Partnerships for Social Development

A Casebook

The Independent Task Force on Community Action for Social Development

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Lucia Dube

Zimbabwe

The ORAP way of the Organization of Rural Associations for Progress has empowered 1.5 million people to do their own development through self-discovery. “ORAP is our fortune,” says Elina Ncube, age 49, a widow and mother of eight. “ORAP gave us education. We can do things on our own. We no longer beg. We are self-reliant!”

Ncube belongs to the Zama (Try it) Women’s Garden Project that has been an action group for local cooperation for more than a decade. The project began in 1981 by building on the cooperation learned in the struggle for the liberation of Zimbabwe. The war had disrupted everything: both the infrastructure and the people’s belief in their own culture. Before the project, the women had small gardens along stream banks that produced little, since they had to walk long distances to find water. Their vegetables were sometimes destroyed by roaming livestock. When the project began, the collective secured an area that had abundant water, and the ORAP cooperative drilled a borehole for them. Each of the 34 project members, which includes two men, had six beds and grew a variety of vegetables. Each member set aside two beds from which the produce was sold, with the proceeds going to the common fund. To date the project has managed to raise over Z$3000 (Z$8 = USD$1.0). Some of the money was used to erect a wall around the well. The 34 members and their families have since shared increasing benefits, such as earning the school fees for their children.

Zimbabwe is a sparsely populated country with a population of 10 million. Great inequalities exist even after a decade and a half of independence, especially between the black majority and the white minority. Fifty percent of the rich, productive land is still owned by white commercial farmers, who number only 4,500. Poor farmers, especially women, suffer because infrastructural support, irrigation, and investment in general is concentrated in the commercial farming areas. Commercial farmers also benefit from access to credit, while small-scale farmers are excluded from credit, except in parts of the country where ORAP has programs. Matabeleland Province, an area of perennially low rainfall and dry climate, is dependent on non-irrigation agriculture. Food and water shortages are common.

The Beginning

ORAP dates back to 1980 when a Zimbabwean woman, Sith-embiso Nyoni, started a group called the *Zenzele* (self-reliance) *Rural Development Co-ordinating Committee* to work with people to find rural development alternatives. Her own journey started when, as a home science teacher, she refused to teach girls how to make sponge cakes and macaroni cheese. She realised that this was pointless, as the girls who had walked long distances to come to school had no use for these outside recipes in their rural homes. The total inappropriateness of what was taught to local needs and culture shocked her. She set up a traditional kitchen outside the class and was soon dismissed.

Sithembiso then participated in a YMCA programme in Georgia, USA, with low-income black American families. This sharpened her sense of horror at her people’s abject poverty without dignity. With the help of Oxfam, Sithembiso conducted nationwide participatory research on the wartime village communities that were formed to fight in the liberation struggle. Most groups studied during this research eagerly followed-up in further discussions with Sithembiso about strategies for their own development. The process of dialogue spread to other provinces, and the conviction emerged that

they should unite the people before thinking about specific development projects. This goal could only be achieved by groups coming together and working collectively. This was the traditional way that people always used to work to pool resources and energy, with neighbours working together collectively in neighbours' fields. In 1981 this network of village groups registered with the government as the Organisation of Rural Associations for Progress (ORAP).

Using the ORAP way, the villagers discovered that the best approach to liberate themselves from poverty and marginalization was to use their traditional culture to empower themselves. They revived the culture of *Amalima* (Family Units) to mobilise each other.

Decades of Western colonization had been very destructive to traditional practices and culture. Development was thought to be limited to modernization and westernization. The peoples' self-image was derived from the colonizers' view of African culture as uncivilized and backward. Faced with this negative legacy, ORAP had to search long and hard for approaches that would build on the successes of the people's independence movement. Sithembiso Nyoni's research led her and a group of social workers, teachers, and church leaders to design a programme for social mobilization based on the people's tremendous enthusiasm. They wanted to take charge of their own development.

Several years of struggle working through informal networks during a period of internal political turmoil brought basic changes in their own awareness. *They realized that development had to be within their homes, within themselves; something that they could touch and feel daily*. Their development strategy focused on addressing all forms of poverty -- spiritual, psychological, economic, social, and cultural -- starting from the family and moving outward into the wider society. ORAP helped to create a social space for dialogue and debate within and between all members of rural families and communities.

Structure

The villagers organized themselves in a participatory decision-making process consisting of five distinct levels, beginning with the Family Unit. *Amalima* refers to a process of dialogue among neighbours that is the basic level at which mobilization begins and through which people could articulate their right to development. It gave them dignity and self-respect, fulfilling a sense of responsibility to themselves, their neighbours, and communities.

Five or more families make a *Family Unit*. They work on home improvement, toilet construction, traditional food processing and preservation techniques, traditional food recipe documentation, mother and child development, and women's programmes. Five or more family units form a *Village Group.* Small joint projects are developed such as goat rearing, piggery, sewing, poultry, and many types of cottage industries. Five or more village groups form an *Umbrella,* which does larger projects such as agro-forestry, village markets, and dam construction for small irrigation schemes. At the next level, four members from five or more umbrellas form an *Association.* The association deals with problems filtering up from family units and selects issues that need discussion by their *Advisory Board.* Each association elects four members, with equal gender representation, to serve as members of the Advisory Board. This Board is responsible for setting policies, decision-making, and allocation of funds to projects and programmes needing assistance.

The Process

There are five stages in this step-by-step process.

1. Ziqoqe (Organize Yourself). The first stage involves self-examination and self-discipline by identifying one's own potential, skills, knowledge, aspirations, and relationships. This is a stage of introspection for the family where they analyse their situation and decide what they are going to do about it. *Example:* Mrs. Rhoda Khumalo became a community leader in Dema Village of Gwanda. She is in her mid-50s and barely completed primary school. Having come into contact with other ORAP groups, she decided, together with her neighbours, to revive the traditional concept of *Amalima* for their own development. They met in each other's homes and shared ideas about common interests and the concerns that united them as a people. They agreed on the importance of their culture and their common history of oppression. They wanted to get out of their deeply resented sense of poverty and marginalization. Rhoda says, "We were tired of suffering and of being given conflicting development models, ideologies, and advice." The experience of Dema Village has been shared many times over across Matabeleland Provinces and the Midlands with people who share in the ORAP way. Rhoda, with her limited education but newfound confidence, is now a regular star speaker at ORAP's formal gatherings in her native Sindebele language, as well as ORAP's celebration when winning the Nobel Committee's Right Livelihood Award in December 1993.

2. Zenzele (Do It Yourself). This stage requires people to engage in development on their own. Without waiting for help to arrive from the outside, they use whatever can be mobilised. The people act. In a situation of inequality, asking help from someone to do what one can do for oneself reinforces inequality and can disempower. *Example:* In 1992, when the two Matabeleland provinces experienced a serious drought, people asked for help from the ORAP board. The Board started an emergency food programme for Matabeleland. They purchased food from areas that had surplus food and transported it to the drought-prone areas to sell at cost price. They elected a committee that, through networking with other associations, solved the problem by securing food from one of ORAP's associations in the Midlands Province of Zimbabwe. Only then did they approach the fundraising department of the organisation to ask for external resources to transport the food. A number of donor agencies responded promptly with finances and arrangements for shipping food to Zimbabwe. About 500,000 people were relieved of hunger. The membership of ORAP also increased during that time, from 850,000 to 1.1 million, because of the networking amongst the communities.

3. Ziqatshe (Be Self-Employed). This stage requires people to be proactive. Whatever else people do, it is important to ensure productivity. Unproductive activities not only waste time and resources but are also lost opportunities that the poor cannot afford.

Example 1: A group of 11 villagers in Silobela in the Midlands province of Zimbabwe have raised Z$60,000 through cattle-fattening. The group started by asking each family either to donate one cow or Z$1000 to the project. A total of 11 cattle were collected. They then approached ORAP to assist in purchasing feed for the cattle and received Z$5000 as a loan. Plan International matched the number of cattle. With 22 cattle but with limited knowledge about breeding they approached the Agricultural Extension worker in their area, who gave them on-project training. The project was a success. They sold their cattle, making a good profit, and bought more cows; their project is continuing to grow. They have paid back their loan from ORAP. Others have learned from this project and are starting similar projects.

Example 2: Matilda Mathema joined a group running a small irrigation project in the Mahwange area

of Gwanda. She had previously lived in Bulawayo City, struggling to bring up her children after her husband died. She went from one job to another in the informal sector after years of working as a house girl for Rhodesian "madams" before liberation. She says, "They taught me to make roasts and put on face-packs, but nothing that was useful to me after they left at the time of independence." She went back to her home village and joined the Vukani Garden Project. The garden is now producing crops year-round, which they sell in the community and surrounding mining compounds. The project is self-sustaining since it is now able to purchase seeds, garden implements, and repair pumps, using proceeds from the project.

4. Zimele (Stand On Your Own). This stage requires the people to try to go beyond dependency and stand on their own feet. *Example:* As in the Silobela Cattle Fattening Project and the Vukani Garden project, the members of the groups increasingly become self-sufficient and learn how to sustain themselves and their families.

5. Qogelela (Mobilise Your Own Resources and Save for the Future). *Qogelela* is a means of resource mobilization for savings and investment. The process was designed to give poor people control of their own future. *Example:* Each member is required to donate Z$2.00 towards *Qogelela.* One dollar remains in the local association to take care of special needs. The second dollar is sent to the Board, which manages an endowment fund. Through *Qogelela,* ORAP is building an endowment fund, based on projections into the future for long-term sustainability if outside funds are no longer available.

Expansion and Spread

Through inclusive networking and strengthening the cultural identity of the people, ORAP is assuming the shape and proportions of a people's movement. ORAP complements the efforts of the government to rebuild a proud Zimbabwean society and local infrastructure. A flowering of activities and programmes receives funds from local and external donors. It has been nationally and internationally recognized. The continuous review and evaluation has led to greater confidence and self-reliance in relations with donors and the government.

The expansion of the programme is mainly through people-to-people communication using song, drama, discussion, and many innovative channels. The people are assisted by field coordinators and mobilisers *(Abaqoqi).* Each association analyses its own cultural mores and values. Some associations, such as Bubi and Vusisizwe in the Midlands, use music and drama to mobilise the people. Some emphasize home visits with dialogue about a specific problem that either a family or the community will solve.

Ensuring Food Security

In 1983, ORAP agreed that a fundamental problem for al village groups was food insecurity. Priority was given to developing a comprehensive food and water programme so that people could produce and preserve their own foodstuffs. Analysis of the causes of food shortages showed that the imposition of hybrid seeds by authorities, the loss of traditional drought-resistant seeds, and lack of pest-free storage facilities were all important. A comprehensive agricultural strategy included a return to traditional drought-resistant seeds, use of organic fertilisers, setting up food storage and food banks in the villages, improved water storage and local irrigation schemes, and better livestock development. About 40% of the people have revived the use of traditional seeds and organic fertilisers. Sixty percent have constructed granaries and/or food banks. Seventy percent of the people

have invested in livestock development.

In spite of all these efforts, however, continuing droughts contribute to underdevelopment. Small farmers are most affected. People sometimes survive on wild fruits and roots of trees in three districts of Matabeleland. School children dropped out of school in times of food shortage. Government food distribution was always late.

ORAP approached the UNDP representative with a request for a drought recovery program for Matabeleland. He invited all development agencies in the region to a meeting to set up a partnership between government, NGOs (nongovernmental organizations), donors, and U.N. Agencies to initiate a massive dam construction project called “Give A Dam.”

Women’s Programmes

ORAP has always paid special attention to women and children, advocating equal gender representation in leadership positions and women’s participation. Programs include mother’s health and child development, including emphasis on breast-feeding; teaching traditional methods of child grooming; improving kitchens; pre-school teaching; food preservation; bakery; poultry-keeping; tie and dye; health and hygiene; small scale farming; women’s rights education; and awareness creation concerning common diseases such as STDs and AIDS.

Development Centres

Community centres were established as places for empowering people to discuss issues of concern. Rural workshops are held at these centres, including training in the use of appropriate technology.

Small Business Division

Small enterprises are organized either by village groups or individuals. For those who want to start businesses, the division has a revolving fund for credit at 15% interest. A credit facility is being developed with one of the commercial banks.

Training and Educational Services

This division was established to build training and research institutions and develop political, economic, and technological competence and skills. ORAP has been running Zenzele College since 1992 with students from Asia, Africa, and the United States to learn NGO management and grassroots development. In the one-year course, students live with villagers for a six-week period to learn firsthand the reality of their lives. Associations are setting up open and free rural libraries. A secondary school has been constructed for rural children whose parents can not afford to pay school fees. However, the high costs of the school require support from the government.

The Economic Division

This division augments donor funding and operates as a business. Businesses that have been purchased with a loan from a national bank include a hardware shop, a 4000-hectare farm for agriculture and cattle farming, a wholesale store (at a growth point where rural retail stores make bulk purchases), a petrol station-cum garage, and two retail stores in rural areas.

ORAP’s early years were difficult because from 1983 to 1985 there were political conflicts between

the ruling party and the opposition party. The latter is the main group in ORAP's constituency. ORAP not only survived these harsh conflicts, but actually expanded its coverage many times. In the severe 1991-92 drought, many people became aware of the program and great expansion took place as a result of neighbors helping each other. Physical well-being and the quality of life improved and poverty was reduced. Through *Amalima* (working together) and *Zenzele* (self-reliance), the people look after each other as neighbors. Persistent droughts and structural adjustment programs are the major obstacles to social development of the rural poor.

Role of Officials, Donors, Experts, and Other Local NGOs

Since the signing of Unity documents between the ruling and opposition parties in 1987, the work has benefitted from a more peaceful environment. The government has subcontracted ORAP to transport food to rural areas for child feeding. The government recognizes their infrastructural strength and people's base.

ORAP has always wanted its donors to develop a partnership that goes beyond the usual funding approach based on many conditionalities. The need is for mutual respect and quality as partners in a spirit of sharing and with mutual accountability. An educational workshop on donor-recipient relationship was organised in 1990 at Maphisa village. A memorandum was drawn up, named *The Maphisa Understanding*, which is hoped will benefit not only ORAP but also organisations within donor countries.

From the Maphisa Understanding came the following consensus: (i) ORAP is a movement of rural people with a long history of oppression, exploitation, and marginalization, but who are trying to find solutions to their problems; (ii) The need to honor the values of ORAP; (iii) ORAP's recognition of its obligation to donor partners; and (iv) ORAP's expectations in joint development efforts. As a result of The Maphisa Understanding, ORAP's donor partners have agreed on a core funding system for a three-year program that is more flexible and responsive and permits resources to be directed to the greatest priorities.

Lessons Learned

ORAP is a people-based movement that shows people can be empowered. They should not be lumped together as anonymous groups or masses. People's organizations develop democratic processes. Through self-motivated action and organization, the poor learn to relate to each other and to the outside world. They participate in their own social and economic development.

Water supply to enhance food security and combat hunger is a fundamental need. Drought prevention should generate the environment. Infrastructure must be built, especially schools, roads, health facilities, and sources of energy. But Structural Adjustment Programmes are compromising all efforts for improvement or even for survival!

Through *Amalima,* ORAP has grown into an expanding movement of 1.5 million people in three provinces of Zimbabwe. In this network, the people have made great progress towards sustainable social development and are contributing to national growth. Alone, a poor family is vulnerable, but when a number of families come together and share, solidarity is for the benefit of all.

Chapter 2:Empowerment of Independent Recyclers in Colombia

Margarita Pacheco

Universidad Nacional de Colombia

The “recyclers” of Colombia are independent entrepreneurs who are increasingly proud of their self-reliance in supporting their own social development and contributing to environmental protection. Remembering his work since childhood in open dumps in Manizales, Silvio Ruiz said with pride:

> “We the recyclers have contributed to the preservation of natural resources in Colombia by recovering recyclable materials; stopping the cutting of 20 trees for every ton of recycled paper; and conserving energy and water. We reduce the volume of garbage to be disposed of, increasing the lifespan of sanitary landfills, and prevent environmental pollution.”
>
> About 50,000 families in Colombia belong to a “trade union” for solid waste management called the National Association of Recyclers (NAR). A dynamic and integrated model of social development based on making money from disposing of garbage depends entirely on community participation. This program is part of what the 1995--1998 National Development Plan considers the “Salto Social” (The Social Jump). For more than 50 years, an estimated 1% of the population of Colombia has survived on income from urban recycling, but as a result of this program, that work is now done in ways that protect the environment.

Environmental Studies Institute

Many people have the misconception that the recyclers are a disreputable nuisance and an embarrassment to their neighborhoods. What NAR has done is give them dignity with social recognition. The garbage they collect has become a valuable resource and not a filthy product to hide. Their increased self-respect is shown by the grace with which Nohra Padilla, a member of the NAR, spoke before a major international conference in Sussex, England, about the recyclers’ experience. She was proud to tell of their ability to improve their living conditions in spite of their hard life. She especially stressed the use they make of money they earn from recycling. She enjoys taking visitors around to their social development projects and showing videos of their children’s programs. Each recycling group has organised day care centers to free the women for their work. Health centers and schools are supported by group cooperatives. Projects have been started for urban agriculture that help improve child nutrition. People, however, remain poor and still live in crowded and unsanitary shacks made from junk found in the dumps.

Born as recyclers, Silvio and Nohra do not feel alone since they are part of a movement to promote their group’s independence. My role, representing the National University of Colombia, has been to encourage them as leaders, analyze their achievements through research, and encourage new urban environment policies by lobbying to improve their quality of life. NAR has received support from Fundación Social (a large Jesuit NGO), Enda (an international NGO) and from the National University of Colombia.

How the Program Started

When Silvio and some other men were working in the coffee growers’ area they began to talk about

organizing their work better. They were selling recycled material to local industry. It took five years for the plans to start NAR to germinate. They were earning their living by selecting materials from dumps and transporting it in *zorras* (horse carts) or iron-wheeled push carts. As an act of defiance, sometimes they would deliberately take their carts rolling against traffic on congested roads, loaded with garbage and construction refuse. Men, women, children, dogs and horses worked all night along the streets of Bogota and other cities, scavenging in the dumps and in industrial and commercial areas.

Starting in the coffee growing area, the Fundación Social created "Recycling and Environment Program" to develop an integrated model of garbage management with community participation for national extension. Gradual strengthening of NAR members' capacities developed varied projects for education, health, welfare, and social security. People have been trained in new skills to improve income, get better contracts for waste management, and in how to deal with local authorities.

Because of the complex network of intermediate agents in the chain of commercialization, new models of organisation were needed to deal with the materials they collect. They have successfully enhanced the recycler's working conditions, income, and quality of life. This planning led to the first National Congress of Recyclers to exchange experiences, analyze common problems, and propose solutions. In 1990, 40 groups from different cities created the National Association of Recyclers (NAR) for coordination with the state and NGOs and to initiate new national policies.

Data were presented showing that in Colombia, urban areas produce about 13,500 tons of garbage daily or 94,500 tons per week, 378,000 tons per month, and 4,536,000 tons per year. More than 70% is organic material and 30% is plastic, paper, metal, glass, cloth, and toxic garbage. The recyclers' activity focuses on this 30%. Colombians pay $88,720,000 (some USD$11,000,000) per year for solid waste disposal. The local governments are paying to bury 1,478,250 tons of material that could be recycled.

Rodrigo Ramirez, from one of the eight regional groups, said at the congress:

> "We are the promoters of a model of dignity and honesty. We have nothing to be ashamed of. To be a recycler is not only to earn an income with difficulty and stress, it is also to rescue our nation, on the street corners, in the dumps and places where people hide the garbage of their exaggerated consumerism. We are rescuing the fauna, the air, the water sources ... rescuing life.... Our situation does not differ much from one city to another. It does not differ because we work in an honest way. Because we have the right to a cleaner country, we also have the right to a clean bed, a roof, and clean bread. We do not now have these basic rights. We do not have them because society has turned its back on us. In spite of the risk of infection, of wounds, of accidents, we continue being workers of recycling, determined to build our organisation so our work is respected and supported."
>
> Seventy cooperatives and enterprises participated in the second National Recycler's conference in 1991. NAR became a legal organization and one year later started to expand throughout the country. A team of facilitators was created in 1993 to communicate with community groups and act as a training school for recyclers.

At the 3rd Congress in Medellin, Espólito Murillo, vice-president of NAR, expressed the expanding purpose clearly:

> "We are bringing together delegates from the 70 groups in Colombia and from our brothers in

Ecuador, Peru, Brazil, and Mexico, so we are also celebrating the first International Recycler's meeting. We will build a model of alternative development from the organisations themselves."

About that time NAR won the first prize of Habitat Colombia in Papayan, as a recognition of their contributions to environmental protection.

Expansion

Recyclers have been participating in research programmes. NGOs have increased their involvement in policy making and training programs. Academics have come out of their ivory towers to pay attention to community needs. All are lobbying decision-makers at every level. Recyclers are receiving increasing recognition in society.

A policy breakthrough in the 1991 Constitution established the principle of "attending to the most vulnerable sectors of the Colombian population" as a new policy that included support for the urban poor. The 1995--1998 National Development Plan includes a new urban environmental policy called "Better Cities." Strategies were specified for "Social Solid Waste Management" that provided resources to support activities in urban settlements on the NAR model. According to this new law, such policies will be applied in the whole country for the first time.

