Health, food and nutrition in the hands of the people

Some lessons from the Philippines

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1 From dependence towards self-help

Food and nutrition comprise one of the most basic human needs. It is an issue at the level of governments, and at the level of families and communities. For many nations in the poor world, food security is not a given. This is the case when many families are not assured that there will be food - much less enough - to eat from day to day. Actually, food security is not just an issue of the poor world. At the level of the family, we face such problems increasingly in the impoverishment processes all over the world. This is due to a rapid expansion of the capitalistic system after the collapse of the Second World. Social security networks face a grim outlook in the poor countries, and for poor people everywhere.[1]

1.1 Imbalances between need, demand, and supply of food

Need, demand, and supply of food are out of balance. What the human body needs for survival in terms of calories, proteins, amino acids, minerals, vitamins and the like is quite a given. Each and every warm body counts! Given the growing number of people in the Philippines, it is very well predictable what the nutritional needs or requirements are that have to be met in the near and more distant future. We development workers must begin with this very notion of needs when analyzing what development means, or how it should proceed. Indeed, such a notion of needs introduces the principle of solidarity: everybody *shall* avail of their needed nutritional intake.

Demand is driven by the purchasing power of the families. Many other factors intervene, of course: food habits, cooking styles, food price variations, diseases, other competing basic needs,

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[1] *Detlef Schwefel, Per-Gunnar Svensson, Herbert Zöllner (Eds.):* Unemployment, social vulnerability, and health in Europe. Berlin (Springer-Verlag) 1987, 325 pages
Detlef Schwefel, Luis Gurmendi, Thomas Müller-Debus, Karin Röhrbein, Rainer Rosenbaum: Producción, empleo y consumo racional. Hacia una cuantificación de implicaciones nutricionales de proyectos de inversión (Production, employment and rational consumption. Approaches to quantify the impacts of investment projects on the nutritional status). Berlin (Instituto Alemán de Desarrollo, Occasional Paper No. 41) 1976, 131 pages

et cetera. Quite a number of scholars have drawn up flowchart presentations of the many systematic linkages between food demand and the natural, social, cultural, environmental and economical determinants thereof. When measured against the yardstick of needs, however, we see realities that transcend a pure economic analysis. We see demands that are unjustifiably high or unjustifiably low relative to need. This can lead eventually to an imbalance of food intake. Undernutrition and malnutrition are the consequences. Diseases and deaths result that could otherwise have been prevented or avoided.

Negative health effects can highlight the discrepancy between needs and demands for food. In medical statistics, some indicators are quite apparent of this imbalance. Infectious diseases comprise the leading causes of death and disease among an inordinately high proportion of the very young and the very old. Due to the interaction between under- or malnutrition and infection, this suggests that the nutritional requirements are not being met on a regular basis for these higher-risk segments of the population. The unavailability of supply can not be blamed for this imbalance as such. There is enough supply of nutrients available in the Philippines for everyone to avail of a proper diet. Even if domestic rice production does not catch up with the rising national demand, there are secondary staple foods, and there are many potential substitutes for any other nutritional items that might be in short supply. It is easy to demonstrate that with proper diets, or a kind "rational consumption", the food supply in the Philippines is appropriate to satisfy the basic human needs of nutrition for all Filipinos. [2]

The improper interaction between demand and supply seems to be a problem. Either there is a demand that does not match with the needs, or the demand does not match with the available supply, or the supply is not patterned after the needs and/or the demand. It does not matter whether we approach the problem from the demand side or from the supply side.

- A demand driven strategy would be to empower families to know better what their best choices are. This means that ultimately they adopt a kind of health economics attitude. Why strive for such a goal? By definition, health is the capability to lead a socially and economically productive life. Family health management is health economics at the family level. It means choosing the best way to manage the family's resources in order to provide an affordable and effective diet for all members. Moreover, since information is a by-product of good management, this approach will be able to forewarn us if the family's basic nutritional needs are being satisfied. The smartest families among the poor know best how to address these issues. Let us learn from them and their community organizations. This will be one of the messages of our article.[3]

- A supply driven strategy was adopted at national levels a long time ago in Norway, in the

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2 *Detlef Schwefel:* Product path analysis and rational consumption budgets. In: M. Buchmann et alii (Eds.), Basic needs strategy as a planning parameter. Berlin (German Foundation for International Development) 1982, pp. 541-564

3 *Detlef Schwefel:* Planificación, administración y organización de los servicios de salud (Planning, administration and organization of health services). In: Revista Centroamericana de Ciencias de la Salud, Vol. 1 (1), 1975, pp. 92-115
Detlef Schwefel: Papel y funciones de los departamentos de nutrición de los ministerios de salud en los servicios descentralizados de salud pública (Role and functions of nutrition departments in ministries of health within the context of decentralized public health services). In: José Aranda-Pastor and Bernd Breuer (Eds.), Programas de nutrición en los servicios descentralizados de salud en América Central. Guatemala (INCAP) 1978, pp. 69-84
Detlef Schwefel: Nahrungsmittelpreispolitiken und Ernährung. Bericht über einen Workshop der Universität der Vereinten Nationen in Mexiko 1978 (Food price policies and nutrition. Report on a workshop of the United Nations University in Mexico 1978). In: Vierteljahresberichte, Probleme der Entwicklungsländer (Forschungsinstitut der Friedrich-Ebert-Stiftung), No. 77, September 1979, pp. 237-253

Dominican Republic, and in Peru, for example. These were the so-called national food-and-nutrition strategies, where the production and supply of food was to have been patterned after the nutritional needs of the people. At national levels this strategy simply failed because of the "microeconomics" involved. In short, businessmen expect cash; therefore, cash crops become the objective of agricultural production. This is regardless of what nutritional value they may or may not have, relative to the nutritional requirements of the population. [4]

In terms of social economics both strategies have a common denominator - need satisfaction. Need satisfaction of each and everyone! There is, moreover, a peculiarity - indeed, an urgency - in the context of nutrition: the satisfaction of nutritional needs must be met on a regular and daily basis. This can be achieved by a diverse set of human diets. Unfortunately, no matter how flexible human nature is, nor how smart family nutrition management might be, supply shortages are a regular experience of human beings in most poor countries. Theoretically and in practice, such shortages can be alleviated by a shift to secondary or even tertiary staple foods, and through many other ways of adjusting demand. But the shortages can also be alleviated through changes in the supply structure. This would take into account a planning and management of demand and/or supply that anticipates and addresses food and nutrition security. Many papers in this book show that this is not properly done anywhere. Rather than searching for innovative options of survival, many governments and people see catastrophes in food and nutrition as the consequences of natural or man-made calamities, and declare such occurrences as therefore "inevitable".

1.2 Risk reduction and security strengthening strategies

During the past decades we got to know of many fashionable proposals and strategies on how to deal with the food security issue. We need mention but three of them.

