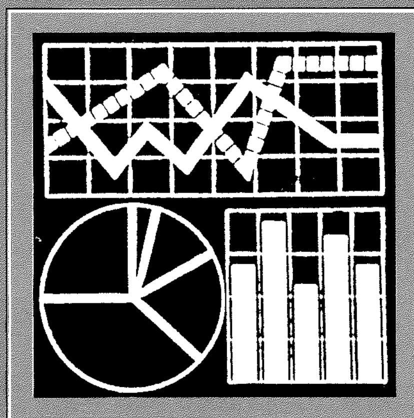
PLANNING, EVALUATION, RESEARCH & ACCOUNTABILITY

A paper which outlines the specific issues of planning, evaluation, research and accountability in community development work.

Evaluation may be best addressed through a discussion process – asking questions, discussing what happened and why.



Evaluation is not 'value-free'; in fact values are at the core of it, judging the value of what has been achieved.

The involvement of the participants in the evaluation process should be an empowering experience, a developmental opportunity, not just an instrumental task.

Planning in community development work must be undertaken collectively

A Resou rces Coll ect ion

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Community Development in Health

Planning, Evaluation, Research and Accountability

This Paper and its companion paper
(see Ref. 1) were prepared by the
Community Development in Health Project during 1988
through a process which involved the circulation of several drafts
and continuing discussion including community workers in the
health field amongst many others.
Their contributions, those of Tony McBride and Ellen Klienmaker, in particular
are acknowledged. We are particularly indebted to the work of
Yolande Wadsworth in relation to participatory action research.
Despite the contributions of many, responsibility for the Paper remains
with the Steering Committee of the Project.

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1. INTRODUCTION

This is the second of two papers prepared by the Community Development in Health Project during 1988. The first paper sketches an approach to understanding health and illness in terms of social relations and discusses the role of community development in health. This paper is more specific; it addresses four closely related issues, planning, evaluation, research and accountability all of which present recurring challenges in community development work. In the consultations undertaken as part of the Community Development in Health Project the need for more attention to some of the contradictions and traps in relation to these issues was repeatedly emphasised. Planning, implementation and evaluation arc often presented as components of a cycle: planning followed by implementation followed by evaluation followed by more planning etc. This may be a bit misleading because, although they follow in this sequence conceptually, it does not necessarily reflect the way they happen in time. In fact, it is common enough for all three to proceed concurrently!

Another way of approaching these interrelations is through the ping-pong metaphor; repeatedly bouncing between theory and practice. When we undertake any planned action we are working from a model (some kind of theory about how the world works) to explain the things we are concerned about and to predict how particular interventions might improve the situation. When we evaluate what happened, particularly if things did not go entirely according to plan, we try to learn from our experience, perhaps to generalise from such lessons so that we can do better in future; in other words: improving our theory on the basis of our practice. This sense of moving between theory and practice is picked up with a slightly different emphasis in the slogan, "Think globally; act locally".

Clearly, community development in health must be based on some kind of theoretical model about the relationships between social process and health, a set of understandings which help to explain the problems we are addressing and to predict how particular interventions might affect them. This kind of model is one of the most important resources for community development in health. It provides a sign post in planning; it suggests the standards against which we evaluate our work and it provides a reference in determining our proper accountability obligations. Conversely our practical experience provides concrete feedback about the real world which we can use to test and improve our theoretical framework through research and reflection.

The companion paper in this scrics[1] was prepared as a contribution to continuing discussion about the theoretical underpinnings of community development in health and a broad theoretical model is presented there. The purpose of this paper is to focus on the specific issues of planning, evaluation, research and accountability (in community development in health). We explore these issues within a common framework, one in which they are seen as being closely linked; linked with each other and embedded within the theory and practice of community development in health.

2. PLANNING

The issues canvassed in this section are relevant to the planning of community development initiatives at various levels; from the project level on-the-ground, to the development of an agency, through to the planning of a broader program which has community development functions.

2.1 Why plan?

The reasons for deliberate planning in community development work can be thought about from several perspectives:

- controlling our own agenda
- keeping a long range view,
- focussing on the most strategic issues.

Controlling our own agenda. If we do not identify clearly our own priorities then the directions in which our energies and resources are used will often be determined by other people. We will end up being reactive rather than proactive.

Keeping a long range view. If we are going to achieve long term change, it is essential to have a sense of our long term goals so that we can determine our priorities for immediate work with a view to gradually moving towards those longer term goals.

Focussing on the most strategic issues. A little bit of time spent identifying our own priorities and working out what are the key obstacles and the most valuable opportunities can make us more effective and help us to use our limited resources more efficiently.

