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Table 1.

Indicators for measuring the level of community participation through HCMC/VHSG at the health centers associated with the eight local NGOs selected for the study

Indicators	Ranks	Very low 1	Low 2	Medium 3	High 4	Very high 5
REPRESENTATION						
Selection of community representative (CR)		Appointment by local authority or HC with no consultation.	Selection by local authority or HC with consultation.	Local authority or HC select candidates for election.	Candidates from voluntary will, and election by community.	Election by community with their own set criteria.
Representation of CR		All from local authority or elites.	Mostly from local authority or local elites.	Villagers with health experience.	One from vulnerable group.	More than one from vulnerable group.
Concern for the poor by CR		No issues raised for the poor.	Sometimes raise exemption issue for the poor.	Always raise exemption issue for the poor.	Always raise exemption issue and sometimes other concerns for the poor.	Always raise exemption issue and other concerns for the poor.
COMMITMENT AND RESOURCE MOBILIZATION						
CR attendance in meeting		Always absent.	About 25 % attend.	About 50% attend.	About 75% attend.	Almost 100% attend.
Responsibilities and tasks of CR		CR not know about own responsibilities and tasks.	Minimum reporting on health data to HC.	Minimum reporting and assistance asked by HC.	Regular reporting and assistance asked by HC	Self initiated activities beyond requests by HC.
Resource mobilization by community for health activities		Only with incentives in money or kind, community offer time and labor.	Community contributes time and labor asked by HC.	Community contributes time labor, fees or other kinds asked by HC.	Some amount of resources raised by community initiatives.	Considerable amount of resources raised community initiatives.
DECISION MAKING						
Expressing opinions by CR		Almost none	Some CR express but agreement only.	Most of CR express but agreement only.	Express disagreement also, but feel uncomfortable.	Open expression even different opinions and disagreement.
Decision making power of CR for problem solving		All decided by HW without consulting CR.	Ideas informed by HW, and CR listen, and accept.	Ideas presented by HW, CR can raise question/ ideas but basically agree.	Ideas presented by HW, and CR has power to disagree.	Jointly make decisions by all, CR also propose ideas and make decisions.
Needs assessment		Totally by higher health offices or project funders.	Totally by HW of HC.	Dominated by HW but consult CR.	CR raise needs and assess with HW.	Community in general is involved.
MANAGEMENT						
Management and supervision of health activities in community		Totally by higher health offices or project funders.	Totally by HW of HC.	Mostly by HW assisted by CR.	CR assisted by HW.	Mostly CR and other community members.
Work information shared HC-CR		Almost none, both not know each other's work and schedule.	HC tells CR about HC work schedule, but HC not know CR activities.	Both HC and CR share information related to work/ tasks of CR.	Both HC and CR share information about their work fully.	Both HC and CR share wider information beyond their work.
Financial transparency of HC		Almost none without relevant reason.	Income partly, but not spending.	Income fully, but spending partly.	Income and spending shared fully.	Decide together with CR on how to spend income.
CR-COMMUNITY ACCOUNTABILITY						
Information sharing by CR with community		Almost none CR keep individually.	Share only with neighbors and relatives.	Share with community but occasionally and informally.	Share through formal community meetings.	Share through regular formal and informal mechanism.
CR's feeling of accountability		Self interest	Local authority	HC chief/staff	HCMC/VHSG	Community
Recognition of CR and roles by community		Almost no one knows who is CR.	50% of people know but not know roles of CR.	50% of people know and some know roles of CR.	Almost everyone knows and some can explain roles of CR clearly	Almost everyone knows and can explain roles of CR clearly.

HCMC = health center management committee, VHSG = village health support group, HC=health center, HW = professional health workers at health center.

Table 2.

Understanding of health systems and collaboration with
health centers among local NGOs ($n = 50$)

Selected questionnaire topics	Positive response %
<i>Knowledge of health systems and policies</i>	
National health strategic plan	40
Operational district health coverage plan	38
Community participation systems at HC	36
<i>Collaboration with HC</i>	
More than 3 years	30
3 years or less	48
No collaboration at all	20
Enough knowledge of HC to assess its services	42
<i>Involvement in HCMC and VHSG</i>	
Awareness of existence of HCMC at HC	26
Awareness of existence of VHSG at HC	46
Observation in HCMC meetings	10
Observation in VHSG meetings	22
<i>Activities related to HC</i>	
Health education to communities	70
Training health volunteers	60
Specific disease-focused national programs	42
Incentives to health volunteers	28
Support for exemption/reduced user fees for the poor	26
Health rights education and policy advocacy	18
Income generating projects for health volunteers	6
Budgetary support to HC	6
Provision of own free clinical services to community	6
Management advice and training to HC	4
Regular supplementary salary to HC staff	4
Material support to HC	2

HC = health center, HCMC = health center management committee,
VHSG = village health support group.

Table 3.