- One strategy was to channel agricultural production nutritionally for the basic needs satisfaction of the people. This failed because, macro- and micro-economically, cash counts more than food. In this context, food is just a commodity. Income is the primary concern. Whether this income is fairly distributed, or if it is being used for addressing the basic needs of the poor, is a secondary concern.[5]

- A second strategy was a challenge provided by innovative and seemingly appropriate technologies. Knowing that food security has also to do with the security of energy supply for cooking, we hoped very much that solar cookers could be helpful. We looked carefully into the physical, social, cultural and economic context of such solar cookers. We took into consideration technical matters as well as the social situation, food habits, cooking habits, cost-effectiveness and other aspects of acceptancy. It turned out that indeed it is a promising technology, but when properly and comprehensively assessed, it is not, at least for the time being, a solution for the poor.[6]

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4 *Detlef Schwefel:* Grundbedürfnisse und Entwicklungspolitik (Basic needs and development policy). Baden-Baden (Nomos Verlag) 1978, 298 pages - Basic Needs. Planning and Evaluation. Berlin (German Development Institute, Occasional Paper No. 50) 1978, 358 pages
Detlef Schwefel: Basic needs, planning and policies. In: intereconomics, Vol. 14 (3), 1979, pp. 132-138

5 *Detlef Schwefel:* Inestabilidad económica, nutrición y salud (Economic instability, nutrition and health). In: Antonio Correia de Campos et al. (Eds.), Sociedade, Saúde e Economia. Lisboa (Escola Nacional de Saúde Pública) 1987, pp. 99-109
Detlef Schwefel: Crisis económica y salud (Economic crisis and health). In: Boletín Económico de Información Comercial Española, No. 2078, 1987, pp. 1159-1164

6 *Klaus Kuhnke, Marianne Reuber, Detlef Schwefel:* Solar cookers in the Third World. Evaluation of the

- Nutritional bypass tactics are quite fashionable nowadays. The catch phrase is: micronutrient supplementation. Specific vitamin and mineral deficiencies lead to morbidity and mortality which could well be reversed and prevented. Micronutrient programs target such specific deficiencies, and are supposed to proceed in two general phases. The replacement or curative phase attempts to boost the micronutrient levels among the high-risk or even the general population. Since the biological effect tends to be transitory, this should be followed very soon after by a supplementation or preventive phase. In this latter phase, more lasting measures must be adopted to ensure that the micronutrient level does not again subside among the population. Micronutrient supplementation might be a good additional strategy for food and nutrition security. Very often, however, the curative aspect tends to be emphasized, perhaps because the impacts are more politically apparent in the short term, even if the expense is greater and the biological effects are less lasting than the preventive aspect. A more comprehensive approach to micronutrient supplementation might be more effective. But be that as it may, there is a precaution that when we deal with micronutrient supplementation, we might well be skirting the issue of generalized undernutrition while focusing instead on a more circumscribed aspect of malnutrition which is therefore more convenient to deal with.

Such strategies - and others that we have not discussed, such as protein enrichment programs, income subsidies for the indigents, rationing schemes, food vouchers, and the like - promise a lot. Nevertheless, when carefully assessed, the advantages and disadvantages are not in a balance. It is nice to talk on such options at international conferences, and to weigh their cost-effectiveness. People have seldom benefited from those options.

1.3 Self-help initiatives

Are food and nutrition catastrophes inevitable? Some people and some groups are not so stoical nor lethargic that they will accept such statements on inevitability and uncertainty at face value. These are those that would rather take food and nutrition into their hands. In the subsistence economy of the Garden of Eden, God produced for Adam and Eve what they needed. Need, demand, and supply were in a balance. “Rehabilitation of subsistence economies” is a slogan addressing the issue of food and nutrition security. There are so many other such slogans: “wartime nutrition economics”, “food rationing”, “food stamps”, to name a few. Some people and some groups do not care that much about such slogans. They would rather take the issue into their own hands, and to act on it.

“Health in the hands of the people.” This is the battle cry of a Philippine movement towards self-help and self-help-empowerment. People’s empowerment is part of the development strategy of the Philippines. It started with the toppling of a martial law and its perpetrators by the people in the streets of Manila. Of course, by and large, the power of the people diminished in favor of the survival of the prevailing power structures. Nevertheless, it is still the basic strategy for health to the present time. This is not just a nostalgic reminiscence of the power of the streets. It is a counterbalance against the insecurity imposed by the vested interests and wasted resources of governments that are not for the people. It is a counterstrategy against lethargic local and national governments. It is a battle cry against policies that do not satisfactorily address the basic needs of the people.

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prerequisites, prospects and impacts of an innovative technology. Braunschweig (Vieweg Verlag) 1990. 228 pages

Seen from a general point of view, people's empowerment is the incarnation of the "subsidiarity principle". What families and communities can do for themselves, let them do it! Governments should just be prepared for back-up strategies if lower levels can not do it themselves. But local and national governments must also be prepared for emergencies that hit entire populations. This is a kind of division of labor within a civilian society. It is also a kind of supportive "let alone policy" that favors individual enterprise over state control. But as industrialization proceeds, and most people are getting dependent on other sources of income and survival - away from the primary sector of agriculture, this "let alone" aspect of the subsidiarity principle can not apply when it comes to nutrition. If the market forces can not guarantee the basic survival of populations, than the government has to step in. Supply management is the focus, and becomes a primary key to survival. If that fails, the repercussions fall back on the individual. Demand management must then become the secondary key for survival.

2 Risk and security assessments

Families and communities, naturally, have an interest in the risks related to food and nutrition security insofar as this knowledge might provide them the edge in survival. Governments and committed outsiders, for whom such risks do not necessarily spell survival or doom, have also had an interest in this issue. Let us start this section by first examining some risk assessment methodologies in the hands of committed outsiders.

2.1 Risk and security assessments by outsiders

The world has seen a large compilation of literature on risk and security assessments. National indicator systems on nutrition surveillance were prominent for a certain time. Many years ago, it was discovered that rising prices for secondary staple foods, as well as the pawning of kitchen utensils, proved to be good proxy indicators for predicting impending food crises in Indonesia. Such proxy indicators can be detected when applying a comprehensive systems analysis of the interactions between nature, the economy, and death, as depicted in Figure 1. This is a fascinating subject, converting interconnected indicator systems into a tool for addressing the issue of food and nutrition security. Nevertheless, this knowledge often remains just in the hands of universities or governments. It's up to them, if ever, to convert this knowledge into action by convincing governments.[7]

Such a systems analysis as described above can be converted into a socioeconomic path analysis.[8] This traces the fate of economic products, commodities, or services down to the basic

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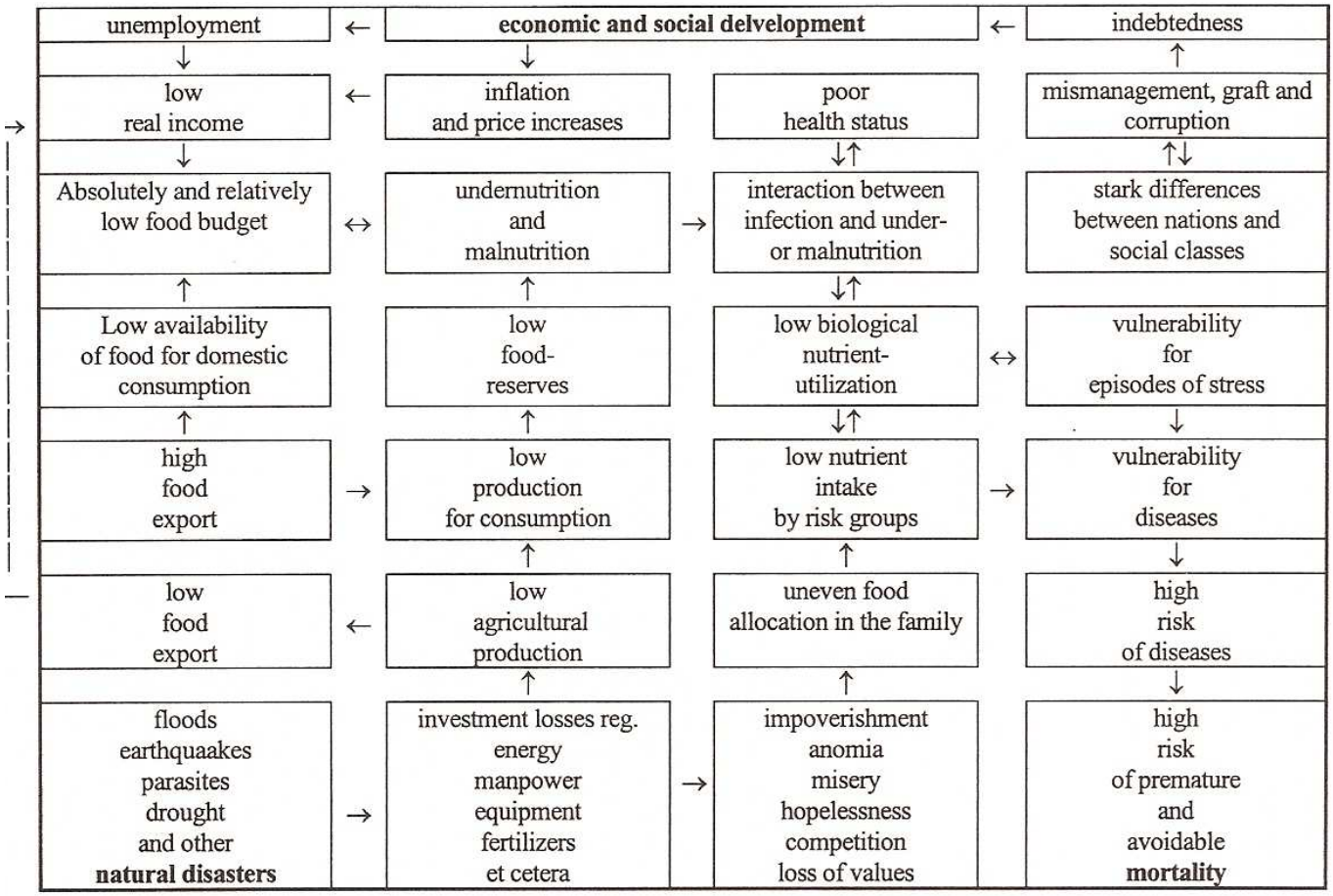
[7] *Detlef Schwefel:* Nutrition monitoring, evaluation, planning, and surveillance in Indonesia. Assignment report to WHO-SEARO. Jakarta, 27.12.79-24.2.1980. New Delhi (WHO-SEARO) 1980, 38 pages