2.2 Issues in Planning

Goal setting and priority setting. Conceptually, planning starts with goal setting and priority setting. Who shall set our longer term goals and priorities and how?

In practice, much of our planning for future work is actually determined by the opportunities and commitments which flow from what we have been doing up until now (and our evaluation of that). Less often but more formally we need to stand back from the flow of current work and forthcoming commitments to reflcct on longer term goals and priorities.

Our planning processes, whether shorter or longer term, should be both developmental and accountable.

They should be developmental in that they contribute to consensus-building and empowerment. This implies a participative process in which different people's contributions arc listened to in terms of the experiences on which they arc based as well as their 'practicability'. It implies that statistical information and technical expertise arc accessed and harnessed in an empowering rather than in alienating and oppressive ways.

Our planning should also be consistent with our accountability and the way in which that is developing. Clearly our planning is constrained by our accountability to funding bodies and other stakeholders. However, it should also be energised and directed by our accountability to the constituent groups of 'the community' (group, network, organisation) with whom we are working.

The Practice of Collective Planning. The notion of collective planning is introduced here to highlight the importance of the plan being owned on a shared basis by all the individuals and groups which are contributing to it and who will assist in implementing it. Planning in community development work must be undertaken collectively and in a way that allows for community development (the development of individuals and of the group) throughout the actual planning process. This also underscores the importance of the plan (through its various stages) being documented clearly so it can be widely held and referred to.

Documenting the plan. Time spent documenting the plan is time spent not implementing it and the effort needs to be justified. Why do we document a plan? Perhaps there are two reasons: Firslly, it is a means of ensuring that we remember the analysis which caused us to identify certain strategies as being more important than others so we can keep following those strategies in future or change them as necessary. Secondly, it is a way of sharing our analysis and intentions among the various people who will participate in implementing the plan. A plan for individual action need not necessarily be written down. A plan which requires the cooperation of many does need to be shared.

If the plan is to be stable over time and accessible to the various partners involved then it should not be documented in too much detail. On the other hand, a certain minimum amount of detail will be necessary if the plan is to usefully contribute to the three purposes listed above, namely: controlling our own agenda, keeping a long range view and focussing on the most strategic issues.

Documenting a plan need not necessarily mean writing it down. It might be more appropriate to sloganise the key elements of it and perhaps to record it graphically on wall posters. In some communities the plan might be recorded as a song, a set of chants or even a dance.

The Concept of Strategic Planning. Strategic planning implies analysing where one wants to go over a longer period of time, identifying the obstacles and opportunities and articulating strategics which will guide our day to day work and in due course lead to the achievement of the longer terms goals. Basic to strategic planning is the notion of identifying key (or 'strategic' or central) control points which should be given most attention so that we don't put all our effort into work which is basically marginal. When Samson planned to do a demolition job on the temple he didn't start with the roofing tiles; he took a strategic approach and removed the central pillar!

Strategic planning requires the best data and the best analysis that we can use. To plan strategically for initiatives which might improve health through community development (or achieve community development through health) we need to have a best possible model for understanding the relationship between health and society as well as good information about this community, its health, its community structures. Strategic planing without some kind of theoretical model of social process doesn't make sense.

2.3 linkages

In our thinking about planning it is useful to keep in mind the linkages with evaluation and research and the accountability context in which it is taking place. We will review some of these linkages.

Goal and priority setting and accountability. Our planning processes should be consistent with our accountability obligations and the directions in which our accountability is developing.

Evaluation as an input to planning. Evaluation of what we have been doing is a critical input to planning what we will do. The lessons from our past experience should feed into strategics for future work.

Planning to do some research. There are many unknowns in community development work. If we don't know how to do something (or if the outcome of a recent project was not what we had expected) perhaps we should include a research component in the next stage of our plan; doing our own research as well as finding out what others have discovered.

Planning for changes in our accountability relations. The concept of community accountability is a critical one in community development. The structures and expectations are not always in place for community accountability to be achieved without actively working towards it. Accordingly, an important part of our strategic plan might well be directed towards developing structures and expectations which will strengthen our direct community accountability and perhaps balance the pressures for 'upwards' accountability.

2.4 Resources for Planning

There are other materials in the Resources Collection[2] which provide or refer to further resources in planning: see the Bibliography (at Section 4), the Resources Directory (at Section 5) and the paper on Tools and Methods in Planning and Evaluation (at Section 2).

3. EVALUATION

3.1 Why do we evaluate?

There are perhaps three reasons for evaluating: planning, learning and reporting. It is important to identify these separately because they need to be handled differently.

Evaluation as an input to planning. Evaluation of what we have been doing is an important input to our future planning. This is perhaps the most important reason for evaluation.