Most important for sustainability is the rapid spread of integrated social development activities, especially for the children. The recycler groups are putting money from their cooperatives into attractive and well-run health centers and schools. This helps take the children away from the dangers of having to work long hours on the dumps and with dangerous material. Women's work in recycling requires them to continue to work long hours -- there is great demand for day care centers, and this also attracts support from people interested in social service. In unattractive and garbage-filled open spaces, the recyclers are beginning innovative activities in urban agriculture that will provide them with better food. They can raise small animals and poultry under better conditions rather than the present practice of simply having them wander around the slums scavenging. Even in the parks the recyclers have gotten permission to begin urban agriculture in exchange for improving the appearance of whole areas.

Several examples of the expansion process illustrate the spread of the model. In the city of Pasto, in the southern highlands of Colombia, the cooperatives "Nueva Generación" (New Generation) and "Nueva Esperanza" (New Hope) inaugurated in 1993 a factory called "Fabrica de Transformación de Plásticos y Mangueras" that recycles plastic products to manufacture hoses.

The newsletter of NAR, "El Reciclador," reported in 1993 that since 1990 the cooperative "El Porvenir" (The Future) in Bogotá developed a system for the management of hospital wastes with 16 trained associates. The group started at San Ignacio Hospital, moved to the Misericordia Children's Hospital, and then to Javeriana University (a Jesuit institution). Because they were recognised for their fine work, the group was requested to take on other duties, such as the laundry services.

Another example is in Manizales, where the Empresas Públicas (Public Enterprises) negotiated a contract with Fundación Social and two cooperatives "Prosperar" and "Mejorar" (To Prosper and To Ameliorate) who joined together in 1992 to form a Commercial Society. They will build and operate a waste treatment plant on land owned by the Municipality. The purpose of the contract is to diminish the volume of trash for final disposal and to help improve the city environment. A special Fund from the Office of the President provided the Municipality of Manizales with significant resources ($540 million pesos, or approximately USD$0.66 million). When talking with the Mayor of Manizales or

with Silvio and his cooperative group, they are both aware of the mutual benefits. The contract also includes the maintenance of the sanitary landfill of Manizales, increasing its lifespan by reducing the amount of solid waste disposal. The beautiful Andean landscape of the city, with an eternal snow volcano as a backstage, is protected by this joint venture. A joint Directing Committee maintains control of all activities. Local enthusiasm about this experience should set a good example for other municipalities to try similar sustainable human development based on community organisation.

The Municipality of Chiquinquirá (a pilgrimage town located in a rural area in the central highlands of the Andes) made an agreement with NAR, the Regional Association of Recyclers in Bogot (ARB), and Fundación Social to apply an expanded model of integrated waste management with community participation in 1992. The services offered are garbage collection, sweeping, and environmental education for the citizens. This program should encourage a primary selection of organic wastes in households to be used for producing compost with worms. The proposal includes several phases under a coordinating committee: research, restructuring of public waste management, and the promotion of local recycling groups.

Similar agreements have been developed with small cities such as Armenia, Soledad and Popay n. The Regional Association of the Northern Coast ARCON, which started with 14 groups, now has four more. ARCON is also developing programs in towns on the Caribbean coast to encourage commercialization of glass with local industries.

By 1994, NAR had acquired excellent skills in project development and negotiation, particularly with municipalities and industries. It increased its affiliated members to 90 groups, 4,500 organised recyclers with 22,500 direct beneficiaries, and an estimated 250,000 indirect beneficiaries. NAR has helped in the construction of 45 warehouses where nearly 350 people work. NAR recycles 1,100 tons per day, which is about one-quarter of the solid wastes produced in the country.

When the cooperatives are strong enough, they will presumably need less help from Fundaci¢n Social and other NGOs. This shift has started, and recycler's Cooperatives seem to be becoming more independent.

Outcome

Some specific benefits have been calculated. In 1994, the cost of taking one ton of waste to a landfill was $22,000 (USD$35/ton). Therefore, about $32,521,500 (USD$400,000) a year could be saved by recyclers' activities. According to data given by "The Reciclador," recyclers collect 400,000 tons of cardboard and paper per year -- the equivalent of 8,000,000 trees. The estimated deforestation rate in Colombia is one million hectares each year. An enormous amount of biomass is being preserved. The biodiversity of endemic species living in strategic ecosystems had been endangered but is now protected. Tropical forests and those at various altitudes in the Andes are also protected by improved urban environmental practices. Successful recycling has important economic implications. New national policies opening Colombian markets to import paper and other recyclable products from abroad may produce price variations that will threaten the demand for local recycled materials. Toxic wastes are also a real danger and there have been several attempts to send enormous amounts of toxic and other wastes to dump in our territories. Colombians have become more and more vigilant in stopping such practices. Recyclers are already exposed to toxic wastes without adding more wastes from other countries.

A holistic policy is needed for integrated management of solid waste to protect the recyclers' markets, improve their housing conditions, transportation, and general social development. It is also

necessary to increase citizens' awareness to separate the various types of waste at the household level. These steps will contribute to protecting strategic ecosystems as part of integrated urban and regional planning. The state should support the fantastic effort made by recyclers, their organisations and their valuable contribution to local markets, while building an economically sustainable model of social development for other tropical countries.

The National University of Colombia, through its Environmental Studies Institute, has contributed to the recyclers' cause by establishing an urban research program where social solid waste management is an important topic for studies and teaching. The challenge now is to coordinate national, regional, and local levels of planning (public and private initiatives) so the NAR model can be expanded and adapted to the entire cultural and ecosystem diversity of Colombia.

Chapter 3: I Know, I Know; Let Me Do It:

Social Development and Maasai Perspective

Saruni O. ole-Ngulay

Maasai Pastoralists Development Organization

One of the main Maasai hymns runs thus:

Aata sii enaingwaa! (I know where I come from)

naata sii enaloto. (I know where I go)

Aingwaa Engaji Engai! (I come from God's House)

nayake olosho enamelok. (And I bring benevolence and happiness to the people)

Aingwaa Engaji Engai! (I come from God's House)

nayake ingishu eseryano. (And I bring the good and well-being to the cattle)

We were two Maasai children born to traditional families. Others call these African traditional families animists, to the displeasure of many of us. Salaash and I went to school. Salaash was offered a scholarship to study in Guinea by the first Guinea President, the late Sekou Toure. In Guinea, Salaash converted to Islam. I, on the other hand, converted to Christianity, in a Catholic school. None of our parents were consulted before our conversions. They were seen to have no spiritual rights on us.

Upon completion of our education, Salaash and I began working in Dar-es-Salaam, the capital of Tanzania, he as a doctor and I as an immigration officer. From time to time we would meet and exchange views and ideas. One day, while having a barbecue in a restaurant, Salaash said to me: "There is no better religion in the world than Islam." I replied, "Catholicism is the best."

The discussion and the argument went on like this and neither of us won. In a real sense, we were both outcasts who had divorced our own being to become part of someone else's culture. We were once children of the same culture and belief. Instead of praising our own mother culture of *Maa,* we praised Christianity or Islam. Who had a right on Salaash and I, and on future Maasai generations: Islam or Christianity?

Indeed, this is the price we had to pay and will continue to pay for being educated in systems alien to us and our culture.

Whose Definition of Development Is It?

The central issue of Maasai social development is whether or not the Maasai people will be supported by cultures to define and to decide what their social development should be.

Surrounding cultures have long tried to change what we, the Maasai people, believe lies at the core of our own identity. In the late 1960s the officials tried to abolish the traditional dress of the Maasai. This decision was made without involving members of the community nor considering the reasons for Maasai dressing patterns. Traditional dress was seen as being shameful to the nation and an offense to modernism. Members of the community who did not comply and change their dress were refused access to public services.

An ultimatum was delivered, telling “bare-bottomed” voters “Cover up your buttocks within six months.” Officials said that they would not receive a Maasai elder dressed traditionally and that “The Maasai elders who supported cultural practices contrary to government aspirations remained a stumbling block to development.”

One may wonder if banning traditional dress is a national priority. “Yes,” noted one Kenyan Maasai,” the Maasai ought to change in certain ways, but whoever said the most pressing change required was dress?” Despite this campaign to have the Maasai abandon traditional ways, they continue to wear their traditional dress.

From the mid-1970s to the present, there have been efforts to abolish the institution of moranhood (warrior). Armed policemen were ordered to forcefully shave off the plaited hairstyles of warriors rounded up by the security forces. There were efforts to dismantle one of the Manyattas, a remote compound where 50--100 morans live in seclusion to learn the songs, dances and customs of their forefathers.

In 1970, a USAID-funded Maasai Livestock and Range Management Project was initiated to cover all four Maasai districts of Northern Tanzania. The project was the most costly development initiative ever started among the Maasai. It was aimed at establishing ranching associations and efficient marketing systems to increase livestock sales for both ecological and economic benefits. The approach invested in infrastructure and developed water, marketing venues, disease control, improved bulls, and ranching associations for managing the infrastructure.

The programme was long on promise and short on delivery. Most ranch associations remained in the process of formation up to the end of the project in 1980. Few services were actually delivered. Fewer were in line with identified local needs. There was never any significant dialogue with the people and little involvement. When the donors left in 1979, the massive project quickly ground to a halt.

The Beginning: We Take the Future in Our Own Hands

A Maasai response to this challenge of who will control our development began with efforts to come together across modern international boundaries in order to have a unified conference of our people. This was to mark an important transition from the era of being objects of development aid, to actors in problem identification and solution.

Plans for the conference were frustrated. However, we were not frightened by threats and intimidation. In the end the Tanzanian government allowed us to have a “cut-down” conference, but our community in Kenya could not participate.

From that meeting we mobilised a new organization with the purpose of retaining the positive aspects of our identity. There was a clear decision to retain traditions while discarding elements that have held back development. Modern education, for example, is held back by the extended transition from boyhood into adulthood (moranhood), and change is needed in practices that demean women, such as female circumcision and some marriage arrangements. With exceptions such as these, the participants called for respect and protection of most cultural practices and sites.

Major Issues

For the Maasai, the core of the developmental confrontation revolves around land -- it is more than an issue of whose land it is. Many groups disagree over the ownership of land. For us the issue is deeper -- who decides how land will be conceptualized. Will our ancient, traditional concept of land be forcibly taken away from us? Just as everyone can breathe the air, we believe that all should be able to use the land.

It is land alienation that needs to be addressed. Many pastoralists have been denied access to their traditional rangelands and become vulnerable to drought and famine. The legitimacy of traditional land rights has been removed and land has been taken from traditional pastoral management. The future of the Maasai as a pastoral people is therefore at stake, depending on whether they lose or retain use of their traditional land.

Colonial settlers were the first to grab high potential land from the Maasai. They were followed by conservation lobbyists who created protected areas in East Africa. Currently, a persistent threat comes from encroaching agriculture in both large and small scale farms. Wherever agriculture establishes itself, pastoral people tend to be moved out in order to avoid impending conflicts. What encourages this obnoxious kind of development, however, is the misconception that pastoral land is “open and free” and it can be taken as “no-man’s land.” For the Maasai, land is viewed as having been given to all. Traditional land tenure should not be ignored. A balance is needed in policy that tends to favor and give priority to agriculture at the expense of pastoralism.

If the Maasai lose the land, we will also lose our culture and our way of life. Hence, we have organized around the Organization Inyuat e-Maa, which means Maa people’s effort, for long-term action in our struggle for survival of the land and of our way of life. We have used the name “Maa Pastoralists Development Organization” in English to underline the main source of livelihood of the majority of Maa peoples.

Major Actions

The first program of the Maasai Pastoralists Development Organization is to articulate a developmental vocabulary that expresses Maasai priorities so that non-Maasai communities can understand what is valued in the Maasai way of life. We are working to reinforce and reinterpret a number of important beliefs.

Administration should not treat the people like objects. The people should be involved in the decision-making process. This has been an error in the policy followed by both colonial and independent governments in dealing with the Maasai. A people’s culture is the carrier of their values

that determines the course of their economic and political life. It needs to be respected in order to bring about more effective change. It is necessary to know their conceptions of what is right and wrong, what is good and bad, and what is ugly and beautiful.

It is also necessary to respect Maa religion, even by church development workers. Development has to be by and for the people. The unity, strength, and bonds of Maa people are stored in their tribal rituals and traditional institutions: they have to be maintained and safeguarded in order to reap the benefits of sustainable development. Maa people lack educational knowledge and technical know-how. There is need for understanding and the knowledge that leads to change. Tribal rituals and traditional institutions can be molded to fit a contemporary context. The community should be asking itself, could rituals be changed -- not dropped -- while retaining the symbolism? Could the time taken for rituals be reduced while retaining the important elements?

A major program need is that cultural survival goes hand-in-hand with economic survival. Our economy is based on subsistence pastoralism that today, because of the increasing demands and desires of people, cannot be relied on as sufficient to meet peoples' needs. Since the land left to us is arid or semi-arid and ill suited for agriculture, emphasis in these areas should still be on pastoralism in order to avoid environmental degradation of this fragile region of the world. We have tried to improve our traditional economic base through animal health care, attention to natural resources (water, pastures, salt-licks, etc.) and creating better conditions for the marketing of livestock and animal products. Our organization, Inyuat e-Maa, also works to empower our communities in the control and management of all local production.

However, since the conditions of pastoral life are declining through loss of animals, insecure land tenure, growing poverty, and drought, other economic activities should also be introduced. We are diversifying our economy by protecting the abundant wildlife within our range lands in order to reap the benefits of it. We are creating multiple land use units (livestock, wildlife, tourism, etc.) in such areas. We are claiming hunting and camping fees from tourism coming to our areas. Women are encouraged to engage in handicrafts such as beadwork, in which they excel, and earn income.

A major program of Inyuat e-Maa is environmental preservation. Traditional Maasai land tenure arrangements that helped sustain the environment of these fragile regions have been destroyed, while nothing is being done to replace them. The Mkomazi Game Reserve (MGR) case is an example of these moves that are subjecting our community to resource scarcity, displacement, and marginalization. Members of the community who lived in the area together with wildlife for many years were forcefully evicted in 1988, making the area exclusively a wildlife domain. In this process the ancient stewards of the land, who understand and have lived with the animals and plants engaging in multiple land use that has been clearly sustainable, can no longer use their heritage. Now the new owners are assuming the costs and burdens of managing such areas.

Our fourth program is a life-saving process of reclaiming and formalizing community ownership of our holy site, En'donyo-Ilmorwaak. In 1993 we signed a memorandum on cultural cooperation with the Netherlands Humanistic Institute for Co-operation with Developing Countries (HICOS) for the development and protection of this site.

A fifth programme is to organize a Conference for Maa women to come together to exchange views and ideas and to make official the inauguration of the women's wing of the organization, *Olamal lo Ingoroyok.* The women's mobilization force, *Olamal lo Ingoroyok,* will not only advance women's interests within the Organization Inyuat e-Maa and the community at large, but will also give them a national forum with other women's groups in the country.

Extension Process

The Organization Inyuat e-Maa is engaged in a self-expanding process in Tanzania. With the hep of the Norwegian Agency for Development Co-operation (NORAD), we have been able to print over 300,000 membership cards that are now being distributed to every member of the community who is 18 years of age or older. The Maasai in Tanzania cannot stand alone and prosper without contact with our community members in Kenya. As a people of one culture, we share the same unity, strength and bonds.

Maasai Quotes That Summarize Lessons Learned

1. “Meti oltungani le Meeta Olkereti lenye.” No one is without a culture and way of life. Development has to be culturally and environmentally determined. Also, development has to allow for participation in the process of developing equity, justice, and democracy. The overall result of development should be satisfaction and confidence to safeguard community honour, pride and dignity.

2. “Medany olkimojino obo elahei.” One finger cannot kill lice. There must be a marriage between the old and the new, the traditional and the modern; otherwise to divorce tradition from education, religion and progress, is to destroy the Maasai from two directions. The educated Maasai will have no roots and the traditional Maasai will have no shoots. There is a need for both groups to come together and appraise their differences with an eye to reviewing them in securing their own survival as a competent community within the larger society of which the Maasai are an integral part.

Chapter 4

Lundby: A Community in Sweden

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> *The themes of this casebook are not confined to poor communities in poor countries. This case looks at some of the problems from the perspective of an average local community in southwestern Sweden. It describes progress but also new risks and the need for a historical perspective on social development.*
>
> In 1995 Elsa is 89 years old. She has a one-room service apartment in one of the buildings for pensioners in the Lundby. She moved here a year ago when she broke her leg. Until then she lived in her own home, assisted by some communal support and family help. A volunteer service had a telephone network that called every morning to provide contact.

“There have been great changes,” she says. “In the hills on the other side of the lake is the cholera graveyard for the many who died in the last epidemic in the 1870s. There was a lot of poverty when I was a girl. A great many emigrated. Tuberculosis killed whole families well into the 1940s. My husband’s parents died when he was a child. Orphans were given to the family who asked for the least support from the parish. In return the children had to work hard for the those who ‘adopted’ them. I

have heard from some people that in Africa and Asia they believe that our society was created the way it is today. Far from it! We had to work hard to change it and we had to struggle to get a government who would support the people."

Sweden is considered an example of an ideology of development that is intentionally planned and managed, but this process is fairly recent. Internationally, such an ideology succeeded the era of colonialism in many countries, but in many instances it perpetuated the latter in changed forms. It seems worthwhile to review Sweden's long-term experience because an increasing problem is that time dimension for planning, financing, and implementing development activities is now very short. This short time horizon reflects not only a lack of historical perspective but also the way governments have tended to work since World War II. Programs are based on plans for short time cycles and annual budgets so that people are not aware of the longer time perspective of change.

This abbreviated description from the point of view of an elderly person living in an average Swedish community offers us an opportunity to reflect on social transformation in a historical context. Doing so helps to better understand the nature and dynamics of various forms of community action and the types of partnerships that evolved over time in the long sequence of social development.

Background

Until the 1950s, Lundby was one of Sweden's many thousands of stable parish communities. These ranged from hundreds to several thousands of inhabitants. Most of them had centuries, and in many cases more than a thousand years, of organizational continuity. Like all other such communities, Lundby has experienced major organizational changes, particularly in the last century.

The seeds for these organizational changes were planted early. An autocratic but radical king began land reform in 1672 to break the overwhelming power of the landholding aristocracy. A decade later in the 1680s the same government introduced compulsory literacy and laid the basis for expanding locally based information gathering by starting the obligatory recording of vital statistics. This was decentralized to the parishes and the necessary information was reported upwards to other levels.

Among reasons for these dramatic innovations were concerns for governmental efficiency, military considerations, the need to communicate official instructions, and the desire of the church for information. In addition, there remains a clear impression that there was also a genuine interest in improving the social conditions of the people.

Whether or not these and other changes were to have important consequences for social development was not known at the time. These became especially visible one and a half centuries later, when hundreds of years of devastating wars and accompanying destruction gave way to a period of peace that has remained uninterrupted in Sweden since 1814. A new constitution in 1809 strengthened demands for broader participation in national government. In 1842 a law of compulsory, although initially brief, primary education was passed. A reformed parliament was established in 1866. These small steps worked cumulatively to broaden voting rights.

Earlier initiatives toward land reform continued.One of the more radical aspects was the breaking up of the traditional pattern of unorganized village settlements into stable individual farms. This was done to overcome the fragmentation of land that had taken place over generations of inheritance. The social consequences of these changes are difficult to gauge but they certainly increased agricultural productivity. They probably made it easier for people to associate on the basis of ideas and interests rather than only because of local proximity. However, they did little or nothing to diminish the plight of the increasing numbers of rural poor. Migration and the beginning of industrialization would

eventually help.

In terms of strengthening later social development, the law of local government promulgated in 1862 was to have far-reaching consequences. It provided for communal and provincial governing bodies, their election by community members, and the right to decide on local taxation for common purposes. At the same time the responsibility for basic education, local police, and support for destitute and needy people was transferred to the community level. There was also better organization of responsibility for public health and other health matters. All members of the local assembly and various committees set up to manage taxation and the planning of activities for the public benefit served on a voluntary and non-paid basis. Positions of local power were certainly attractive. Over time the seeking of power became instrumental in the election process. This observation should not, however, hide the fact that a major incentive and reward for making oneself available for service in the local assembly was to fulfill the confidence and trust of one's peers in the community.

The latter part of the 19th century produced a groundswell of movements for expanding social responsibility. Spirited and committed leaders and activists emerged in a number of fields. Most of them had acquired their knowledge and developed their visions outside of the establishment. Some of them came out of progressive circles in universities and churches. Religious and temperance movements were initiated. Labor unions and various political movements followed, notably the expansion of the social democratic and liberal parties that advocated reform of the political system, social development, and human rights. Other manifestations of people's participation in social reconstruction were cooperative associations among producers and consumers. Continuing adult education, which was and still is large-scale, and a true people's movement also expanded rapidly. Of special importance was a rich flowering of youth movements, not least within political parties. They played an important role in providing opportunities for meaningful social activities and the preparation for responsible adulthood.

Together, these people's movements organized around major concerns in the social arena, became the third, and in many respects the most important, force in the social transformation of the country during this century. They performed the dual role of informing and mobilizing people in their communities and pressing the government to act. This was facilitated by the fact that for several decades between the 1930s and the 1960s the government itself had its base in a country-wide people's movement of social democracy.

The Story

It is within these contexts that the lives of people in Lundby unfolded and in which they worked to reshape their social environment. The period between the 1930s and the 1960s is full of strife and struggle. But basically these are vibrant and exciting years of effort to build a better society. The aspirations of the majority of people were met and supported through a trusted and well-functioning system of representative democracy at the local, provincial, and national level.

