

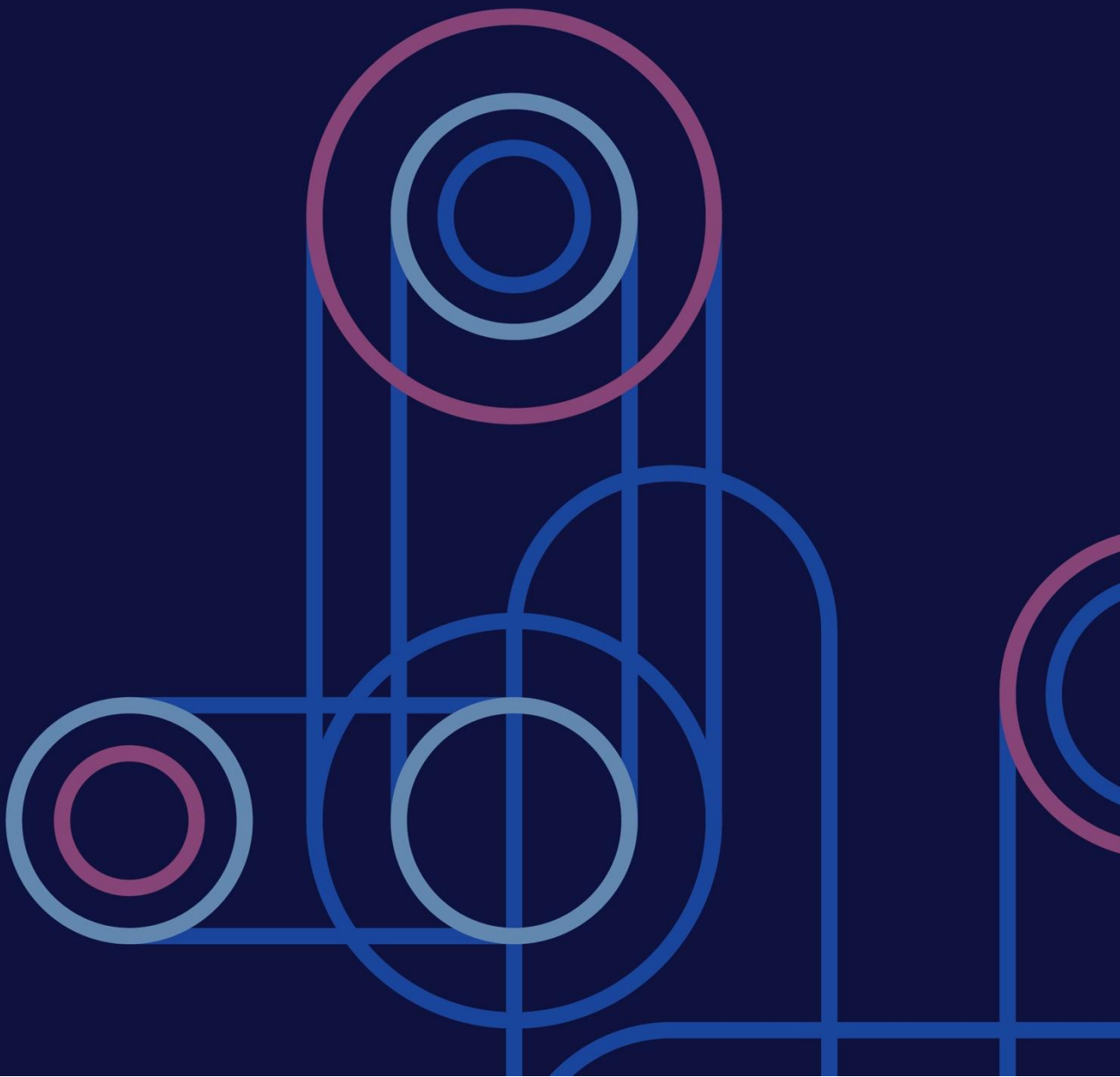


World Health
Organization

CASE STUDY

IMPACT: Inclusive Movement for Participatory and Community-led Transformation

2026



Basic information	
WHO Region	SEARO
City or Country	Bokaro City, India
Timeline	2024-2025
Type of intervention	Governance; participation
Primary level of implementation	City
Primary sectors involved	Health; water and sanitation; social development; local governance
Primary health outcomes or challenges	Community participation; health coordination gaps; responsiveness to differentiated needs

Case description

Bokaro City, in Jharkhand State, India, is a rapidly urbanizing and industrialized context characterized by significant heterogeneity across neighbourhoods, including marked differences between slum and non-slum areas. More than half of the district’s population resides in urban areas, where residents experience diverse and evolving health, social, and environmental challenges. While national and state health programmes have established community- and facility-level participatory structures in urban areas, these structures have not consistently functioned as effective channels for articulating local priorities or influencing decision-making related to health services or municipal action in other health-relevant sectors.

In this context, the Inclusive Movement for Participatory and Community-led Transformation (IMPACT) was initiated in 2024 as a pilot participatory governance model in Bokaro City. The programme sought to strengthen social accountability and responsiveness in urban health and related sectors by building on existing, health-anchored participatory structures – particularly Mahila Arogya Samiti (MAS – local women’s collectives), which operate at the community level, and Jan Arogya Samiti (JAS – facility based committees with local representatives), which function at the level of urban primary health facilities – and by reinforcing their linkages with health services, municipal authorities, and other institutional actors. The initiative was implemented with the involvement of the State Health Department of Jharkhand as the approving authority, in close coordination with the District Health Department and the Bokaro



IMPACT Community training. Bokaro City, India: 2024. © Vihara Shubham Shukla.

