

Review

Basic development needs approach in the Eastern Mediterranean Region

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Introduction

The basic development needs (BDN) movement in the Eastern Mediterranean Region (EMR) is a relevant system for change worth of sharing. This system is particularly valuable with the changing social, political, economic, demographic and epidemiological patterns in the Region.

This paper will not go into the details of BDN techniques, which are amply dealt with in other reference materials, but will review and analyse the implementation of BDN in the Region to date. The paper, it is hoped, will generate interest and debate on the use of BDN, its possible adaptation for introduction into new areas and its use as a comprehensive methodology encompassing many current issues and concerns. The paper reviews the BDN approach as practised in the EMR and looks at the important ways it can address many of the challenges facing health care systems.

There is evidence from different parts of the world which shows that major determinants of health are outside the domain of the medical services and institutions. Data from India, for example, have shown that a reduction in the infant mortality rate of 50% was reached by doubling the income

of poor families. Studies in other parts of the world have shown that literacy and education are significant factors in reducing morbidity and mortality in mothers and children. History also tells us that a significant drop in infant mortality in Europe happened as a result of better housing, water, sanitation and education, increased household income and other developmental activities, long before the discovery of antibiotics, vaccines or modern health technology. WHO, recognizing this fact, adopted the Global Strategy of Health for All by the Year 2000 (HFA/2000) which was a turning point in the global public health movement. With the implementation of health for all (HFA) through Primary Health Care (PHC) a new paradigm was launched. It was soon realized that this new paradigm suffered from a weak community role; poor intersectoral action; a top down approach for development and the focus of investment on physical infrastructure while neglecting the human dimensions of development as active partners. Implementation of HFA/2000 faced the challenge of rapidly changing scenarios in the social, demographic, technological, epidemiological and economic situations in the world in general and in the Region in particular.

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These called for a review of health policies, availability of resources, technology used and mechanisms for ensuring equity and quality of resources. To address the problems facing HFA/2000, EMRO launched in 1987 the initiative of basic development needs (BDN).

BDN is fundamentally a simple approach based on three aims: organizing the community, building its capacity and promoting self-reliance and self-sufficiency. With nine years of experience of implementing BDN in the Region (the first field experience was in 1988 in Lower Shebelle in Somalia) and its application in 12 countries with different social and economic circumstances, it has become clear that the BDN approach is robust enough to stand the test of time. It has shown in a subtle way that all the concepts and principles of PHC, such as community involvement, intersectoral action, decentralization, integration and grass-roots planning can be practised with little fuss and in a natural way. It is the inherent methodology of BDN to shift the focus in the right direction, namely to the community leadership and a systematic approach rather than short-lived, individual applications of technology. In this way the BDN approach has been used to support PHC/HFA programmes and initiatives in the areas where it has been implemented. Accessibility and coverage of PHC were increased and morbidity and mortality decreased in areas with BDN programmes.

The BDN approach has accommodated other concepts such as poverty alleviation and healthy villages, enriching them with a community methodology which adds harmony and balance to social and economic development. This is what is sometimes called "development with a human face". As BDN has a broad spectrum of developmental activities it can present itself as a common philosophy of work with other

United Nations, bilateral and local organizations.

Basic development needs is a concept that aims at achieving a better quality of life. It is a participatory, dynamic process of integrated socioeconomic development, based on self-reliance and self-management by organized communities supported by coordinated intersectoral action.

The objectives of the BDN approach include:

- obtaining improved quality of life (QOL) for all people in a community through the meeting of their own basic needs;
- managing social development based on people's participation and intersectoral collaboration among government sectors; and
- ensuring community self-reliance for their own development needs.

Main features of the basic development needs approach

A comprehensive approach. BDN considers health as part and parcel of overall development. Health is a contributor to and product of development. All sectors should have the benefits of BDN. In such way intersectoral action can be maintained.

Self-reliance. The BDN approach is centred on humanity not charity. It is based on the principle of "helping people help themselves". Self-management by the community is achieved through community organization, capacity building and community financing schemes.

