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Onchoerciasis Control Programme in the Volta River basin area

SOCIAL AND HEALTH FACTORS OF ECONOMIC DEVELOPMENT PROJECTS IN THE ONCHOERCIASIS PROGRAMME AREA

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This brief paper sets out the social and health factors which arise in the implementation of economic development projects in the Onchocerciasis Programme Area.

1. Economic development projects and the Programme

Although appearing secondary (the entomological and the medical aspects being to the fore) it is the economic development of the areas to be freed from onchocerciasis which is the ultimate goal of the present Onchocerciasis Control Programme.

In fact, in the areas where onchocerciasis is hyperendemic, it is indeed a public health problem; affecting a large number of the population it causes various disorders in infected persons, the most serious being skin lesions, with depigmentation and 'elephant' skin, ocular lesions leading to blindness, inter-action with other diseases which affect the groins and the genital organs. All these disorders lead, in pathological terms, to a general weakening of the organism and to a mortality rate relatively greater in persons over 50 years of age. Distortion of the age-pyramid can be observed in the villages of Asebti, Saboro, Sgu, Kulum situated in northern Ghana, and many villages in other areas, where the proportion of the population in young or old age groups is greatly reduced or virtually nil. On the behavioural level, individuals or groups seriously affected by onchocerciasis react by leaving or avoiding the seriously infected areas; this is the phenomenon of abandonment of villages and desertion of the river valleys which is clearly evident on any map of the Programme Area.

It is as a consequence of the effects of onchocerciasis on the demographic structure and on the population distribution over national territories that the economic objective of the Programme was defined.

In fact, while the economies of the countries concerned by the Programme - Benin, Ghana, Ivory Coast, Mali, Niger, Togo, Upper Volta - are poor and predominantly agricultural and pastoral, considerable imbalance exists in the qualitative distribution of land as well as that of the population. The highest population density is concentrated on the high lands of the plateau, impoverished and over-utilized, the river valleys being very sparsely populated due to the many endemic diseases of which the most notable is onchocerciasis. Thus, the 700,000 sq. km. over which the Programme extends includes 65,000 sq. km. of fertile land, the resettlement of which could affect over 1 million persons and bring an additional annual production of $300 million.

This expectation, which reigned over the launching of the Programme, is already being realized: after 3 years of successful vector control operations in Phases I and II, large movements of spontaneous or organized migration are taking place amongst the populations of the high lands (regions to the south and south-west of Upper Volta), the States are already carrying out, or have in generally advanced stages of evaluation, economic development projects, mobilizing important investments and figuring among the priorities of the national development plans (programme for ten sugar complexes in Ivory Coast, the Volta River Valley Development Authority in Upper Volta, the development programme of the Kara region in Togo, the Upper Ghana Agricultural Development Project, etc.).
2. Social and health factors in economic development projects

(a) Their place in economic projects

Most of the projects planned in the Programme Area have one significant component: their implementation by a large mass of population as a labour force. Ivory Coast envisages for each of its sugar complexes a work force of 3,500 - 4,500 persons, which represents a population of 15,000 to 17,500; Upper Volta wishes to channel to the Volta Valleys about 600,000 persons; the Kara region should receive about 800 families.

But these populations sought after for the implementation of the projects, whether they be indigenous or immigrant scattered in the traditional habitat or grouped in new settlements, have habits and standards of social life which must be looked into and considered, and individual or collective social needs not yet satisfied, which they are unable to satisfy themselves, and which represent the minimum for a healthy and balanced life.

The Onchocerciasis Control Programme considers that the anticipated development will only be effective and lasting under certain specific conditions of which the following may be mentioned: planned and organized, or at least charted, flow of populations towards the freed fertile valleys; the setting-up of a socio-cultural environment and a health, social and economic infrastructure in the development zones, these factors representing living and working conditions which must be established beforehand to ensure the well-being of the population, their full participation in production, the durability of the new settlements, their perpetuity and the survival of the enterprises which they activate and make profitable.

(b) The principal elements of these factors

To consolidate the place of social and health factors in development projects, the OCP undertook a number of tasks of which the following may be mentioned:

- that of informing and sensitizing the planners and those responsible for the projects regarding the social and health conditions necessary for the success of these projects, e.g. migration policy, housing policy, social and health infrastructure;

- the establishment of a data bank of detailed and precise information on the sociological and health aspects of the projects.

A protocol covering the following subjects, which were considered essential, was drawn up and served as a guide in office discussions and field surveys;

- arrangements for the reception of migrants, organization of settlements, impact of the social and micro-economic results of the projects on the level and quality of life of the populations.

As an example, here are a few elements of the reception arrangements. Often used as propaganda to convince populations to join the project, this is intended to provide those working in the project, or living in the area, with an overall picture of the achievements, and of the possibilities for a healthy and balanced life.
It concerns:
- living space: a sufficiently large living space with reasonably equipped units (avoiding, for instance, unfortunate proximity of wells to pit latrines);
- safe water supply: water is an essential life force;
- health infrastructure: adapted to the needs and size of the population. For this an inventory of diseases in the Region and an evaluation of the working capacity of the existing infrastructure is a prerequisite. A study of health education in its different aspects (sanitation, maternal and child care, general health services, etc.) is necessary;
- nutrition: the availability and nutritional value of local food products, study of the production possibilities outside the main project activity, additional input required: food crops, artisan crafts, commerce, etc.;
- education: the type of teaching, the percentage of school age children attending school the numbers of educated persons and social categories concerned should be known, the problems of different types of education (classical and professional) in the context of the project should be studied;
- leisure: relaxation and cultural expression are important factors for individuals and society.

3. Thoughts on the role of rural radio in the development of health and social infrastructure

This can be largely a role of sensitizing through information.

(a) Sensitization of planners and those responsible for projects and the populations themselves, the aim being to achieve:
- systematic inclusion of a socio-health component in projects from their conception to the request for financing;
- basic planning in line with the needs of the beneficiary population;
- effective execution of the plan of action of a project;
- management and maintenance with the participation of a mobilized beneficiary population.

(b) Information on: the present situation: insufficient number of health units, unequal division between the urban and rural sectors and between the regions, operating difficulties related to personnel and medical supplies:
- neglect of socio-health aspect in development projects, reluctance of financial sources to include this aspect in their investment package, limit of resources which the States can provide;
possible means of financing the socio-health aspect of the economic projects: education and mobilization of the population for the achievement of this aspect by human investment, utilization of resources from humanitarian and social organizations (non-governmental organizations: Caritas, Cathwell, Oxfam, Lions Club, Order of Malta, etc.) specialized agencies of the United Nations system (WHO, UNICEF, UNESCO) bilateral and multinational institutions, national structures (for example, the Fonds Regionaux d'Aménagement Rural (FRAR) in Ivory Coast);

- the importance of the participation of the population in health and in certain social services, as a condition of the adaptation of these structures to their real needs, to their limited resources, and to their promotion of social activities and management of collective services.