

SUMMARY

Community participation is treated by many as the heart of the primary health care concept. Since the Declaration of Alma Ata community participation has been enthusiastically promoted world wide as a main strategy to improve primary health care. A programme to improve primary health care through community participation had been carried out in the Medawachchiya Divisional Director of Health Services' area since early 1993. The programme has been periodically monitored from its inception but a proper evaluation has not been carried out so far. The principal investigator held the post of Divisional Director of Health Services, Medawachchiya from 1992-1996.

This descriptive cross-sectional study is carried out to evaluate the programme's effect on the primary health care of the area, as well as to assess the extent of community participation gained through the programme. The data collection techniques used were focus group discussions to assess the roles of health staff, volunteers and village health committees and their attitude towards the programme, and the collection of routinely available data through a specially constructed record form. The focus group discussions were based on question guidelines developed to measure the community participatory indicators. All the primary health care staff members, volunteers of the area and chairpersons of the village health committees were included in the study population. Routinely available data for the years 1992-1996 was assessed on selected maternal health care, child health care, environmental health and control of communicable disease indicators to analyse the effect of the programme.

The findings of the study were compared with similar studies carried out globally, in the south east Asia region and locally in Sri Lanka. The results show that the community

participation programme at Medawachchiya has developed satisfactorily, adapting to the local situations, and that the extent of community participation gained, analysed on the process indicators for community participation, is satisfactory. The organisational indicators analysed also show a growth in the membership of community health workers as well as the village health committees in support of the programme. The roles of the health staff, the volunteers and the village health committees; and their attitude towards community participation, was found to be better than those in the other studies carried out.

The health indicators were analysed to compare the health status before and after the programme and showed a significant improvement in maternal health care, child health care, environmental health care and control of communicable disease indicators showing the programme's positive impact on the health care status of the population concerned.