

CAMPBE

Integrated Approach to Local Rural Development

Report of an Interdisciplinary Seminar
Makati, Philippines
31 March - 3 April 1975

Editor: Marilyn Campbell

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Conceptual Framework for a Rural Development Program

Oscar Echeverri, MD

Director, Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER), Universidad del Valle, Colombia

The purpose of this presentation is to describe the conceptual framework for a rural development program aimed at improving the well-being of rural people living in Norte del Cauca, Colombia.

The reason why a physician is directing a centre for multidisciplinary research in rural development (Centro de Investigaciones Multidisciplinarias en Desarrollo Rural, CIMDER) is because of the evolution of experiences in community medicine that the Division of Health Sciences at the Universidad del Valle has had for more than 15 years. In 1961, when the problem of environmental sanitation was chosen as the top priority in health for a rural population (Candelaria), it was concluded that the solution should have a multidisciplinary approach, since physicians alone could not solve the health problems of this community.

A group of students and faculty from different disciplines (architecture, sanitary engineering, and health) proposed the construction of sanitary units through community action as a partial solution to the environmental sanitation problem. After several years, in 1968, based on this successful experience, a multidisciplinary health research committee (CIMS) was established to study solutions for priority health problems (diarrhea, tuberculosis, etc.). This committee concentrated on developing ways of measuring and evaluating the effects of multidisciplinary actions in health, but soon they concluded that these efforts in the health sector alone were insufficient to improve the level of health in a community, and also that health as the goal of multidisciplinary action should be changed to being the "well-being" of the community. This reorientation led to a change

of the Health Research Committee into a research group in well-being, which took as a priority the study of problems in rural areas. This was the birth of CIMDER in 1972, which has been working on the development of a conceptual framework and the implementation of different action projects to improve well-being in a rural population, under the auspices of regional, national, and international institutions, especially the International Development Research Centre (IDRC).

The Concept of Well-Being

The CIMDER technical committee intensely discussed different approaches to arrive at a definition of well-being. This effort took 9 months and allowed the group to evolve from a multidisciplinary into an interdisciplinary one. Even more significant, this effort has been the most important activity for achieving a common language among the different disciplines represented by the members of the committee. As well, it has resulted in a definition of well-being that does not pretend to be an abstract generalization but a way of achieving an interdisciplinary conceptual agreement for the development of actions to improve well-being no matter what the conceptual interpretation might be.

To begin the discussion on well-being, the group started from the assumption that the primary function of an interdisciplinary group is that of acting within an ecosystem in which interactions between man and environment and man and himself are produced according to certain rules. Actions generated by man (governed by human laws) and those generated

by the environment (governed by natural laws) interact to produce the attainment of needs or the needs themselves. The individual aggregation leads to the concept of well-being.

Social scientists have utilized four basic elements to establish the principles and theories for explaining the organization, distribution, and use of resources by man. These elements (land, labour, capital, and social organization) are considered as inputs, which are modified by technology to determine a given level of production and productivity. These in time generate the per capita income, which, depending upon the political system in which the rural development takes place, conditions the purchasing of goods and services such as land, food, housing, education, health care, environmental sanitation, recreation, etc. These goods and services are in time characterized in terms of quality and costs by the technology available used to produce and provide them.

The utilization of those goods and services modify in different degrees the four basic components characterizing man's life: the level of living, the level of health, the social condition, and the life-style. The level of living is the situation resulting from the possession of goods and services by each one of the members of a community. The level of health is a characteristic of the population resulting from the frequency and distribution of disease and disability and the availability and use of health services by each member of the community. The social condition is an attribute resulting from the role and the status that each member acquires or has attributed to him by the community. The life-style is a behaviour resulting from the habits, attitudes, and values of each member in the community.

Strategies for Action Plans

Taking the above model as the basis for designing action to improve well-being, it is necessary to learn where to introduce stimuli in various interacting elements to obtain changes in the well-being of the population. The stimuli that might modify such well-being elements must be produced according to a feasible and harmonious plan (taking into account cost and time restrictions). The organization and ways of using resources in the plan constitute a strategy.

The requirements (difference between the optimal and present satisfaction of needs) of a community can be assimilated into the specific

objectives of a well-being program. On the other hand, the primary sources for satisfying such requirements are those classic resources of land, capital, labour, and social organization.