Elsa, a farmer's wife, has led a hardworking life. But in spite of the long hours, she has made time to participate and to become an activist and a leader in community action. She has helped to form groups to overcome practical problems such as the building of a cooperative clothes washing center with mechanical equipment. Rarely have so many women been liberated so rapidly and so effectively from such a high level of drudgery. She is elected as the first woman to the local assembly.

Conservatives and members of religious fundamentalist groups that are strong in her locality dominate the assembly. She is unused to a public role. She is scared but she stands up and she speaks out. It is

her responsibility to the people who have elected her. But she cries silently when she recalls comments made in response to her proposals: “Women talk” and “women’s tongues were made for gossip, not for decisions.” But she is undaunted. Decades before anybody in the community had heard about women’s movements, she writes songs about women’s rights and gender equity while the men are reading party instructions for their constituencies.

By the 1950s, the building of a new society has advanced considerably. It has strong elements of a pragmatic social democratic ideology. What makes it exciting and appealing to the people is the adaptation of this program to shared values that are easy to identify and to identify with.

One is the deep-rooted tradition of trying to find consensus of common ground for action once different interests have been identified and articulated. There are still major social, economic, and political cleavages. Some are signs of the vitality of a functioning democracy. Others are indications of problems of inequity or injustice that still need to be resolved. The choice of approaching them in a non-confrontational way aiming towards the construction of acceptable consensus sometimes prolonged the need for time in solving problems. But it also helped to make lasting solutions.

A major bridge of broad-based and shared values that was promoted both politically and through people’s movements found expression in the government’s ambition to extend the care, the compassion, and the solidarity of the family and the home to govern the direction of national social policies. For this an avuncular prime minister formulated the vision of the nation as “folkhemmet” (the nation as a large and caring extended family), supporting people when their own resources did not suffice: included were health and education, children, the elderly, and the handicapped.

In spite of successes through the people’s movements’ approach to social construction, many areas deserved attention. The discrepancy between rural citizens and city dwellers in terms of workload and income fuels Elsa’s energy as she continues to work within the women’s movement of the mainly rural-based Center Party. She and her sisters increase the agitation on issues of equity when benefits negotiated by labor unions, such as increased annual leave for employees, become law. They are infuriated that farmers are excluded, and above all that women’s labor is not considered work. They lack support for this view even in their local community. This is more than enough reason for them to again launch another local movement. This time it takes the form of a fund-raising campaign for a vacation home for worn out farmer’s wives who may not have had a day off in decades. Men look down shyly or ashamed when the arguments are articulated. Willingly or not wallets are opened. The local assembly votes to match the privately collected funds. Again the people’s movement approach has won. And it demonstrates that even in a supportive environment it is necessary to guard against exclusion and injustices,which are the seeds of social disintegration. Elsa’s eyes shine and she holds her head high when she and her sisters can announce the recipients of the first vacation week for a few women from Lundby.

The Present Situation

“Of course I am immensely grateful for what has happened and how my children and grandchildren have benefitted,” says Elsa, “and I am also happy for having participated and played a small role here and there. So you should not misunderstand me when I wonder why there have to be so many bureaucrats all over the place. I know that the tasks grew larger during the past decades, but I think that we could have kept our smaller communities and managed the new challenges in partnership with neighboring communities. It was not necessary to break up what worked well. We should have had more imagination than to accept these large communes run by people nobody knows and nobody finds because they sit in meetings all the time. Nevertheless I am an optimist. I think of young people

like my grandchildren. They find small and good ways of doing things together. They are promoting day-care centers. They work for the environment and for solidarity with immigrants and people in difficulties in other countries."

Sweden was spared from the second world war. Education, natural resources, a strong work ethic, and confident labor organizations created a powerful platform for expansion on many fronts. Education, health, support for families with children, and the expansion of an economically viable pension system were priorities on the social agenda. The community governments and provincial assemblies were responsible for starting many of these efforts. The investments required were large and the expertise involved increased the recurrent costs. In this situation there was little resistance to the preaching that big is beautiful. This attitude was also supported by the booming and growing export industry. Consequently a proposal was launched to form larger local community units. Thousands of small and largely self-reliant parish communities merged into some 300 so-called large communes. Local organizations still maintained the original political structure but on a larger scale. Free-time involvement of trusted community members was no longer enough. Posts for officials were created, and soon the daily affairs of the communes were run by bureaucrats. Part of this was perhaps necessary but part of it was probably as Elsa suggested -- avoidable. It could have been a "both-and" strategy, instead of an "either-or."

The challenge now, however, is not only to find ways of bridging the gaps and the distances created by this consolidation but also to restore the weakened linkages between the national and local governments on the one side and everyday people on the other. The challenge is also for communities to regain their ability to work together. In her observations above, Elsa is not just romanticizing about times past. She is simply pointing out that as long as there were obvious needs based on pressing problems and accompanying inequities and injustices, people's movements flourished. There were pragmatic opportunities for extending effective partnership for the solution of such problems between communities and other levels of society.

Although many of the overriding goals for social development over the last five to six decades have been largely achieved, there are still major unresolved problems both within the larger commune, of which Lundby now is part, and elsewhere in the country. Gender inequity has been effectively addressed but is still far from being completely solved. Conflicts between economic and environmental interests require greater energy from the people's movements and must be kept alive. New challenges for social solidarity are posed by a growing structural unemployment that has begun in Sweden and threatens a splitting of the labor force into those with jobs and those permanently without.

No longer economically poor, people are beginning to identify and feel the consequences of many other kinds of poverty: The poverty of meaning, that consumerist extravagance makes more visible and painful; the poverty in social relations, when economic independence has diminished the need to invest in social relations; and the poverty of alienation suffered by the unemployed, many of the elderly, and often by youth and children.

These groups are all at risk of being regarded and treated as redundant or even a nuisance from the perspective of those who see themselves as members of active generations. Such problems cannot be remedied solely by economic support. They require the creation of and respect for basic qualities in social life.

The members of Elsa's generation built the foundation for present-day society locally and nationally through long and intensive struggle. However, when they look around today they do not feel much satisfaction. They are concerned and bewildered.

It is true that, in spite of recent adjustments reducing welfare benefits, there is still a reasonable distribution of resources. There still are protection and care for the weak, good health services, and educational opportunities. In addition, there is an abundance of material goods, excellent means for communication, and chances to travel that nobody would have dreamed of half a century ago.

But at the same time there seems to be much less energy and purpose or a sense of doing things together. In fact social fragmentation and atomization, together with signs of exclusion and social disintegration, are increasingly visible, especially in urban life.

Elsa and her sisters fought for cooperation in solidarity and independence in partnership -- not for isolation! They struggled for basic needs -- not consumerist orgies! They, like many people in what are often wrongly termed poor countries, ask the same question: Is not one richer in having a purpose and participating in a process to achieve change, however difficult the circumstances may be, than having all these resources but not knowing where to go? On the positive side, one ought to add that recognition of this dilemma is the best starting point for beginning to deal with it.

Lessons Learned

Elsa's story is the story of many of her generation. The time perspective behind the glimpses of social development that she and her community have been involved in is somewhat longer than in the other cases in this book. This does not imply that there are or must be specific stages that are necessary for all to pass through. Nor is there ny pretention to provide a model for others to emulate. What comes across clearly both in the local narrative and in the background information is the need -- whatever the nature of society and its political structure -- for broad partnerships for social development, combining an enabling and supportive social and political environment with progressive and committed expertise, NGOs, people's movements, and the communities themselves. However, these partnerships must also be constantly redefined and revitalized in order to maintain vitality and effectiveness of initiatives and efforts, no matter how they originated or where they are based. Vigilance is required here to defend against bureaucratization and parallel risks of passiveness and debilitating dependencies.

The Swedish case demonstrates that the choice of strategy to achieve true betterment of the human condition is not only a matter of strategy. A process of participation, partnership, and well-functioning representative democracy involving and strengthening local communities and people's movements is a goal in itself.

Chapter 5: Jamkhed

Mabelle Arole

Jamkhed Comprehensive Rural Health Project, India

A quarter-million marginalised men and women in Maharashtra, India, realised the potential within themselves to improve their own health. They have learned how to better their lives and those of the people around them. Infant mortality (a standard indicator of health) has been reduced from over 175 to 18 per 1000 births, and the birth rate has fallen from over 40

to 17 per 1000 within the last two decades.

Lalanbai Kadam is a woman in Jamkhed, Maharashtra. She says "I am a Dalit widow. I used to think that I was a nobody. I lived in constant fear because I was treated worse than an animal. My son died when he was less than three years old and I was blamed for it and sent away by my husband. My parents made me marry an old man who had tuberculosis and he also died. I returned to the village in shame. I lived in darkness. To support myself I swept and cleaned the village and did hard manual labour and received a pittance. Even dogs were welcome in the house, but I, as a Harijan, was not. Then, along with many other women, we decided not to accept this anymore."*

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*Dalit means an oppressed person; a person belonging to the lower castes in the caste hierarchy.

As young doctors, my husband and I made a commitment to each other that we would devote our lives to improving the health of the poorest of the poor in rural India. After preparing ourselves we worked in a rural hospital in Western Maharashtra. We were competent, skilled, and hardworking. The hospital flourished and expanded. We went into the villages and held village clinics. We were successful as professionals.

Our commitment, however, was to the poor, and we asked ourselves constantly if our work and services made a real difference to the health of the people. To our dismay we found that our work was having little impact on the health of the people. Infant mortality continued to be high. Most diseases we encountered were preventable. Children were brought in dehydrated, malnourished, and with diarrhea, and many women had problems such as obstructed labour. Often they came in too late. Further analysis proved that only a few people out of the total population were coming to us. Traditional cultural practices, high cost, poverty, and distrust of modern medicine prevented people from coming to the hospital. We started questioning the top-down, doctor- and hospital-centered approach to health care. This led to a search for a more relevant and equitable health care system. Learning from the collective wisdom of many pioneers with similar concerns, we planned a health programme. The programme was to be people-based, and communities would participate at all stages in its development and implementation. It was to be a health program that would respond to the needs of the people, particularly the poorest of the poor.

The Beginning

As we looked around for an area where people were interested in starting such a health programme, an enlightened political leader at Jamkhed (a community development block in Ahmednagar district in Maharashtra) invited us to visit. He and other leaders expressed the need for a hospital to take care of obstetric and other emergencies. They perceived health care to be mainly a provider of relief from pain and suffering. We explained our intention of working with the people to improve health through preventive programs. The leaders were not impressed. However, they emptied a veterinary dispensary in the middle of a cattle market and provided a couple of sheds to start the "hospital." We accepted what the people had and made the place safe for surgical care.

Soon we were called upon to prove our skills. A woman was brought in with a ruptured uterus and we had to operate on her to save her life. This time we were able to follow-up by developing direct linkages with villages.

The Story

Using curative services as an entry point, we came in more contact with the people. It soon became evident that poor people were not interested in health. They were interested in relief from unbearable pain. Other illnesses were mere irritations. “We need water, we need jobs so that we can buy food to kill the hunger pangs, and then we will not have to migrate to cut sugar cane” was a repeated comment. “You ask us to wash hands, to use soap. Where is the water? Do you know the cost of soap?” they challenged us.

It was we who had to change first. Their questions forced the medical team members to think about poverty. How can we share scientific information in a meaningful way unless we understand people’s problems? We decided to live on RS.45 (or about USD$7) per month (the prevailing average wage at that time). We were in for surprises. Soap costs almost two days wages. Water needed to flush a toilet was more than a month’s wage. Our eyes were opened to reality. The poor people taught us how they cope with the situation, born out of experience. Their felt needs of food and water were more relevant than our health interventions.

Setting aside our agenda for health promotion, we responded to the need for safe drinking water. We identified an NGO involved in drilling tube wells and received a grant to drill tube wells. The Dalits were concerned that they would not have access to the water if the well was in the main village. A traditional practice was used to solve the dilemma. A water diviner was taken into confidence and asked to walk through the whole village, but divine water only in the Dalit section. Over 150 tube wells were drilled in Dalit areas of villages. Everyone, rich and poor, needed water, and it was too precious to object! More importantly, we had gained the confidence of the poor people. We were in!

The participation of only leaders was obviously insufficient. Health improvement in the whole village needs total community participation. For example, the physical environment of a village has to be protected by the whole community. Eradication of harmful social practices requires community action. Much starvation and undernutrition was due to social attitudes toward women and children. To change people’s attitudes toward women and children, the reality had to be faced that religion, caste, and politics divided both rich and poor people. The device of starting volleyball games solved the problem of getting people to talk together. Socially minded people from all groups and factions were invited to volleyball games in their own villages. After the game, both onlookers and players stood around and talked. It soon became the meeting place for more serious discussions on village development.

Informal groups were then organised into the Farmers Club (FC). All members were not necessarily farmers. Many were landless poor people. According to their interests, seminars were arranged on subjects such as agriculture, dry land farming, and veterinary medicine. Poor people were more interested in the health of farm animals than their own health or that of their children. In each village men were trained to provide primary veterinary care. Government extension workers helped us in these meetings and training. This led to people becoming interested in human health.

Assessment and Analysis by the People Leading to Community

Action Farmers Club members, along with project staff, surveyed the health situation. A villager recalls, “The survey helped us to understand the health problems in the village. Five or six of us were involved in the first survey. We realised it was for our own good, so we did an accurate survey. Each of us took one area of the village and filled in all the preliminary information. No family was left out.

The questionnaire was not difficult to complete. There were questions about immunization of children, and whether they had been ill in the past two weeks. We were to report any child's death in the past twelve months and details of how the child had died. We learned to assess the nutritional status of the child by measuring the arm circumference. To our surprise, many children we thought had severe illness turned out to just lack adequate food! There were questions on pregnancy and family planning. We knew who was missing at the time of the survey so we went back and completed the survey.

"We analysed the results with the help of project staff. We learned a lot and began to understand the causes and effects of disease. We had always believed that children did not thrive because of a curse from God. When we understood that the problem was lack of food and preventive care, we organised a community kitchen. We learned to monitor the growth of our children, by regular weighing every month and plotting weight on a þroad to health' card."

Another action was improving sanitation. Many of the families had repeated attacks of fever and chills. Diarrhea was common. Another villager describes the discussion that took place regarding the frequent attacks of illness.

"We discovered that eighty percent of the families had at least three episodes of fever with chills (which we presume was malaria) in the past year. We realised that if we got rid of the puddles made by waste water and composted the rubbish heaps, then much of the breeding of mosquitoes and flies would be eliminated and the frequency of diseases reduced. With each attack we spent close to RS.10 to go to a doctor, or RS.30 per year. Imagine the amount we were spending for something we could prevent? Moreover, we learned that even if we did have such illnesses we did not need injections and expensive medicines to be cured. Why not clean up the village? The social worker showed us several methods of draining waste water. The soak pit, with water draining underground, appealed to us most. We appointed people to mobilise the whole village to build soak pits. Most families showed interest. We, the Farmers Club members, dug the pits and the owners provided the filling of sand, broken bricks and a plank to place over the pit. It made a great difference to the frequency of illness in our village."

In each village, the Farmers Clubs showed enthusiasm in doing the health survey. It helped the people to assess their own priorities. Such discussions eventually led to a demand from the FC members to involve women. They requested us to train their own village women to be health workers (VHWs). "Educators, professionals from the city do not understand our problems, our traditions. They speak another educated language. Our women have never been to school; they will accept someone from their own community that they trust."

Status of Women and Health

As the Village Health Workers (VHW) discussed each health topic, the relationship between women's status and health became apparent. They also realised how much their own lives had been affected by the social pressures and norms imposed on them. Sarubai, a VHW, was particularly vocal when she described her own experience: "I was married when I was a child. I got pregnant when I was fourteen and as is the custom, I came to my mother's house in Rajuri for delivery. I was in labour for three days. Finally a dai arrived and said that the baby was too big and I would not be able to deliver normally. The only way to save my life was to remove the baby piecemeal. I recovered but remained weak and ill for months. During that time I never heard from my husband. Later he sent word that he did not want a woman who could not produce a living child. As a woman left by her husband, I became an outcast looked down on by society. I was unwanted, uncared for, living at the

mercy of my brother.

“Why did all this happen? All because we women have no value in society. Because I was a girl my parents were interested in getting me married off as soon as possible. I was not old enough to bear a child ... I was only fourteen. Then, like a piece of property, I was thrown off by my husband.”

Another VHW replied, “At least you lost your baby. My daughter has two healthy children. She needed a Caesarian operation and now her husband has sent her away. He feels that she may not be able to do hard manual labor and carry heavy loads because of the operation.” The mother welcomed her daughter home and worked on changing the attitude of the husband.

Organizing Women in the Village and Overcoming Caste Barriers

The village women were not permitted to socialise with women from other castes. They were unwilling to break caste prejudices, since the women were also the keepers of tradition in their society. Centuries of subservience had made them accept their secondary role; they were trained to suffer in silence. This attitude had to be changed. But how could a lone Village Health Worker do it?

The Village Health Workers expressed their conviction that other women in the village should experience the kind of liberation that they themselves had experienced as part of their training. Though the Farmers Clubs helped them in their work, the Village Health Workers needed the support of other women. A counterpart to the men’s Farmers Club was needed to address women’s issues. The Farmers Clubs supported the idea and encouraged their wives and sisters or mothers to be part of the new women’s groups.

The Village Health Workers began to meet with women of their villages once every week or fortnight. In the beginning, only eight or ten women in a village were interested in meeting for a couple of hours. They were never sure whether their coming together would raise the wrath of their husband’s family, so they made sure to abide by traditional social customs. It was unconventional for women from different castes to meet at all.

Sarubai, one of the Village Health Workers, told how she organised women in her village. “I was able to convince only seven women to come together in the beginning. We gathered together in one of the women’s homes, to sing songs and listen to each other. In between, I taught them child care.”

More and more women began to attend these informal meetings in different villages. They decided to call their informal groups Mahila Vikas Mandals (MVM, Women’s Development Associations). Discussions on health and social conditions were not enough to hold the women’s interest for long. The need for money was a constant preoccupation. Sometimes their children needed food or medicines. Older children needed books and school uniforms. They always had to request money from their husband or mother-in-law. They needed their own income and control over the money. The association began to think about income-generating activities.

Traditionally, village women had participated in a self-financing credit plan called a Bhishi. In the Bhishi system, the women in a group each contribute a small amount of money periodically. The contributions are pooled and the person whose name is drawn gets the total amount for a particular period. Ultimately everyone gets her turn. The MVM started a modified Bhishi. Instead of drawing lots, the money would be given to the most needy in turn. Often the money was used to buy food or treat a sick child. Others used the money to raise poultry, market vegetables and dried fish, or improve a farm. Organizing women around their self-interest in earning money brought stability to the

MVMs. The Bhishi system built a sense of trust and helped women to be sensitive to one another's needs.

The MVM became a platform on which a Village Health Worker could build her health activities. As the members increased and attended meetings regularly, they began to realise that they had more power together as a group than as individuals. The Village Health Workers gradually introduced social issues that had affected their health, especially problems of women and girl children. They began to ask questions about why they treated their daughters differently from their sons, or why girls were not fed properly or sent to school like their brothers. They talked freely about alcoholism, wife beating, and harsh treatment of unwed mothers. They discussed how these problems could be solved.

Village Women Understand the Role of Local Government

Functionaries By 1978, 31 villages had such associations. Women used to be afraid of government workers. They feared the government functionaries, who tended to exercise their authority rather than serve. They were terrified at the thought of entering a court, police station, or other government offices. For village women, these officers were the rulers. Various strategies were adopted to remove these fears. We arranged for the women to meet with high-level police and revenue officers, local judges, jailers, bankers, and others. Contrary to their expectations, they found that these well-educated officers were cordial and showed real interest in their work and welfare. These experiences helped women to be bold and confident and to understand their own worth in a free democratic society. Exposure to high officials exploded the myth that village government employees were the rulers. Now the women understood that these workers were there to serve the village people.

They soon had opportunities to deal with these local bosses. Bank officials in the villages treated women in a condescending and derogatory manner. They were used to providing credit to rich businessmen and farmers. They did not want to bother with the paper work for small loans to scores of women. However, the Government had a special program for extending credit at low interest rates to women and marginalised people. The Mahila Vikas Mandal members in Rajuri were the first to apply for such credit. They knew the rules and were sure they had met the criteria. At first, the village bankers refused to give the loans. They used many excuses: the women had no property and had no collateral security and were illiterate. They harassed the women through bureaucratic procedures, but the women did not give up because, according to government policy, they knew they were eligible for the loans. They would not leave the bank until the banker made a decision to either grant them the loan or give his reasons for refusal in writing. Sensing the power and determination of this organised group, the manager relented and granted the loan.

The women triumphantly shared their story with women in other villages at their regular gatherings. The women used the loans to enhance their incomes. They bought chickens and goats for breeding. Others went into small businesses, buying and selling bangles, dried fish, or vegetables. Some improved their farms by digging wells for irrigation or buying a pump set or a pair of bullocks to help in farming operations. One woman bought a small canopy, loud speaker, microphone, and record player, which she rented out for functions like weddings, elections, and the numerous festivals that take place in the village. She was able to repay her loan in six months. Lalanbai leased fruit trees that grow by the roadside from the government. During the season she sells the fruit and makes a profit of RS.1000 to RS.2000 every year. Soon other banks started taking women seriously and extended credit to them.

Access to credit made the Mahila Vikas Mandals very popular. Over the years, these successes helped women gain self-confidence. Over three thousand women who had never had any hope of getting out

of poverty took out loans and improved themselves economically. Their performance attracted the attention of top bank officials at the state headquarters, and the women were invited to workshops to share their experiences with bankers in other parts of the state.

