

Integrating from Below: Community Capacity Building

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Evidence is mounting that integrated approaches to sustainable rural development are more effective than conventional ones that tend to view ecosystem components in isolation. Community health cannot be separated from issues surrounding the natural resource base on which most rural livelihoods depend. However, there are few guidelines on how social, economic, health and environmental factors can be pulled together into a coherent analytical framework for planning, executing and assessing rural development interventions.

Here we present a few results and lessons from World Neighbors' (WN) experience in formulating and applying an integrated approach to rural development. WN's gradual adoption of this approach resulted from "people-centred" problem solving rather than from any response to preconceived agendas about demographics, resource conservation or health. Our analysis indicates that for marginalised rural communities, the issues of livelihood, food security, natural resource use, family and community health, reproduction and family size are inextricably linked. Moreover, with suitable guidance and support, rural people are capable of analysing the multiple ways in which ecosystem components interact with community health. Based on collective learning and holistic analysis, rural people can choose concrete actions that lead to significant and sustainable improvements in their health.

"Integration" and "integrated development" have too often been viewed as a challenge of vertical delivery of services whereby gaps between disciplines, sectors and institutions must be bridged from above. In contrast, World Neighbors is concerned with "integration from below". We focus on processes of participatory diagnosis and learning which lead to mutually supporting community activities that reflect local priorities and capacities. The example below is from Ecuador.

A comparative study in Ecuador

In 1992, a small health and family planning clinic in the town of Guaranda, in Ecuador's Bolivar Province, was on the verge of closing down. Set up to serve rural Quechuan Indians, it had too few users to justify keeping its doors open. Then, between 1993 and 1997, a unique research project helped turn the situation around. Today, the clinic provides more than 18,000 consultations a year and has more than 2,500 users of family planning services.

The research tested a simple hypothesis: integrated community development, responding to local priorities such as food production and security, natural resource management (NRM) and public health, will lead to greater well-being and more widespread use of family planning than an approach based on family planning alone. To conduct the study, World Neighbors partnered with the Center for Medical Guidance and Family Planning (CEMOPLAF), a non-profit maternal and family planning organisation providing health services in 21 provinces, over half the country.

Twelve rural communities participated in the study. Six were involved in an integrated community development programme.

This included a range of services and activities in the areas of sustainable agriculture, NRM, public and reproductive health and family planning. The other six received only reproductive health and family planning components. In both sets of communities, two instructors trained local volunteers as health promoters. The volunteers then replicated the training in their communities via mini-workshops.

A baseline survey of a random sample of 400 families was conducted. Male heads of household responded to agricultural questions while women of reproductive age answered health questions. Three years later, the same communities were surveyed again, this time based on a random sample of 480 families. This allowed the researchers to compare the attitudes, practices and outcomes among farm families in the two sets of communities.

Health and agricultural setting

Despite CEMOPLAF's success with other groups, its record with indigenous rural people was poor. Yet indigenous areas typically have the highest levels of fertility and unmet need for reproductive health and family planning services. Quechuan resistance to such services stemmed in part from suspicion about the motives of outsiders, rooted in the genocide of the Spanish conquest. In some areas, religious authorities also discourage family planning.

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The baseline survey revealed significant health problems in both sets of communities. Roughly half the children were afflicted with diarrhoea and 60 to 70% had respiratory problems. The proportion of women who received professional assistance during child birth was only 20 to 40%, and only about half the women brought their children to the health centre after delivery.

Communities participating in the integrated programme were historically more under-served and more rural than those in the health-only programme. At the study's outset, knowledge of birth control methods was much lower in these communities (35%) than in the health-only communities (65%). Family planning use was modest in the health-only communities (25%) and low (12%) in the integrated-programme communities.

Erosion, loss of soil fertility and reduction of farm size due to population growth adversely affected family food security. This stimulated seasonal migration of males, shorter fallow periods and cultivation of steeper slopes. Drought followed by heavy and

excessive rainfall also contributed to soil erosion and other degradation of natural resources.

The interventions

The health-only programme initially focussed on promoting oral contraception and condom use through community-based distributors. Then, in response to community requests, it expanded in the second and third years to include other services in areas such as nutrition, breast-feeding, diarrhoea, and respiratory and reproductive-tract infections.

