

# **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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*Editor:* Marilyn Campbell

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*The views expressed in this publication are those of the individual author(s) and do not necessarily represent the views of IDRC.*

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# Contents

Foreword	<i>Nihal M. Kappagoda</i>	4
Addresses to the Participants		
Welcoming address	<i>Florentino S. Solon</i>	7
Opening address	<i>Hon. Jose Roño</i>	7
Closing address	<i>Hon. Estefania Aldaba-Lim</i>	9
Summaries of Project Reports		
Integrated approaches for development programs: dangers and prospects	<i>Sook Bang</i>	13
Conceptual framework for a rural development program	<i>Oscar Echeverri</i>	16
Rural development in Korea: the Saemaeul Movement	<i>Woo Hyuk Kang</i>	19
The Integrated Rural Development Programme in Bangladesh	<i>A. N. M. Eusuf</i>	22
The Gonoshasthya Kendra project of Bangladesh	<i>Zafrullah Chowdhury</i>	25
The Thailand Rural Reconstruction Movement	<i>Somchai Yoktri</i>	27
The community development service in Yogyakarta, Indonesia	<i>Sartono Kartodirdjo</i>	29
Integrated approach to local rural development in Indonesia	<i>Ibnoe Soedjono</i>	31
An integrated approach to rural development in Malaysia	<i>Zainal Abidin bin Ahmad</i>	33
A multipronged approach to rural development: the College of Agriculture Complex of Xavier University, Philippines	<i>William F. Masterson, S.J.</i>	35
The Buhi Rural Social Development Center project, Buhi, Camarines Sur, Philippines	<i>Teresita Silva</i>	37
The Cebu Institute of Medicine rural internship program, Cebu, Philippines	<i>Florentino S. Solon</i>	40
Various governments' policies on rural development		
Introduction	<i>Gelia Castillo</i>	44
Summary of Policies		45
Summary of session on "Potentials for Regional Cooperation"		48
Recommendations		49
List of Participants		50

## The Cebu Institute of Medicine Rural Internship Program, Cebu, Philippines

Florentino S. Solon, MD

*Executive Director, Nutrition Center of the Philippines, Makati, Philippines*

It is presently indisputable that medical education is too hospital-oriented, and that there exists a great gap between medical progress and the delivery of medical care to the people.

In view of this, the Cebu Institute of Medicine provides a 2-month Rural Internship Program called the "Community Medico-Social Services" (CIM-CMSS).

### Project Areas

#### *Community-Based Community Medicine*

The barrio of Paknaan, 9 km from Cebu City and 1 km east of the north national highway, was chosen as the area for the community-based medicine project.

In a typically rural setting, this community of 636 families and 3667 people is chiefly engaged in cottage industries producing brooms, feather dusters, doormats, hangers, and brushes. Like other areas in the Philippines, the dependent age group constitutes the majority segment of the population. Educational levels are comparatively low and hence the chief occupation is cottage industries, giving 60% of the population an annual income of P2400 (ca. \$350.00).

There is electrical service but no piped water supply. Artesian wells scattered throughout the barrio fill the water needs of the barrio.

The tricycle and the jeepney are the chief means of transportation from the barrio to the main highway.

There are several industrial establishments in the area: an alcohol plant, a drug factory, a steel mill, an oxygen-acetylene plant, a foundry, a textile mill, and two poultry farms.

#### *Service Model Areas*

Four barrios of Lilo-an, Cebu, and one barrio of Consolacion are visited once a week by a team of interns playing the roles of rural health unit (RHU) members, such as doctor, nurse, midwife, and sanitary inspector. Each member of the unit takes turns in acting the different roles in a RHU in the various barrios.

#### *Hospital-Based Community Medicine*

Opon Emergency Hospital in Lapu-lapu City was selected as the base for interns assigned in this area. Two barrios located near the hospital are areas for their community medicine. These barrios are visited twice a week and for the rest of the week the interns work in the hospital.

#### *Urban (Slum)-Based Community Medicine*

Pasil and Ponce Compound in Cebu City are slum areas where the interns stay for 2 weeks. Free clinics are held twice a week at the Department of Social Welfare building in Ponce Compound. Family Health Aides help the interns in the follow-up of "priority" families (large families with low income, underweight preschoolers, pregnant and lactating mothers, and with a high incidence of morbidity and mortality) in Pasil where no free clinics are held.