Women who were once poor, marginalised, and weak became empowered to determine their own lives. Increased food production, safe drinking water, and increased access to money and earning capacity were their primary felt needs. The MVMs had begun with a focus on increasing income and health, which widened into areas of social and ecological development that make healthy lives possible. With funds from their cooperative enterprises, the MVMs increased support for the Village Health Worker. They took more and more responsibility for health in the village. In many villages the Farmers Club gave over most of the health responsibilities to the MVM. Planting thousands of trees and small dams reduced the frequency of drought and the need to leave the villages during drought seasons to find work outside.

Communities Take Responsibility for Their Health

Sarubai explains the women's group involvement in health in her village. "We have divided the village into four sections, and one MVM member is responsible for the health of her section. She ensures that all the children are immunised and that all the pregnant women are receiving prenatal care. The other women in her section help her in the activities. We have also trained three women to be in charge of deliveries when I am not around.

"Every year we conduct a house-to-house survey to find out the health and economic status of the village. Both the Mahila Vikas Mandal and the Farmers Clubs participate in this. The survey helps us plan our programmes and understand what we have to emphasize."

The MVM have "keep the village clean" drives. They get rid of allergenic weeds that are harmful to people, they construct drainage pits and encourage the use of toilets. They help the Village Health Worker follow up on patients with tuberculosis and leprosy, and assist in the rehabilitation of these patients and their families. Tuberculosis patients need adequate nutrition in addition to medicines. Often such patients starve in the village, since they are unable to work. The Mandal members take turns in providing vegetables and grains to patients, based on their needs. Mandal members assist with health education. They plan the programs according to special needs and invite health personnel to guide them. In the beginning, the health professionals had to go from house to house and ask mothers to accept prenatal care. Now, the women are knowledgeable enough to invite health personnel when necessary.

Most village women had never been to school. They had never been involved in decision making. Someone else had always controlled their thinking and their time. Now, they are beginning to think for themselves. They have learned to work together to share responsibility and to trust each other.

We have acted as catalysts for the various development activities introduced into the area, encouraging and forging partnerships among people and with different sectors of government. The health centre has also functioned as an information bank for the women. Health alone would not have sustained the women's long term interest.

Every Mahila Mandal has its own history. It has its own individuality, created by the uniqueness of the women who make up this vital vehicle for social change. Active participation and awareness among men and women has led to a dramatic improvement in the health indicators. Men and women constantly assess, analyze and act to improve their lives.

Expansion

The project team was involved in the first 30 villages. As the village men and women realised the changes taking place in the villages, they contacted their relatives and friends and organised FCs and MVMs and selected VHWs to expand the program to 250,000 people. As the people became more self-reliant, over 300 volunteers went to other remote villages to start new programs. In their turn, the village people are becoming facilitators for change. It has become a people's movement, with village people not only encouraging other village people to start programs, but also training medical professionals and social workers from all around the world to start projects in their own countries. These villages are the base for a training institute that is now running formal courses for people from many countries.

Though it started with health, the program has addressed all aspects of development. Through frequent seminars and meetings, government personnel interact with the poorest of the poor as they provide services. They work closely with the social forestry department in developing plant nurseries and reforestation. They are involved with NGOs and government in watershed management programs. Health awareness has led both to demand for health services from the government and partnership with them. Small families have become an accepted social norm, with 70% of couples using family planning.

Lessons Learned

People are the key actors in health and human development. Poor people have coping mechanisms based on collective experience and wisdom. It is important to recognise this and enhance their skills and knowledge so as to increase their choices.

Addressing economic poverty and building large infrastructures alone will not lead to better health. Health depends on individual and community action. The knowledge to acquire and maintain health is a human right. Professionals need to change their attitudes and demystify medical knowledge. They should share knowledge freely, not by providing a few filtered messages which they think are best for the people. Knowledge should be shared in such a way that people can be empowered to assess, analyze and make the right choices. The knowledge should liberate people and not intimidate them. It should lead to building self-esteem and confidence in oneself and others. It is necessary to address the basic causes of problems and share values leading to greater humanity by showing concern for the dignity of others with equity and justice. It is necessary to respect and trust people and facilitate the process of awareness building.

In the words of a village woman, "People are like wick lamps; simple, inexpensive and unattractive. But unlike the expensive chandeliers (which professionals are), the wick lamp has a tremendous energy. It is capable of lighting another lamp and another and another ... to cover the whole planet." Hundreds of thousands of people not only in Maharashtra, but through training and visits to Jamkhed and similar NGOs, have realised this energy and potential and are responsible for a worldwide movement for social change.

For more details regarding this program the following book is available:

Arole, Mabelle; Arole, Rajanikant; *Jamkhed*

Macmillian Press, London and Basingstoke

Distributors: Teaching Aids at Low cost (TALC)

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Chapter 6:

Community-Based Health Care in Kenya and East Africa

Dan Kaseje and Carl Taylor

The Chief's Barraza, or mass meeting of local people in Kaka-mega District in Western Kenya, had gone on for many hours through the evening. Decisions had been agreed to by people simply getting up to talk until a consensus was reached. Now it was time to choose the village workers who would implement the health interventions that the people agreed to try. Faculty from the University in Nairobi and district extension workers were willing to teach and supervise these workers. Local people were willing to nominate candidates but they said the final choice should be made by the teams from outside. Frankly and openly they said, "You can make the choices and go away. If we don't choose the relatives of the chief he will beat on our heads for many years." Finally a compromise was agreed to. They would use the traditional method of selection to get the top three candidates for each village by having the people nominated stand up and then all the people of that village would line up behind the person they wanted. To choose among the three people with the longest lines, the University faculty would give an examination and the final choice would depend simply on whoever did best in the exam.

This simple experience illustrates a chronic problem in community-based programs. Neither totally bottom-up nor top-down methods work; both are needed and the balance must be worked out through partnerships according to local traditions and conditions. Each region has to go through a process of working out adaptations to general principles of community-based social development. Extension can then proceed as rapidly as resources and commitment of resources permit in that region. Constant adjustment and flexibility will be needed, recognizing that every community is different and must go through its own process of adaptation for human development. Extension or scaling up becomes a process of participatory education once the locally adapted systems have been worked out.

Evolution of the Program

In Kenya, a process developed that now is extending as a Community Based Health Care (CBHC) Movement to several countries in Africa. The initiative for local primary health care came first from health systems research projects by academic experts. Complementary contributions were made by projects in Kakamega, Saradidi, and Machakos Districts. Each project had a different emphasis, but each contributed to improved overall experience. Kakamega showed what the people could do on their own with only gentle guidance from outside. Saradidi demonstrated the relative effectiveness of various simple and cost/effective interventions. Machakos tested alternative organizational patterns and methods of financing health care. These and other experiences were further tested and

synthesized by NGOs, mostly church-related.

In 1979 a Support Unit was set up, funded by external resources at AMREF (African Medical Research Foundation) in Nairobi. This Support Unit is working with church-related NGOs and local governments to extend CBHC to many regions in East Africa, mainly Kenya, Uganda, Tanzania, and Sudan. An evaluation in 1985 recommended also setting up a Resource Center for International Dissemination. Two newsletters, COBASHECA and Helper, are now being distributed to Southern and Western Africa and other parts of the World.

Statement of Purpose of the CBHC Movement

The most essential element of Primary Health Care (PHC) is community participation, which should emphasize recognition and strengthening of local structures and resource persons for health development. Communities initiate health programs and are actively involved through their village health committees (VHCs), in the selection, remuneration, and supervision of community health workers (CHWs).

Key Activities

1. Training

The support unit has refined and packaged CBHC training programs that can be adapted to particular regions. Two types of training have proved most necessary for sustainable program development.

Training of Trainers (TOT). This course is designed for extension workers in health and development at the community level who train and support CHWs and people from the community who are called Communities' Own Resource Persons (CORPs).

Training of Facilitators (TOF). This course is designed for managers, coordinators, and trainers of trainers who in turn train and support the extension workers. This course has generated great demand across Africa so that PanAfrican TOF courses are now offered twice a year. The courses are run by CBHC practitioners from various programs to ensure that they continue to be practical and relevant to real life and changing conditions. *The participants help in deciding for each course objectives, content, methodology, use of learning aids, and evaluation. The essential characteristics of each course are that they are learner centered, needs responsive, and lead directly to the development of CBHC programs.*

Each course is constantly reviewed and adjusted to maximize usefulness and improved methods both of teaching and field work. The Support Unit not only runs courses but provides mentorship and technical support after people go back to their regular assignments. Evaluations show that facilitators and trainers need more than simply to be trained. They "catch the art" as they work with experienced colleagues in the field. There must be opportunities to participate in practical implementation situations until the learner catches both the vision and the skills for supportive management and leadership. Apprenticeship, mentorship, and internships are essential.

In 1992 and 1993 over 200 future leaders were trained in TOF courses. In addition to the original target countries they came from Madagascar, Botswana, Malawi, Namibia, Sierra-Leone, South Africa, Lesotho, and Germany. The professional training of participants included some doctors, district officers, and public health officers, but much the largest number were nurses. The distribution

seems appropriate because most community health programs depend mainly on nurses. Various other professionals such as teachers were also included.

2. Coordination and Networking

It has proved essential to have effective coordination and support at the District and Regional levels, where there must be teams of skilled and experienced CBHC practitioners and trainers. If these District teams function well they need minimal support from the national level. In Kenya this system is working best in Nyanza (Kisumu) and Eastern (Embu) provinces, where there are effective coordinating committees. In each case a local agency is functioning as an anchor to maintain a continuing focus and credibility. At the national level there is also a coordinating committee to bring together all agencies in the country under the chairmanship of the Support Unit at AMREF. In Uganda these functions are fulfilled by the CBHC Association. A similar lead agency seems necessary in each country.

3. Program Design and Development

When CBHC programs are started in a country, the Support Unit assists local agencies by providing technical advice and support. In Namibia it was the government that developed a national CBHC program, and the Support Unit collaborated in preparing guidelines and support mechanisms. Similar processes have been started in other countries including Swaziland, Zimbabwe, and South Africa.

4. Learning Materials Production

Training materials have been standardized but are constantly being improved. The two newsletters are the major source for in-service training. A clearinghouse is maintained at the Support Unit for information from the field. A constant exchange of information occurs locally and internationally, with collecting and sending out of project reports, journals, and other records of experiences. There are frequent “drop in” consultancies and conferences, exchange visits and opportunities to disseminate research findings.

5. Evaluation

The network has developed active evaluation procedures that are mutually helpful. They are used to redesign projects, to maintain quality assessment, and to review objectives within the enduring philosophy and strategic directions.

6. Policy Advocacy and Development

Since most CBHC programs are run by NGOs, there is constant need to work out relationships with government services. Each program provides services so that local arrangements also have to complement the activities of other NGOs. All parts of the network must therefore have good communications. Together, local programs can have great impact, even though each is small, in advocacy for particular policies and in public education for development. Intersectoral relationships are especially important because health depends on much more than health services. Many activities have been generated by the program. For instance, in South Africa there have been several workshops on women’s health, training of civic groups, orientation of traditional healers, formation of a health

forum, public campaigns for PHC awareness, and community needs assessments.

Lessons Learned

1. It has been possible to organize a systematic process of promoting CBHC in several African countries. In some the main activity has been through NGOs and in others with governments, but the balance needs to be adapted to local conditions.

2. The origins of the process came out of local projects, mainly action research by academic experts to define the approaches, interventions, and organizational principles that work under particular regional conditions.

3. The extension process has been mainly in providing systematic training and reorientation of personnel who will be managers and facilitators (TOF) and trainers of extension workers (TOT). There has also been need for: conferences and workshops to create awareness and share information; production and dissemination of newsletters and educational materials; and help with program design, development, and evaluation.

4. Flexibility has been essential with different models emerging in various situations and times. The unique aspects of local socio-cultural and political settings require adaptation but there is continuing need for shared common support, expertise, and resources to maintain growth and quality. Out of this experience principles can be derived for a generally applicable process.

5. Time is needed to build credibility and expertise. In the CBHC program, the present process was developed over a period of 15 years.

6. In each country and region there is need for an anchor agency that provides continuity and credibility. In this experience the central role has been that of the Support Unit at AMREF. In other countries there has been either an NGO or a government agency.

7. In each country, even when the initiative is from NGOs, there is need for a supportive environment provided by the government.

8. Of special help in this process have been several international agencies, including private foundations (such as the Kellogg Foundation), that have provided resources and expertise, U.N. agencies (particularly UNICEF), and experts from academic institutions.

9. A remaining gap is to reform the training of health personnel. This should be changed to include communities as partners in health personnel education, involving the people in curriculum development and training that provides practical experiences. This process will be the final component of scaling up and extension.

10. Some practical lessons are:

(1) Village health committees (VHCs) seemed to work best in small pilot projects, probably because in going to scale they became predominantly male. Community health workers (CHWs) tended to be particularly effective and their work was more sustainable, perhaps because they were mostly women who were clearly more committed and action-oriented than men.

(2) There is need for some kind of community institutional mechanism for sharing and caring, but this will differ according to local patterns of community organization. There is special need for such mechanisms to enforce equity in distribution, sharing responsibility, benefits, and to ensure resource development.

(3) Any stereotyped rigid approach in scaling up CBHC process will fail, and therefore projects

should be decentralized nd locally adapted. The quick and easy methods of selective PHC tend not to be sustainable and the training of traditional workers such as TBAs should not disrupt their traditional systems of remuneration, mutual care, and accountability.

(4) The CBHC process can be distorted as a means of pacification of the people rather than empowerment. If CHWs are used mainly to relieve government workers of their responsibilities rather than complement their work, then programs will not be sustainable. Health personnel should not try to get the people to take over the responsibilities they are being paid to do. Time must be available for community people to tackle the root causes of problems and to increase the control communities can gain over the factors that most affect their lives. The main responsibility of health services is to build capacity in communities so they can solve their own health problems.

(5) CBHC is not necessarily a cheaper way to provide health care, even though it emphasizes self-reliance and is mainly preventive, promotive, and people-centered. More importantly, it can build community confidence in their own capacity and resources. It promotes trust and a sense of interdependence among all partners leading to a spirit of mutual care and equal dignity for all.

(6) The spirit of “Kujitegemea” (self-reliance) does not necessarily mean self-sufficiency. These communities in Africa should not be expected to sustain their own medical- and service provider-driven components of care by themselves; they need some support from outside. This is particularly important in the continuing search for culturally appropriate models, mechanisms, and structures for mutual care. Instead of focussing on community motivation there should also be attention to understanding and accommodating community motives for participation.

(7) Community empowerment cannot be successful if it simply reinforces continuing inequities and injustices. More voluntarism should not be expected of people who cannot afford to volunteer when their basic survival needs are not being met. Mechanisms are needed within the larger network to ensure that services reach the unreached and that the vulnerable, especially women and children, receive appropriate care.

(8) The domination of health care by medical professionals tends to make the needed interdisciplinary and intersectoral integration and cooperation impossible. Space should be provided for *health* rather than just *medical* professionals.

(9) A regional *think tank* is needed to consolidate the extension network and provide a pool of resource persons and experienced practitioners for leadership, mentorship, and follow-up of local programs.

(10) Consolidation is also needed of the African continental network, with a focus on leadership development. High-potential women and men should be identified and trained to continue the scaling-up process. Comparative studies should be made to define the principles and common processes that have worked under particular conditions.

Chapter 7:

The Christian Medical Commission's Role in the Worldwide Primary Health Care Movement

Mabelle Arole, Dan Kaseje, and Carl Taylor

> *A rural mission hospital in India: A young woman in severe shock has come in with a ruptured uterus. The doctor and staff have spent many hours and saved her life. As she was ready to go home, a well dressed man came to the doctor and explained that the woman was poor and could not pay the minimum hospital charges. The doctor obligingly waived the fees and said she hoped that in the future the woman would come for care earlier. Both expressed a sense of satisfaction over what seemed to be a good outcome. A few years later the doctor saw the young woman again. Lean and haggard, she was working as a laborer on a farm. The woman looked ill. The doctor enquired about her condition. The woman replied, "Don't you remember, I had to pay such a large bill when you operated on me? I wish I had died. Now, my family and I are bonded to the owner of this field to pay back the money. He was very kind. He put up the money to pay the bill and told us that because of him you reduced the charges."*
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> The Christian Medical Commission (CMC) was created in 1968 in response to a sense of growing crisis in medical missions around the world and the need to adapt to changing conditions. Medical missions had recognized the relevance of their efforts with growing concern, and in spite of their pioneering efforts, it seemed unlikely that the vast majority of the world's poor would ever have access to modern health services if trends continued.

Historically, Christian medical missions had been responding to the health needs of poor people in many countries for at least two centuries. During the latter half of the nineteenth and into the twentieth century, medical missionaries served in remote mission hospitals and were a very large percentage all personnel in international health. In the 1950s there were over 1000 mission hospitals and mission doctors, but the number was down from over 2000 doctors in 1910. Under very difficult conditions they applied the best experience of the time to massive health problems and provided excellent, though low-cost, hospital care. The hospitals were mainly in cities and towns, with a few medical schools as centers of excellence, and in rural areas they supported many dispensaries. By the middle of the twentieth century, medical missions provided over 40% of the hospital beds in many parts of Africa and about 10% in countries such as India and Indonesia.

After World War II there were rapid changes. As countries gained political independence from colonial powers, many mission hospitals were turned over to national agencies. Due to specialization and rapid advances in science and technology, the costs of medical care went up rapidly while hospitals were increasingly expected to be self supporting. High-technology curative care required expensive equipment and tended to make care impersonalized. While churches were decreasing financial support, costs were rising so that the future of mission hospitals became uncertain. In becoming "self-reliant," some hospitals raised their fees and became too expensive for the most needy people.

Government health systems were developing rapidly. Better health care had been promised by many independence movements, and in countries such as India, both government and private health services

expanded rapidly. The urgent question was, what should be the role of medical missions?

Under the World Council of Churches, a series of worldwide surveys showed that hospital-oriented services were not having the impact on health that had been expected. A simple finding was that sampling of households at various distances from hospitals showed that people who had easy access and used the hospital regularly were no healthier than people who did not. There seemed to be an increasing gap between hospitals and the people they served. “We must not wait for people to come to us; we must go to them” became the motto. Hospitals increased their outreach programs or roadside clinics. Doctors, nurses and pharmacists as medical teams went from village to village providing clinical care. But this was still taking the hospital culture to the village. It was expensive and, even with intensive health education, the emphasis was on treating diseases, not prevention.

The Formation of the Christian Medical Commission

In 1964 and 1967 conferences were held in Tubingen, Germany, to reflect on the churches’ healing ministry. The crisis required a long-term shift in orientation and the Christian Medical Commission (CMC) was formed to explore possible new directions. The mandate was to:

I. assist churches in their search for an understanding of health and healing,

promote new approaches to health care, and

encourage those involved in church-related programs to join in planning and coordinating their activities to give more effective service.

James McGilvary was the dynamic first director of CMC and Jack Bryant was the first chair. They shared a passion for justice and equity in health care. The challenges were evident and there were enough radicals among the members to stimulate CMC to explore innovations that surprised the generally conservative constituency of medical missions. They decided to explore a new approach by reviewing cumulative evidence that people could effectively take responsibility for their own health and development activities if given the right kind of guidance.

In the 1920s and 1930s, James Yen had developed the Ting Hsien experiment in China where rural people were mobilized in the rural reconstruction movement. At Ting Hsien, John Grant of the Rockefeller Foundation and his colleague C.C. Chen had demonstrated that village people could change their health conditions dramatically by developing awareness and knowledge about simple health measures. This seems to have been the first project in the world demonstrating the potentials of what came to be called primary health care. The Rockefeller Foundation set up demonstration health centers near the capital cities of many countries that provided the basic framework for many health systems. In various countries innovative systems were developed by people such as Sidney Kark in South Africa, Hydrick in Indonesia, Rex Fendall in East Africa, and scattered other pioneers. They started networks of health centers staffed mainly by auxiliaries.

In India in the 1940s, Mahatma Gandhi advocated development by people living in self-sustaining villages. In 1948 the Bhore Committee, with Drs. Raja and John Grant as co-secretaries, outlined the first blue print for a national system of health centers. Several experimental programs were developed by missionaries, such as the Wisers, who published a classic book, “Behind Mud Walls.” The Wisers India Village Service project and the Etawah project in the U.P. led to Nehru’s community development movement. Though sometimes considered a failure because it did not reach its ambitious goals, the organization of community

development blocks, covering the whole country, provided the infrastructure for the green revolution in India. Among the lessons learned was that methods that worked excellently in demonstration projects were overwhelmed by bureaucratic rigidities during expansion and lost their effectiveness because they were no longer adaptive, innovative, and flexible.

CMC's Role in Community-Based Primary Health Care

Learning from these experiences and reports, the CMC crystallized for implementation the basic concepts of community-based primary health care (PHC). CMC teams went around the world encouraging and supporting community-based programs. The Koje Do program in South Korea, Community health care in rural Java, the Jamkhed project in India, and the Chimeltanango program in Guatemala are but a few that were stimulated and studied in detail.

