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"COMMUNITY DIAGNOSIS"

by

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The ecological, economic, social, cultural and political context determines the living conditions of each individual within the community, as well as the living conditions of the community to which he belongs, vis-à-vis other social groups.

In the course of time each group has developed a well defined organization and a specific know-how enabling it to profit more fully from the resources of the environment, to protect itself from harmful factors and to define more closely the social relations between individuals.

Each community lives more or less explicitly according to a certain plan of development. This plan possesses a logic which shapes the attitudes of individuals, it has a system for communicating the knowledge that is indispensable to all and sundry for achieving it, and it always has a code aimed at lubricating the mechanisms required for its smooth functioning. This same community has certainly lived through events (drought, colonization, war, emigration, etc.), which have thwarted this plan and obliged the group, for a longer or shorter period of time, to seek ways of adapting in order to ensure its survival.

Every health technician should endeavour to become familiar with the physical and human context and the historical background of the community in which he has to work. He will also have to discover the plan of development evolved by this human group and to ascertain the extent to which this plan meets the basic needs of the various community members.

This knowledge of the group, an analysis of the factors that have influenced the life of each one of its members, and an awareness of the degree to which basic needs are satisfied, all constitute what may be termed "community diagnosis".

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In order to establish this diagnosis, the health technician and the group itself will have to identify needs and the resources available, undertake a selection of priorities, seek the most appropriate solution, programme and implement action and make an a posteriori evaluation of changes in relation to the initial situation and the degree to which the set objectives have been achieved.

However, knowledge of the community cannot be solely the business of agents outside the community who are working for the development of the area. If one accepts the principle that the development of a community should result from internal dynamics, the essential element is then the analysis of the situation made by the community itself. The intervention of outside persons can only be a secondary element and a technical support for the analysis, decisions and actions of the group. After an internal analysis, the community will be able to identify and express a number of unsatisfied needs in relation to the idea of happiness which this human group has formed for itself. The selection of priorities and the search for the most appropriate ways of meeting such needs will also be the result of joint work involving the community.

Thus, for the external agent, it is not simply a matter of making his "diagnosis", nor of determining, in the capacity of expert, the needs which seem to him to be "realistic", the "obvious" priorities or the "logical" ways of arriving at a solution to the problems identified. On the contrary, it is a question of keeping one's ear to the ground in this environment, of assisting it to analyse a given situation or to carry out an activity aimed at resolving a specific problem.

In brief, to succeed in initiating real community development, the notion of doing something for the community should be replaced by the notion of doing something in collaboration with it.

This line of approach calls for an essential attitude on the part of the agent in the development, namely, the conviction that the members of this community have something to teach him, and that any real and lasting progress can be based only on the dynamics of the community.

Does the training given to health personnel enable it to acquire the capacities and motivation needed to accomplish the above tasks successfully?