[8] *Detlef Schwefel:* Who benefits from production and employment? Six criteria to measure the impact of development projects on poverty and need satisfaction. Berlin (German Development Institute, Occasional Paper No. 29) 1975, 91 pages; 3rd edition 1976
Detlef Schwefel, Luis Gurmendi, Thomas Müller-Debus, Karin Röhrbein, Rainer Rosenbaum: Producción, empleo y consumo racional. Hacia una cuantificación de implicaciones nutricionales de proyectos de inversión (Production, employment and rational consumption. Approaches to quantify the impacts of investment projects on the nutritional status). Berlin (Instituto Alemán de Desarrollo, Occasional Paper No. 41) 1976, 131 pages
Detlef Schwefel: Evaluación de efectos sociales de grandes represas (Evaluation of social effects of large dams). In: Centro Interamericano de Desarrollo Social (CIDES) de la Organización de los Estados Americanos (OEA) & Instituto Latinoamericano de Planificación Económica y Social (ILPES) de la Comisión Económica para América Latina (CEPAL) (Eds.), Efectos sociales de las grandes represas en

consumption patterns of those in need. The "product path analysis" was invented to study, for example, the nutritional implications of large-scale investment projects, such as an irrigation dam or a railways network. The product path analysis (PPA) tries to identify the demand for the final end product from different groups, strata, or classes of the society, and to analyze this demand according to its potential for satisfying basic human needs. With regard to this demand - the first focus of the PPA - one has to raise the following questions:

Figure 1: A simplified model on links between nature, economy and death



a What is it that is produced or made available by means of the project, in terms of use values?
b What are the intermediate uses of this product (or service) until it is transformed into a final human consumption?
c Which groups, strata, or classes of the society demand these products of final consumption?

Having identified the social demand, the PPA continues to ask and to analyze, if such a demand satisfies basic human needs. The PPA analyzes the paths of the production between the project,

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América Latina. Montevideo (Fundación de Cultura Universitaria) 1984, pp. 231-273
Detlef Schwefel: Evaluation sozialer Auswirkungen und Nebenwirkungen von Projekten. Ein Überblick über Themen, Tendenzen und Trugschlüsse (Evaluation of social effects and side-effects of projects. A synopsis of topics, tendencies and traps). In: Detlef Schwefel (Ed.), Soziale Wirkungen von Projekten in der Dritten Welt. Baden-Baden (Nomos-Verlag) 1987, pp. 15-50
Detlef Schwefel: Soziale Auswirkungen von Infrastrukturen und Industrien (Social impacts of infrastructures and industries). In: Detlef Schwefel (Ed.), Soziale Wirkungen von Projekten in der Dritten Welt. Baden-Baden (Nomos-Verlag) 1987, pp. 191-249
Detlef Schwefel: The Product-Path-Analysis. A method of socioeconomic project appraisal. In: Canadian Journal of Development Studies, Vol. 10 (2), 1989, pp. 211-223

the intermediate use, the final human consumption, and the basic needs of different social groups. The PPA tries to identify what benefits derive from the production side of the project, and who benefits from production. These are precisely some of the most important questions of social evaluation. Another important question that derives is this: Who benefits from employment? This was extensively applied when looking into the nutritional implications of large-scale development projects for the poor. The grim result most often was: "Sorry, it's just for the rich!"

2.2 Risk and security assessments by the people

Some people and some groups are not content with these information systems being in the hands of outsiders, even if they might be compassionate and with empathy. They would rather "take matters into their own hands." On the island of Mindanao, in the Philippines, we discovered quite some volunteer health workers that maintained an information system that they call "Databoards".[9] It is an information system that is not imposed on them from above. It was introduced a long time ago by certain academicians and health managers sympathetic to the poor. Even after they were assigned somewhere else, the Databoards continued to be maintained by the volunteer health workers. This Databoard is a spot map of the households in the villages where the volunteer health workers live, and these are those whom they work for. Each household is assessed quarterly according to basic indicators of health, which the volunteer health workers look into, i.e.

- environment: waste disposal, water supply and toilets
- nutrition: undernourished children
- family health: immunization, family planning, prenatal care

These three issues – environment, nutrition, and family health – are considered as the basic needs in a community. The volunteers collect the data and present them in color-coded manner on the spot maps. This color-coding is in the form of traffic lights: red means danger, green means things are doing well, while yellow indicates borderline danger or a change in status either toward green or red. A fourth color, blue, was added when the indicator does not apply to the particular household; for instance, immunization status does not apply where there are no children.

This display of information in the Databoard, we have observed, stimulates community discussion and dialogue. It converts data into information, and thence into action. It reinforces community support of the knowledge of the volunteer health workers. It also empowers these health workers to bargain with the presidents of the blocks of families, or with the captains of the villages, or with the mayors of the municipalities or cities. A color-coding of the indicators according to the traffic lights opens the eyes of everybody regarding past, actual and impending crises. This is why the volunteer health workers maintained the Databoard as a kind of subsistence information system: the producers of the data consume the data and get stronger with it. After we discovered and promoted this system it was adopted as a national program of the Department of Health. Indeed, the national anti-poverty strategy of the government has also adopted the Databoard, and tries to add more indicators on basic needs. In the hands of volunteer health workers, the Databoard can be a powerful tool to address the problem of nutrition security at the family and community level.

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[9] *Teofila E. Remotigue, M. David, R. Yapchiongco, O. Banias, T. Bonoan, Detlef Schwefel:* Health Databoards for Communities. An orientation guidebook on the national implementation of community health databoards. Manila (HAMIS at the Department of Health: Popular Papers No. 2) 1994, 198 pages

As a back-up information system at the level of provinces we developed a socioeconomic information system that contains data on the health-and-wealth features of a village.[10] This we call the Barangay Socioeconomic Information System, "barangay" being the term for villages in the Philippines. The information system answers the need to define and identify socioeconomic, environmental, and ecological variables at the barangay level that may be affecting the health and nutrition status of communities. This is the backdrop against which health occurs - or does not occur - in a community. The Barangay Socioeconomic Information System is a compilation of basic socioeconomic data that may be affecting the health status of communities. These include such factors as the terrain, language, agricultural profile, wealth and poverty indicators, and others. In addition to socioeconomic data, the Barangay Socioeconomic Information System contains data on environment, culture, as well as the provision of, and access to, health care at the local levels. Such an information system is being updated whenever needed. Its inclusion of information on agriculture and community organizations can make it useful for nutrition surveillance.