In the early 1970s, WHO and UNICEF were also expressing concern about the need for alternative approaches in health care, and there was a general movement in U.N. agencies to promote Area Based Basic Needs programs. Traditional Western curative care was not meeting the needs of total populations. CMC's earlier work made it possible for them to influence the future evolution of PHC in WHO and UNICEF. Being just down the street from WHO in Geneva, CMC facilitated close dialogue, including at WHO executive board meetings. Of the many successful field programs sponsored by CMC, three were included in the important WHO publication "Health by the People" (1975). CMC staff were also active in WHO deliberations and advocacy leading to the Alma Ata World Conference on Primary Health Care where, for the first time, NGOs participated in a UN-government meeting.

After the world health community accepted the primacy of community action, CMC played an important role in promoting the new paradigm. Government officials were concentrating on changing government health systems. But in many countries, government health services were available to only 10 to 20% of the population. To make the Alma Ata Declaration operational, the private sector and NGOs also needed to be reoriented. Government bureaucracies had trouble with concepts such as empowerment. Technological solutions, Selective Primary Health Care and top-down solutions began to dominate discussions. CMC recognized the need for an emphasis on nurturing and promoting community-based health programs not only in its own Protestant constituency, but throughout the non-governmental sector.

Establishment of Coordinating Agencies

First in regions, then in countries, CMC stimulated Protestant Christian medical institutions and individuals, Roman Catholic organizations, and Nongovernmental programs to form Coordinating Agencies. There were many examples where two mission hospitals in a city were not cooperating: for instance, one might have an excellent nursing school but no teachers and another an excellent nurse educator but no school, or there might be X-ray machinery in one institution and a radiologist in another. Government officials had become impatient with having to deal with multiple, diverse NGOs and welcomed the coordinating agencies' role as channels for communication and policy. The coordinating agencies made it possible to rationalize cooperation not only among church missions but also with all voluntary agencies. For example, the Voluntary Health Association of India had a Catholic director and membership from Hindu and secular agencies.

Effective coordinating organizations were formed in many African and Asian countries.

Partnerships between institutions became important mechanisms for promoting community-based health care. The Coordinating Agencies, with CMC support, organized networks of community-based programs, seminars, and training programs. They provided a framework for alliances between people-oriented groups and facilitated government-NGO partnerships.

In 1977, the Commission recommended "..promoting reflection, gathering perceptions from local communities, and promoting information on caring communities." Regional meetings were held where people had opportunity to express their very different perceptions. For example, from a meeting in East Germany came the following:

"Basic medical care which CMC has tirelessly advocated ever since its inception, is one means of demonstrating the unjust structures in medical care. We are referring here not merely to the unequal distribution ... but also to the need to assign a far greater measure of self reliance and participation to the people ... to become the concern of the community as a whole." (Contact 51) These meetings facilitated cultural expression and understanding of traditional beliefs, practices, and ways of healing. New partnerships were formed within and outside the region.

Contact

One of the most effective means of promoting community-based PHC globally has been the CMC publication "Contact." This small periodical has been distributed worldwide. It has been circulated not only among NGOs, but is seen in many government health departments, universities, and public places. It is what people turn to when they need to find out what really works, and old copies are still being constantly referred to. The uniqueness of Contact is that it combines ethical values, the meaning of healing ministry and many practical examples of alternative ways of solving problems of health care. In developing countries it probably had more impact on the promotion of community-based health care than any other publication, until the UNICEF started to publish the State of the World's Children Reports in the 1980s.

Practical hints are presented to encourage the reader to feel that "I can do it."

Controversies are presented: "Is Primary Health Care a New Priority? Yes, but..." (Contact 28); "Reaching Out to One Another in Caring and Healing," "In Search of Wholeness" (Contact 51); "Community Building Starts with People" (Contact 53) "The Village Health Care Program: Community-Supportive or Community Oppressive?" (Contact 57 "Full Participation and Equality" (Contact 61); "Community Based or Community Oriented -- The Vital Difference" (Contact 106). "How to do it" questions have been answered through Contact's issues, such as "The Planning Dialogue in the Community" (Contact 43) and "Making Community Diagnosis" (Contact 40).

The experiences featured in Contact are not confined to the developing countries. It has articles from the North emphasizing the relevance of PHC programs to all humankind.

In addition to promoting people-based programs at the community level, CMC has played a vital role in guiding donors. In 1975, a conference explored criteria for funding. The need to support community-based programs to work toward sustainable programs was stressed. Resource persons involved in field programs were invited to share their experiences. CMC has continued to work with the international donor community to stimulate support.

The Impact of CMC

The task of CMC has been uphill. It was not easy to promote a shift in paradigms from doctor-centered to people-centered approaches. In mission hospitals this required devolution of power and sharing of knowledge. Many medical missionaries who had given their lives to hospital work saw their life work being superseded. It was difficult to let go. One constraint has been attitudes towards health among donors in developed countries. Because in their own countries health was medicalized, they had trouble recognizing that the individual and community also should be encouraged to take responsibility. An important task for CMC has been to help break barriers and correct social pathology among the affluent in creating understanding of meaning of health, healing, and wholeness. CMC patiently continues to advocate a new vision of health for all and not too much for a few. The staff tirelessly travel the world, finding examples of success and sharing experiences. They facilitate South-South dialogue and training in successful programmes such a Jamkhed.

Through many channels, CMC has encouraged those working in field situations to make practical demonstrations of the vision of an equitable, just, and healthy society. CMC is an example of what an international NGO should be doing in bringing encouragement, advocacy, and support to those working in difficult and remote areas. It facilitates dialogue and partnership but does not impose itself as a manager. It has left it to communities to choose whether to take the action it advocates -- people's health in people's hands. CMC has helped make community-based primary health care an international movement.

Chapter 8:

Women in Rural Enterprise Development: A New Partnership for Social Development in Poland

Elzbieta Dec

Foundation for the Development of Polish Agriculture

This case discusses the early beginnings of a program with and for rural Polish women that has unique capacity for reaching a large number of families in special need. The process has just begun. The importance of this story is not only to record results achieved so far, but to describe the process of simulating* the involvement of people in changing rural communities.

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*Foundation for the Development of Polish Agriculture (FDPA) Women in Rural Enterprise Development Program (WRED).

It's Difficult But Possible

We made it! We made it because we really wanted to make it happen. Communism, which nobody dreamt would collapse in this century, is no longer a power in this part of Europe. But our experience was not a fairy tale that always ends happily. Nobody told us what would

happen later, what threats and challenges we would have to face and what obstacles we would have to overcome.

Nobody can deny that the reforms in Poland and efforts to establish democratic institutions and market-driven economies in Central and Eastern Europe are important developments. But, in our newfound freedom and market economy we faced a great number of new problems that we were not prepared for or at first able to solve.

Unemployment, especially unemployment in rural areas, with a population representing 40% of Poles, is one of the undesirable aspects of the transformation. The collapse of State farms after subsidies were withdrawn, growing competition, restructuring, and liquidation of many State enterprises, the unpredictable hazards of uncertain markets, and the loss of traditional markets in the East totally disrupted Poland's agricultural sector.

These major transitions have had a significant impact on women who were and are still being hit hardest. Women are more likely to be employed in State farms and other State enterprises, and because of old stereotypes they often lose their jobs first. Statistics show that women represent a growing percentage of the unemployed in rural areas and there is no sign that this trend will be reversed soon. On the other hand, women in rural Poland have a long tradition of initiative. They are, in general, better educated than men, and have always demonstrated wisdom, determination, and unusual creativity under difficult circumstances. Their entrepreneurial skills are reflected in their capacity to manage family budgets and to provide many of the resources for agricultural production.

The Beginning

I found myself in the middle of this situation when I began working for a Polish NGO: the Foundation for the Development of Polish Agriculture (FDPA) which was founded in 1988 to support the development of Polish agriculture and food economy.

My work with the Foundation offered me an opportunity to create a community-based rural economic development program for women -- the Women in Rural Enterprise Development Program (WRED). Being an economist by background and living in a big city, I had very limited knowledge of agriculture, rural areas, and the people living there; I did not realize how much I would have to learn before I could contribute something useful to the development process in Poland.

It was clear that small farms could no longer support families and that farming was not able to absorb the increasing numbers of unemployed and unhappy people looking for jobs and alternate income in nonagricultural sectors. For that, new skills and new attitudes would be needed. I realized that most of these people, caught in the new realities, would need a different sense of self to overcome existing barriers and change their lives.

Danuta, a 47-year-old farmer, decided to start a bed and breakfast activity in her own 200-year-old half-timbered house in the Mazuria Lake District. The five-hectare farm she and her husband owned generates enough profit to support her family for only eight months of the year. She wanted USD$2,400 to refurbish four rooms and a kitchen. Upgrading the standard of services she could provide was necessary to attract German tourists coming to trace their family roots in this part of Poland. Her private business activity now supports her family for the rest of the year. Danuta started her business with very limited financial resources, and

has already repaid the loan. She is planning to come to us for another one to expand activity.

Although I did not know what components should be included in the program, I knew that program had to be based on human capacity building. It had to empower women in rural communities to think differently about how to utilize their skills. It should be replicable in other places. The program also had to serve the growing need for new business activity among low-income rural Polish women through training, access to small loans, and advisory services.

The Story

The actual beginning of the program emerged from the women in need themselves. Since we had no ready solutions we began by listening. We heard not only complaints but also requests for new initiatives. Most of these initiatives required a combination of credit, a new vision of what a "market" is, and improved skills and training in management.

We started research at the community level by visiting those who were potential clients for the program and we used FDPA's existing network. We also used Agriculture Extension Centers that already had a community base and were helpful in facilitating access to communities. (These Centers are part of the infrastructure of the Ministry of Agriculture and Food Economy and exist in each administrative district of Poland. Although they were part of the previous State structure, they are now under new leadership.)

As part of this preparation, we organized a week-long conference sponsored by FDPA and Women's World Banking in July 1991 for over 100 agribusiness managers and community leaders, all women, from all over Poland.

Lucyna from a little village near Plock is a good example of an entrepreneur to be found in any part of the world. But to become what she is now, she needed to overcome many psychological barriers. Lucyna, like many other women in rural areas, did not believe in her own capabilities or that her own business idea could succeed. After seeing in a training session, how other women like her had succeeded, she decided to try. We were astounded by her growth. She borrowed USD$3,200 to purchase a vacuum packaging machine and start her home-based business. She vacuum-packs vegetables she grows in the garden an sells them in grocery stores and at markets in nearby towns.

The first conference, with follow-up meetings, workshops and discussions, provided important feedback and awareness of social and economic aspects of community development. A number of conference participants volunteered to be a liaison between WRED and their communities, because of the participatory planning process.

We realized that a truly rural and specifically Polish program was needed that would be accepted by the communities. The rural women live in a closed environment that is difficult to access. They are quite suspicious of city people, especially those coming from what is perceived as a center of power. As a first step in creating a community-based and essentially Polish approach, each phase in the planning process was discussed with community leaders and other local people.

In April 1992, 18 successful Polish professional women volunteered to form an Advisory Board to support organizing a training and credit institution, especially tailored to the needs and

aspirations of rural women.

It is important to say that this program would not have happened and grown without international support and solidarity. This cooperation has taken two forms. One has been learning from the experiences of people engaged in similar programs in other parts of the world. The other type of cooperation has been of financial support for the capital needed to start the credit program and to assist in capacity building. The Charles S. Mott Foundation was the first sponsor of the WRED Program, and supported study trips to Colombia and the U.S., which had a direct impact on creating this program. In Spain and Italy we studied affiliates of Women's World Banking support programs for improving entrepreneurial skills among the unemployed. Inflation, unemployment, lack of entrepreneurial skills and difficult access to small loans were similar to the problems we faced in Poland. We also studied all available material about the establishment and work of the Grameen Bank in Bangladesh. Although its basic concepts were a source of inspiration, life and circumstances in Poland made direct replication impossible.

Stanislaw from Elblag is one of the 20% of male participants who benefit from this family-oriented program. He was accepted and received USD$4,000 loan to purchase amber. The modern jewelry he carves from amber is unique. He found a market niche and our loan made it possible for him to expand his activity. He now employs three women who were unemployed before.

During the organizational phase (in 1991 and 1992), WRED was fully supported from FDPA's, and FDPA's network enabled us to obtain assistance and expertise. A revolving line of credit to finance small businesses was important from the outset. There were many training programs already in Poland, but none of them offered loans. Part of the empowerment of our program was that if participants successfully completed the training program, they got a loan. The program attracted a grant from the Polish-American Enterprise Fund to begin lending, along with Women's World Banking, the Polish-American Enterprise Fund, Caritas-Germany, the Charles S. Mott Foundation, and their experts.

In the four years since the idea was launched, what we initially planned has undergone numerous changes. The program evolved as "a ship being built while sailing," but the basic principles remained untouched. The initial idea of creating in rural Poland a model of community development based on the Grameen Bank concept was modified. Peer group support and pressure to ensure repayment is a delicate issue. It must grow from the grass roots. The usual pattern of socially oriented credit programs in the world is to give loans to groups of women or to individuals belonging to such groups. In Poland however, we achieved a similar result through monthly meetings of individual borrowers. In these meetings they share their experience, discuss problems connected with the operation of their business activities, and help each other in the proper use of credit proceeds.

Results

The program now operates in five regions of Poland. In each region, we have local offices and credit officers provide training, initial loan assessments, and advisory services. Each region is represented by a local committee of 5þ7 members, including local community leaders, local government and bank representatives, private business people, and representatives of the local

labor office.

Beyond these formal arrangements there are the individual experiences of real people. Regina was one of our first borrowers. She had the idea of opening a snack bar on a parking lot in front of a XIVth Century Teutonic castle to cater to bus loads of hungry German tourists. All she needed was USD$1,300 loan to buy supplies. Today guests at her stand admire a remarkable view of the castle reflected in the Vistula river. Regina repaid her loan without delay and became a promoter of the program. We asked her to be a mentor during training sessions.

Expansion

Although our program is young, it is expanding rapidly. We train more than 600 people per year in managing small, family-owned businesses. Rural women enjoy the training not only because of the opportunity to learn, but also because of social relationships and the opportunity to broaden their contacts. We often hear people say as Aneta did: “Your workshops are not only a source of knowledge and information but also an opportunity to meet other women in a similar situation. I know that I am not alone.”

A follow-up survey shows that over 20% of training program participants started or expanded their businesses. The WRED program has created 121 new jobs, averaging only USD$960 per job created.

Loans are given to those who have sound business ideas, have completed our training, have no access to bank credits, and have no liabilities with other institutions. Consideration is also given to the number of jobs created. Loans up to USD$5,000 up to 1 year are disbursed in cooperation with banks with commercial interest rates. URED provides access to credit -- not subsidies.

Since the program is based on local initiative and community leadership, it is an important vehicle for promoting democratic ideas of cooperation and self-help that were destroyed by the old political system. The most difficult part of implementing such a program is to change attitudes learned in the last 45 years, of expecting the government to do everything and the resulting dependency of relying on being told what to do. Communism offered genteel poverty and a relaxed work ethic in exchange for cradle-to-grave security. This program offers women in rural areas an alternative, a chance to take control of their economic future. This program has also had an important impact on other development programs in Poland that now include broader issues of rural development, creation of non-agricultural employment, and alternate income in rural areas.

Lessons Learned

It may be too early to suggest lessons learned. Nevertheless, there are already three important lessons that are evident. One is that an approach based on listening to the local people and their community from the very beginning is crucial. An “official” strategy would not have broken through the barriers of mistrust and the culture of dependency in Poland’s rural areas. The second is that expansion of such a program is only possible if people can observe tangible results and real successes achieved by people like themselves living in the same community. (The motto for this program is “if you want, you can.”) The third is that many “poor” people can and will pay market rates if they can gain access to loans. This is important for the

borrower, because it does not give her a false sense of the market. It is important for the lending institution because it can move to self-sufficiency. This program responded to difficulties caused by economic and political upheaval and it turned them into an opportunity.

Chapter 9:

Qomolangma (Mount Everest) Nature Preserve

Daniel Taylor-Ide

Future Generations

Professional wardens are not needed. Conservation and development are integrated in the Qomolangma Nature Preserve, a region the size of Denmark in southwestern Tibet. Village people work with County and regional staff to protect the wildlife and forests -- as well as sustainably using the natural resources to improve the well-being of some of the most needy people on earth.

"It is fine for you government policy-makers to talk about conservation and development being integrated," said an elderly Tibetan representing his community in a meeting with government officials and outside experts. "You may want to preserve the scrub juniper bushes -- my family wants fuel to cook food and to keep us warm."

"But if you cut the juniper this year, you will not have it next year to burn," replied one of the new officials of the Qomolangma (Mt. Everest) Nature Preserve. I sat on the other side of the room watching this classic standoff between development and conservation. It was not the first time this standoff had occurred in creating this new preserve. The people were being asked to stop killing snow leopards when they invaded their flocks of sheep and the wild ass that were coming into their fields. They wanted to know how all this would help them.

"We must discover how to protect nature for our children and how to use nature so our children will have the benefits when they grow up," continued the government official, "and to do that we should not damage the natural resources."

"Perhaps," another old man quietly spoke, and the others fell silent, "perhaps we should start with the needs of us, the people. But as we start with our needs we should also ask a question: þOne hundred years from now what will be consequences of action we take today?'"

Sitting in that meeting it was not immediately obvious that the insight the old man had just given would have far-reaching utility. But as we came to other development challenges, the question of how to integrate those with conservation was increasingly answered by "the Qomolangma question." This simple but essential statement brought together conservation and development from the wisdom of local people. That this should happen is not surprising. What bureaucrats and scientists treat as separate and contradictory objectives, people at the community level, from the perspective of real life where everything is clearly interdependent, consider as one. Development looked at with a long-term view is the conservation perspective. "What will be the consequences one hundred years from now of what we do today?"

The Beginning

The Qomolangma Nature Preserve began because of the attention individuals in the world community gave to the priceless natural treasure represented by the highest mountains in the world and the rich biology of forests and animals in the deep valleys and high plateaus that surround these spectacular summits. The Qomolangma Nature Preserve took the administrative shape of having no wardens because the practically minded government of the Tibetan Autonomous Region of China focussed on the fact that people had to remain the priority (despite what international experts said about how national parks were supposed to be run), and the government knew that with its limited funds it could not afford to devote resources to objectives beyond improving the welfare of the people.

The starting point for action in Tibet also rested in the historical reality of its isolation. Only in the last decade has the physical and political isolation begun to open. Some of the most forbidding geological barriers on earth combined with ancient policies by local leaders of disengagement from the outside would create the modern situation. Tibet has no preexisting patters of either development services (health clinics, schools, modern roads, banks, etc.) or conservation policies (preserves, laws, personnel, etc.). This absence of preexisting services or policies allowed the Tibetan region to evolve its contemporary innovative approach grounded in the partnership of government and local people.

The Story

When the Qomolangma Nature Preserve was created as a Tibet Autonomous Region park in March 1989, the conservation objectives it introduced were added into the existing work of development and political administration. It was elevated to national status in April 1994 as a Chinese national treasure like the Ming Tombs or the Great Wall. In the decentralized framework of modern China, administration operates at the county level with great autonomy. Practices and policies differ significantly from county to county -- even when an over-arching structure such as the authority of the Qomolangma Nature Preserve is in place.

Conservation tasks were given to all county departments. Not only is conservation the responsibility of the obvious departments such as forestry, water and sanitation, transportation, etc., but also conservation is on the agenda for health, schools, economic development, and tourism.

The confrontation which through the rest of the world develops between conservation and development -- each having competing agencies and priorities -- is avoided by not having two institutions that compete for limited resources and spend their time and energy negotiating with each other rather than engaging the problems.

To engage the problems of the Qomolangma Nature Preserve, the first step, after the political decision was made to establish the new park, was to understand its needs. For this a two-part comprehensive survey was conducted of the four counties, with a biophysical description of the three and a half million hectares and the 68,000 people. This is a region centered around a high plateau above four and a half thousand meters, from which rise more than 40 summits over seven thousand meters, including four of the six highest mountains in the world. Cutting through this plateau are five deep forested valleys with relatively high rainfall and rich vegetation. Living within the high dry plateau ecozone and the deep valley ecozone are a fabulous diversity of birds and wild animals.

As the biology and physical area were being described, a parallel survey sought to understand the needs of the people. They were almost uniformly poor -- the poorest people in Tibet, and Tibet is the poorest region in China. In two of the four counties 30% of the population were below the national poverty line of $30 per person per year. The people had throughout their history also almost uniformly been denied basic social services. Over 95% were illiterate. Schools came to the villages only in the previous half-dozen years. Health services were only in the central towns and not yet extending into the villages. There were few roads, but dirt tracks crossed high passes that were often closed by snow. No credit or financial services existed that villagers and nomads could access. None of the villages had the modern agricultural supports of irrigation, genetically improved crops, technological farming aids, and more reliable food storage.

While an understanding of the area and the people was being developed through surveys, a series of meetings was held -- at the local level and also at various levels of government. Possible services and actions were explored. From this dialogue policies were defined in a Master Plan hat included 10-year objectives. From these objectives counties and the preserve commission agreed on annual objectives. The large region was divided into seven core zones where the ecosystem was to be strictly conserved. Five buffer zones were established where people are allowed to use the land so long as they do not damage its natural resources. One large sustainable development zone where most of the people live was created.

The overall objective was to achieve a sustainable process of development that introduced the demands of development in sequence at a level the ecosystem could absorb. Over time (using guiding principles such as The Qomolangma Question), procedures were developed whereby people could dig irrigation systems, build towns, and cut roads. This was a process of moving towards a variety of changes that will break down the historic isolation of the region and bring improved health (specifically to lower child mortality and provide acute care); expand local understanding of the world and its ideas (for instance, bringing the much-desired and now ubiquitous TV); and, very importantly, restore valued religious institutions (which in past civil turmoil had been destroyed).