Learning from our experience. Evaluation of what we have been doing and how well it went is a rich source of learning for individuals and groups and for enhancing our understanding of the context in which we are working.

Reporting requirements. There is an important overlap between the collection of data which we need for planning or learning purposes and the reporting requirements which arise from our accountability obligations.

3.2 Issues in Evaluation

Confusing reporting obligations and evaluation. Reporting requirements arising within the terms of an accountability relationship arc sometimes debated in terms of 'evaluation' as if the two were synonymous. They are not. One of the most important issues for community groups is the separate identification of the evaluation which we need to do for our own planning and learning purposes as distinct from the information which is required for reporting purposes. This holds as true for the relationship between the worker and the management group as it does for the relationship between the management group and the funding body.

Another key distinction which needs to be recognised is the difference between an obligation to evaluate one's work (as in quality assurance) versus an obligation to report the 'results' of that evaluation. An obligation to report the results of our evaluation forces certain decisions about the way the evaluation is carried out, in particular that there should be a meaningful set of 'results' to be reported. On the other hand, if the focus of the obligation is simply to evaluate, then in our reporting we have to demonstrate that the evaluation is taking place and that it is rigorous and real, but not necessarily providing a set of data called 'the results'.

This principle is worth working through separately for the community development worker's relationship with the management group and for the relationship of the management group to the funding body.

'Outcome indicators'. It is increasingly common for community development workers to be required or pressured to 'evaluate' (actually to report about) their work in terms of 'outcome indicators' (such as decreased death rates or risk factor incidence).

The performance indicators issued by the Commonwealth Department of Aboriginal Affairs for Aboriginal health services in 1986 illustrate this perfectly. Among the suggested indicators were a specified reduction in the incidence of diabetes and high blood pressure. Clearly one of the effects of a newly established Aboriginal health service will be to increase the reported incidence through improved case finding. To demand reduced incidence rates disregards the way in which diabetes and hypertension are rooted in social circumstances and of the kinds of social change which have to take place before real reductions can be expected. It suggests a strong desire to direct the work of the Aboriginal health services into recognised health areas (which are pol::::ally safe) rather than becoming

involved in politics. In fact, from a community development perspective the work of those services should be evaluated in terms of the way in which they address the health problems within their social and political context (community-developmcnt-in-health rather than health only and no community development.)

In fact, it is not meaningful to evaluate community development work purely in terms of 'outcome indicators' (see below). Demands from government and other funding bodies to 'evaluate your work' in terms of 'ultimate outcomes ' may reflect a lack of understanding about community development work; it may be an attempt to curb and constrain that work; it may be both.

It is interesting to note that these pressures to demonstrate outcomes are not applied in the same way to clinical medicine. There is no pressure to report hospital performance in terms of improved health outcomes although there is pressure on clinicians to participate in quality assurance; to demonstrate that they are evaluating their work in terms of the best current understandings of medical science and that they are criticising and contributing to the development of those understandings.

These expectations set a precedent that might reasonably *be* required of community development workers in health, namely: that they are evaluating their work in terms of the best current understandings of health in its social context and of the community development process, and that they arc reflecting upon those understandings in terms of their own experience; criticising established ideas and contributing to an improved understanding.

Evaluating process as well as outcome. Community development in health is based on an understanding of health (and illness) in its social context and encompasses strategies aimed at improving health and sick care through and as part of strengthening communities (groups, networks, etc) which arc relatively powerless and alienated from the mainstream.3

The analysis which underlies community development in health (theoretical understandings about the links between between health and social process) is one of the resources of community development practice (in the same way as medical and biological knowledge is an essential resource for clinical work). The evaluation of routine practice should be against standards which arc derived from this basic model.

It is useful to describe community development practice in terms of activities, projects and stratcgics.4

The basic **activities** that make up the day to day work schedule of the community development worker include: talking to people, giving support, networking, arranging and facilitating meetings, getting the newsletter out, arranging for an article in the local paper, arranging a deputation, writing up the minutes, etc. Evaluation at this level is basically about learning how to do it better.

These sorts of activities contribute to particular **projects;** usually planned in relation to fairly practical objectives such as the establishment of a new community health centre, a survey of people's experiences of terminal care or perhaps running a women's health day. It is useful to evaluate such projects in terms of whether we achieved those objectives; if not, why not; could it have been done better; what arc the lessons? This sort of evaluation is essentially part of the planning for the next stage of each of those streams of work. It is also a powerful learning opportunity. It is also a condition of proper accountability to the community constituency.