Municipal Corporation, with technical and facilitative support from PATH and in partnership with Vihara.

IMPACT was structured in three sequential phases. The first phase involved landscaping and situational analysis to map public health governance arrangements in Bokaro and assess the roles, capacities, and functioning of MAS, JAS, and other relevant community structures. A dedicated scoping exercise was conducted in mid-2024, using qualitative methods to understand how these structures operate in practice, how they interact with health and municipal institutions, and what barriers limit meaningful participation. Findings highlighted a number of challenges, including limited clarity regarding roles and responsibilities, weak mechanisms for aggregating and escalating community priorities, and low motivation and recognition among community representatives. The scoping exercise was complemented by transect walks to gather baseline information about the communities. As a result of this work, communities were identified as belonging to one of three categories: Diverse but United – heterogeneous communities with diverse populations that proactively come together to solve their problems – Collectively Stressed – communities with people from similar socio-economic and cultural backgrounds who collectively face systemic neglect due to their social identity – or Diverse and Divided – heterogeneous communities facing intra-community conflicts.

Building on these findings, the second phase focused on the design of practical tools and capacity-building approaches tailored to local conditions. These included visual and participatory instruments (e.g., maps, charts, pictorial cards, scoring matrices, or guided discussion formats) to help community members identify and prioritize health, environmental, and social needs; structured processes for developing community charters and action plans; organised engagement platforms to achieve community consensus and feedback; and mechanisms to support regular interaction between community structures, health staff, and municipal actors (e.g., simple digital channels

such as WhatsApp groups and tools for escalation, feedback, and follow-up). Attention was given to ensuring that tools were usable by diverse groups and that they reflected differences between neighbourhoods rather than applying uniform solutions across the city.

The third phase centred on demonstrating evidence-based participatory governance in practice. This involved supporting MAS to apply newly developed tools, engage residents in identifying shared priorities, and bring these priorities into coordinated forums with health and urban authorities. Joint meetings and defined escalation pathways were used to strengthen responsiveness, while ongoing facilitation sought to embed participatory practices within existing governance arrangements rather than creating parallel systems.

Barriers to participatory urban health governance underscored by the IMPACT experience included historical fragmentation among community structures, limited trust between residents and institutions, and constrained capacities within overstretched local systems. Enabling factors included the presence of formally recognized community platforms, a supportive policy environment for participation in health governance, and deliberate investments in coordination, role clarity, and feedback mechanisms. Through its phased implementation, IMPACT established a structured foundation for linking local knowledge and priorities with city-level decision-making processes.

Looking ahead, sustaining and scaling participatory governance in Bokaro will depend on continued institutional commitment, integration of participatory processes into routine planning and review cycles, and the ability to demonstrate that strengthened participation contributes to more responsive and equitable outcomes across health and related sectors.

Strategic Highlight

The IMPACT initiative illustrates how innovations designed to support participation can serve as a critical bridge between governance priorities and the lived realities of urban communities. Participation within IMPACT was not symbolic, but rather constituted a functional mechanism to translate local knowledge into actionable inputs for decision-making. This reflects the core strategic principle of aligning governance processes with the context-specific determinants that shape health outcomes in urban areas.

In Bokaro, participation was fostered not via new institutions, but through the deliberate strengthening and re-orientation of existing community structures. Grounding its design in a detailed situational analysis, IMPACT recognized that participation must be adapted to local conditions, including social heterogeneity, differing capacities across neighbourhoods, and the varying relationships between communities and authorities.

Its emphasis on tools, role clarity, and coordination were directly responsive to these contextual realities, increasing the likelihood that participatory processes would be sustained over time.

Participation can function as an entry point for broader system alignment. In IMPACT, community charters, action plans, and structured engagement forums provided concrete interfaces for community-defined priorities to intersect with institutional mandates in health, sanitation, and social development. These linkages helped ensure that governance processes and formal decision-making across a range of sectors with health implications were informed by local needs. They reduced the risk that participation might remain disconnected from implementation.

This case also highlights the importance of connective capacities—skills, relationships, and processes that enable actors across sectors and levels to work together. Investments in facilitation, coordination platforms, and feedback mechanisms strengthen these capacities, allowing participatory inputs to routinely influence governance processes, rather than relying on sporadic consultations. Simultaneously, IMPACT supported learning and adaptation within local governance, an essential element in complex urban systems where needs and conditions evolve rapidly.

For decision-makers in other contexts, the case of Bokaro suggests the strategic value of effective participatory mechanisms. Targeted innovations can allow participation to flourish, and when participatory innovations are explicitly linked to governance functions, grounded in local diagnostics, and supported by enabling mechanisms, they can create lasting pathways for aligning urban health action with community priorities. This alignment, in turn, sets the stage for strategic action to be coherent, responsive, and capable of delivering sustained improvements in urban health and wellbeing.

Further Information

- [Inclusive Movement for Participatory and Community-Led Transformation \(IMPACT\)](#)
- [IMPACT: Introduction](#)
- [IMPACT: Landscaping results and action plan](#)
- [IMPACT: Scoping Report](#)
- [IMPACT: Progress Report](#)