Specific actions illustrate the way local people had to give up activities that had been bringing tangible benefits. A road was under construction that was giving jobs to over 1,000 people. It was headed into a pristine valley to enable the harvesting of giant trees up to fifteen meters in circumference. Construction was abruptly stopped and these 1,000 people lost their jobs. The research teams surveying the preserve found wild animals being indiscriminately hunted and effective controls were established. The people were promised development in return. Within five years the predation of sheep by snow leopards increased. In other villages barley crops were trampled by invading gazelle and wild ass.

These victories of conservation were easier than the improved welfare promised to the people. The conservation victories could, at least initially, be articulated in terms of asking the people to give up certain destructive practices. The improvements in welfare required introducing new resources -- and this took more time. Improvements in welfare also required changed behavior -- and changing human behavior is always difficult. At the very least the educational process takes time, trainers, and agreement on what needs to be transmitted.

Visible returns for the people were essential. Delays could lose confidence. Some improvements would take time, but others must come quickly. For this it was decided to press for a few visible and immediate contributions.

One was to bring a new service into every village in the preserve area. For this health was selected -- both because the initial survey had shown that improved health was in great demand and also because primary health care is relatively easy and economical. Promising candidates were selected from each community to be trained as Village Improvement Workers. These people would provide basic acute care for primary illnesses and preventive services to reduce the prevalence of such conditions. They would also expand sequentially beyond primary health care into income generation especially for women, agricultural and tree planting assistance especially for men, and the sale of appropriate alternative energy technology such as solar cookers, lighting, and more efficient stoves.

A second such visible service to the people was the creation of a planned community. In this one place new agriculture, new technology, new home designs, and other new services could be both tested for effectiveness and demonstrated to the doubtful. Also, since population growth was rapid (child mortality was falling fast as public health services were being introduced), family planning would require time to take effect. Tibet is one region in China where family planning is voluntary and limits on family size are not applied among village people. So there were rapidly growing numbers of people who needed new homes. In addition, there were other people who were poor and who wanted to move to better opportunities and were creating internal migration pressures.

For these people a planned community offered the chance to focus population pressure in an environmentally more sustainable place. A large unoccupied valley was selected. More than 1,000 local people came from around the county and by hand dug a 36-kilometer long, 12-meter wide irrigation ditch. The government provided fencing, roads, seedlings, and limited technology. Today a whole valley is being opened that over time may offer farmland for up to 20,000 people.

Going to Scale

One of the features of the Qomolangma Nature Preserve is its role as an experimentation site and a training facility for an expected extension of its concepts and methods to a much larger scale in Tibet. This extension follows a process common to many of the cases in this book. Over the past several decades, in various parts of the world, a number of community-based demonstration projects have successfully “gone to scale.” In doing so, they typically follow a common process.

This common process has been described in greater detail in a companion document to this collection of case studies (Taylor-Ide and Taylor, UNICEF, 1995*). The process was articulated after examining a wide range of successful extensions to scale in a large number of countries and involving a diversity of disciplines. Since this three-stage process is demonstrated by a number of the cases in this volume, it is summarized here.

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*Taylor-Ide, D., Taylor, C.E. *Community-Based Sustainable Human Development,* UNICEF Environment Section Discussion Paper Series, New York, 1995. Copies can be ordered from: Environment Section, UNICEF DH-40C, 3 United Nations Plaza, New York, NY 10017

The process begins by selecting a community that is successfully providing at least one component of community based development. This is called SCALE ONE (Selecting Communities As Learning Examples). In making the selection, three basic principles must be

followed. The community members must be able to gather data by and for themselves. One method is the SEED methodology described later in this chapter. More commonly there are a variety of Rapid Assessment Procedures (RAP) and Participatory Rural Appraisal (PRA) methods. Second, action in the community must grow from a three-way partnership of community, government and outside experts. Development grows best when nurtured by collaborative dialogue engaging the grassroots, the voices of leaders, and outside information. And third, the community chosen needs to develop the capacity for self-reliance. Development, once initiated, needs to be sustained.

With these principles in place, this SCALE ONE community should agree to become SCALE SQUARED (Self-help Centers for Action Learning and Experimentation). A SCALE SQUARED community has two functions. It experiments with and improves developmental services for local adaptation. Many techniques (for example in agriculture) need local adaptation. The second function this community performs is training other communities in the use of these techniques. Local people are often reluctant to change traditional ways unless they can be shown that new ways are better.

Communities which come to the SCALE SQUARED community for training implement the new knowledge in their own regions. They can then become SCALE CUBED communities (Sustainable Collaboration for Adaptive Learning and Extension). In this third phase a fundamental local ownership must occur. The communities become less dependent on the SCALE SQUARED center; but rather, they are locally grounded, in leadership, financing, and ecosystem sensitivity and they take responsibility for extension to other areas.

The Qomolangma Nature Preserve is now a SCALE SQUARED community. However the whole Qomolangma Nature Preserve has the potential of functioning as a SCALE CUBED community for the extension of conservation and development to the other nature preserves of Tibet. The basic principle is that a specific community has been selected (called a Self-help Center for Action Learning and Experimentation) where (a) new sustainable human development processes are evolved, and where (b) extensions from this demonstration occur as other communities receive training.

Specific Aspects of Expansion

The Qomolangma Nature Preserve covers three and a half million hectares and a population that has in seven years grown to 75,000 people. Momentum is established to move successfully to engage both conservation and development challenges. Although a great deal more needs to be accomplished before the Qomolangma Nature Preserve can be judged to be successful in its dual purposes, the question now is how can this concept expand.

The first expansion beyond the geographical boundaries of the Qomolangma Nature Preserve -- based on the success in wildlife conservation -- was to pass and enforce legislation for all of Tibet that prohibited all commercial traffic in wildlife products. In passing such wildlife legislation, enforcement was assigned within existing administrative systems. In one year, throughout Tibet the animal skins and horns that previously were for sale to tourists in every bazaar were confiscated, reducing tremendously the pressure of hunting on these animals.

A second expansion was geographical. Typically regions cannot build many parks and preserves because their budgets quickly reach a limit in what their financial resources will pay for. It takes roughly 60% of conventional park budgets to pay warden’s salaries. By not having wardens, the

Qomolangma model makes it possible for regions to expand their protected area coverage because the cost of running a preserve has been reduced by roughly one half.

Conservation in Tibet is a significant challenge both because of the great biological heritage and also since it comprises roughly 30% of China's land area. The government has established a series of nature preserves across Tibet that today protect 28% of this large area. This is the highest percentage of protected land of any region of the world except Greenland. In addition to expanding current coverage, plans are being developed to add additional territory to cover more than 40% of Tibet with the creation of a proposed new reserve in the valleys of the four great rivers Yangtze, Mekong, Salween, and Brahmaputra. This new proposal brings together once again, but on a larger scale, the two aspects of development and conservation. The region contains one-seventh of the trees of China and these four rivers serve as vital transport, irrigation, and energy resources for six countries.

Equity

One of the distinctive features of the Qomolangma Nature Preserve is recognition by the local people and government officials of the need for developing a balance between the rights and benefits of those who are living now and people yet to be born (the Qomolangma question). This is an aspect of equity not focused on in other case studies in this book. The challenge is to prepare a legacy, in people and place, that will make conditions better for those who follow in future generations.

To understand and monitor this process of concern for future generations, a collaborative research technique is being used in this project. The technique is called SEED (Self Evaluation through Essential Data). Key indicators are selected so that the community can monitor the status of the ecosystem, economy, and culture. For instance, the presence of specific bird species tells whether the environment is changing; or, infant mortality, child nutrition, and the five major causes of death give a quick community health portrait that the people can themselves draw; or, the rate of girls graduating from high school is an indicator of social mobility and opportunity. Expert assistance is required to select these variables and indicators. Expert assistance also is needed to train the community to administer the survey. But once they know how, the community can continue to do the surveys and develop a database for better understanding of changing conditions. The people of Qomolangma Nature Preserve demonstrate a remarkable ability to look ahead.

Partnerships

The process of going to scale depends on partnerships between local people, government officials, and experts. Each of these groups bring special insights and resources that are complementary. None of these groups could have made the necessary changes alone. It is the balance that is important.

Tibetan culture has great indigenous knowledge and skills that provide a culturally integrated and environmentally appropriate foundation for action. However, indigenous knowledge and skills have to be merged with science-based information to promote modern development and conservation. Along with providing outside resources and readjustments in policy, it is sometimes necessary to remove restrictive cultural traditions. Such blending requires partnerships. Formal partnerships among people and organizations have already been

developed in QNP. There is still need, however, to find an appropriate balance between old and new knowledge. Recent pressures in Tibet have made it difficult to maintain a positive balance in developmental practice and responsible conservation -- for example, in shifting from traditional practices in grassland management. This is a process of integrating what people know from traditional knowledge with what people need to know from outside sources to meet the accelerating forces now confronting them.

A partnership that is helping in selecting appropriate paths for development is to be aware of alternatives and to learn what paths not to take by visiting parks in other countries. People responsible for the Qomolangma Nature Preserve administration profit especially from seeing other parks that have professional wardens where salaries consume 60% of the budget. The wardens are outsiders and typically there are great in tensions with local people. In those parks there may be higher scientifically based standards than is yet possible in Tibet but those practices would not fit local culture. By seeing parks that have displaced the people who once lived and care for the land from inside the park, they can focus more on the balance they want to maintain between people and the natural resources of trees and animals. By seeing the success and failures of paths taken in other countries, the people of the Qomolangma Nature Preserve have been able to learn how to walk on the path they have chosen.

Lessons Learned

1. Four counties in one of the most isolated and what was considered one of the most backward regions of the world are demonstrating that positive and innovative change is possible in integrating development and environmental priorities.
2. In QNP a successful community-based project is following a process through three stages of extension that shows how such projects can go to scale.
3. They are demonstrating the benefits of change that happens through creating a new culture of partnership among the local and outside constituencies that are concerned about protecting the environment and promoting the well-being of people living in the highest ecological region on the planet.
4. They are demonstrating that it is possible to look beyond the present and create a stewardship for the future.
5. They are demonstrating that even communities and regions that are among the most impoverished and that have a long history of suffering can, with wisdom and attention to the needs of all, move rapidly toward sustainable human development.
6. They are demonstrating that development for people and conservation do not need to be in opposition but can be mutually reenforcing forces promoting human well-being.

A Journey Continues

Kausar S. Khan

Aga Khan University

A Modest Beginning

Rafique, father of two children who should have been in school but were not, stared intently at the group of visitors to his village in the Pakistan province of Sindh. He recognized the school teacher and inquired about his health; when the visitors asked about the health of his children he invited the group to see his cows. With great pride he led them to a shed and pointed to the fans he had installed especially for his cows. If I can take such good care of cows, do you think we can't take care of our children? he challenged the group. This led to frank discussions, after which he said, "You should come more often and talk to us about our children, help us understand what is happening to them, and we'll take care of them."

Such declarations are common when the faculty of the Community Health Sciences Department of the Aga Khan University in Karachi visit homes in study areas. Committed to developing local health leadership relevant to the health needs of the urban and rural poor, the faculty and students of Aga Khan University interact personally with families. Diseases of poverty combine with stress related diseases; poor living conditions and inadequate health services add burdens to the people's struggle for livelihood. Yet, while still living in poverty, people respond positively and eagerly once practical opportunities are demonstrated to help them solve their own health problems.

Since its start, the basic philosophy of the Department of Community Health Sciences has been that teaching and research in communities should be as important for health workers as the better-known activities in teaching hospitals. In selected areas they have been developing simple, effective, and affordable primary health care systems that can also be community managed. Their field research first developed models of primary health care for seven discrete areas distributed in urban squatter settlements, where over 60% of Karachi's nearly ten million people live. Each area included populations of seven to ten thousand. The first models were designed to test simplified and cost-effective, community-based interventions. Implementation concentrated on training community members (primarily women) who would make home visits, and on developing an information system that would identify those in need. There was rapid and dramatic impact on health status, with infant mortality falling from 126 to 69 per 1000 live births and 1--4 deaths from 51 to 15 per 1000, at an average per capita cost per year of USD$3.12.

Once the Community Health Sciences faculty had learned how to provide cost-effective primary health care ensuring coverage of all households, they began to study a community-led project on a small island near Karachi. The fishermen had a formal organization and the department of community health sciences entered into an informal partnership with this association. The community-initiated, community-operated model of primary health care achieved health impact more slowly than in the squatter settlements, where professionals ran the programs with community participation simply being cooperation by doing what they were told in the usual pattern of most public health programs. However, there were changes in empowerment

and capacity in the fishermen's association that were real though more difficult to measure. A major conclusion was that equity is essential in community-based health care systems, whether in micro-systems or larger systems, and a continuing effort should be made to define ways of reaching those in greatest need.

Having worked for seven years in urban communities, and having learned how communities can be involved in community-level programmes, some new challenges were undertaken. These were: How do you develop a district health system? How do you develop a partnership with the government? How do you involve communities in district systems? The Aga Khan University entered into partnership with the Health Department of the Government of Sindh, the province in which Karachi is located. The purpose is to strengthen the health system of rural districts in Sindh by doing health systems research projects. A research project now underway is a community-based school nutrition programme involving not only the government but also local NGOs (Nongovernmental Organizations) concerned about the health and educational needs of children.

In a small NGO office, members of the school nutrition project discussed the reactions of villagers such as Rafique. The president of a local NGO said, "Everybody seems ready and keen to begin a school nutrition programme ... I thought they would be skeptical or indifferent, but they were not." In the university strategies were outlined to help NGOs become agents of change in four rural districts of Sindh. The central question was: What sequence of steps would fit the local situation? The process of self-awareness, which could lead to analysis and action, had already been initiated. Without this process the university team believed people would never become self-directed actors on the stage of their lives. They would be mere puppets.

The Sindh government education department and Aga Khan University, as the first of partners in the school nutrition project, discussed their respective roles and responsibilities. After much negotiation, a contract was drafted and signed, and in the process a new understanding of partnership evolved:

Partnership is not one party sub-contracting a task to another party. Partnership is the coming together of two concerned parties to address a common concern through shared responsibilities.

Guided by this new understanding, space was created within the signed agreement for two more partners. The new partners would be closer to the social realities where the visible and invisible battles of survival take place, where the most vulnerable die silently, where malnutrition is high, and diarrhea and anemia are part of daily living. The focus became to challenge age old practices and traditions where the greatest vulnerability is quietly created -- drawing into its fold girls who should be in school but are busy helping their mothers with household chores and with agricultural labor. This was identified as being where the burgeoning vulnerability of the pre-adolescent girl emerges as she stands on the threshold of adolescence, ready to enter the marital status that brings with it the vicissitudes of multiple pregnancies.

To address such realities, NGOs and communities were the two additional partners identified to join the efforts to promote this component of social development. In each of the four districts, a local NGO was identified; each NGO began by helping communities around 17 government schools to organize, plan, and implement a programme to promote the health and nutrition of

all children in their villages. For village families it was to be *their* programme, for *their* children, with the project and the NGOs supporting them by providing knowledge and modest financial assistance (approximately $0.10 cents per enrolled child per day). That was the key! Take to the doorsteps of homes some knowledge and some financial assistance but in a spirit of partnership.

Some Dilemmas: The Journey Continues

Some hard facts had to be faced. In any society, the good and bad and the excellent and mediocre from the past tend to dominate the present. The critical question was, Who would be the local NGOs selected and how would they deal with the class and gender dynamics of the community? Would they be able to overcome their own earlier socialization, and shift from paternalism to becoming facilitators? Would they be willing to exert the energy needed to develop an understanding of the constraints in which government officials work, be they school teachers or district education officers? In short, would the NGOs be able to overcome their traditional role of the benevolent caretaker, to helping communities become their own benevolent caretakers? Could they become þunderstanding' instead of those who appear insensitive and indifferent? Would they be prepared to free themselves of the conventional modes of interaction, confrontation, or submission?

Communities are often locked in an unbalanced relationship with officials, and are accustomed to fending for themselves to the best of their abilities. Outsiders tend to prescribe actions for communities but do not allow them the time and space to reflect over their own behavior and its outcome. In the new partnership between a university, a government department, NGOs, and communities, self-reflection and collective decision making became key strategies. Guided by these strategies, three inter-linked processes unfolded over a period of three years. The outcome of others depended on the maturity of one, with implementation seldom being smooth and trouble-free. Their ups and downs were the reflection of the complexities that are the warp and woof of any society. No society is a lab where conditions can be controlled and precisely measured.

Three Critical Processes

1. Identification of NGOs
2. Formation of Parent-Teacher Association
3. Promoting Women's Participation

As the university team entered one of the district headquarters they were greeted by a large billboard that said: WELCOME TO THE CITY OF MANGOES AND NGOs. While NGOs are common in all of Pakistan, this particular city took pride in the number of NGOs that had been set up by its residents, especially doctors and lawyers. Some were over 30 years old, and others relatively new; most, if not all, had no women members. This was typical of the NGO sector. A selection process was initiated to identify one NGO in each district as the cooperating partner. All NGOs were invited to a one-day workshop where the outline of the programme was introduced and the role of various partners discussed. The criteria for selection of schools and the characteristics of the NGO chosen for such work were outlined.

NGOs that showed interest in the project were invited to a three-day workshop, with each NGO sending five members from their executive body. The participants articulated their vision of a desirable society, analyzed the meaning of development and barriers to development, reviewed their own work in light of their vision statement, and reflected on their participatory methodology, noting whose thoughts and feelings were voiced and how trust and solidarity could be clarified and built. On the last day, each ranked themselves and the other NGOs. The NGO that got the highest ranking became the district partner. This process not only eliminated the possibility of political or bureaucratic influence on the identification of NGOs, it also minimized resentment amongst the NGOs toward the one selected because it was not handpicked by an outside agency.

Once the NGOs were identified, some basic training was given about community organization and participatory methodology. The next step was formation of parent-teachers associations. Like a boat steering cautiously through uncertain waters, joint teams of NGOs and the university began holding village meetings. Over a period of about nine months, the process evolved.

Some Confusion and the Journey Continues

The villagers readily gathered to meet the visitors. They knew that potential donors and senior government officials were accompanying the NGO. They took the opportunity to request an extension of their village school. “We gave land ... now perhaps you can give us another room for the school,” they said. “Fair enough.” said the official, “We’ll give you another room.” The donors nodded approvingly. After the visit the NGO reviewed the situation. “At least the villagers got something ... we didn’t get anything,” complained an NGO member. “You did complain to the donor that our budget was inadequate,” chided another member with some irritation. “It sounded like begging,” added somebody. “The villagers got another room ... what do you think this will do to their perception of their own abilities?” said someone else. “An act of benevolence by a government official, with his power enhanced by the presence of donors -- what message does that transmit to the villagers?” And so they debated amongst themselves. The visit had created considerable confusion. “What do you think other villages will say when they hear that an additional room has been promised to one village?” They were concerned, and they weren’t sure what to do next. Perhaps this dialogue was dealing with the crux of development, as one of them said, “Let’s not get too dejected. We are here to find what can be done ... and we’ll find that not by ourselves but with the communities.”

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Delays, Yet the Journey Continues

The next stage was for the PTAs to begin the feeding programs in their schools. They had, with the help of some community participation, planned weekly menus; they had divided the work: who would cook, who would arrange the fuel, who would serve the food, who would manage the funds, how and when the program would be updated, etc. The NGOs were ready to appoint full-time staff, since their membership was composed only of volunteers. Delays had set in. “We have been talking about the nutrition program for two years and nothing has started,” NGOs declared with frustration. They were helping the university conduct a baseline survey and were interacting with community members and school teachers during training workshops, but they were getting impatient. “What’s the delay in getting the funds?” they asked in exasperation. Neither the government nor the university had the answer, but both were trying to get the donors to work out their procedures and conditions for releasing the money and for finalizing reimbursement procedures.

In spite of delays, some work continued at a steady pace. Villagers were helping the NGOs and

the university collect data on health and nutrition; children were being weighed, and mothers narrowed their eyes as weight and age of children were discussed and growth cards given to them; some laughed and joked, and others urged the field investigators to return. The rains came, and with them came floods. The NGOs and university were asked to delay surveys: "Wait till we have taken care of ourselves," said the communities and NGOs. Then the school holidays came ... and money for the feeding programme was still not available. The donors were still working out procedures. Finally, as faxes and telephone calls went back and forth from cities across continents, details were worked out, deadlines set, and money released. The NGOs had never handled such large sums of money but were prepared. With one exception, over 70% of their budgets belonged to the communities, and the communities knew it because transparency was one of the working principles agreed upon by all partners.

Promoting Women's Participation

Once the NGOs had hired full-time staff, and PTAs had started to give one meal a day to primary school children, the issue of women's participation was raised. This was a new challenge. It had been easy to hold meetings with the men in the village. They were managing the feeding programme, solving problems of procurement and mismanagement, making contributions in cash and kind, and even discussing the sustainability of the programme after the project period. Involving women presented a curious mix of reactions. "We work in the fields during the day, and don't have time for additional work.... What can we do.... Let the men do this work, they know better; they can go to the market, they are literate, etc." At the end of all discussions they said, "This is good work ... keep doing it ... and come back to talk to us." During preliminary discussions, some nascent groups of women were formed. Usually these were villages where a female teacher or supervisor took interest, or where men were supportive.

