Health Needs

Report of a Seminar held at Pokhara, Nepal, September - October 1977

Laura P. Shrestha, and Marilyn Campbell

(IDRC publication). Report on health service/s and needs in rural area/s of Nepal, including information on the Nepal Health Manpower Development Research Project. (1) examines survey, methodology, and data collecting procedures; application of research result/s and role of applied social research in health planning. (2) presents country papers from selected countries of South Asia and South East Asia, examining basic needs, personnel, training, maternal child health, etc. (3) includes annotated bibliography, sample questionnaire/s.

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Cover: An interviewer with the Nepal Health Manpower Development Research Project questions an elderly woman about her health in a small village in the Pokhara Valley of Nepal.

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Rural Health Needs
Report of a Seminar held at Pokhara, Nepal, 6-12 October 1977

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Development is the most used but least understood word in present times. The term “self-development” is not understood at all. Therefore it is necessary to explain what I mean by development and self-development before I go on to describe briefly what we in the Sarvodaya Shramadana Movement are doing in this respect in Sri Lanka.

In our part of the world, development is closely linked with or synonymous with the process of “awakening” man in relation to his family, village, nation, or the world based on a value system. No development program is meaningful or complete without a value base consistent with the socioeconomic and spiritual-cultural aspirations of the people for whom the program is meant.

Total awakening of man’s personality should be the final goal of all human endeavours including those that go in the name of development. Family welfare, village and national level planning and development efforts, and world development programs such as the establishment of a new world economic order should finally result in helping the human being to awaken himself or herself to the great spiritual and cultural potentialities within themselves.

“Sarvodaya” means “awakening of all.” To awaken a human personality, we in the Sarvodaya Shramadana Movement believe that four factors are important. Firstly, a thought: thought of respect for life or compassion toward the living world. Secondly, an action: compassionate action to remove the causes that bring about suffering. Thirdly, the immediate reaction one gets when seeing others becoming happy as a result of one’s actions: joy of living or altruistic joy. Fourthly, a long-term personality trait added to one’s life: equanimity or a balanced state of mind with which one can face loss or gain,
fame or blame, with equal detachment. These four personality attributes help a human being to evolve toward self-realization, self-fulfillment, or self-development.

Similarly, a group, be it a family, a rural or urban community, a nation, or the world, can be reorganized on four basic factors of group conduct. They are sharing, pleasant language, constructive activity, and equality. Based on these, a dynamic self-development force can be released from the grassroots up. This is exactly what the Sarvodaya Shramadana Movement is attempting to do in over 1000 villages in Sri Lanka.

**Principles**

The general principles governing our development programs are: (1) development is for all human beings irrespective of their caste, race, religion, or political affiliation; (2) the poorest and the most deprived in a village should be served first; (3) all development efforts should be aimed at the fullest development of human personality of every man, woman, and child; (4) minimum requirements for a decent human being should be ensured first for all people; (5) village planning, implementation, and evaluation of projects and programs should be carried out with total participation of village communities from their inception through to the completion; (6) development should start from the grassroots, with locally available human and material resources and using appropriate village technologies for the satisfaction of basic human needs of the village community; (7) development should be basically an effort on the part of the people, while government as well as other organizations should supplement these efforts of the people by such actions that lead to:

(i) provision of appropriate knowledge and capital wherever necessary;
(ii) equitable distribution of national wealth to narrow the gap between the haves and have-nots;
(iii) assurance of social and economic justice conducive to self-development, e.g. land reforms;
(iv) abstention from superimposition on the people of centrally planned programs that would hamper the efforts of the people toward self-reliance, self-sufficiency, and self-development;

(8) social and economic development should take place without creating contradictions of the cherished spiritual and cultural values of the people.

**Basic Needs**

The entire Sarvodaya program is implemented through village-level people’s organizations, Gramodaya Centres (village awakening centres servicing 15-20 villages), and Development Education Institutes of the movement. Through these an attempt is made to help villagers create a psychological, social, economic, technological (appropriate), cultural, and spiritual environment where the following 10 basic needs can be satisfied for a contented and a simple way of life:

(1) a clean and beautiful village environment both in the human and material sense with least amount of pollution of mind, air, water, and soil;
(2) availability of a clean and adequate water supply for personal needs of the people;
(3) an adequate food supply to meet the basic requirements of the people, especially a balanced diet for all preschool children including infants, children of school-going age, expectant and lactating mothers, and the aged;
(4) provision of minimum requirements of clothing for all — at least two outfits for work, two for normal wear, one for night wear, and one for
ceremonial occasions;
(5) a simple dwelling for every family ensuring good ventilation, light, and privacy built with the maximum utilization of the locally available materials;
(6) primary health care services and satisfactory environmental sanitation facilities;
(7) an access road to the village, safe pathways to every home, and elementary communication facilities;
(8) availability of fuel for home needs such as cooking and lighting;
(9) a formal and a nonformal education program built into each other beginning with preschool children and extending up to out-of-school youth and adults taking place in relation to the needs of the people and within the cultural values of the community; and
(10) facilities for recreational and spiritual development.
Satisfaction of the above basic needs of the people has to take place within our democratic freedoms as ensured by the state.