3 Health, food and nutrition in the hands of the people

Under the auspices of a people's empowerment, we were commissioned by the German Development Cooperation[11] to strengthen the **h**ealth **a**nd **m**anagement **i**nformation **s**ystem in the Philippines at the start of this decade.[12] This we called HAMIS, a Philippine-German technical cooperation project. It is very fitting that "hamis" is a Filipino word that can mean "smooth" as well as "sweet". And so we say that "the HAMIS way" is "smooth and sweet". Of course, we used medical informatics and indicator systems that contained information on food and nutrition, too. We had some radically different points of view, however:

- Let us not concentrate on data and information only, but let us especially consider understanding and wisdom when developing health and management information systems.
- Let us not be contained with computers as the holders of information, but especially with human beings as the real expert information systems.
- Let us learn from the best managers in the Philippines what good management is, before we presume to tell them what the state of the art is, according to books and papers.

This is easy to say, but how do we get to know the best managers? Our source of information was to discover and analyze examples of outstanding health care management. Sponsored by Germany, three national contests were conducted in the Philippines by the Department of Health to recognize exemplary health care activities.[13]

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10 *Detlef Schwefel, B.A. Marte, Teofila E. Remotigue, M.R. David, B.C. Magtaas, V. Pantilano, F. Quijano, R. Delino, M. Ringor, M. Pons:* HAMIS. A health and management information system for the Philippines. Manila (HAMIS at the Department of Health; Occasional Papers No. 11) 1995, 703 pages

11 We acknowledge the generous support of our projects by the German Ministery for Economic Cooperation and Development (BMZ) and the German Agency of Technical Cooperation (GTZ) as well as by the Philippine Department of Health – an exemplary partnership of two people for the benefit of the poor.

12 *Detlef Schwefel, B.A. Marte, Teofila E. Remotigue, M.R. David, B.C. Magtaas, V. Pantilano, F. Quijano, R. Delino, M. Ringor, M. Pons:* HAMIS. A health and management information system for the Philippines. Manila (HAMIS at the Department of Health; Occasional Papers No. 11) 1995, 703 pages

13 *Detlef Schwefel, Melahi C. Pons:* Discovering good management. An information system on innovations in health care management in the Philippines. Manila (HAMIS at the Department of Health: Occasional Papers No. 5) 1993, 190 pages
Detlef Schwefel, Melahi Pons: Winners show the way to good management in health care. In: World Health Forum, Vol. 15, Number 4, 1994, pp. 348-352
Detlef Schwefel, Emma Palazo (Eds.): The Federation of the HAMIS Winners in the Philippines. Manila (HAMIS at the Department of Health, Popular Paper No. 3) 1995, 635 pages

- More than 400 applications for the three HAMIS Contests were received from all regions of the Philippines. The applications were submitted to intensive screenings. Representatives from Department of Health, academe and non-governmental organizations were asked to give a standardized peer review. Many projects were visited by three evaluators who were guided by a checklist of 73 criteria to check quality, innovativeness, effectiveness, equity, efficiency and sustainability. Distinguished members of the selection committees for the three HAMIS Contests chose 160 projects that were given diamond, gold, silver and bronze awards. The plaques of recognition were presented to the winners by the President of the Republic of the Philippines in 1991, 1994 and 1997.

- The HAMIS Contests show that there are many innovative ways of improving effectiveness and efficiency of health care for those in need. The HAMIS Winners demonstrate that good management makes improvement in health care possible under any given circumstances. The experiences of the Winners show that good health care management does the right things despite scarcity of resources and immobility of institutions and people. Good health care management discovers untapped resources, mobilizes human and intellectual resources, combines existing resource patterns resulting in multiplicative effects, and reconfirms productivity gains through self-organization and banding together. Good health care management in this sense is the more productive use of otherwise overlooked resources for the benefit of those in need.

- After the first Contest, the 52 Winners formed a southern and a northern association, and a national Federation to strengthen and to be lobbyists for good management. HAMIS Winner Clubs were built upon issues of mutual interest, e.g., community health workers, herbal medicine, drug cooperatives, community health financing and social health insurance. The first Winners were co-equal partners for preparing, implementing and using the second Contest to bring into the fold 68 new excellent health care managers, and to establish and renew self-sustainable reassurance networks to benefit the poor. The Federation of the 160 HAMIS Winners in the Philippines nowadays is an important consultative body to influence policy-making and law-making to strengthen good health care management.

This strategy of discovering good health care management provided us with a lot of insights on health management. Good health management is not focused on medicine and hospitals alone. It is, first of all, preventive and promotive in character. Prevention of disease incorporates a balanced satisfaction of basic needs. Food, nutrition, employment, housing, water, income and all the other key ingredients of basic needs are at stake when a cost-effective health care is under discussion. Not all the projects that we discovered are that comprehensive. But all of them show us ways and means how people and good managers take health and health management into their hands.

3.1 Health in the hands of the people via community managed projects

Let us just mention a very few projects that were declared to be outstanding examples of health care management in the hands of the people.

- Stimulated by an enlightened group of medical students, urban poor in a community of garbage collectors in Manila realized cost sharing through donation of some seed money. This enabled voluntary community health workers to provide some preventive and medical care that was complemented by services of volunteer doctors. Additionally, they collect

contributions from families so that they can avail of a 50% discount of the factory prices of drugs when buying prescribed drugs in the cooperative store. Others in the catchment get drugs at prices below retailers price. The contributions are according to family income but not according to family size, thus providing a progressive risk sharing component. The lesson of this project is that self-organization and cooperation can save money for all in the catchment, not just for the members of the cooperative. Under the name "community drug insurances" this project is now being replicated as a national program in 1.000 local areas all over the Philippines.

- A voluntary association of diabetic patients in Quezon Province reduces public costs by early discovery (and prevention) of complications through monthly blood sugar testing and health training. It reduces private costs by having reduced drug and consultation fees due to economies of scale and managed care. At the same time, social and mental suffering is alleviated through banding together and consoling each other. Membership fees and donations are collected. The lesson of this project is that cooperation brings about private and public savings.

- A network of Mothers' Clubs on the islands of Surigao City initiated a comprehensive blend of activities to develop skills among mothers, their families, and other individuals in the community. This allows them to achieve an acceptable level of health and well-being in a self-reliant way. These activities include health care, health education and training in nutrition and food production, environmental sanitation, building of infrastructure, livelihood projects, day care centers, weekly radio program, bargain incentives for Mothers' Club members in city stores including drug stores, emergency credit arrangements, scholarships, regular self-evaluation and awarding of good performance, and last but not least, diversified fund raising. The lesson of this project is that good health care management should be comprehensive, and that comprehensiveness, sustainability and expansion are achieved if people understand and share it. One of the components of this project - a databoard in the hands of volunteer health workers - was proclaimed a national program and is being replicated now all over the Philippines by the Department of Health.

In all these cases, people got sick and tired when waiting for a support from local or even national governments. They took health and health management into their own hands.

3.2 Herbal medicine as a crucial option and a strategic tool

Herbal medicine in the Philippines is an old tradition but a new science. Indeed, when the Winners of the first HAMIS Contest were awarded in 1991, only a very few of the 52 community organizations were involved in herbal medicine. Specifically, only 9 of them had any involvement either in promoting the use of herbal medicine, or actually going into producing herbal preparations, either for their own consumption or for more widespread distribution. Remarkably, though, one of these HAMIS Winners is headed by a university professor who is in fact a pioneer in pursuing herbal medicine as a science in the Philippines.