Women's participation could not be left to chance. A more rigorous and systematic approach was needed. Female staff of the NGOs were expected to guide the process, but they needed help because they were young and without experience. Most of them were the first generation of educated women in their families. Furthermore they, like many, were skeptical of what women could do. They carried within them apprehensions about what others would say or think about them. They knew they were in a man's world to which they must adapt.

These young women first needed to believe in themselves. They had to develop confidence and hope before they could generate collective community action by village women. The female staff of the NGOs were brought together into an intensive workshop to help them discover confidence, build trust, develop facilitation skills, and learn to plan interventions and expect positive outcomes. The methodology in the workshop used tools for reflection, with participants working in small groups that encouraged expression of their thoughts and feelings in a situation where their views were respected. Role plays, drawings, and facilitated discussions gave feedback to improve skills. By the end of the workshop they had developed awareness of the steps of confidence building, reflection, and analysis from their own experience so the process could be repeated with village women.

The workshop for female staff of the NGOs was followed by a workshop in which male and female NGO staff together deliberated over possible ways of promoting the participation of women in programs. It was agreed that women's role should not be left on the periphery to be addressed only by the female staff of NGOs. Women's issues and gender roles are deep and

invisible.

The workshop sessions on women's participation discussed four steps designed to: 1. Identify what women could do for the feeding programme now managed by the men of the village. 2. Identify the hurdles women are likely to face in undertaking the specific tasks identified. 3. Identify the hurdles that should be removed in the next three months. 4. Make a work plan, showing steps to be taken in specific schools.

Going from step 1 to 4 required moving from general observations to specific and concrete statements. All participants described women as good primary care providers, honest and hardworking, etc., but could not identify one or two activities for which village women could take responsibility. Even the possibility of deciding what food should be given, or preparing the food, was not mentioned. Much learning will obviously be necessary before NGOs and communities understand the need for changed roles for women.

Outcome

In the past three years the school nutrition program has become the most community-based of the series of earlier programs. Each NGO has learned to plan and manage a budget of over ten million rupees (USD$330,000); 60--80% of this budget is for use by the communities. Parent-teachers associations and women's organizations are being organized. Of the primary school children receiving daily meals, nearly half are girls. Local NGOs are conducting workshops to help villagers develop *their own capacity* to plan, using relevant information about their children. Links between government doctors and communities have been strengthened.

Mothers and grandmothers are visiting schools to oversee feeding. They say, "Now we don't have to chase our children to go to school; they chase us to send them to school." Teachers say, "During recess, some children used to run away from school; now they don't." The children say, "We love it ... the food ... the eating." Parents say, "We will give proper food to our children, but you must keep talking to us about food values."

The school nutrition project has led to capacity building of the faculty and staff of the Community Health Sciences Department of the Aga Khan University. There is abundant training material designed to promote self-awareness in the community about health and education, child development, and information for planning. Most of this material has been adapted for use in various settings including communities, NGOs, and for government personnel. This experience has been integrated into undergraduate medical and nursing education. From a small trial within a health system research project, there has evolved a demonstration from which the government is planning a national programme for nutrition.

Mountains Can Disappear

A sage once said that when there seems to be a large mountain between you and God, start removing the mountain with your bare hands; as you try and try again, you will one day discover that there was no mountain. Similarly, the perceptions of mountains between communities, NGOs, government, and universities disappear with patient effort. Communities are ready to take responsibility, people have the potential to solve their problems, and women can be empowered for community level action even if they live in remote and conservative villages. Social development is not just a technical matter, it is learning about oneself,

discovering strengths and weaknesses in community relations, and learning how to systematically plan, choose, and monitor change.

Chapter 10:

Alleviation of Malnutrition in Thailand

Kraisid Tontisirin

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Over the last decade Thailand has dramatically reduced protein energy malnutrition (PEM) in all preschool children in the country. Surveys from 1979 to 1982 showed that more than half of children under five had PEM; more than 2.5 million children were affected. A community-based approach virtually eliminated moderate and severe malnutrition, and mild malnutrition is only 15%.

The story of the process and reasons why we were able to essentially eradicate malnutrition is told with the hope that others will be encouraged to learn from our experience and adapt the lessons to their situations.

Up to 1981, National Development Plans had limited impact due to little inter- and intra-sectoral collaboration, almost no involvement of the people, and ineffective strategies. Malnutrition was a serious health and social problem among pregnant and lactating women and preschool and school children, especially in rural poverty-stricken areas. The collaboration that produced the changes brought together a partnership of people in their communi- ties, academic experts, and government officials.

How We Started

In the late 1970s, nutritionists from the university did many studies of PEM, including field studies testing possible control measures. Two villages in the poor, northeastern region were followed for four years in a community-based project with integrat- ed nutrition improvement as part of rural development. The people participated actively in growth monitoring, weighing all preschool children, with supplementation from increased village food produc- tion. Basic health services and nutrition education were integrated with direct nutrition services. PEM in preschool children in these villages was reduced from 55% to 21% within 18 months. These studies proved that effective interventions could be used in poor villages.

During these years a nationwide primary health care (PHC) program was being implemented as a result of commitments made at the Alma Ata World Conference on Primary Health Care. Training of village health communicators (VHC) and village health volunteers (VHV) rapidly spread to virtually every rural village. These workers provided an infrastructure for both health and nutrition activities.

To promote participatory development between local government workers and people in the villages, a government task force under the Intersectoral Social Development Project designed a set of Basic Minimum Needs (BMN) indicators in 1981 to be used nationwide by villagers to help them identify their problems and set goals. Nutrition improvement became part of the broader economic and social contract between the government and the people. A national

rural development policy and plan involved planning officials, personnel from related sectors, and academics. The Poverty Allevia- tion Plan (PAP) proved to be a most effective way of streamlining various programmes for implementation at the community level. At first PAP covered only the poorest third of the country, but in two years it covered the whole country. The reduction of PEM in Thailand cannot be attributed to a single program but to a combination of activities building on previous experience and infrastructure. Especially important was recognition by the government that the people needed to be involved.

Community Action

The communities took responsibility for growth monitoring, which was done by VHCs and VHVs at a community weighing post under supervision of health care workers every three months. Monthly weighing was found to be excessive in routine service and the frequent repetition decreased attention to growth promotion. Weights were recorded and results interpreted for mothers using individual growth charts. The uncomplicated and attractive charts were designed to help villagers make the calculations and interpre- tations for local decisions about care. Malnourished children were classified in mild, moderate, and severe degrees of PEM, with prompt use of specific interventions and follow-up when families needing special help were identified. A group growth chart was developed for VHCs and VHFs to present the results for the villages. Pictures of malnourished children helped villagers relate the weighing to the appearance of the children.

Supplementary Food Production and Feeding

Village committees, trained volunteers, and local health care workers all took responsibility. The main activities were home gardening, growing fruit, cultivating legumes and sesame, seeding fish ponds, and preventing endemic diseases in chickens. A supplementary food recipe of rice, legumes, and sesame was provided for severe and moderate PEM cases. It had been designed by the Institute of Nutrition, Mahidol University, and Division of Nutrition, Ministry of Public Health, to provide balanced supplementation of calories and protein at home. Simple processing, roasting, mixing, grinding, and packaging became a community activity. The mixture was also sold to mothers of normal or mild PEM children, and the income established village nutrition funds.

Information and Awareness Building

Simply giving food to malnourished children was not enough. Prevention required changes in food-related behavior in the family with better nutrition information, education, and communication, particularly during pregnancy and lactation. Promotion of breast feeding, increased awareness of balanced diet, better food hygiene, and correcting food beliefs and taboos were discussed and informa- tion shared during regular health care.

Village committees and community volunteers worked closely with agricultural extension staff. All integrated activities were in the community context. Village volunteers were trained to increase community capacity and they participated in immunization, the treatment of simple endemic diseases, environmental sanitation (emphasizing latrines and drinking water), malaria (blood tests, basic treatment), and parasite control.

When the national family planning program started, infrastruc- ture provided a base for the

uniquely successful, rapid extension of services. There was integrated education about the significance of family size and training in the use of family planning methods. VHCs and VHVs received support and supervision from government health offices, providing the front line for Thailand's PHC system. By 1989, over 50,000 VHCs and 50,000 VHVs had been trained, covering almost all villages in the country.

The Basic Minimum Needs (BMN)

BMN indicators became a very important part of developing a socially-oriented, community based, intersectoral and scientifical- ly sound development process. Their use empowered people to participate in community development and was a means of balancing the roles of community and government. Eight groups of simple BMN indicators with 32 measurable items were developed and used as tools for problem identification and setting goals and priorities. Indicator groups were 1) adequate food and nutrition, 2) proper housing and environment, 3) basic health and education services, 4) security and safety of life and property, 5) efficiency in family food production, 6) family planning, 7) participation in community development, and 8) spiritual and ethical development.

The BMN indicators were measured throughout the country, but most attention was focussed on poor rural areas. In each village people aggregated and compared their own data with criteria set for the region. There are three BMN forms: form BMN-1 includes data on each household filled out by committees, form BMN-2 contains general village level information, and form BMN-3 aggregates and summarizes the data to help set priorities. The latter form is sent upwards in the government hierarchy as part of a nationwide, computerized database.

The BMN process helps formulate a village proposal for priority activities that is submitted to a subdistrict committee. Extension personnel from government agencies assist in drafting the proposal. Proposals approved by the subdistrict committee are submitted for district review, and the provincial rural development committee makes the final decisions about which proposals will be supported. The approved proposals are sent to central level and budget allocations made.

The entire process is identifying problems, planning, prioritizing activities, assuring the support needed, implementing, and evaluating by resurvey. The use of BMN indicators has helped villagers become more aware of their own problems and take action. District and provincial administrators can more effectively carry out supervisory and supportive tasks while also closely interacting with villagers and trying to respond to their needs.

More than 95% of all villages in the country are using BMN indicators to guide their development and achievement. In rapidly improving areas, new indicators are added or the criteria for success are raised.

Acceleration and Expansion

Success in the community-based nutrition program was accelerated by the long-term policy of the Poverty Alleviation Plan (PAP), which placed nutrition as an important component for reaching the national Health for All goal. Malnutrition was considered a sign of poverty and ignorance; in order to eliminate malnutrition sustainably, its root causes must be removed.

The Poverty Alleviation Plan focused first on improving the quality of life of 7.5 million poor

people in the northern, northeastern, and extreme southern regions. To promote equity, five basic principles were 1) top priority was given to specified areas where poverty was concentrated; 2) living standards must meet a subsistence level for all the people, with minimum basic services available in all the specified areas; 3) emphasis was placed from the beginning on having people gradually assume responsibility for care of themselves; 4) low-cost technology was used that could be handled by the people themselves; and 5) the people were involved in all decisions, learning how to adapt activities to what they could do about their own problems.

A key group in the success of nutrition development was the central coordinating organization -- the National Rural Development Committee, appointed in 1982. This committee soon replaced the various other committees for vertical programmes which had been involved in rural development earlier. Because it was the *only* national rural development committee, it could integrate services. Similar committees were established at provin- cial, district, subdistrict, and village levels. Four ministries -- Health, Agriculture, Education, and Interior -- served as implementing agencies. Integrated activities were targeted toward poor villages through village committees, village volunteers, and community members. Intersectoral collaboration was strengthened by an integrated training team, consisting of extension personnel from the four main ministries. Four key programs were implemented.

Rural job creation. Employment was created for rural people during the dry season. This permitted people to remain in their communities. Many of the jobs were in community development activities, such as road construction and the creation of water reservoirs.

Village development projects. Many locally relevant activities were thought up by the people, including building and seeding village fish ponds, improving water sources, and preventing epidemics affecting poultry, cattle, and buffalo. Most projects focused on improving economic status and household food security.

Provision of basic services. Public services for the rural poor targeted activities such as health, nutrition, potable water, and elimination of illiteracy.

Agricultural production programme. Important programs included nutritious food production (especially for supplementary foods for young children) and upland rice and soil improvement. Benefits were in income generation and household food security.

The rapid expansion that resulted from PAP had great impact on nutrition. More than 60,000 families began using new agricultural technologies, and there were 2655 new village fish ponds. In addition, health services through PHC reached more than 80% of the targeted villages. The costs of PAP, excluding the rural job creation program, was only about 1% of the annual government budget.

Thailand’s relatively high level of community participation is because using BMN indicators made it possible to combined a “top-down” and “ bottom-up” planning and implementation process. It focussed on identifying, implementing, and evaluating programs according to the perceptions of community members who were encouraged to express their own felt needs within existing circumstances and constraints. Nutrition initiatives are effective because of partnerships between local government officials, experts, and community members. Programs were even more effective because they could be adapted locally to accommodate environmental constraints and take advantage of existing social patterns and cultural beliefs.

Lessons Learned and Conclusions

Thailand's experience in alleviating malnutrition was integrated with equally dramatic improvements in health and family planning. The entire process took 10-15 years. About five to six years were needed to create awareness and strong political commitment. During this time academic experts doing field research were especially important, and a number o important professors moved into senior government positions to be responsible for implementation. During the subsequent five to ten years of intensive implementation there was great need to maintain political support, develop effective managerial structures and functions, arrange efficient coordination and integration of development activities, formulate detailed operational plans specifying objectives for each activity based on sound field research and practical experience, and through it all promote active community participation.

Nutrition improvement in Thailand has been a long-term developmental process with many obstacles. A crusading spirit helps but there must be an open mind of all collaborating partners, including government workers, academic specialists, NGOs, international agencies, and the most important group -- the people themselves. Attention is needed to community organization for planning and management, community manpower development, appropriate technology, awareness, and information in order to achieve sustainable development. In any country a special effort should be made to prepare people for self-reliance and self-determination. Local government and non-governmental personnel need to learn how to be facilitators rather than creating dependen- cy. They need to be reoriented to understand their new roles and responsibilities.

The importance of simple indicators cannot be stressed too strongly. For integrated development the people need simple methods based on their own capacity to collect and use data for decision making. Officials should advocate and strengthen the use of nutrition indicators such as weight-for-age to follow the preva- lence of PEM and guide planning, monitoring, and evaluating of development programs. But in many countries growth monitoring has been an unsustainable failure because the weighing of babies became an end in itself and a ritual rather than being used for community based growth promotion.

In most countries, great difficulties and obstacles have been experienced in implementing plans for decentralization and encouraging community participation. The Poverty Alleviation Plan (PAP) was based on quasi-decentralization of services with shared responsibility by officials and communities. The breakthrough in Thailand came with adoption of the BMN approach, using simple indicators for village-based social planning. Tactically, the process of empowering people by using BMN indicators to identify and prioritize problems, make decisions, and evaluate and improve them has unleashed great village potential and generated local resources for community development.

A strong conclusion is that if a country undertakes to use a community-based approach with appropriate supportive and extension services, rapid and remarkable results can be expected. If a basic infrastructure is in place it should be possible to alleviate PEM in infants and preschool children in a very few years rather than the 10þ15 years it took in Thailand.

Thailand's next nutrition goal is to ensure a full potential of good health, nutrition, and development for all children. In the coming years Thailand will have to carry a "double burden" of nutritional problems. The unfinished agenda of undernutrition and poverty will co-exist with overnutrition and the chronic diet-related diseases of developed countries. Again

the solutions will depend on people's behavior, with nutrition education and communication leading to nutrition literacy and healthy eating habits and life style.

Chapter 11:The Health of China's Mothers and Children: Improving MCH for 120 Million Chinese

Carl Taylor

In one decade the Maternal and Child Health Project (MCH) in China* expanded improved services to over 200 million people. The program started in ten counties with about a 10 million population representing many conditions and all regions. The counties were not chosen because they were already models but as demonstrations of the process of becoming models. The extension process was based on dialogue between communities, officials, and academic experts to work out adaptations of programs for the various parts of the country. The program became a national experiment because of decentralized decision making to the county level. Each country worked out their own patterns of health services and financing. Repeated opportunities to exchange information resulted in rapid learning from each other.

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*Many people in the Ministry of Public Health of China and UNICEF contributed to these efforts. However, this report does not necessarily represent the views of the Ministry of Public Health of China and UNICEF.

At a national conference in 1983 in Wuhan, a group of ex-Barefoot Doctors (retrained as MCH village doctors) and Professors of Obstetrics were working together to agree on high-risk indicators for prenatal care. The discussion was so dominated by professors that it becamenecessary to separate the village doctors in another room. A short time later when the coordinating team stopped by, they found village doctors on both sides in a vehement discussion as they made punching motions with their fists or waved their arms in large circles. One group insisted that the correct way of measuring pelvic size to predict obstruction at the time of delivery was to push a clenched fist into the area between the pelvic bones where the baby would come out. The others wanted to use a simple tape to measure the circumference of the body at the level of the upper pelvis. With the choice narrowed to such alternatives, the professors were brought back in and they pointed out that both indicators could be used together much more quickly and simply than the more sophisticated measurements the professors had been recommending, which were the ones used in hospitals.

This kind of discussion is typical of the dialogue needed to resolve problems in community-based social development. The Chinese system of communal health cooperatives developed during the previous twenty years was an important model for the 1978 Alma Ata World Conference on Primary Health Care. It demonstrated that "Health for All" was possible and was reaching one-fifth of the world's population. But the barefoot doctor system was abruptly dismantled in 1980 when the workpoints that had paid barefoot doctors were eliminated at the time economic reforms transferred land from communes to families.

To start the MCH Counties Program, a team from the central ministry of health and a UNICEF consultant conducted a week-long workshop in each of the ten initial counties. Between 60

and 100 people participated in each workshop: community members, health officials from provincial and central ministries, and faculty from MCH, pediatrics, and obstetrics departments of regional medical and public health schools. One-year and five-year plans were agreed on in each county. Decentralization produced remarkable innovations in how services were organized, provided, and paid for. This led to patterns adapted to each region and a means of adjusting to the rapidly changing levels of economic growth.

In the MCH counties, new techniques were introduced that had been discovered to be internationally effective in community-based seminar health care. These increased cost-effectiveness and were readily learned by barefoot doctors when they were retrained as MCH village doctors. The following examples illustrate what was done. Diarrhea in children was extremely common at levels equivalent to Bangladesh, but mortality from dehydration was remarkably low, or only one-sixth of Bangladesh. An ethnographic study showed much use of diluted rice porridge and various liquid traditional medicines to treat diarrhea. International tabulations showed China as having low ORT coverage because they were not using WHO recommended procedures but they were achieving the same goals in their own way. It proved simpler to add salt to dilute rice porridge.

The main cause of death by far was neonatal and infant pneumonia. Model counties' action research showed that pneumonia mortality could be reduced sharply by using new WHO/ UNICEF Case Management methods of counting respirations for early diagnosis, followed by antibiotic treatment. Similar cost-effective methods were used to reduce growth retardation, increase iodinization of salt, etc.

Coverage of children with childhood immunization was already close to 70 percent in more developed areas but very low in poor areas. With UNICEF support for cold chains and improved vaccine availability, by 1990 national coverage was well over 90 percent. Around 1985 a marked difference in coverage rates became evident. In the ten model counties a direct relationship was observed between coverage rates ranging from 30% to 90% and economic status.

The ministry of health had advised that families pay the village doctor ten fen (3 cents U.S.) for each immunization. Poor counties had, however, set the rate at five fen, while in rich counties village doctors were paid up to forty fen with a precise correlation between these rates of pay and immunization coverage. One county then tried an innovation that quickly spread. Each family with a new baby signed a contract with the health system, and for 30 yuan (USD$10 at that time) the baby would get all immunizations. The contract specified that if the baby developed any of the six diseases, care would be totally free and the health system would pay the family an indemnity of 100 yuan. The indemnity provision convinced the family that this was a good deal and could be trusted. The contract was then expanded to other preventive services.

By 1984 programs in the ten counties were spreading spontaneously to neighboring counties, and the Central Ministry of Health and UNICEF expanded the program to 35 counties spread through in all provinces. Two years later it was expanded to 95 counties and two years after that to the 300 poorest counties in China, with a total coverage of over 200 million people. This helped provide a framework for national programs such as childhood immunization. UNFPA has provided joint funding for the expansion to 300 counties to encourage integration of family planning and MCH. The World Bank is funding expansion to another 300 of the poorest counties using a pattern that provides even more funding for facilities and equipment.

A stepwise transition in program occurred with each phase of expansion. The initial phase between 1980 and 1984 was oriented to action research and developing new methodologies, training innovations, and management methods. Multiple approaches to solve problems were tried and counties were encouraged to design and test alternative ways of organizing and financing services.

The second and third phase of expansion from 1984 to 1987 was to move activities progressively toward defining new roles and relationships between health personnel and community members, streamlining and standardizing cost-effective methods, developing formal training with better information monitoring systems, and especially experimenting with diverse systems of financing. In the final stage of expansion after 1988, the project focused largely on training as the key component for long-term sustainability of the innovations that were continuing to emerge. This sequence has permitted extremely rapid extension, with spontaneous spread of the innovations discovered now reaching all counties in China.

A significant weakness resulted from the pressure to move rapidly into new phases of expansion -- there was no time to systematically evaluate the earlier experiences. Even though great effort went into collecting massive amounts of information that had potential for objective analysis of the different approaches, these data have contributed little to substantive decision making. Judgements about streamlining for the each stage of expansion have been made intuitively, often by a few people on the basis of limited information gathered on periodic field visits.

