are likely to be disparities within them as well. Members of communities may share heritage and interests and experience similar deprivations, discrimination and disempowerment, but different members will have specific needs, concerns and expectations regarding health care. Communities are likely to comprise powerful individuals with the potential to help or hinder a health programme, depending on their viewpoint or interests.

Despite these variations, evidence and observation allow for the identification of common factors in community-based approaches to health care and nutrition. An overarching aim is that community-based programmes increase the potential of the local population to access health services and interventions. In addition, they are perceived as having the potential to accelerate advances in behaviour change, care practices and care seeking, and to empower communities and households to demand quality services. Other common aspects of community-based approaches to health care and nutrition are illustrated in the panel on page 48.

Success factors in community partnerships

Several factors are commonly found in successful community-based approaches. Implementation in any setting depends on the local context. Identifying successful factors is not only a positive way of assessing programmes and ‘learning by doing’, it is far easier than trying to disaggregate the elements that did not work in a community-based programme from the contextual factors. Consequently, while the panel on page 48 lists several of the common challenges to community partnerships in primary health care, the chapter will concentrate mostly on identifying and explaining the common tenets of successful initiatives.

Success factors:

• Cohesive, inclusive community organization and participation.
• Support and incentives for community health workers.
• Adequate programme supervision and support.