Levels of community participation at the health centers associated with the eight local NGOs selected for the study

Health center	#OPC/ inhabitant/ year (2003)	Mode of committee meetings *	Community participation scores					Total
			Represen- tation	Commit- ment	Decision making	Manage- ment	Account- ability	
A	0.52	joint	12	12	11	10	13	58
B	0.75	separate	12	10	11	9	13	55
C	0.55	joint	10	10	10	10	12	52
D	0.68	separate	11	12	8	9	10	50
E	0.38	separate	9	8	11	9	12	49
F	0.37	separate	9	10	9	7	11	46
G	0.36	joint	9	8	9	7	10	43
H	0.37	joint	7	7	7	6	10	37

Maximum possible score for each major aspect is 15. Maximum possible total score is 75.

OPC = outpatient consultations.

* "Joint" means that HCMC and VHSG meetings were held together, essentially as one committee. "Separate" means that, as mandated in the national health policy, the meetings of HCMC and VHSG were held separately.

Table 4.

Profiles, roles and approaches of the eight local NGOs selected for the study

NGO	Years of operation	Size	Health professional staff	Health approach	CO and CB in communities	Collaboration with partner HC	Collaboration with commune councils	Score of partner HC
a	Medium	Small	None	General	General CO and CB as core activities	Regular contact Monitor Management advice on health committees	Reporting of project Meeting Training Planning Link for health	58
b	Long	Medium	None	General + Specific infectious disease	General CO and CB as core activities	Regular contact Monitor Disease specific referral	Reporting of project Meeting Training Planning Link for health	55
c	Long	Big	20 %	Specific infectious disease	Group formation for specific issue/project	Regular contact Monitor Overall management training Disease specific project support	Reporting of project	52
d	Long	Small	None	General	General CO and CB as core activities	Regular contact Monitor	Reporting of project Meeting Training Planning Link for health	50
e	Long	Medium	10 %	General	Group formation for specific issue/project	Project/issue specific contact and referral	Reporting of project	49
f	Medium	Small	None	General + Specific infectious disease	Group formation for specific issue/project	Regular contact Monitor Disease specific referral	Reporting of project Training	46
g	Long	Small	80 %	Specific Infectious disease	Group formation for specific issue/project	Disease specific referral	Reporting of project	43
h	Medium	Small	None	General	General CO and CB as core activities	Very irregular contact	Reporting of project Meeting Training Planning	37

Years of operation: short = 1-4 years, medium = 5-8 years, long = 9 years or more. Size of organization by number of staff members: small = 1-10, medium = 11-25, big = 26 or more. CO = community organizing, CB = capacity building, HC = health center. Score: Total score on level of community participation through health committees.

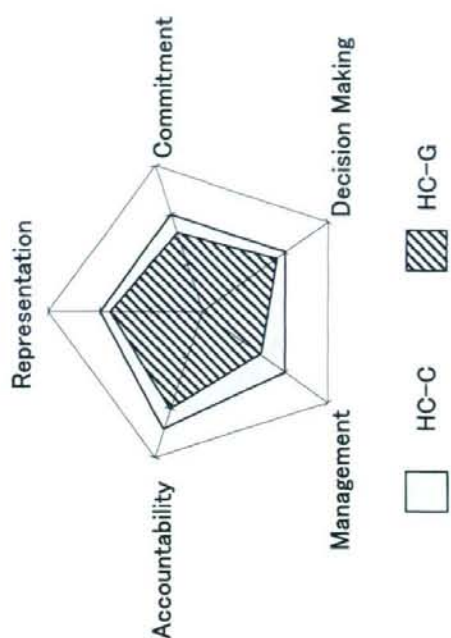
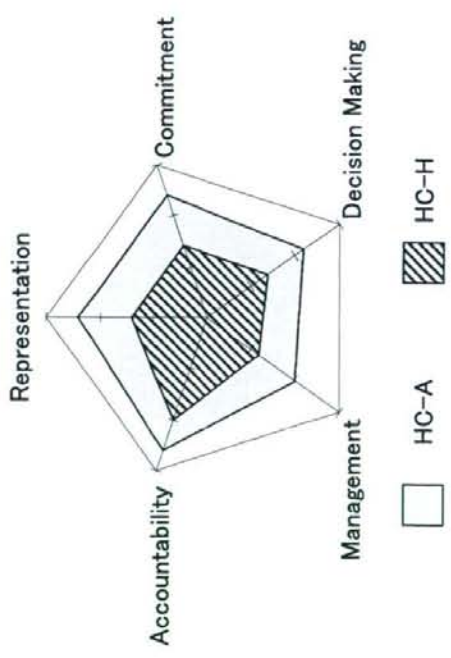


Figure 1-a. Differences between Health Center-A and Health Center-H in scores on community participation



1-b. Differences between Health Center-C and Health Center-G in scores on community participation

Captions (titles and notes) for Tables:

Table 1

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Title:

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Maximum possible score for each major aspect is 15. Maximum possible total score is 75. OPC = outpatient consultations.

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Captions for Figures

Figure 1-a

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Figure 1-b

Title: Differences between Health Center-C and Health Center-G in scores on community participation