

Community health provides the key to rural development



Jeni Páez is 23 years old and has worked as a health promoter in her community for six years. Before, she says, women did not attend prenatal courses; now with their help she is contributing to the saving of lives. Working eight hours a day, often walking long distances, she feels she is known and appreciated by the community. She hopes one day to finish secondary school and take a course as a nursing auxiliary.

Traditionally, the emphasis in plans for rural development has been on productivity and other economic factors, in the belief that the health and welfare of the community will naturally ensue. CIMDER – the Rural Development Research Centre in Colombia – has been working since 1972 on an experimental development program that is attempting to demonstrate that in fact the reverse is true: that community health and welfare in themselves play a fundamental role in rural development.

Concentrating on an area to the north of the town of Cauca with a rural population of about 40,000, the experimental project hopes to achieve two major objectives within a five-year period: to provide primary health services to the entire population, while simultaneously reducing the communities' health problems and improving sanitary facilities. This is seen as spearheading the overall aim of improving the welfare of the community as a whole.

The project itself is supported jointly by the IDRC, the University and Health Section in Cauca, and is administered by the Foundation for Higher Education. Employment generation and food production are being tackled by the Colombian Agriculture and Livestock Institute, whose rural development project in northern Cauca coincides territorially with the CIMDER health project.

The link between the people of the community and the professional health services available in the municipal health centres and regional hospitals, is the volunteer health worker. These are mostly young women from the community who, for a minimal



monthly allowance (about \$7.50) undertake to spend at least four hours each day working for the health service.

They receive eight weeks training which enables them to provide first-aid, pre-natal care, perform normal deliveries, give injections and vaccinations and make preliminary diagnoses. Equally important, however, is their role as promoters of health education, and in orienting the community at large to the use of the health centres and hospitals for professional services.

Also important are the traditional elements -village midwives, healers, herbalists, dentists and the like. Wherever possible they are re-trained and incorporated into the system. In the pilot area - encompassing about 20 percent of the population -where the project has already begun, every traditional midwife was interviewed by the CIMDER team. In spite of such varying factors as age and literacy, this group showed great interest in self-improvement through a course.

A great deal of detailed planning and preparation were necessary before the project even began. The cartography and zoning were studied in order to predict the flow of people to existing health centres and to determine the site and location of new facilities in the area. Surveys of hundreds of homes in the pilot area provided essential demographic, socio-economic, health and sanitation data for subsequent evaluation of the program's effectiveness.

Surveys now under way will provide information on the availability of resources, both physical and human, and seek the opinions of community leaders, with a view to



forming family health unions.

At the request of the community, the project health group is also developing instruction programs which are given through night courses in the rural schools. This opens up communication with the community and cooperation with its leaders, and has been underway for a year in the pilot area. The courses are for adults - that is those who are out of the formal education system and, at their suggestion, include, in addition to first-aid, such subjects as community organization, cooperativism and human relations (which they describe as the ability to express themselves and communicate with others). This part of the health service is carried out jointly with CIMDER's informal education program.

And that is the essence of the CIMDER program: the integrated approach which makes it both multidisciplinary and inter-institutional. Its technical committee brings together representatives of five institutions as well as a variety of disciplines, besides the municipalities involved. At the community level the program works with local organizations such as cooperatives, farmers' associations and private enterprise.

By actively involving as many local resources as possible it is hoped to guarantee the continuation of the program beyond the experimental five-year period, and that, in addition to improved health, such a communal organization will lead to an improvement in all the other aspects of community life.

SUSANA AMAYA

Above left: patient receives emergency attention at neighbourhood clinic. Above: night courses are being developed at the request of the community.



More than half the dwellings in the pilot area lack sanitary services - water comes from wells like this one.