Shortly after the HAMIS Winners established their Federation, one of the first things they did was to organize a Herbal Medicine Conference. Many had come to realize that herbal medicine was an activity that was very much needed by their communities. The Conference brought together the expertise of a few of the Winners with the consuming interest of many others who were eager to learn the technology for themselves, and to pass on the benefits to the communities

they represented. A subsequent follow-up Conference brought in many more experts, and came up with a training manual that was disseminated to any and all interested HAMIS Winners.

In 1994, there were 68 new HAMIS Winners awarded in the second HAMIS Contest. Many very soon learned from the experiences of the first HAMIS Winners, and quickly adopted the practice of herbal medicine in their activities. Many, many more have since demanded this sharing of knowledge. The informal gatherings and workshops soon became quite inadequate to meet the growing demand. The herbal medicine training therefore had to be formalized as a course offering in our HAMIS Academy. The HAMIS Academy is in itself an innovation. It is a sort of open people's university and self-help referral center. Anybody is welcome to learn the new technologies developed by the HAMIS Winners from their own experiences in health management. It is the venue for sharing with many others the lessons learned by the HAMIS Winners.

The offshoot of this historical evolution is that, now, more than half of all the HAMIS Winners include a herbal medicine component among the services they offer. Moreover, the standards of quality in the preparation and practice of herbal medicine have been refined and standardized among the HAMIS Winners. Why did herbal medicine become so popular so quickly among the HAMIS Winners? Herbal medicine is a crucial option by which people can effectively manage their own health.

- Herbal medicine makes use of resources that are readily available, often in one's own backyard or garden. These are the medicinal plants, many of the most useful of which grow like weeds. Sadly they are often treated as weeds, precisely because people are ignorant of their true value. And one doesn't need to internalize an encyclopedia of herbal knowledge in order to effectively practice herbal medicine. A dozen or so of the most common of these "weeds" could be effective for most of the illnesses that poor communities in the Philippines suffer from.[14]

  As in the practice of Western medicine, it is important, firstly, to know which plants are good for which conditions. Secondly, one must know what is the proper mode of preparation, and how to go about it. Thirdly, one must know how to administer the drug, and in what amounts. In the experience of the HAMIS Academy, it does not take very much to transfer this knowledge even to community health workers who have hardly any formal education at all.

- Herbal medicine makes use of technology that is commonly used in daily activities of the household, particularly the kitchen. Herbal medicine has a scientific basis that is not just a hit-or-miss thing. The scientific aspect of herbal medicine does not mean, however, that herbal preparations can only be done in the laboratory. It is possible to produce quality herbal preparations in the home, using kitchen measurements and kitchen implements.

  The "kitchen technology" or "kitchen laboratory" approach to herbal medicine is necessary because very few people have access to laboratory instruments, but every household has a kitchen and kitchen implements. Not everybody may have clocks, even, and so preparation time may have to be approximated by other means. For example, "boil until only one-half is left" might be more appropriate than "boil for 15 minutes" if there are no clocks in the

[14] *Benjamin Ariel Marte:* Wisdom of the Weeds: A Learning Manual for Herbal Medicine, prepared for the HAMIS Academy. Manila 1996.

community.[15]

And so, preparing herbal medicines is essentially very much like cooking vegetables, except that these vegetable preparations have medicinal value; meaning, they can prevent, attenuate or cure illness episodes.

- Herbal medicine is a very much less expensive alternative to synthetic pharmaceuticals, but not necessarily less effective. In many instances they could even be more effective. The conventional wisdom is that, if herbal medicine fails, shift to synthetic pharmaceuticals. Our experience with the HAMIS Winners, however, is that the other way around may also be true. If synthetic pharmaceuticals fail, it may be beneficial and proper to shift to herbal medicine. In fact, herbal medicine may also be used together with synthetic pharmaceuticals.

  Some principles of herbal medicine, moreover, promote the rational use of drugs. For instance, herbal medicine advocates that it is best to use ingredients individually, in order to monitor the desired and adverse effects of a given herbal plant. If several herbs are in combination, we may not know which is producing a desired or adverse effect. Herbal medicine has certain strategic implications that "extend beyond the kitchen", so to speak.

- Herbal medicines in general, but particularly the ones advocated by the HAMIS Academy, have a wide margin of safety. This means that the preparations can be used liberally or *ad libitum* as it were, without much fear of adverse effects. The implication is that, for most of the common ailments that people suffer from, a well-informed family need not seek consultation with a doctor without first trying out the herbal remedies on their own. This does not necessarily do away with doctors, but it does minimize the use of, and dependence on, medical services.

  The practice of herbal medicine must of course be according to accepted standards. These standards cover a wide gamut of the process of herbal medicine:
  - from planting, harvesting, and storing the plants,
  - to compounding the infusions, decoctions, syrups, and ointments, and finally
  - administering the drugs and monitoring the effects.

  These standards, developed and compiled with the HAMIS Academy, try to assure the quality of herbal products and services rendered to patients. The effect has been to refine a traditional practice into a popular science.

- Herbal medicine has a great potential for community enterprise. The income generating potential for producing herbal preparations is quite recognized, but the concerted effort of a community – even and especially of the poor – could take this to further heights.

  Even a relatively small scale industry for herbal medicine production would have to involve an agricultural aspect, which is basically the growing and harvesting of the plants. Initially this could even be done on a backyard gardening basis. Eventually it could grow into contract farming. The other aspect is of course the preparation of the herbal products. This involves the preparation and packaging of the dried herbal products, as in tea bags, or the preparation of the end-product itself such as tablets, capsules, syrups, ointments, soaps, and many others.

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[15] *Ludivina. S. de Padua:* Kitchen Technologies for the Preparation of Herbal Medicines, prepared for the HAMIS Academy. Laguna, Philippines, 1996.

Interestingly, government rules and regulations may actually favor such a community enterprise. The law is quite stringent on licensing the herbal medicines as pharmaceuticals if they are produced in commercial quantity. In the form of tea bags or soaps, however, they are considered food supplements or toiletries, and the pertinent laws are not as stringent. There are also tax incentives if such an enterprise is entered into as a community cooperative.

Herbal medicine is in fact a way beyond an informed self-medication. It is an informed production of drugs for some of the most common illnesses. "Health in the hands of the people" acquires a very active and productive meaning by this very issue.

3.3 Nutrition security as a strategic issue

Herbal medicine is a way of preparing and consuming plants – just a step away from preparing and consuming food. Some people say, the best herbal medicine is a good and balanced diet. Some of the HAMIS Winners are actively dealing with this issue.

For many years, the efforts of nutrition intervention programs have been directed mainly toward increasing the food available at the household level. The strategy to improve such "food security" was either to increase agricultural production, or to increase the income of these households. This is based on the premise that as long as food is available at the household level, the nutritional status of every member of the household would be assured. Unfortunately we have seen through the years that food security does not by itself lead to "nutrition security". The model developed by the UNICEF (1990) shows quite clearly that there are many variables and determinants of nutritional status, and that food security is but one of them (Figure 2).[16, 17]

- The model shows that a combination and interaction of inadequate dietary intake and disease lead directly to malnutrition and death. Moreover it bears reemphasizing that disease, in particular infectious disease considering its relative importance in developing countries, adversely affects dietary intake and nutrient utilization. These immediate causes of malnutrition and death in turn arise out of a combination of three inter-related factors: insufficient household food security, inadequate maternal and childcare, and insufficient health services and unhealthy environment. These latter are termed the underlying causes.

- The model can also be stated positively. In this case, when household food security is available, when maternal and child care are adequate, and when health services are sufficient and the environment is healthy, then dietary intake will be adequate and disease episodes would be controlled. This is when we might say that nutrition security has been achieved, and the eventual manifestation would be that proper nutrition is assured and avoidable deaths are prevented.