Perhaps the best example of how the spontaneous local diversity evolved was that counties were told to decide for themselves how to fund local services. Each county made decisions based on internal political realities. Some counties continued strong control by county authorities, but others decentralized decisions to townships and villages. In most counties curative care shifted to fee for private practice service, but some affluent and well-organized counties retained health cooperatives that used innovative patterns of local insurance with families or villages paying premiums. In some counties, money from local business enterprises run by the county was used to fund essential services. Preventive services also had mixed sources of financing as they tried to meet central directives and national standards. In exchange for the privilege of having a private practice, village doctors in some poorer counties were expected to provide preventive services for their most needy neighbors with little or no reimbursement, while in other counties they were paid well. Some information was exchanged between counties and there was gradual convergence in a region around activities that seemed to work. Even greater differences developed, however, between regions.

One of the greatest losses in China's recent experience is the decline of equity in health care. In a period of a few years what had been the most equitable health system in the world developed all the problems of systems where the poor receive little or no health care. When government officials realized what was happening they tried to return to earlier patterns of ensuring care for the poor. This was easier to do for preventive services where norms and standards could be established and a few selected control measures enforced. However, without control of the flow of funds, officials have little control over what local administrative units do. The social control of the past, with tight restrictions on all aspects of life, had gotten people used to doing what they were told by officials. It took only a short time for people to change past patterns of following without questioning the directions from those in charge. Privatization and financial freedom brought opportunity for entrepreneurs, but confusion and loss for many people who have had trouble adjusting to the new economic freedom and are increasingly left out. Major unmet needs now require new mechanisms and methods, starting with creating

awareness of the reality of the problem and the possibility of change.

Inequity in access to care is increasingly evident within communities as families and individuals in greatest need remain un-reached. Similar changes have also are appeared among regions of the country. Most of the rapid economic expansion of the past fifteen years has been in heavily populated eastern provinces. Conditions were always worse in the “remote and minority” regions in the western half of the country, and it’s there that disparities with the rest of the country are becoming more evident.

Lessons Learned

1. Leaders in every country can learn from this demonstration that a large and densely populated country can follow through with a decade-long process of social development for mothers and children. Major health improvements occurred while the country was still very poor. At the time when the major innovations occurred, China was in transition from communal to private enterprise. When the process started, average per capita income was less than USD$300 per year, and poverty and deficient infrastructure was particularly severe in remote and minority areas. A systematic process dramatically changed the care of women and children in one-fifth of the world’s population.
2. Guidance and support from central health officials promoted community-based empowerment, adapting decision making and action to rapidly change local conditions. Central and provincial officials moved as a group to a local county for a week of intense dialogue with local people, and this stimulated surprise and then enthusiasm. The people realized from the beginning that they would have to maintain the continuing costs of changes introduced and this helped them gain the courage to express their concerns and experience frankly and forthrightly.
3. The direct involvement of experts from academic and research institutions resulted in powerful mutual learning. The fact that their involvement was having direct policy impact helped them learn the difference between what was scientifically correct and what was practical and economically feasible. Living together for a week under rural conditions proved different from the privations of being sent to “learn from the people” during the cultural revolution, because their expertise was being used and expanded. For the village people, having experts available to answer practical questions proved to be both a tremendous learning experience and good for their self-confidence as they realized that they had much wisdom to share with the experts.
4. The momentum for change as a part of a national movement carried with it a willingness to try new approaches. Slogans such as “Seek truth from facts” and “Serve the people” still carried some, though diminishing, influence. Research was considered a positive and powerful part of the four modernizations they were told to implement as part of the economic reform. In fact, one of the best ways of getting new ideas accepted in this climate of change in China, especially when decisions were held up by major differences in opinion, was to say that research would be done to determine which alternative was appropriate for a local situation.
5. The involvement in workshops of three groups -- communities, officials, and experts -- demonstrated that old polarizations between top-down and bottom-up approaches could be eliminated. An extension process evolved where differences were accommodated and solutions were locally adapted. Sustainability was ensured by the fact that communities started by accepting the challenge of self-financing and self-reliance.

Chapter 13:

Conclusions of the Independent Task Force on Community Action for Social Development

Our most important conclusion was that successful and sustained social development is possible. However, to do so requires fundamental changes in mindsets and constructive partnerships through an effective sharing of power and responsibilities between governments, communities, peoples' organizations, and the professional community. Numerous positive examples exist worldwide that show sustainable development is attainable and these successes chart a variety of approaches along a common path we all can follow.

Second, key insights were identified that demonstrate universal commonalities to successful social development -- commonalities that span our planetary differences. These commonalities are:

I. the centrality of community;

the potentiality of partnerships; and

that expansion is possible, demonstrations can go to scale.

Third, key values recur in successful social development, the most important of which is the primacy of equity. A community or a country for that matter does not advance unless it remembers and attends to its disenfranchised. Without their advancement, the community remains anchored in injustice, held back, despite other progresses achieved.

Wherever it succeeds, social development is complex and interdependent. It is more than economic growth and infrastructure creation. Indeed, even with economic and infrastructure growth, social development will not necessarily happen as can be seen in many countries currently experiencing economic growth and deteriorating qualities of living simultaneously. This is often the result of gigantic world forces which are difficult to understand and control and seem to be accelerating.

More problematic than these giant forces are ancient, encrusted barriers, both bureaucratic and those rising from inept bungling, that social development must surmount. Our cases speak, with various voices, that if barriers exist -- many times they exist in outsider perceptions rather than in peoples' realities -- they can be overcome if certain common principles are applied.

The starting point of social development is respect. Social development is about people, and each person as a person deserves respect, no matter what. As the Maasai case makes clear, people's traditional values and indigenous knowledge and skills need first to be honored before sustainable development action can be begun.

In the same vein of respect, people need to be trusted; this means that power needs to be shared

so that they build up strength. Communities that are deprived of authority are also deprived of the inner strengths that they can apply to their development. Once again, the Maasai Pastoralist example is illustrative. Social development needs to be grounded in their culture and priorities -- not those of outside. An illustration of what happens when local capacities are not respected comes from Poland where the government of the past actively disempowered people by assuming tasks rather than nurturing their ability to provide them for themselves. Engaging the full diversity of a community is a necessary step for successful social development.

In any community there are those segments that are easy to reach and those that are ready to change. It is tempting to focus programs on these. Results will be dramatic as acceptance rates escalate. This is not sufficient. Those in greatest need must be engaged as well. The Jamkhed case shows how powerful this concern with equity can be beyond its moral validity. In Jamkhed, the outcasts and the widows became key players and provided a base that lifted up the whole community. The Zimbabwean case also shows similar effects of a consistent empowerment of disenfranchised groups.

In the cases as well as this discussion, many themes run parallel, supporting each other. The theme of people's priorities emerges, often calling for respect of traditional religious and cultural heritage, such as in the Qomolangma Nature Preserve in Tibet where people want to restore ruined monasteries and practice religious ceremonies. Another example is the poor recyclers in Colombia who strive to have their work recognized and valued by powerful politicians that they have an important contribution in building a cleaner, healthier, and environmentally more secure society.

People's priorities are often specific and practical. They know what they want and this may not be what outsiders want to provide. Numerous stories scattered through the case of the Aga Khan University's programs in Pakistan repeatedly make this point of practicality. Jamkhed showed that the people felt water was more important than health care.

When it comes to action all these cases show how the community must be involved in differing ways. Development is not something that can be done to a community but is a process that must be engaged in with a community. The case of China's Model Counties Project illustrates how community engagement helped to expand MCH coverage to reach more than 120 million people, and did so because county by county, the local situation and structure were engaged to adapt and implement the program. Indeed, the centrality of community is so critical, as demonstrated by the case from Zimbabwe, that sometimes social development can be initiated by a community without any support and indeed sometimes against outside opposition.

Community-based action allows adaptations to be based on community specific data. The example of the Qomolangma Nature Preserve describes a methodology. The Self-Evaluation through Essential Data method (SEED) allows each community to understand its unique ecosystem, economic and cultural needs, and to base action on community-generated data. The case from Poland shows how a program can draw ideas from a world database of experience, in a subject area as sophisticated as banking, to adapt general principles to local circumstance.

The process of community empowerment requires policies that provide adequate space where communities can act. Admittedly a community itself can open that space (as in the instance of Zimbabwe or the urban recyclers in Colombia). When positive space for action is opened or broadened, empowerment processes and resulting social development can flourish. This is a

central theme in the various phases of social development summarized in the Swedish case. The example from Thailand is a demonstration that when government formulated a vision and an enabling environment, then institutions of community and academia joined the process of lowering malnutrition of children from over 50% to under 20%, as well as achieving other important goals in health and family planning. The Model Counties case from China showed a similar process. In a larger process of governmental decentralization, the space was opened for health services to evolve community-specific expansion and funding.

At its core, the community empowerment process brings together the several themes mentioned earlier: respect, power sharing, engaging community diversity, responding to community priorities, generating data specific to that locale, and opening an enabling space for community action. The Jamkhed example includes all of these components. People have coping mechanisms, collective wisdom, and resilience. Advancement of well-being grows from recognizing what people already know and have; this can be combined with new ideas in training that allows them to acquire visions and knowledge that go much beyond the previous base for action.

Among the findings of our cases, few seem as important as partnerships. Partnerships must be developed on many levels. For too long, vast developmental resources were wasted by competing in unnecessary polarizations between "top-down," centrally planned and managed development and "bottom-up," grassroots, citizen-led development. Our cases demonstrate the fallacy of such polarization. The answer is not either-or but both, with each approach applied to different functions. Even when projects do not begin in partnership, most successful social development ultimately has included a three-way partnership: community, government, and facilitating organizations. The latter role can be assumed by NGOs, people's movements, or concerned professionals. Virtually all of the cases in this volume show this three-way sharing of resources and knowledge.

In the cases of Colombia's recyclers, Jamkhed, and Zimbabwe, the first partnership was between a local NGO and the community. With time a partnership with government also grew. In Sweden, people's movements penetrated the society to transform communities and ultimately to form the basis for government programs. In Pakistan, China's Model Counties, and Thailand, there was an active three-way partnership from the beginning between government, academics, and community. In the Polish and Tibetan examples, the partnerships began with international NGOs or agencies, which helped stimulate further partnerships.

Historically, polarizations between government and community have often blocked development, each claiming to have preeminence over the other. When such a gap occurs, NGOs (as demonstrated by the case of the Aga Khan University in Pakistan) are particularly effective in bridging barriers between government and communities, as well as making vital contributions of knowledge and training and sometimes flexible financial resources.

The ultimate need is to go beyond a successful single locality and to address problems on a larger scale -- and for this a systematic process of expansion is needed. The cases here, though they represent a great deal of diversity in approaches with each being unique to its circumstance, all point toward a common process where expansion can be stimulated. The process has been described in greater detail in the Qomolangma Nature Preserve case. It involves the following steps.

It starts with an effective program made of at least one component of social development in a group of communities. The key concept is that rather than starting with theoretical ideas and

principles, actual communities are needed that demonstrate the process. The model community then initiates two processes: experimentation and learning through action. This requires applied research, combining both indigenous and science based knowledge.

In a second and parallel process, the demonstration program becomes a training center. The ideas and skills of social development are taught better by action-learning than through theory. People like to see something working in circumstances as near as possible to their own situation rather than just hearing about new practices that should work. During this phase, communities become hands-on centres that neighboring communities can learn from.

The next phase is one of extension with a systematic process for other communities to take principles and skills learned to apply them in their own communities. A key factor once again is the integration of indigenous knowledge (both of local needs and local resources) with scientific knowledge and skills.

When our cases are applied in the above framework, three patterns emerge showing how progression can occur.

The cases of Jamkhed and the Qomolangma Nature Preserve show how models can be developed and integrated with local realities, and then they can become centers for training on a much larger scale.

The Zimbabwe and Sweden cases represent people's movements. In both, dramatic expansion occurred through a whole population when small groups of like-minded people with a vision to communicate and a service to perform took action on their own. As they formed, these groups became centers of inspiration and training for others.

The Christian Medical Commission and China Model Counties cases demonstrate how important a spontaneous evolutionary and expansion process can be in going to scale. Both these cases ultimately had enormous impact, but they did so by sequential steps building on past success. Both grew out of decades-old projects that evolved services as experience was gained and as times changed. The final programs were the culmination of experimentation with new methodologies that ultimately proved to be two of the seminal strands that inspired the modern world primary health care movement. They also show dramatically that after extensive experimentation in the early phases of an extension, the final stages could effectively center on training and creating enabling environments where communities could adapt and operate.

In sum, the examples presented here show that sustainable social development can be achieved -- both on small scale as well as going to large scale -- through community action if the process is given adequate and relevant support. The task is large, but it is not insurmountable. From the Pakistan experience we are reminded that "the mountain can disappear" when the huge task is dealt with piece by piece and actively engaged by many hands of the people rather than when illusions and fear discouraged efforts to remove massive social barriers.

Our review of these cases, which are only a handful of many thousands of similar experiences, is based on our own experiences as have practitioners of social development in many countries and for many years. All this cumulative experience has convinced us that the specific lessons outlined here are common and relevant in many situations. The parallel themes summarized here emerge repeatedly in all parts of the world. In the words of one of our task force members from Africa:

"I have long recognized that there was something wrong somewhere in the world. I used to think that the problems, though, were centered in Africa. Now, through this work together, I realize

that the challenges of social development are common all over the world, in every community -- and that there are solutions to these problems in every community. The communities who are not attempting to solve these are communities who need help in creating their partnerships, for the answers are really there."

Ziqoque: The Meaning of Development and The Development of Meaning

Philomena O'Dea

An Independent Observer

As a skeptic watching from the sidelines for some time now, I have been observing a workshop on social development. I came to learn what is new in social development, the new theories, concepts, and paradigms. I came to learn what makes some social programs successful. What I experienced was that before they could talk abut their programs, participants had to tell of their own journeys.

At this workshop a small group of community leaders and professionals from four continents were sharing their experiences while each was writing a chapter about their own programs for a casebook.

This is what I heard from some of the participants:

"We know where we have come from. We know where we are going to."

This line from a hymn taught to the Maasai community in Tanzania left Mr. Saruni Ole-Ngulay bewildered. He is now director of the Maasai Tribal Organization in Tanzania, and admits to being lost. He was "educated" in a Christian school. His friend Salaash was educated in a Muslim school in Guinea. The two Maasai, insidiously "divorced" from their tribe (his preferred term), stand apart with alienated emotions, estranged identities, and devalued values as they argue which religion is greater, Catholicism or Islam. "Alienation is the price of education." According to Saruni, as a consequence of western models of development the Maasai have become the largest marginalized group in East Africa. "The Maasai are poor and lost, just following others, no longer masters of their own development," he mourns. "Development has produced a forest of academic information about the Maasai" and "Westerners know more about us then we know about ourselves," he laments. Nevertheless, it appears that the vast amount of literature produced by western scholars will not be the last word on the fate of the Maasai. Ironically, "modernity is forcing us to come together."

He has returned to his tribe and established a viable position. Without awareness of where development had taken him, he would simply perpetuate the illusions of change. What is the meaning of development if it causes disintegration of a culture and alienation of its members? What is the meaning of development if it treats dependency, then sets up programmes to break that dependency? What is the benefit of an education if it produces a loss wisdom?

"Know Thyself" is not only the advice from the ancient Greek oracle of Delphi, it is central to the philosophy of social development in Zimbabwe. Ms. Lucia Dube, the representative of the

Organization of Rural Associations for Progress (ORAP) in Zimbabwe, is quick to point out that their approach to social development is not a "modern" one. "We only develop problems that we then have to solve if we blindly follow the western model of development," she states. Progress for her people should be measured in terms of the growth of social relationships by the extent to which people come together in mutual respect. Lucia has learned that if you do not articulate your own needs, then alien developmental institutions will do it for you. Lessons from their struggle for political independence are incorporated into rural development. One approach to empowering people is to help them articulate who they are. Empowerment is synonymous with freedom; the freedom to name oneself. Thus the first stage of self-empowerment is to "organize yourself." The Ndebele term is Ziqoqe. Ziqoqe means to know yourself, that is, the total social self. It is an exercise in the archeology of the mind, an exercise in revising history in order to uncover the self, an act of renaming and reclaiming the self. It is their way back to the future.

In the Pakistan experience a key question that emerged out of search for the meaning of development is "Who Learns How?" For Kausar Khan, who comes to social development from an academic post in philosophy, this question should first be answered by the developers of development. Again the insight that "self-awareness is key" to successful development work was reiterated. Social development today struggles against a global mindset of extreme cynicism. This extremism is in reaction against an intellectually mono-staple diet of economic growth, with consequent stunting of insights into the human potential. The cynic's reactionary negation of economic development is carried over to social development. The complexity and the social significance of women's health is dying under the weight of technology and the tyranny of western biomedical models. How does one continue to work with children in slums owned by landlords who sit in luxury houses and ask their friends, "What color do your tracer bullets give off when they are fired?" How does one continue a meaningful dialogue between government and ghetto with pervasive cynicism and caustic indifference on both sides? A profound sense of self-awareness and belief in goodness is essential if one is not to be psychologically defeated by decadence, cynicism, and bureaucratic inertia.

The triumph of The Recyclers in Bogota is not only a triumph of organizational skills and technology, not even of good will, but it is a permeation of a disenfranchised group with the wisdom of self-understanding. Innovation in this successful urban environmental programme comes from themselves as they become advocates of self-understanding as a fundamental tool for social leadership and empowering people. Se¤ora Margarita Pacheco acknowledges her own introspective journey as she does research on the work of these people. She has strayed from the security and sterility of the university into the streets and garbage dumps of Bogota, and discovered new meanings for herself and her profession. The recyclers first arrived at awareness of themselves that "We are not part of the garbage. We are not disposable people." Then they could learn to articulate and present their plans to the powers that be.

In discussing Thailand's remarkable success in social development (accomplishing a 60% reduction in malnutrition of children in 5 years), Dr. Tontsirin is quick to point out that statistical indicators are not the endpoint of development; they are more part of the process. Malnutrition cannot be defined in medical terms, nor in economic terms; "it is social injustice." Malnutrition is an indicator of the unethical development of global society. Equity is the measure of success in any programme. "Let us not forget that the point of it all is the attainment of happiness," Dr. Tontsirin warns. However impossible it may be to define "happiness," it is clear that it is inextricably bound to the notion of freedom and self-

determination. Social development is ethical development, a process of developing collaborative relationships that moves the society forward.

In a drought-prone area of Maharashtra India, notorious for its bandits, Jamkhed was known among administrators assigned there as the “punishment block.” An example of the general approach that promoted social development is when they used traditional wisdom -- not just modern technology -- to help solve the water problem. People from various castes were brought together for a volleyball game, a novel activity in this village. The Arole’s, having staged the event, used it to introduce a discussion on water. Eventually a respected water diviner was involved in placing water pumps in the lower caste section of each village in a way that helped break down caste barriers. Persistent effort over 17 years demonstrated the success of primary health care and comprehensive social development. It produced a dramatic reduction in the infant mortality rate, from 175 to 18 per 1000 births as the program spread spontaneously from 30 to 300 villages. The account given by Mabelle Arole of the steps taken to introduce health services in Jamkhed demonstrate that development in this context means developing human relationships and starting with people’s priorities. It was the patient and sensitive nurturing of fragile human relationships that forged a crack in the barriers of the caste system, enabling people of various castes to come together and resolve fundamental social and economic differences. Part of the wisdom of the project staff was that they took the “passive” role of enabling people to articulate their own needs, and that led them to take leadership in the success of this project.

As the speakers first focussed on their personal journeys before giving descriptions of their programs, they elaborated on the social, economic, political, and professional compulsions that brought them to the philosophical positions they now hold. Their accounts of who and what they represent were personal biographies of the development of development workers.

The consensus on what development means to this group was that development is a process of empowering people in order to achieve equity. Each speaker addressed questions of ethics, and some alluded to deeper spiritual concerns that guided their work. The concept of “going to scale” carried as much meaning in balancing the scales of justice as it did in expanding the boundaries of project activities. Whatever else development means, its fundamental characteristic is the development of human relationships, the effort required to change adversaries into collaborators. This is the fulcrum of success in these programs.

In each of the programs there was a significant element of “cumulative learning,” an accumulation and dissemination of successes to wider geographic areas. Similarly there was cumulative learning among the group during the time together. A discussion of a specific topic often led to questions of broader import. People repeatedly said, not as a complaint but with enthusiasm, that they were rewriting their reports because of the discussions and that they were going back to the programs with new conviction and different perceptions. Questions emerged that placed each relationship into broader social structures. Discussions of changing economic systems, emerging non-western models, and philosophies of social development came up. Questions regarding western science and non-western “tradition” and the genesis of health systems were put on hold. Many ethical issues needed to be resolved.

Regretfully, the pressure of time did not permit continuation of the free flow of experiences, thoughts, and ideas. Documents had to be written for the casebook for distribution at the World Summit on Social Development in Copenhagen. To satisfy the short attention span of harried government officials, this group had the impossible task of condensing years of their work in complex social situations into ten pages. In these cases the plot can be summarized,

but the character development cannot be presented with full integrity.

So what's new in development? Probably the greatest change is in the developers. These individuals, representing a remarkable evolution in inner motivation, perception, and their own work, are changing the discourse of development. The new starting point is the self. The new end point is equity. And the process is ethics. From these reports of diverse activities in various cultures, there emerged an affirmation, a declaration, that development is fundamentally the development of collaborative human relationships, of caring for each other and this should begin with a long look into the mirror.

In Copenhagen, governments may want to ask themselves these same questions; the implications may be awareness of the reversal of fortunes. If all do not share in progress in Copenhagen, leaders may want to go back to the future of development. They may want to take time out of formal development discourse to listen to these new but old insights. They may want to be aware of new language by learning the meaning of one word: Ziqoqe.

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