A continuing learning process. Communication among different partners in the scheme, as well as the achievements in the field, allow the exchange of experience and its dissemination. This entails role change,

whereby people become actors and doers; and public workers become facilitators and supporters. Evaluation of BDN programmes has shown that organizing the community and the commitment of community members to develop themselves will improve their skill and attributes. The BDN model areas become a learning centre for local and nearby communities.

Decentralization and integration. The BDN approach is a process of organizing and mobilizing community members to realise their health and development needs and work collectively to achieve them. It is a community-based, community-managed and community-financed programme. The grass-roots planning and programming at community level translates practically the principles of integration and decentralization in a natural way as a result of the organization and capacity building of the community and its partners.

A community methodology for development. The main focus of BDN is on people. International agencies and governments have invested in providing facilities and manpower (e.g. institutions, national and international agencies, trained health personnel) and means (e.g. technologies, strategies, products, tools) but the recipients, the people, have been neglected. As a result, many of them are dependant, passive, leading negative lifestyles and not necessarily supporting or properly utilizing health services.

What we see clearly is that in this approach, it is people that are the key element in the change process. They are able to realise that the change is for them, they design it, they manage it and carry it out. This has increased each individual's perception of 'self' and at the same time created a perception of the community's own identity. It is founded on self reliance.

A survival methodology. As experienced in Somalia, the BDN system, despite civil strife, continued to thrive. It saved communities from hunger and hostilities. People believed in and owned their BDN programmes. This encourages us to advocate BDN as an approach to stabilize communities, particularly at times of disaster. It can also be sold as an approach for people's solidarity and peace.

A methodology for poverty alleviation. Economic approaches tend to produce marginalized segments of the population that can be hidden within aggregate measures of development. It has been demonstrated that the time taken for development to benefit such groups and to satisfy minimum levels of needs is unacceptably long. BDN is concerned with the poorest economic segment of the population. It aims to redistribute the benefits of development and eliminate unacceptable levels of impoverishment and inequality.

A methodology for democracy. As a means to development-oriented democracy BDN can organise the community and enhance its rapport with government sectors. Accountability resting with the people and the transparency of all the BDN procedures establishes trust and credibility with time. People become experienced in managing change. They adapt their lifestyle to manage their social development. The BDN approach represents a social learning process for both people and government workers that creates awareness regarding the priority needs and development issues. This learning is coupled with motivating people to take an active part in development activities. Future challenges and changes are thus handled by an experienced and motivated community who participate in identifying needs and planning and implementing actions to meet them.

Advocacy tool for social mobilization. In the International Steering Committee on the Advancement of Rural Women in Amman in 1996, King Hussein of Jordan and Queen Noor in their opening speeches made reference to, and gave examples from, the quality of life/BDN project. This meeting discussed the advancement of rural women and the implementation of the 1992 Geneva Declaration for Rural Women.

Prerequisites and facilitating factors for a successful basic development needs programme

The following factors are important to launch and sustain a successful BDN programme. They are not put in order nor are they all prerequisites at the same locality.

Political commitment. Different forms of political commitment are necessary to make BDN schemes thrive. The experience of Thailand and Jordan is clear evidence of the importance of having a defined vision and support by the highest authority. Decrees and regulations supporting BDN schemes are the umbrellas that help pilot projects grow into nationwide BDN programmes. Different sectors and organizations in the country need to be motivated and mobilized.

Organized structure. The more the country is structured administratively and politically and the more there is a wide network of this structure at the grass roots, the more it is conducive and supportive to BDN schemes, which are usually launched at the grass-roots level. The social structure at the local level is also important to nurture the different activities of BDN.

Loading ministry or organization. A recognized, widespread and influential organ or ministry should be entrusted with the

launching, support and expansion of BDN schemes in the country. In Thailand the Ministry of Interior is the leading ministry responsible for BDN. In Jordan the Noor Al-Hussein Foundation is entrusted with BDN programmes in the country under the auspices of Her Royal Highness, Queen Noor.