- Food security by itself is a necessary but not a sufficient condition for adequate nutrition. Technically, food security is defined as "access by all people at all times to the food needed for a healthy life".[18] This does not include the fact that, for example, inadequate caring

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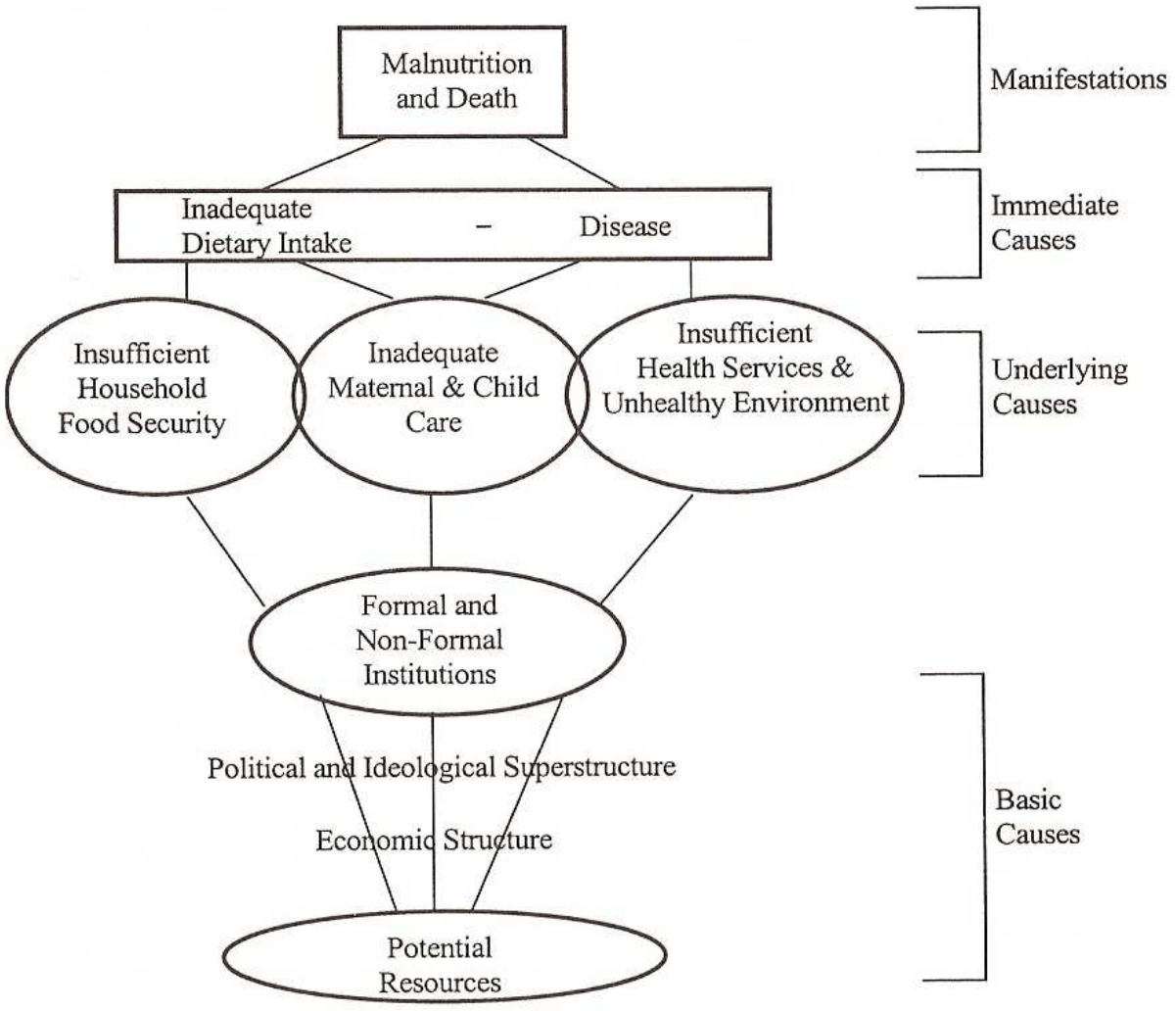
16 *UNICEF* (1990): Strategy for improved nutrition of children and women in developing countries, New York

17 *Maxwell, Simon & Frankenberger, Timothy R.*: Household food security: Concepts, indicators, measurements - A technical review

18 *Silvia Kaufmann*: "Nutritional Baseline Survey for Integrated Food Security Programme", German Agency for Technical Cooperation (GTZ), Germany, May 1994, quoting from the World Bank publication on "Poverty and Hunger: Issues and Options for Food Security in Developing Countries", Washington D.C., 1986.

capacity within the household (due to traditional beliefs, lack of knowledge, etc.) can lead to inadequate distribution of food among the members, even though food is generally available to the household. Health care is another important condition that is closely related. When the environment is conducive to disease (e.g., diarrhea) and sufficient health services are not available, the interplay between disease and dietary intake is likely to make sure that adequate nutrition is not going to be achieved.

Figure 2: Causes of malnutrition and death



- Nutrition security goes beyond food security to include certain other dimensions. Indeed, it is defined "access to food by all people at all times *including the adequate utilization* in order to live a healthy life". Nutrition security comprises aspects as fair distribution of food between and within communities, conducive living conditions, proper and adequate health care, education, physical work, frequency of childbearing, health conditions, etc.

A major difficulty with many nutrition programs is that, in most cases, the interventions were decided and implemented without the participation of communities. Experience has shown and proven that nutrition programs of this sort have generally not been successful. The determinants of nutrition security are very complex indeed. These determinants encompass several interrelationships between the cultural, the economic, the behavioral, as well as the biological and physiological. And only if the community is fully involved in the design, implementation,

monitoring and evaluation of nutrition programs - with several approaches considered – can the likelihood be improved that they would be more effective and sustainable.[19]

About 50% of our HAMIS Winners in the Philippines are focusing their activities on the improvement of the nutritional situation in their communities, especially the poor and malnourished children. A lot of them are directing their activities toward more than one intervention. Their approach has been to improve the household food security, the maternal and childcare, and the health services and environment in order to improve the dietary intake at the family level. This also considers the health situation of the individual. The overall goal in effect contributes toward improving the nutritional situation in the Philippines.

- One of the outstanding HAMIS Winners is the "Federated Primary Health Care (PHC) Mothers' Clubs", a self-help, non-governmental organization in Surigao City, in the northeastern part of Mindanao. It is supporting their people in the communities to develop skills in order to improve their health situation in a self-reliant way. The activities try to include the active participation of everybody – in the household and in the community. Mothers are organized in "Mothers' Clubs", "Barangay Environmental Sanitation Implementation Group (BESIG)" is involving the husbands, and "Youth Clubs" involves their children. Besides the approach to involve everybody - an embodiment of "health in the hands of the people" - the approach of the project is quite comprehensive. The mothers have the opportunities to be trained in health, nutrition, and family planning, so that they are being trained as Barangay Health Workers (BHW) who have direct contact to the people in the village. The participation of fathers/husbands in health-related activities minimizes the dropouts among the mothers/wives. The activities range from primary health care supporting activities, skills training and financial support for income generating projects, and environmental sanitation, to include even community infrastructure.

- Another outstanding HAMIS Winner is the "Implementation of Integrated Nutrition Program" in the Municipality of Hilongos, Leyte. The local government of Hilongos, aware of the magnitude of malnutrition problem in their locality, implemented an integrated approach to nutrition. The beneficiaries of this project are all the households in the 50 barangays in Hilongos, with special emphasis on pre-school children, elementary school children, pregnant and lactating mothers. The range of their activities comprises food assistance and supplementary feeding in schools, nutrition education, day care centers, cooking demonstrations, teacher-child-parent (TCP) approach, mother's classes, backyard gardening (bio-intensive gardening, poultry raising etc.), and assistance in food production (school garden, livelihood). This project is supported by different government ministries including the Department of Agriculture (DA), the Department of Social Welfare and Development (DSWD), the Department of Education, Culture and Sports (DECS), and the Department of Health (DOH).