The different possibilities of organizing these resources produce the alternatives for action, whose sectoral analysis ought to lead to a prediction on the effect that might be achieved with each one of the alternatives. The selection of an alternative according to the organization and use of resources, is the basis for implementing an action strategy that must be adjusted systematically after time and costs restrictions. Taking the nutrition requirement as an example, it will be expressed as a specific objective in the following terms: reduce malnutrition among a population group by 95% (i.e., pre-school children) within a certain period of time (i.e., 5 years). To achieve this objective several sectors must intervene since it is impossible for a sector to reduce a multisectoral problem with unisectoral actions. Each one of the sectors organizes the resources and formulates several alternatives, which are analyzed intrasectorally (health, education, agriculture, sanitation, etc.). Then one alternative is chosen as the basis on which to implement a strategy that enables predicting the percentage of reduced malnutrition achieved by the sector in the selected population group. This strategy, as pointed out before, must take into account the time and cost restrictions. The strategy selected by each sector is applied to the population group and the outcomes are compared to the predicted ones in each sector. The aggregation of partial outcomes (outcomes from each sector) must be equal to the stated percent in the objective. If one or several sectors did not achieve their partial outcomes, a review must be done of its alternatives, strategies, and predictions until the cycle can achieve the desired (and predicted) partial outcome. The obtaining of identified requirements will allow the satisfaction of needs, which in turn will achieve positive changes in the well-being of a community.

Each one of these components has manifestations of variable magnitude and quality in every human being, all of which by aggregation configure the concept of well-being. In other words, well-being is the vivential expression resulting from the level of living, the level of health, the social condition, and the life-style experienced by man. Although each component of well-being is directly or indirectly af-

ected by the use of goods and the delivery of services, there are clearly studied relationships, as in the case of the health level, which is directly modified by environmental health services, personal health services, and the use of food. The level-of-living component is directly modified by the possession of goods, whereas the social condition is directly modified by use of goods, education services, and recreation, which provide for a given status within the community. Education services directly modify some components of well-being, but its fundamental relationship is established with the mechanisms for producing, obtaining, and utilizing other goods and services such as food, housing goods, personal and environmental health services, and educational goods and services themselves.

According to the established definitions, the four components are mutually interrelated and conditioned, and at the same time that they produce well-being, they also are conditioning the inputs by a feedback mechanism. For example, smoking (life-style) leads to disease (level of health), which limits the work capacity (input).

This elaboration of the well-being concept has taken into account a set of elements and components that configure a model with a final output: well-being.

Constraints to Action Plans

The four components of well-being (level of living, level of health, social condition, and life-style) are mainly determined by the degree of satisfaction of needs in the community through the use of goods and services. The difference between the optimal and the present satisfaction of needs allows the identification of those requirements that a program for improving the well-being must obtain through its action plans. The use of means (instruments,

mechanisms, resources, attributes, etc.) to obtain such requirements usually is hampered by constraints of different class and magnitude. For instance, the production increase, the income, health, education, marketing systems, and capital, are means of achieving the requirements for improving well-being. But those means cannot be freely used because of different kinds of constraints such as availability, accessibility, use and tenure of land, available technology, power (political, economic, etc.) distribution, present legislation, etc.

The analysis of constraints for using some of the above-mentioned means is one of the most important efforts being developed by CIMDER to establish the feasibility of its action plans. Such analyses are based on a value system generated from the knowledge that the technical committee has gained by permanent contact with the "campesinos" (peasants) during an uninterrupted period of 2 years. The participation of the community is, therefore, an indirect one in the sense that the members of the technical committee incorporate into their value system attitudes, beliefs, and values from the community by a dialectic interplay between the values of the professionals and those of the peasants, avoiding as much as possible any violation of the essence of their values.

This process of analysis of constraints is developed through the rigorous application of the scientific method to avoid as much as possible induced individual positions through ideological biases that necessarily are present in the development field. Furthermore, although the analysis of such constraints may eliminate or minimize them, the resulting strategies could not be applied without a clearly well-defined organization of the community to assure the participation of nearly all of its members for the improvement of their own well-being, as a product of their efforts, with the guidance and technical support of an interdisciplinary group.