### Objectives

The training activities undertaken by the CMSS are guided by the following basic objectives:

(1) to expose the student doctor to the significant aspects of disease and family life,

which are social in nature, i.e., the interrelated cultural, socioeconomic, and environmental factors influencing the pattern of disease and the attitudinal aspects of family life;

(2) to familiarize the student with the problems commonly encountered in community practice and to develop skills in solving such problems;

(3) to inculcate in the student his role not merely as a healer of the sick but also as a dynamic leader in initiating or catalyzing changes in the community for the improvement of the social and health status;

(4) to apply the knowledge and techniques acquired in the classroom, the hospital, and the laboratory to the solution of the problems of disease prevention, treatment, and the promotion of family health;

(5) to train the student in the epidemiologic approaches, community organization, research, and applied studies through the development of a service model for community health care;

(6) ultimately, the Cebu Institute of Medicine aims to become a resource in new approaches in the delivery of comprehensive health care.

### Activities

Medical interns of the CIM spend 2 months of their year-long rotating internship at the CIM-CMSS. They rotate in each of the four differently based community medicine activities for 2 weeks. Their activities include the following.

#### *Provision of Basic Health Services*

- medical care, mainly diagnostic and remedial, and follow-up
- control of communicable disease
- promotion of environmental sanitation through the "Home Development Project"
- maternal and child health care, with prenatal and postnatal clinics, well-baby checkups, and family planning services
- health and nutrition education, which is carried out in every phase of the CIM-CMSS program
- laboratory services, including routine tuberculin testing done in connection with the TB Control Program
- referrals to the Cebu (Velez) General Hospital and other health agencies for cases that require such services

- regular collection and compilation of vital and health statistics to keep track of the community health status

#### *Special Studies*

- surveillance: (a) through the study of case figures of the prevalence of two important diseases, acute gastro-enteritis and acute respiratory infections, to learn when to expect an epidemic outbreak; (b) of individual household water supplies through a spot map of the barrio to pinpoint and contain any outbreak of water-borne diseases
- medical economics: the cost of each prescription is estimated and recorded and costs are computed and averages per disease are taken; this gives an average figure necessary to treat a particular disease per family for any given year
- deworming: antihelmenthics are sold at cost to patients who have parasites; the actual cost of deworming per patient is thereby determined and the efficiency of the deworming medicines as well as their side effects are also made available
- dietary survey: interns take turns in budgeting, marketing, and cooking food for the entire group and keep records of food caloric and nutritional content as well as their own weight changes

#### *Special Activities*

- intensive family care for "priority" families
- clinical-sociological conferences, which involve discussion of all aspects of a specific case, with a follow-up visit to the family, during which specific recommendations are given to the family in the most tactful, diplomatic manner possible
- other conferences and lectures, which include talks on desired topics from residents and consultants
- feedback: once a week all interns meet to discuss their activities, problems, etc. to share experiences and to help solve problems met in the field
- deworming, as explained previously
- field trips, usually to industrial establishments to give the interns an insight into industrial medicine
- community grand rounds, which are done during the clinical sociological conferences follow-ups

- feeding of preschoolers in coordination with the Applied Nutrition Project and recording of the childrens' weights and heights
- physical examination of school children with follow-ups
- training of medical auxiliary workers
- social gatherings for themselves and for the barrio to learn of the culture, folk wisdom, and beliefs of the community.

#### Botica sa Baryo

To help the barrio people in the project area, the CIM-CMSS put up a pharmacy for the barrio, the "Botica sa Baryo." The president of the Cebu Institute of Medicine lent the Barrio Council P500.00 (ca. \$72.00) to finance the botica.

Procurement and replenishing of stock as well as the prices are regulated by the CIM-CMSS Center. The barrio provides trained personnel to dispense the medicines, and only prescriptions that come from the Center are filled by the Botica.

The profits realized are divided into two: one-half is saved to repay the loan and the other half goes to the Barrio Health Fund. This

fund will serve as loans for indigents who, at the time of consultation, cannot pay for the medicines used. This loan will be repaid by installments.

#### Laboratorio sa Baryo

To provide better health care to the barrio, the CIM-CMSS has brought laboratory materials within the reach of the people. Laboratory kits are handy, stocked with necessary reagents needed to perform routine laboratory examinations like urinalysis, stool examinations, complete blood count (CBC), Gram and acid-fast staining. This is brought by a team of health workers each time they visit a barrio.

#### Fees

As agreed between CIM-CMSS personnel and the Barrio Council of Leaders certain fees are asked of the patients. The amounts range from P0.20 (ca. \$0.03) for dressings to P2.50 (ca. \$0.35) for a CBC. The money realized from this is deposited with the Barrio Treasurer and this money can be withdrawn for purchases of supplies or for other health purposes.

Donations of any amount are also sought and constitute the revolving fund of the Center.