- A project that is engaged in the rehabilitation of severely malnourished children is supported by the Theosophical Order of Service. This "Intensive Rehabilitation of Severely Malnourished Children and Self-Reliance Program" is addressing the families in depressed barangays of Metro Manila and has started with two approaches. On the one hand, severely malnourished children are immediately supported with medical check-ups, medicines and food for a short period. The parents act as direct implementors of the program. They are responsible for meal planning, marketing, cooking, cleaning the feeding center, etc. Non-

[19] *FAO* (1993): Guidelines for participatory nutrition projects, Rome

formal mother's classes on basic nutrition and primary health care are also conducted. On the other hand, parents of the malnourished children are at the same time involved in the Self-Reliance Program, where they are being offered income-generating opportunities with interest-free loan assistance. The purpose is to secure the food availability at household level, and thereby the nutritional well-being of the whole family. Lately, they have started to give trainings on producing herbal medicine and encouraging the community for backyard vegetable and herbal gardening.

- "Good nutrition through good income generation" is the objective of the project "Urban Family Development Program (UFDP)" which is implemented by the Nutrition Foundation of the Philippines, Inc. (NFP) since 1991. It is a holistic and muti-sectoral program that focuses on the development of the whole family. The beneficiaries are the economically and nutritionally depressed families in different barangays of Metro Manila. The components of the UFDP range from community organization (Mother's Clubs and Youth Groups), training (leadership training, skills training), and livelihood activities (cash loan assistance, product development, rice/salt vending), to nutrition and health classes, as well as medical, nutrition and health services. One of the causes of malnutrition, according to the NFP, is ignorance or lack of knowledge on food and nutrition. Therefore nutrition education is one major pillar of the project. There are nutrition and health classes for mothers and preschool children, involving the community organizations in the planning, implementation and monitoring of the activities.

These above-described four projects are examples of many more existing innovative and community-based approaches to eradicate hunger in the Philippines. They are very likely to achieve nutrition security because of their participatory and multi-sectoral approach. The problem of malnutrition is tackled by different interventions. Food production, income generation, education on meal frequency, etc., will lead to food security at the household level. Knowledge on childcare, nutrition and health, awareness of time constraints, and reduction of workload for women will improve the maternal and childcare capabilities. Awareness about, access to, and improvement of water supply, waste disposal, latrines and health services are crucial conditions to improve the health status of the people. Food security, maternal and childcare, and health services are working together to increase the household dietary intake and to reduce the prevalence of diseases. These conditions are important to achieve nutrition security for the people.

The HAMIS Winners are already powerful because of their networking system as the national Federation of HAMIS Winners in the Philippines and their regional formations into the northern and southern associations. Additionally, with the HAMIS Winners' Clubs, projects with similar activities and interests are sharing and exchanging their experiences, with mutual benefits for all. The experience of the HAMIS Winners' Clubs has shown that this kind of networking will not only support themselves but strengthen them to influence local and national health policies.

The plan of the Federation of the HAMIS Winners for the year 1997 is to set up a "Nutrition Club". This is a great opportunity to spread the wisdom and skills about nutrition security. The Nutrition Club will facilitate conferences where experiences, knowledge and wisdom of each member can be shared and exchanged. Like the other Clubs of the Federation – health insurance, herbal medicine, women's health, information systems etc. - the Nutrition Club might most probably develop policy papers especially on community nutrition. They could also produce a training module to be included in the HAMIS Academy. The Nutrition Club will certainly serve as a networking strategy to strengthen the different projects in their efforts to improve the

nutritional situation in the Philippines. Our HAMIS Academy will serve as a kind of self help empowerment center.

3.4 From income generating projects to food generating projects, from health to wealth, from food and nutrition towards a productive life style

Quite a number of the best grassroots managers in the Philippines include income generating projects on their agenda. Piggeries, buying-and-selling, and backyard farming of cash crops are quite prominent examples. Income is the aim. This is quite understandable, since money is a universal tool to satisfy basic human needs. But are we sure that this income is turned, indeed, into basic needs satisfaction including food security? [20]

In situations of widespread poverty, the relationship between spending and saving money is of crucial importance. Money management at the household level has an enormous impact on health and social life. This has to be seen in the wider context of saving, and what is being called "negative saving."

Saving has many faces. Webster defines "to save" as:
- to rescue or preserve from harm or danger,
- to preserve for future use,
- to prevent or lessen,
- to prevent loss or waste,
- to avoid expense, waste, etc.,
- to store up money or goods.

Figure 3: Concepts and examples of negative, nominal, real and rational savings

<table>
<tr><td rowspan="3">Purposes / outcomes of savings
Inputs / sources of savings</td><td>Past</td><td>Present</td><td>Future</td><td colspan="3"></td></tr>
<tr><td colspan="2">consumption</td><td colspan="3"></td></tr>
<tr><td colspan="2"></td><td colspan="3">accumulation</td></tr>
<tr><td>Past consumption</td><td>Short-term consumption delay</td><td>Long-term consumption goods</td><td>Investment in human capital</td><td>Insurance against unknown risks</td><td>Investment in production technology or other profitable assets</td></tr>
<tr><td>Income from a reduction of assets</td><td rowspan="3">Indebtedness, negative saving</td><td rowspan="4">Smoothening consumption patterns over shorter time periods (storing food between harvests, etc.)</td><td rowspan="3">Buying durable consumer goods, which at the same time could serve as insurance capital or profitable assets</td><td rowspan="3">Health and education expenses</td><td></td><td>Commercial dealing with, e.g., valuable household goods</td></tr>
<tr><td>Money income</td><td colspan="2">SAVING IN THE TRADITIONAL ECONOMIC SENSE</td></tr>
<tr><td>Resources income (goods and services)</td><td colspan="2" rowspan="2">PROMOTION OF REAL AND RATIONAL SAVINGS
Expenditure for consumption goods which could be sold in view of a consumption crisis
Expenditure of resources or money for foodstalls, street vendor equipment, rickshas, tools for sandal production
Social security oriented activities, e.g., child rearing behaviour or stabilizing social networks
(opposed to non-productive consumption)</td></tr>
<tr><td>Behaviour / lifestyle / way of life</td><td></td><td></td><td>Performing rational consumption patterns, avoiding costly risks</td></tr>
</table>

[20] The following chapters are taken from: *Detlef Schwefel, Reiner Leidl:* Remarks on the social meaning of savings of the poor. In: Development, No. 2/3, 1987, pp. 142-144 and *Detlef Schwefel, Emma Palazo (Eds.):* Policy Papers on Community Health Care Financing of the Federation of the HAMIS Winners. Manila (HAMIS at the Department of Health, Occasional Paper No. 14) 1995, 104 pages

To pick but one of these definitions and to declare it the only valid one would be inappropriate and insufficient, especially when considering what saving really means, its determinants, and its effects. Much more, saving is a social concept, a social reality, and a social problem – this is what we will elaborate in this chapter (see Figure 3). Rational household behaviour – this is what we can learn from the smartest HAMIS Winners.

In situations of poverty, as among the poor in the Philippines, the usual economic concept of "positive saving" is not the general option. The poor frequently do not have a choice between consuming or saving. Often, they are forced to go into "negative saving" (indebtedness to money-lenders) in the present, in order to avert an existing crisis, such as a catastrophic illness or catastrophically rising food prices. Not to loan and spend in such a situation would worsen the crisis. Thus, we have to look at credits and loans for health, food and nutrition from a different perspective. On the one hand, real saving, as we know it, if practiced by the poor may worsen their health and nutrition, and may not even be possible to achieve. On the other hand, negative saving, or loans from money lenders, though a depressing fact of the lives of the poor, can indeed be life-saving.