Heritage and culture. Experience of community participation and solidarity are facilitating factors in BDN schemes where communities are the decisive factors in development. In the Region, religion plays an important role in community solidarity. Religious values advocating the strengthening of social bonds are a valuable contribution in support of BDN.

Interest by all parties. The government should raise awareness in the community involved, mobilizing real involvement at all stages, e.g. planning and implementation. The approach provides both community and government with an agenda for working together for overall development. It facilitates matching community identified needs with the government's normative needs. This facilitation of rapport and establishment of trust encourages both parties to work as one team and allows a short cut to developments. If the community observes a rapid response by the government and the government can see reductions in expenditures on their projects because of community involvement, with time the BDN project will become of interest and importance to all.

Timeliness of BDN schemes. The success of a BDN scheme is felt more when it is started in needy places. The impact of the BDN approach is soon noticed. Sectors as well as communities can see the speed, effectiveness and overall impact in the area.

Information sharing. This should be a continuous process. Each community should

be made aware of their situation through joint surveys with formal government and agency sectors and themselves. This is in addition to continuously assessing improvements in their own areas. Government plans for local development should also be shared with the community.

How to start a BDN project

It is well known that socioeconomic circumstances vary from one setting to another. A successful BDN project has to be adapted to the local set-up. However, the following broad steps have proved helpful in different areas with BDN schemes. It is worth noting that the sequence of these steps is not binding and that the steps may vary in sequence from one place to another.

Political support for the philosophy, policies and strategies of BDN

The approval to launch a BDN scheme is a must to ensure later interest, involvement and the commitment of the concerned partners in the BDN programmes.

Awareness of the BDN concept, philosophy, methodology and techniques

Awareness-building takes different forms and levels. The aim of this step is to build understanding and support for the BDN concept. Different initial approaches were used to raise the awareness of officials in the ministries of health and other sectors. In all countries of the Region teams representing different sectors visited Thailand to study their BDN programmes. Later these visits were followed by national workshops to outline the next steps needed to develop a BDN programme. The concept of BDN was then further promoted back in each country.

Selection of model BDN areas and/or villages

Model areas facilitate learning by doing. Lessons are learned and experience on how best to replicate to other areas is gained. A word of caution is that model areas should ensure sustainability and replicability; otherwise they may turn into show places owned by the funding agency. There can be several model areas in one country reflecting various socioeconomic set-ups.

Building bridges and rapport between community and formal sectors

This is achieved through the joint review and analysis of local social demographic, economic and health indicators. In all countries where BDN schemes were launched this was an important pillar for the implementation and sustaining of schemes. It comprises the following:

- formation of supportive technical committees involving specialists from the ministry of health (MOH), agricultural municipality, social welfare, planning cooperative organization and other line departments;
- establishment of village or area development committees (ADCs) which oversee local development;
- election/appointment of cluster representatives responsible for liaising between communities and local development boards;
- formation at village level of technical support committees with specialists from different sectors to participate in the planning and provision of technical advice to the different projects to be implemented in the different villages; and
- development of mothers' clubs to mobilize women's leadership as seen in Egypt, Jordan and Tunisia.

Capacity building and training of communities

This is an essential activity which all countries have embarked on. Activities include:

- provision of training courses for the different local committees and cluster representatives;
- training courses for developmental activities and cottage industries, such as basket and broom making and fish breeding;
- training courses in basic health services with support of the ministry of health and the local village health centres; and
- contribution by WHO short-term consultants to the training of project managers on the utilization of comprehensive rural developmental techniques.

Capacity building and training ensures the development of the community and key its officials. Successful capacity building should ensure ownership by all partners and members of the community.

Prioritization of development intervention

This is to be done with full involvement of the community and taking into consideration the socioeconomic setting. The different stages of identifying and prioritizing development needs, day to day administrating of the BDN activities, their support, assessment and evaluation should be a joint venture between the community and the involved sectors.