Underlying these sorts of projects arc the basic **strategies** of community development, (strategies which we have described elsewhere in terms of consensus-building and cmpowcrmcntS). Clearly, the objectives of the various projects will have been in some way health promoting and worth achieving; but were they conducted in a way that also addressed the underlying issues of powerlessness and alienation? Were they, in this sense, community development? This aspect of evaluation, sometimes referred to as process evaluation (to distinguish it from the evaluation of project outcomes) looks at the essence of the community development process; reviews the strategics underlying various projects and activitit'.,S against principles or standards derived from the 'best so far' theoretical model of community development in health. Insofar as committees of management or funding bodies believe they arc sponsoring or funding community development work, this question gets to the heart of whether they arc getting 'value for money'. And yet, these questions about process can rarely be answered simply or quantitatively with a view to being reported upwards. This level of evaluation may be best addressed through a discussion process (critical and supportive); asking questions, discussing what happened and why. In such a case the accountability obligation should be to demonstrate that such evaluation (cg 'peer review' discussions) is taking place and that it is rigorous and real.

This is not to say that there is no role for counting things in evaluating community development. Clearly the opposite will be the case in many instances. IIowcvcr, it is essential to be aware of

the ways in which quantitative indicators can have distorting effects when they are taken out of context. A quantitative indicator may be developed as a way of following progress on particular front. It may be very useful while it is comprehended in the context of all the other kinds of information which reflect upon progress on that front. However, figures are much easier to report upwards than subjective impressions and it is a common experience that indicators which were originally intended as complementing a broad descriptive understanding get taken out of context when the functions of evaluation (for learning and planning purposes) become confused with reporting (for accountability purposes). Where this happens the indicators come to be used as control variables for determining resources or benchmarks for judging performance rather than indicators of a much more complex concept such as the development in coherence and strength of an identified group or network or community.

Bias in evaluation. Evaluation is not 'value-free'; in fact, values are at the core of it, judging the 'value' of what has been achieved. The key question is, whose values are expressed in the evaluation? In the simplest case where the worker evaluates his or her own work: was there a reference group to correct for their own personal bias? The values expressed in the evaluation are determined by who is controlling the evaluation process; who are the people taking part, for example, on the reference group or in the 'peer review' context.

Involving the participants. The peer review analogy may be a bit misleading in that it suggests a 'back room' process of professional experts. The underlying values of community development about participation and empowerment suggest that the people for whom and with whom the community development work is being undertaken (that 'community') should be involved in the evaluation of that work. They should be involved as 'principals', making value judgements as part of the reference group, not just as 'subjects' having their opinions (or other data) recorded and then taken away. The involvement of the participants in the evaluation process should be an empowering experience, a developmental opportunity, not just an instrumental task.

Evaluation "experts" and "recognised" methods. There are available consultants and academics who have specialised in evaluation (and/or planning and/or research) and who will often provide useful advice including particular evaluation methods or tools. They should be used cautiously. The methods may be appropriate (or otherwise). It is essential that they understand the principles of community development. If not they may focus primarily on project outcomes and neglect the process issues discussed above.

It is would be prudent to clarify the purpose of the evaluation in terms of the linkages concept developed in this paper before a commitment to hiring an outside consultant is finalised.

What are the basic questions? It is common to encapsulate the evaluation process in a catechism of short questions, such as:

- what were we trying to do?
- what did we do?
- what happened?
- what was successful and what didn't work?
- what do we do next?

These are useful questions and should be kept in mind. However, there are some more basic questions which we can distill out from our earlier discussion:

Why are we evaluating? Is it to learn from our experience or as an input to planning our next stage of work or is it because we have to?

For whom are we evaluating? If we conceive it to be for and on behalf of our community, then how will their values be expressed in the evaluation (or will the evaluation be based on other people's values)?

Does our evaluation framework encompass the basic strategies of community development ('process' evaluation) as well as the project 'outcomes'?

Are our evaluation activities empowering and consensus building, intrinsically community development?

Is the information we are going to be collecting needed for our evaluation or is it required as part of our accountability obligations?

Are we obligated to report the 'results' of our evaluation or, alternatively, to demonstrate that it is taking place and that it is real and rigorous?

3.3 Linkages

The linkages between evaluation and planning have been mentioned earlier, in particular, the significance of the evaluation process as an input to planning.

We have discussed the importance of articulating clearly the purpose/s of the evaluation and understanding the accountability context within which it is taking place.

Testing theory. We have highlighted the role of theory as an input to planning and also in terms of providing standards against which to evaluate the community development process. However, in many respects this theory is undeveloped and uncertain or problematic in other terms. Weaknesses in theory arc particularly likely to be identified in the process of evaluation especially where the result was not what was expected. Such instances demand careful reflection in reconciling theory and practice and may suggesting a more deliberate action research project to clarify the issues.