3.4.1 First Concern: Widespread indebtedness as the starting point

In a situation of poverty, "negative saving", i.e., the widespread indebtedness of poor people, is the point of departure for any realistic analysis of savings. The poor produce deficits every month, as can be seen from income and expenditure surveys and, more validly, from qualitative case studies. Borrowing is often used to satisfy consumption instead of investment needs, especially in the case of emergencies (necessary as opposed to excess). Everywhere, a tight hierarchical system of more or less informal mini-loans exists, which is based on trust and memory and which can exceed the loan conditions usually imposed in the formal sectors. This system penetrates families, friendships, businesses, and villages, and is not restricted to the exchange of today's and tomorrow's money, but includes goods, services, and social relationships as well. Implicit and explicit negative savings forced by high prices, e.g., of food, could be added to this picture. Sophisticated research on this topic is still very scarce. It would need promotion.

3.4.2 Second Concern: "Healthy" savings in cash and kind

Income statistics are especially poor for an economic analysis when applied to informal sectors linked with shadow, exchange, and subsistence economies. To regard only the monthly or yearly money left-overs as potential savings has a pragmatic appeal, but some inconveniences as well. To mention only two points: reserves in kind have to be added and debts have to be subtracted. The first bias could not even be corrected by using family expenditure surveys; instead, non-standard research would have to be undertaken. These could show, for example, a stock of mini-production factors such as a bicycle, or of durable consumer goods as radios or TV sets, which could be sold when needed. Such sales are a first sign of a coming consumption crisis. Non-cash savings in kind are an important aspect of the problem under consideration.

Let us go further and be provocative: child-rearing may sometimes be considered a specific form of sacrifice of present family consumption, made in view of a future security for parental consumption. This, too, is a social facet of real savings. It implies that not only stored money or goods may be seen as savings, but also behavior or activities aimed at securing future

consumption. Another example could be the construction of toilets in the present to avoid the expense of treating diarrheal diseases in the future.

Another aspect of saving may be *stored fitness through good nutrition and health* in order to be prepared for health crises, such as infections, which are easier to overcome when well nourished. The rationale behind this aspect of real savings is that activities to prevent possible crises in the future may be labeled as saving, because the expenditure that would have been required to cure and care later has been saved by preceding activities to prevent disease and to promote health.

Thus, in order to study the social meaning of saving in the informal sector in Third World countries, we have to look for real savings. This we do by applying a blend of social research designs, case studies, behavioral studies, as well as health and nutrition surveys, and not only income and expenditure studies in order to operationalize nominal savings in terms of income minus expenditure.

3.4.3 Third Concern: Rational household economics and a healthy lifestyle

The latter two aspects of real savings introduce a normative concept of "rational" behavior: refraining from "bad" or "conspicuous" consumption in favor of "good" consumption is interpreted as saving as opposed to squandering. This is the case when future benefits can be expected from actual behavior. More generally, savings in the sense of avoiding future consumption crises can be achieved by present consumption patterns, in the extreme case, even without any further reductions in the level of consumption. Hence, substantially "rational" consumptive behavior can be looked upon as an activity of saving, since it might help to enlarge human and environmental capital stocks for future consumption. Healthy diets and life-styles or better education (as a precondition for a self-initiated improvement of the standard of living) are common examples for this type of saving. In short, saving can mean not only a reduction of consumption, but also a change of consumptive behavior towards healthier lifestyles.

One purpose of saving is to have a risk remedy at hand when needed. Not to spend all of one's money and to save some of it may be one instrument of fulfilling this purpose. It may be bad advice in times of inflation or in cases where social networks, friendship, good health, power, or love are the backbone of a minimal social security. To spend money for fiestas, where the gains may be intangible but desirable, may then be good advice to achieve the purpose of savings. This contradictory argument refers to the level of the individual.

Similar problems may arise when individual activities are linked with societal consequences. Individual saving, with the side effects of increased undernutrition or a diminished safety at work, may not only lead to later losses in production, but also to an increased use of public goods and services such as hospitals. This is the situation of saving in the wrong places. Thus, individual saving may have social costs.

To overcome such dilemmas one has to avoid the naive definition of saving, i.e., to consider saving only as the difference between current income and current expenditure and forget about all the rest.

3.4.4 Fourth Concern: Health promotion as a rational saving behavior

Saving means generating reserves to overcome future crises. To try and minimize the impact of crises could be one aspect of "preventive saving". There are more examples: spending money for good nutrition of the children, not spending money for excessive tobacco and alcohol consumption, and spending time for one's physical condition are examples of individual endeavors to strengthen health, and to be fitter during ill health and consumption crises. At the social level, prior investment in such projects as clean drinking water, environmental hygiene, and road safety may later save expenditures for cure and care. In short, the rational spending of individual time, energy, and money, and of public funds, is an effective and efficient kind of saving.

Let us imagine a family hit by a catastrophic illness following unemployment of the father. The resulting income reduction may lead, via the distributive patterns of intra-family consumption, to undernutrition and disease of the socially weakest parts of the family, i.e., mostly younger girls and dependent older people. Let us then assume that some members of the family indulge in gambling in an attempt to recoup the family's fortunes. Not unemployment, then, but gambling reduces food consumption for the family. In this case we could not speak of bad luck or misfortune, but of irresponsible behavior that further drives the family into distress.

The above reasoning implies that nominal (irrational) saving in a situation of poverty may have unacceptable side-effects; an unthinking mobilization of the savings of the poor may have, for example, unhealthy consequences for the weakest parts of society. The lack of rational saving, in the form of lack of health-promoting behavior (smoking or gambling), spells doom for the family in crisis.

3.4.5 Fifth Concern: The social meaning of mobilization of savings

Poverty is a widespread reality for our people. What is the social meaning of mobilization of savings in such a context? Let us take a rural electrification program as an example. Sixty-four percent of the electricity produced is spent for private lighting, 24% for television, 11% for public lighting, and 1% for radio. Current monthly expenditures are P10 for TV, P4 for light and P2 for radio. About 30% of the households with electricity bought a secondhand TV for about P1,000 that includes 45% import taxes and 10% other taxes; additionally, an average business profit of 30% can be assumed. These data imply that, in the wake of a rural electrification program, enormous savings were mobilized for the benefit of state and commerce and not for immediate productive use by the local population or for building up a reassurance fund for coping with future crises.

This example points to what the social meaning of mobilization of savings should be: to spend money, resources, and energy rationally to satisfy basic human needs now or in the near future. In other words, the mobilization of the savings of the poor should be channeled into meeting basic needs, such as health, food, nutrition, and shelter. Not to do so would be to continue the present wasteful consumption in non-productive uses.

This is the exactly the message that we can learn from many HAMIS Winners. A good family health and household management is a very important step towards basic needs satisfaction, including security of health, food and nutrition. Smart people and smart people´s organizations can show us the way.

4 Summary and conclusions

Food and nutrition security has to be seen in the broader perspective of a development strategy that is aimed at satisfying the basic needs of the population with a perspective of self reliance and sustainability.[21] Health, food and nutrition in the hands of the people is a tool and an aim, at the same time.

[21] *Walter Satzinger, Detlef Schwefel:* Entwicklung als soziale Entwicklung. Über Irrwege und Umwege entwicklungstheoretischer Strategiesuche (Development as social development. About wrong ways and detours in search of a theoretically based development strategy). In: Dieter Nohlen and Franz Nuscheler (Eds.), Handbuch der Dritten Welt. Hamburg (Hoffmann und Campe Verlag) 1982, pp. 312-331
Detlef Schwefel: From cost containment to effect-assessment. In: World Health Forum, Vol. 6 (1), 1985, pp. 17-19 (also in Arabic, Chinese, French, Russian, Spanish)
Detlef. Schwefel: Grundbedürfnisbefriedigung durch Entwicklungspolitik? Sisyphos und der Großinquisitor als entwicklungspolitische Leitbilder. In: Manfred Schulz (Ed.): Entwicklung – Perspektiven der Entwicklungssoziologie. Opladen (Westdeutscher Verlag) in print