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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Contents

Foreword Nihal M. Kappagoda ................................................................. 4

Addresses to the Participants
Welcoming address Florentino S. Solon ................................................. 7
Opening address Hon. Jose Roño ............................................................. 7
Closing address Hon. Estefania Aldaba-Lim ............................................ 9

Summaries of Project Reports
Integrated approaches for development programs:
dangers and prospects Sook Bang ......................................................... 13
Conceptual framework for a rural development program Oscar Echeverri .... 16
Rural development in Korea: the Saemaeul Movement Woo Hyuk Kang ....... 19
The Integrated Rural Development Programme in Bangladesh A. N. M. Eusuf .............................................................. 22
The Gonoshasthya Kendra project of Bangladesh Zafrullah Chowdhury .......... 25
The Thailand Rural Reconstruction Movement Somchai Yoktri ................. 27
The community development service in Yogyakarta, Indonesia Sartono Kartodirdjo ................................................................. 29
Integrated approach to local rural development in Indonesia Ibnoe Soedjono ................................................................. 31
An integrated approach to rural development in Malaysia Zainal Abidin bin Ahmad ................................................................. 33
A multipronged approach to rural development:
the College of Agriculture Complex of Xavier University, Philippines William F. Masterson, S.J. ................................................................. 35
The Buhi Rural Social Development Center project, Buhis, Camarines Sur, Philippines Teresita Silva ................................................................. 37
The Cebu Institute of Medicine rural internship program, Cebu, Philippines Florentino S. Solon ................................................................. 40

Various governments’ policies on rural development
Introduction Celia Castillo ..................................................................... 44
Summary of Policies ............................................................................. 45

Summary of session on “Potentials for Regional Cooperation” ....................... 48

Recommendations .................................................................................. 49

List of Participants ................................................................................ 50
The Gonoshasthya Kendra Project of Bangladesh

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Project Director, Gonoshasthya Kendra, Nayarhat District, Bangladesh

The Gonoshasthya Kendra (People's Health Centre) of Bangladesh is a project that is concerned with various aspects of rural life, all of which have a bearing on health.

The body responsible for running the project is a charitable trust registered with the Bangladesh Government, called the Gonoshasthya Kendra Trust. It consists of five members (one of them being the Project Director), who meet from time to time to review the progress of the project and make recommendations. Full executive authority is vested in the Project Director. The Trust was formed in 1972 to provide a solid basis for the project.

The project serves the area of Savar Thana, which comprises approximately 300 villages and a population of 200,000, most of whom are either farmers or farm workers.

The staff of the project consists of a Director, three medical doctors, a family planning officer, an administrative coordinator, as well as 35 paramedics, two handicrafts instructors, and four foreign volunteers plus support staff.

Brief History of the Project

A team of doctors and helpers, led by the present Project Director, set up a field hospital for the care of wounded soldiers and refugees during the Bangladesh Liberation War in 1972. The team stayed together after the end of the war, and decided to start a rural project to tackle the problems of rural health along innovative lines as an experiment and as an indication of what could be achieved. The project, under the name of Gonoshasthya Kendra, was set up in Savar in 1972. It is still in the process of expansion.

Initially, the aim was solely to set up a health care service in a typical rural area. But gradually, in response to the real needs encountered in the course of medical work, the health program was supplemented with programs in family planning, agriculture, nutrition, and education and vocational training.

The nuclear team that originated the idea of the project and began to set it up was of purely Bangladesh nationality but not local to Savar. Subsequently, local people have been absorbed into the staff of the project (especially as paramedics); cooperation has been sought at all stages and received from people of all levels in the local community.

The Project in Action

There is a very close rapport between the project and the local community, resulting from the presence of many members of the community on the staff, and from the fact that a large amount of the time of all staff members is spent in the villages, making home visits. Probably as a result of this, the attitude to innovations (such as contraceptive pills, or soybeans) has been much more positive than was at first expected.

A further consequence of the close relationship between project and community is that there has been all along an interchange of ideas: the project staff listen, as well as speak. The aims and methods of the project are subject to constant revision as a result of this.

The community has at its disposal excellent land (though it is owned mainly by a minority), but excess population. It has limited cash resources, a low employment level, a low literacy level (about 4% according to our own survey), and poor health.

The project has received funds from outside sponsors, but depends partly on local financial
support; it will ultimately become totally dependent on local income.

Some funds have been spent on unnecessarily grandiose buildings (at the wish of the sponsors). The funds received from outside have mainly been used for setting up the centre; the actual village community development work being undertaken is largely self-funded.

As the project is still in the process of creation, it is too early to judge the extent of its success. However, the project has provoked some favourable reactions in other projects in other parts of the country, and has also received considerable publicity and attention among foreign aid agencies. This again is the result of personal contact only. Many outsiders are received as visitors at the project.

Achievements
Real achievements, in the form of social and economic changes that will permanently affect the well-being of the community in a positive way, necessarily take a long time to attain, and our project is less than three years old. However, significant success (comparing very favourably with results achieved in any other project, private or governmental, in this country) has been had in the family planning program (motivation of clients; a steady demand for the Pill, and also now for tubal ligation, which is evidence of changing attitudes) and also in the training of paramedics. Local women locally trained are successfully performing tubal ligations and other skilled work, which indicates the potential of ordinary local people as opposed to “qualified specialists” for solving local problems.