Components of the basic development needs approach

The components are in fact the priorities identified by the community to attain quality of life within the context of their local setting. From the experience gained so far the range of needs is wide. This discovering

of priorities requires time and the only goal is a better quality of life for the community. Included under BDN are several developmental packages such as self care, community schools, women's development, a cultural centre or club, baby friendly home, baby friendly community, community-based safe motherhood and protection and promotion of the environment. It is worth noting that the components of BDN schemes have a moral and spiritual dimension in addition to pragmatic and materialistic dimensions. These include developing the relationships among community members and an increased awareness of their rights and duties.

Experiences of countries with basic development needs schemes

Those countries who originally embarked on the BDN approach went through a series of steps and activities in order to promote, plan, operate and assess the BDN approach.

The basic development needs approach has been in operation in the Region for nine years, having been first launched in Somalia. It is promoted in 12 of the Region's Member States as a methodology for health development, starting in selected model, learning areas. As might be expected, the experiences of 12 countries (about half of the countries in the Region) vary in breadth and depth. The overall assessment is that the BDN approach is gaining momentum and expanding. The channel of expansion is mainly through cooperation among villagers as has been seen in Egypt, Jordan, Pakistan, Somalia, Yemen and elsewhere. Outside the Region, in Thailand (the birthplace of BDN), after trying the approach in

selected model areas the government decided to make it a national initiative under the leadership of the Ministry of Interior.

Assessment of needs and priorities with the active participation of the community is important to obtain the commitment of the people. Surveys are used by government representatives and the community to diagnose community problems, identify their potentials as well as using the information as baseline data from which to assess progress.

All countries conduct BDN surveys. The degree of sophistication of these surveys varies from one country to another. Detailed surveys were conducted in Egypt, Jordan, Morocco and Somalia. Other countries, such as Pakistan, the Syrian Arab Republic and Tunisia opted for a quicker method. The information from the surveys is used to create a community file.

The BDN methodology can accommodate other initiatives and has been used in an adapted form in the Syrian Arab Republic to accelerate and integrate PIIC and in Egypt and the Islamic Republic of Iran, in healthy villages. Data from Egypt, Pakistan and Somalia have shown the establishment of literary campaigns and increased school attendance following the establishment of BDN programmes. This is an indication that BDN tools, elements and methodology are flexible and adaptive enough for use in similar developmental and public health initiatives.

Table 1 shows the impact of BDN in various areas in villages in Pakistan and Somalia.

Health services

The main purpose of BDN activities has been to attain a better health status and quality of life. Several schemes use health promotion campaigns with newsletters and

brochures. A 'health days' scheme was implemented in target villages in Jordan, Pakistan and the Syrian Arab Republic. Another example of success was in Akorba village in the Syrian Arab Republic where 50 villagers gave up smoking three months after starting the BDN programme. This was achieved after villagers discussed health hazards facing them and their economic and social implications.

In all BDN areas improvements were noticed in the provision of essential care, including immunization, nutrition, sanitation and environmental health. Improvements in quality of nutrition, levels of immunization, mortality and morbidity rates were reported from BDN areas.

Income-generating schemes

Various local sources have been used to support income-generating schemes, such as Grameen Bank in Bangladesh and the Social Development Bank of Sudan, which is mainly for the poor, giving loans to cooperatives and families to improve their income and ensure their self reliance.

Table 1 Examples of BDN impact in villages in Pakistan and Somalia showing indices before and after implementing BDN programmes

Country	Before	After
<i>Somalia</i>		
Infant mortality rate (%)	88.7	30.4
Child mortality rate (%)	54.0	19.1
School attendance (%)	3.8	32.6
Adult literacy (%)	16.6	39.2
Malnutrition (%)	50.8	36.5
<i>Pakistan (Jabbi village)</i>		
Immunization coverage (%)	13.2	71.0
Tetanus toxoid coverage (%)	8	42
Vital events registration (%)	0	100

Revolving funds were used in Egypt, Jordan, Pakistan and Somalia to support schemes such as goat raising, fish breeding, production of baskets and brooms, sewing and knitting, kitchen gardens, agriculture products and food safety, pruning of fruit trees, bee-keeping and poultry, community pharmacy, handicrafts, husbandry and dairy products. The Social Development Fund of Egypt is also involved with non-governmental organizations and special development for needy groups.

