led to community involvement in the organisation of services. The form of payment is decided by the community and not by market forces. It also allows communities to signal their preferences to the authorities (Abel-Smith and Dua, 1988). Experience of even passive participation can develop self-reliance and, in the absence of government services, planning in response to needs articulated by the community (Winch *et al.*, 1992).

Enlistment

The enlistment of members of the community as community workers of various kinds, often on a voluntary basis, is also referred to as 'participation'

(De Kadt, 1982). People who volunteer their services as village health workers, for example, will increase the supply of health personnel. Training paramedics and community health workers to advise and educate on hygiene, sanitation, family planning, immunization, school health activities and the prevention of common diseases, and to diagnose and prescribe treatment, extends the reach of primary health care. Traditional medicine can be incorporated into the modern health service as in the case of traditionally trained midwives. Participation as 'enlistment' has even been extended to the use of children to publicize and advocate an immunization campaign, 'a prime example of using local resources effectively without incurring hidden costs' (Kowli *et al.*, 1990).

Such volunteers may act as catalysts for other community development effort. Community health workers in parts of India have organized women into credit cooperatives, income from which has been ploughed back into health care provision. Other income generating activities have been spin-offs from health care programmes at village level. Volunteers are often women who are regarded as having time free for voluntary work and familiarity with health problems in the home.

Although such enlisted community workers may have no say in the policies they help implement, they may nevertheless mould implementation to community needs. For example, home visits by health centre staff enlisted from the community not only increase the coverage and take-up of services. They improve the quality of the treatment given by basing it on the particular living conditions of the people concerned (Serpenti, 1979).

Cooperation

Without 'participation' in the sense of cooperation some development programmes cannot be sustained. The cooperation of local people, including changes in social and economic behaviour, may be essential for a programme's effectiveness. For example, the removal of weeds from ponds to destroy the breeding habitat of mosquitos required the cooperation of people on whose land the water was located in a project in Kerala in 1986 to control filariasis, as well as inputs of voluntary labour and financial incentives for people to destroy vegetation that had been a useful fertilizer for coconut trees (Panicker and Dhanda, 1992).

Consultation

Such 'participation' may be no more than part of the information-gathering process in bureaucracies. However, if beneficiaries are able to provide genuine feedback to project agencies, then the design, implementation and outcomes of projects can improve. A review of World Bank experience with community participation in projects on urban housing, population, health, nutrition, and irrigation found that the understanding of beneficiary needs

and attributes gained from information gathering and consultation helped to improve project design (Paul, 1987, pp. 19–21). In health care patients are a source of knowledge about illness, how it is reacted to and the effects of the environment on it which professionals badly need (Pritchard, 1994). Information, especially if provided through mediums such as Participatory Rural Appraisal, can facilitate collective or individual action among beneficiaries and can have a positive effect on the success of projects if it means that beneficiaries can carry out their responsibilities better (IDS, 1996). Such information sharing can be critical in community development programmes such as family planning and nutrition (Paul, 1987, p. 4). Information can also be a source of power either by generally raising the consciousness of people of local conditions or by providing specific insights into planning and development processes and who wields power within them.

Conclusion

Some forms of participation are clearly more participative than others. They do not all permit the same level of citizen involvement and influence. It is important to be aware of the dangers associated with those forms that appear tokenist. But the potential benefits should not be overlooked when community development projects are designed. Greater access can mean more than just reaching more members of a target group. Access to better health, credit or employment puts people in a stronger position socially and economically and therefore politically. The mobilization of under-utilized resources should mean that the living standards of beneficiaries improve and that the political as well as economic gap between rich and poor narrows. The raised consciousness of community workers and volunteers can be passed on to other members of the community in the course of service-related activities, such as literacy campaigns. Cooperation in projects by the adaptation of well-established modes of social and economic behaviour alerts people to alternatives that are less risky and threatening than they first appear. Consultation can bring new values and perceptions to bear on the design and evaluation of projects which subsequently expand access, strengthen responsiveness to needs, and produce more appropriate policies.

It would be politically naive to conclude that all forms of participation are always beneficial to the participants, but it would seem to be possible to ensure that participation is never purely exploitative.

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