3.4 Resources In Evaluation

There are other materials in the Resources Collection which provide or refer to further resources in evaluation: see the Bibliography (at Section 4), the Resources Directory (at Section 5) and the paper on Tools and Methods in Planning and Evaluation (at Section 2).

4. RESEARCH

4.1 Why?

Is there a role for research in community development work in health?

A recent survey by Yolande Wadsworth on behalf of the Consumers' Health Forum[6] has demonstrated an enormous range of priority research topics recognised by consumer and community groups, by community based health workers, by consumer advocacy groups and by planners and academics. Wadsworth has categorised these topics as:

– information about 'the nature of the complaint,'

- information about coping: 'survival management',

- information about getting a group together and functioning, (see Section 7: Peer support and documentation)

- how to achieve structural and institutional change,

– unexplained or anomalous observations,

- how to improve the delivery of services and programs.

It is clear that almost any community development in health project or activity will bring forth such questions. Many of them will be resolved on the run without the possibility of a research project being consciously considered. However, many of the questions which arise in this sort of context could be appropriately addressed through a more deliberate research project.

Beyond the specifics of particular projects or issues in community development there is a need for continuing research activity. We have emphasised the fact that community development work is based on a set of assumptions about the relationships between social process and health and the role of community development. These assumptions can be thought of as constituting a model of us-in-the-world; a model which helps us to understand the problems we are addressing and assists us in predicting how particular initiatives we could take might improve them. This kind of model is one of the key resources for community development in health but it must be constantly criticised, thought about and built upon. The process of building upon it may sometimes involve a research approach, for example, working out the best way of doing this or that or finding out why a particular initiative did not work.

Building our understanding of the kinds of models which we are using in community work is also essential if we are to defend this style of work and the strategies used. The struggles which are part of community development in health have an intellectual and ideological dimension as well as a practical side. Small local research work may be an important part of clarifying and better arguing and defending this kind of work.

Research can also be a strategic activity in community work, learning, group building, addressing identified priorities but not (yet) treading on the toes of interested bystanders.

4.2 Barriers

Wadsworth7 has documented in some detail a range of barriers which prevent or discourage or otherwise make more difficult the conduct of research within community development in health. There are perhaps three broad groups of barriers:

1. organisational issues at the local level, eg. simply coping with getting off the ground,
2. difficulties in getting access to resources: advice and assistance as well as money, and
3. not being familiar with the concept and/or lacking confidence and knowledge about how to steer the process.

The first group of barriers is not specific to research. Organisational difficulties are familiar in all facets of community development work. We will not consider them further here.

The barriers in the second group, access to funding and appropriate advice, are deeply embed-

ded within the structures of health research funding and the political/institutional context in which community development in health is undertaken. Organising for easier access to research funding and for more support to those experts who arc able to give appropriate advice should be part of the agenda for everyone engaged in community development in health.

The third group of barriers, lack of confidence in our ability to do research and lack of knowledge about how to plan, shape and steer a research project, are within the scope of community groups and community development workers to address. However, it is important to recognise that the concept of undertaking research is quite foreign within many of the cultures in which community development projects may be located. Coming to grips with these issues is a precondition for organising successfully for easier access to research resources.

Wadsworth9 has argued convincingly that with appropriate resource support small local research projects can be carried out in a community setting by community members and staff without any compromise with respect to the tenets of good science. These she has summarised as reflexivity (consciously undertaking the task of problem solving), **rigor** (addressing the task in a planned, comprehensive and systematic way) and scepticism (questioning hunches and conclusions).

In fact, it may be that the most significant barrier to more deliberate research in community development in health is the conflict and confusion about what is 'good science'. In our view participatory action research is not only a legitimate and appropriate approach to the research needs encountered in community development work but it is often the only feasible research strategy available. We arc aware that contrary views arc commonly held within government and within the established bio-mcdical research community including some of the bodies which fund research.

4.3 Participatory Action Research

The terms of any research (assumptions, hypotheses, variables, measures, etc) arc socially constructed. In astronomy and in immunology however, there is a widely shared consensus about the terms in which the research is conducted and by convention they are regarded as being objectively determined. In social research the terms of the research arc more problematic. They arc reflections of the same society, the same sets of social relationships as those which underly the issues which arc to be formally the subject of the research. The values and interests of the researcher arc intrinsically a significant part of the research equipment (whether recognised as such or not).

Some social researchers seek to address this by taking special precautions to ensure that their research is 'objective'. These precautions often include elaborately defined variables that can be measured and carefully tested questionnaires to measure them. They also include staying away from types of information (such as peoples' accounts of their own experiences and impressions) which cannot be rendered 'objective' in this way. In fact, of course, the act of designing such research variables (and the act of staying away from others) still expresses the values and interests of the researchers, albeit less obviously. Part of the myth of value-free research is the notion of the researcher as a disinterested seeker after knowledge whose indifference to the implications and consequences of his or her research is an entirely admirable virtue.