A Total Approach
Because rural problems are interrelated and affect every sector of the community, young and old, an integrated and total approach has to be made to bring about effective solutions; this is the philosophy of the Sarvodaya Shramadana Movement.

“Health” is considered to be an important integral part of this total development process and as such every developmental activity spearheaded by Sarvodaya has components of health integrated into it.

The purpose of Sarvodaya is to develop community programs to solve urgent social problems rather than carry out more research-oriented projects. Some such social needs identified are: poor nutrition of children; ill health of children and mothers; poor environmental sanitation; poor housing conditions; lack of adequate and wholesome drinking water; poor food habits; ignorance of simple, inexpensive, and easy to practice methods that would improve the status of health.

The programs carried out by Sarvodaya to solve these problems are:

Community Kitchen (Nutrition) Program — The target groups that directly benefit from this program are children between 3 and 6 years, pregnant and lactating mothers, and any other needy members of the community. Activities include providing daily morning and noon meals that supplement the nutritional intake at home; training children in simple health habits and hygiene; organizing periodic medical examinations of children and maintaining simple health cards for the children; organizing immunization campaigns; educating mothers and young girls and youth and adolescents in nutrition, food handling, home economics, environmental sanitation, home gardening, the importance of attending maternity and well-baby clinics, and family health; training children in home gardening; bringing about close cooperation and coordination between the public health services and the community; helping the public health personnel to implement their programs successfully; developing a “seed bank” for the distribution of seeds and plants for growing in the village, and development of a “food bank” by collecting grains etc., from the villagers during harvesting, for the use of the community kitchen during lean periods or for sharing with a needy village; developing a “community dairy” to make the community kitchen self-sufficient in milk.

Preschool Program — All community kitchens transform into preschools within 3-6 months. At the preschool, educational programs are carried out in
addition to those of the community kitchen. Children are encouraged in group activities that promote the basic social principles of sharing, pleasant speech, helping each other, tolerance, and equality.

**Day-Care Centres (Creche) Program** — For better health, love, and care of infants and toddlers, steps have been taken to establish day-care centres annexed to the preschool from 1976. At present, this program has been implemented satisfactorily in the plantation sector and a few villages where Sarvodaya activities are in progress.

**Community Health Program** — A separate service for intensive community health activities in the villages was started as a pilot project in 1975. The community health worker coordinates the health-oriented programs carried out by four to five community kitchens. She organizes the community and carries out health education to implement the functions of the community kitchens more intensively. The community health worker maintains registers of various risk groups and also acts as a volunteer health visitor and social worker for all needy persons in the area. Health education including family health education is an important function of the community health worker. She also carries out simple first-aid and wound dressing using techniques and materials that can be easily practiced and obtained in any rural village.

**Intensive Programs for the Severely Malnourished and Ill**

*Children and the Physically Handicapped* — The Sarvodaya “Suwa-Setha” program was started in March 1977 to serve the severely malnourished and ill children and also the physically handicapped by providing nutritional, nursing, and medical care to severely malnourished and ill children under 14 years of age who have no parents or guardians, and accommodation, food, medical care, and occupational rehabilitation for physically handicapped children.

*Training Sarvodaya Workers* — Training personnel to undertake the above activities is an important function handled by Sarvodaya. There are three training courses conducted at several centres concurrently: (1) community kitchen workers (2 weeks); (2) preschool workers (3 months); (3) community health workers (6 months). All training courses are residential with the full expenses borne by Sarvodaya.

Fixed curricula for training are available and these are revised and updated by a committee (Preschool, Nutrition, and Community Health Committee) periodically. Candidates for training are selected by the mothers in the community and after the training the workers return to their own villages for service.

Regular seminars, workshops, and conferences are held both at headquarters, and in the regions for the workers to update their knowledge and exchange views on the problems encountered.

The work of the Sarvodaya workers is supervised and assisted by the mothers in the village and supported by the Sarvodaya Community leaders. Technical supervision, assessment, and coordination of the work are done by the various committees at the headquarters in Moratuwa.

The main difficulties encountered by the programs at present are the shortage of full-time skilled technical staff to train personnel and to monitor the programs in the field.

The services of one full-time health educator, two health nurses, and one medical officer trained in community medicine would go a long way to solve these problems.