The integrated programme consisted of a somewhat broader initial health offering, plus an agricultural/NRM component. The latter included soil and water conservation based on protective barriers composed of native and exotic trees; the use of cover crops and green manures; farmer experimentation with varieties of wheat, barley and potato; production of vegetables; and livestock improvement.

Research results

Family planning acceptance in the communities involved in the integrated programme grew more than threefold, from 11.6% in 1993 to 41.1% in 1996, while in the health-only communities, it remained more or less constant at roughly 25%. Interventions related to NRM and crop production stressed the use of local resources rather than external inputs, as well as the prevention of environmental degradation. In the integrated programme, changes were seen in farmers' knowledge, attitudes and methods in these areas. Awareness of the importance of conserving resources, especially soil and water, increased. The proportion of farmers using erosion-prevention techniques more than doubled from 23% to 50% and the proportion planting green manure to improve soil fertility increased from 0 to almost 40%. There was also a marked increase in fallow period, with 40.6% of participants leaving their land fallow for 5 to 6 months, compared with 6% at the outset.

Observations and lessons

Based on the study results, CEMOPLAF plans to extend the integrated approach to its other clinics serving rural indigenous people in Ecuador. It will also undertake more rigorous research and evaluation to examine processes by which communities adopt new practices. In the meantime, though, it is possible to draw some conclusions and lessons from the initial study.

Putting community priorities and livelihoods first

Integrated programmes to improve human health in the context of agroecosystem management succeed best when they respond to community priorities such as child health and survival, food security, food production and natural resource management. This approach builds local trust and inspires confidence. An intervention that does not speak to immediate needs is unlikely to evolve to address secondary needs.

Rural families in the study area faced tremendous economic pressures due to soil degradation, population growth, the shift from subsistence to cash crops, and other factors. They were looking for more sustainable forms of stewardship for the natural resources on which their livelihoods depend. A key strategy was to develop interventions linking short-term economic benefits to longer-term human reproductive and ecosystem health.

Building community capacity and leadership

Strengthening community organisation, leadership and capacity to identify and diagnose problems, plan and implement development activities, and monitor and evaluate results was a critical aspect of the Bolivar programmes. In many Quechuan

communities, local organisation and leadership were already quite strong. However, for the first time, communities began developing their own annual plans, including health, agricultural and NRM objectives. These were used to evaluate progress at the end of the year.

Taking gender into account

Sixty-four percent of the Bolivar study participants were women, due to the growing level of male seasonal migration and consequent increase in women's livelihood responsibilities. Devising ways to increase women's participation in agroecosystem management, community structures, leadership and decision making was an important aspect of the intervention. Through this approach, women gained self-confidence and organisational capacity. A gender-sensitive approach also demanded that men be included in community and reproductive health education. Increasing the exposure of men to health issues was facilitated by combining health and agricultural activities in an integrated programme.

Identifying links between natural resources and reproduction

Alternative methods of soil and water conservation, organic composting, cover crops, green manures, agroforestry and experimentation with techniques based on local natural resources all strongly appealed to the Quechuan communities. These methods directly addressed the survival of their agroecosystem and way of life. The Bolivar programme included education about how reproduction and population growth are linked to the state of natural resources – concepts well-understood and discussed by the participants.

Concluding note: The broader picture

World Neighbors' experience in several countries suggests that successful programme outcomes depend on innovative inter-agency partnerships, sometimes at multiple levels of the agroecosystem. In the case of Ecuador, a large national health service organisation agreed to step outside its traditional domain to promote innovations for agriculture, income generation and resource management at the farm and community levels. World Neighbors played a crucial role by providing methodological, technical, capacity-building and funding support. In other countries such as Indonesia, where interventions focussed on community participation in forest management, it was necessary to set up even broader stakeholder networks involving universities, NGOs, government agencies at different administrative levels, and local communities.

In general, interventions at multiple administrative and geographic levels make the job of brokering a multi-stakeholder process of research and decision making more complex and time-consuming. Strong leadership, vision, flexible funding and considerable institutional change are required. Nevertheless, a broader ecosystem management approach, whatever its potential benefits, is simply not practical if it becomes mired in costly and protracted research and negotiation among stakeholders. In all instances, it is essential to help communities quickly pinpoint and alleviate immediate pressures on local livelihoods rather than waiting to understand the full complexity of the agroecosystem. This is the entry point for "integrating from below", for building the self-confidence and long-term capacity of rural community groups and other stakeholders to diagnose and solve problems of human health.

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