The concept of objective value-free social research is much more acceptable to those who identify with the dominant ideological set within society. If it is assumed that the ideological consensus imposed by the dominant elite in society corresponds to the universal consensus over the terms of research in astronomy then the concept of objective social research is quite unexceptionable. The appearance of being a disinterested value-free researcher is much easier to sustain when the values and perspectives which arc built into his or her research arc those of the dominant culture or ideology.

Community development is about changing social structures and challenging established values and assumptions. There must be some doubt as to whether a social researcher who insists on the illusion of objectivity, thereby revealing his or her commitment to established values and assumptions will be able to fully meet the research needs of a community group engaged in a community development approach to health issues. Social research conducted within a community development framework must acknowledge and handle explicitly the values and interests of the researchers. In the action research model there is an explicit acceptance of researcher bias. The purpose of the research is to facilitate social change, not to reveal 'pure knowledge'. However, even though the researcher will have a personal view about the need for social change and the preferred outcome of the research, steps can nevertheless be taken to' broaden and stabilise the researcher's perceptions and analysis, for example, through using a critical reference group.

A research approach which is appropriate for using in a community development context should be consistent with the underlying values and strategies of community development. The experience of taking part in the research should therefore be empowering and consensus-building rather than alienating as can be the case with the 'outside expert' who conducts the research from 'outside', metaphorically and often physically as well. Participatory action research assists the community group itself to be its own researcher.

Research about the social context of health and illness and about community development in health and other ways of addressing inequalities in health outcomes takes place in an intellectual environment strongly influenced by positivist assumptions. This is evident in the committees of the National Medical Research Council and their funding record. It is also reflected in the predominance of quantitative epidemiological research in the public health field and the paucity of funding for action research, for example, in relation to community development in health.

We have argued elsewhere[10] that the objectivist orientation of most epidemiology actually presents a barrier to a fuller understanding the social context of health.

"Factors are proposed; research tools are designed to measure those factors; correlations are demonstrated. Where ever possible the factors are defined in the most objective terms so they can be measured reproducibly. Possible interventions are evaluated in terms of their effectiveness in reducing the measured levels of the riskfactors. This approach has proved to be immensely powerful in many respects. However, il ***is incompatible*** *with understanding the social relations of health because, while itfocuses attention on measurable, 'objective ' correlates of human interactions, it steers attention away from personal and social relationships and from the subjective experiences which help us to make sense of those relationships.* "[11]

Understanding these differences is important, not just in terms of what kind of methodology to employ in a particular setting or for a particular problem but also to understand the political and ideological significance of different positions which are adopted about different kinds of research enterprise.

4.4 Linkages

Research may feed into planning through improving the analytical model which we use in determining what goals should be given priority and what would be the best strategies. Research itself might be a strategic activity.

Research contributes to improved evaluation by ensuring that the model against which *we* are evaluating is the best available.

Research is also important in handling accountability issues, particularly if it helps us to better understand the models with which we arc working and to be better able to articulate the theoretical basis for our work.

4.5 Resources in Research

The Wadsworth ***Do It Yourself Social Research Guide***[12] *is a practical guide to participatory action research.*

There are other materials in the Resources Collection which provide or refer to further resources of relevance to research: see the Bibliography (at Section 4), the Resources Directory (at Section 5) and the paper on Tools and Methods in Planning and Evaluation (at Section 2).

5. ACCOUNTABILITY

5.1 Accountability in Community Development in Health

Accountability, as an issue, is like a will o'the wisp. We think its there but it is not always evident; we think we know what it is but it seems to change its shape without warning; when we go looking for it it sometimes turns out to be non-existent. Perhaps the analogy is overdrawn. Nevertheless, the need to be accountable is part of the environment in which community development in health is undertaken even if the meaning of the concept is elusive.

For the health worker undertaking a community development approach to his or her work the pressures to *be* accountable may come from various sources. The committee of management may be seeking more information about one's projects; there may be a hint that they feel you should be doing more case work. The regional office of the Heath Department is leaning on the manager asking for measurable outcome oriented performance indicators in relation to your community development projects. Your own sense is that your project should be more accountable to the community with whom they are being undertaken but it is not clear how.

Lack of accountability, undue demands in the name of accountability, split accountability, accountability for the same functions in several directions, emotional stress due to conflicts in accountability; these are all common experiences in the

practice of community development in health. In this section we explore the meaning of accountability and develop some guidelines about how to understand and handle accountability in practice.

5.2 What is it?

Accountability is a quality rather than being an activity like planning, evaluation and research.