Working in partnership

As BDN programmes in the Region have become known to other organizations and recognized as a comprehensive approach, several joint programmes with international agencies have been developed, as for example, a partnership with the International Fund for Agricultural Development (IFAD), bilateral agencies from Austria, Belgium, Germany and Japan as well as UN agencies such as UNDP and UNICEF.

National partners for BDN schemes have also varied:

- ministries of health were always involved in all BDN programmes
- other central, national and local authorities, for example, regional governorates are also becoming involved; either as the main responsible executing agency or together with the ministry of health (e.g. Egypt, Tunisia and Yemen)
- nongovernmental organizations are partners in BDN projects in Egypt (Al-Shadhly Society); Jordan (Noor Al-Husein Foundation) and Tunisia (Solidarite' Social).

The pivotal role in almost all countries, ensuring the success of the BDN programmes, is the role played by the community.

Financing basic development needs programmes

Financing for different BDN activities needs to be established to ensure the sustainability of BDN programmes. In almost all countries there are developmental institutions for the poor, e.g. the Social Development Bank in Sudan and Grameen Bank in Bangladesh, which provide loans for income-generating schemes in poor communities.

Other international banks can provide developmental loans to the country, such as the Islamic Developmental Bank and African Developmental Bank. Another major source is the World Bank which nowadays is committed to poverty reduction and is encouraging countries to invest in developmental activities to improve the economic status of the poor.

Of course a most important source is internal funding. National plans and budgets for deprived areas are vital to the improvement of poor communities.

Other UN organizations such as UNDP, UNICEF and FAO are interested in BDN because its developmental nature cuts across their terms of reference. Countries which adopt the BDN approach can use it as a common agenda when working with different UN and bilateral developmental organizations.

Role of WHO

All countries have used WHO technical support to develop their national BDN programme. Despite the fact that WHO is not a financing agency WHO's role has been crucial for capacity-building, awareness raising, research, dissemination, visibility and the sharing of experience. Some countries,

in a joint programme, have used WHO expertise to support national capacity-building; training of personnel, establishing workshops, conducting surveys and the general operation of BDN programmes. In brief WHO's role in BDN activities at the country level has been mainly of a catalytic nature. In future WHO and EMRO will focus on:

- providing support for the building of national capacities to manage programmes and replicate them;
- supporting research and development projects in BDN, with particular emphasis on economic profiles and sustainability;
- developing models of sustainable health as part of overall local development which will serve as examples and help to ensure equity; and
- promoting the BDN approach to other international organizations, as well as national decision-makers.

Conclusion

Health is, of course, part and parcel of socioeconomic development. Indeed one questions if national economies can develop without improvement in the nation's

health. The health sector noticed early that to improve health and achieve health for all requires the involvement of other sectors; the provision of safe water, sanitation, improved roads, provision of electricity and more are essential for the health sector to achieve improved health. The BDN approach has health for all as part of a common goal with its partners in development. There is no bias towards one single ministry or sector, the common goal is to achieve a better quality of life of which health for all is a most important component. Substantial improvements in health, represented by lowering infant mortality and morbidity rates, have been achieved by simple procedures which can be applied by the community, such as oral rehydration therapy.

The ability of BDN programmes to tap the potential of a community and provide a conducive environment to make use of this potential is a major part of the success of BDN. The scope of the BDN approach is overall development which in turn helps to ensure that improvements in health are sustained. Many international, bilateral and national organizations are interested in the ability of programmes to deliver overall development and have an important role in supporting the BDN process.