Accountability can be thought about in relation to an individual (to whom am I accountable and for what?), or in terms of a relationship (my accountability to you and vice versa) or in terms of a network of relationships.

In essence, it is an obligation (asserted and perhaps accepted) to expose one's plans and activities to the scrutiny of others for possible input, change and/or sanctions.

"Accountability to" lies on a continuum between "independent of" and "controlled by".

The concept of accountability helps us to think about the way organisations and systems work. It is more complex than the simple notion of an organisational hierarchy in which managers have control and autonomy and workers have no autonomy and arc completely controlled.

Most positions in organisations have some autonomy and some control. If we think of our freedom to move in terms of the direct relationships which surround us, we can recognise the sanctions through which control is exercised and the limits to that control due to countervailing pressures or lack of timely knowledge or to operating within a cooperative consensus oriented enterprise. The concept of accountability helps us Lo understand and handle these relationships in a more subtle and more flexiblc way than the notion of hierarchies.

Accountability links arc not necessarily contained totally within the formal organisation.

5.3 Accountability Relations

The most common understanding of accountability emphasises accountability upwards, through management, to government and via parliament back to the people. This is more complex if one recognises obligations to be accountability 'laterally' such as to one's professional peers and or to partners and colleagues in one's current work. The situation is made even more complex if one recognises an obligation to be accountable directly 'downwards' to the community with whom one is working.

A first step to making sense of this sort of 'network' of accountability is to recognise that one is not necessarily accountable for the same functions to all these different 'stakeholder". One's accountability to government might be conceived in terms of remaining within broad policy parameters (often very broad), accounting as required for the use of resources, conforming to the terms and conditions of grant. One's accountability to management might be expressed in different terms, using one's time as agreed, keeping management informed about current issues and activities, etc. Accountability to one's worksitc colleagues might be expressed in terms of one's ability to work cooperatively and harmoniously within the team. Accountability to one's professional peers might be conceived primarily in terms of qualitative standards of practice.

It is clear that accountability obligations in different directions may overlap and conflict although not necessarily.

The mechanisms which carry or express these different accountabilities arc varied. They include:

- planning documents-saying where we arc trying to go,
- reports - accounts of what we have done,
- timely opportunities to visit, to meet with the project or worker, to watch what is being done, to read about it perhaps,
- joint work, involvement in projects,
- opportunities for involvement in decision making.

The obligation to be directly accountable to the community with whom one is working adds a whole new dimension to this already complex situation and new opportunities for confusion and conflicL

5.4 Community Accountability

It is a basic premise of the World Health Organisation Primary Health Care policy[13] that all health agencies should accept a direct accountability to the communities that they serve, albeit in the context of coexisting accountability to funding bodies (in relation to resource control) and to technical and professional bodies (in relation to technical standards). This direct community accountability is usually argued for in terms of responsiveness to particular community needs and as a countervailing force in relation to the vested interests of professional and institutionalised groups.

Primary **health care** has been advocated by WHO since 1978 as a model for health services organisation. WHO argues that the leading sector in the health system should be at the primary

care level, in part, because it is at this level that community accountability can be most meaningful. Within this model the accountability of the secondary and tertiary sectors depends to a large extent on the advocacy, mediation and facilitation of the primary care sector.

Community Accountability at the Primary **Health Care Level.** These considerations emphasise the importance of community accountability at the primary health care *level,* particularly where people are consciously engaged in using a community development approach to their work.

Community development is predicated upon a partnership between the community development worker or project and the community with whom he or she or they are working. The credibility and effectiveness of such work depends on a real accountability by the community development worker or project lo that community. One measure of success in community development work is the strengthening of this accountability.

Intrinsic to community development work is the development in coherence and strength of the communities or networks or groups with whom the project is working. This sort of empowerment will lead to more assertiveness and control by these groups or networks in relation to a wide range of players, including the community development workers themselves, possibly moving towards a clearer statement of the contract, a clearer understanding of what should be the accountability obligations.

Changing patterns of accountability are inevitable: possibly as a consequence of the success of the community development work; sometimes as part of a deliberate strategy.

Conflict. Clearly communities are heterogeneous and any concept of community accountability must recognise the divisions and differences of opinion which will exist within the community. What are the guidelines which might help the community worker to handle such conflicts? The commitment to social justice and a fairer society provides one guideline in that the community worker will have a conscious orientation towards affirmative action with respect to the more powerless or alienated groups in that community.

The process of consensus building across different parts of a community is also part of the community development process and in many instances potential conflict might be avoided if different sections are able to listen to each other: identify with each other's perspectives. Nevertheless, some conflict is inevitable and is sometimes necessary. The political process (for example, elections) is a mechanism for working through such conflict.

Mechanisms. The mechanisms which carry or express community accountability are similar in principle to those listed above in a more general discussion. Some of those mechanisms should be emphasised, in particular:

- joint work on projects,

- timely opportunities for the constituencies to visit, to watch what is being done, to read about it perhaps, and

- opportunities for involvement in decision making.

It is evident that these ideas, based on the concept of accountability provide another perspective on the process of community development work.

5.5 Accountability Stress

Various stresses and frustrations associated with conflicting accountability pressures or split accountability channels are part of the everyday experience of community development workers.

In fact, all organisational change or social change involves changing relationships. Stress, which may or may not be interpreted in terms of accountability, is an inevitable accompaniment of this social change process.

It is sometimes helpful to be able to recognise such frustrations in terms of accountability and/or argue for further organisational change in accountability terms.

A first step is to recognise the terms of accountability in a relationship as arising from the contractual obligations (implied, explicit or imputed) in that relationship. Reporting obligations (for accountability purposes) can then be derived and argued on the basis of the imputed contract between the parties.

The kind of activities for which I am accountable (to you) and the kind of information which I should agree to provide (to you) are be argued from a statement of my contractual obligations in this relationship (assuming for the moment that we would agree on what are the terms of the contract).

Agreement (even just implied agreement) on the terms of the contract and hence accountability obligations is a pre-condition for cooperation within a relationship and within a network. This may involve negotiation and compromise. Agreement about accountability obligations within the different relationships of the network as a whole is a necessary condition for the smooth workings of the system generally.

Of course, very few systems work smoothly. In a network of relationships it is not possible (and certainly not comfortable) to be accountable for the same functions to different stakeholders. Continuing dispute over the terms and directions of accountability can be an expression of conflicting interests and perspectives.

Social change and organisational change are taking place all the time, sometimes as a direct result of community development projects. With social change at the macro level come organisational changes and changes on one's local relationships. Accountability irritants can become accountability earthquakes.

The ideas in this section are not meant to prevent change or conflict from taking place. !Iowcvcr, it may help to cope to understand stress in terms of conflicting accountability and to recognise accountability as deriving from contractual obligations. Under these circumstances a reappraisal of one's contractual obligations and a renegotiation of one's accountability may relieve the stress, until the next time.

5.6 Linkages

Most of the key linkages between accountability and planning, evaluation and research have been discussed. It is worth listing them again briefly.

Planning for changes in **our accountability relations.** The structures and expectations which arc necessary for community accountability arc not always in place without actively working towarci<; it. Accordingiy, an important part of our strategic plan should be towards developing structures and expectations which will strengthen our direct community accountability (and perhaps balance the pressures for 'upward5' accountability).

The plan as a focus of our accountability obligations. We may be under an obligation to plan as part of our contractual agreements . We may be obligated to consult with particular stake holders in the process of our planning.

Distinguishing between evaluation and reporting requirements. One of the most important issues for community groups is the separate identification of evaluation which we need to do for our own planning and learning purposes as distinct from data collection which is required for reporting purposes. We have discussed the importance of articulating clearly the purpose/s of the evaluation and understanding the accountability context within which it is taking place.

Research is also important in handling accountability issues, particularly if it helps us to better understand the models with which we are working and to be better able to articulate the theoretical basis for our work.

5.7 Resources Relating To Accountability

There are other materials in the Resources Collection which provide or refer to further resources in accountability: see the Bibliography (at Section 4), the Resources Directory (at Section 5) and the paper on Tools and Methods in Planning and Evaluation at (Section 2).

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1 Community Development in Health. 1. llealth and illness in a social context and the role of community development.

Section 1 of the CDil-I Resources Collection and submitted for publication, in a slightly different form Io Community Health Studies.

2 The CD!!-I Resources Collection was first produced during 1988 by the C:I)III Project. IL includes a range of papers and resource materials.

It is available from CDIII, 230 lligh St., Northcote, Victoria, 3070. Phone, 182 2127.

3 Sec Reference 2 in which these issues are discussed in more detail.

4 See Reference 2.

5 Sec Reference 2.

6 Wadswonh Y (1988) 'Panicipatory research and development in primary health care by community groups'. Consumers Health Forum, Canberra, ACf

7 ibid

8 Wadsworth Y (1981) Do it yourself social research. Victorian Council of Social Service and Melbourne Family Care Organisation.

9 Wadsworth Y (1988) Personal communication. See also Wadsworth Y (1985) Sociologists in work. Ph D Thesis, Monash University.

IO See Reference 2.

11 Ibid

12 Op cit

13 WHO/UNICEF 1978 Alma-Ata 1978, Primary Health Care, No 1 in the 'Health For All ' Series.