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What Makes Development Sustainable?
Case Studies of Health and Human Development Programs
in Community Context

by

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Committee in charge:

Dr. Henrik Blum, Chair
Dr. Sheldon Margen
Dr. Brian O'Toole

1996

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Somava Saha

Dedicated to my husband Eric and my brother Souvik,

the two best friends I could ever have

What Makes Development Sustainable?

**Case Studies of Health and Human Development Programs
in Community Context**

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INTRODUCTION

The concept of sustainable development has undergone considerable redefinition since it was first introduced in 1968 to promote the consciousness of environmental costs if development was to continue over time. Today, it has come to represent at once the environment and the earth's ability to continue to provide an equal level of resources to our descendants, the ability of people to stably provide livelihoods for their families, the ability of populations to maintain their social and cultural integrity over time, and the ability of programs to continue after external support has been withdrawn or minimized. In the process, the concept has become one of the most challenging and important tools for analyzing the appropriateness of the development process at every level: community/local, regional, national, and international. The implications of the concept of sustainability vary at each of these levels. This thesis examines the concept at the community/local and regional levels through the comparison of existing models of sustainable development at these levels and through two case studies of programs that operate within the Rupununi Region of Guyana.

There is no question that the topic of sustainability and its ramifications has been well-studied during the last quarter century. However, it is also true that the concept is by its nature an evolutionary one that changes as our understanding of the development process changes. Moreover, today, as we reexamine and integrate different fields such as public health, community organizing, and women's studies into the study of development, our understanding of what constitutes sustainability and what is prerequisite to sustainability changes. Finally, the definitions of sustainability that are currently popular in the study of development require further empirical application, development, and testing. This thesis attempts to do this by juxtaposing existing

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models of sustainability with the development experience in the Rupununi.

Before we go further, however, we should examine the value and relevance of the concept of sustainable development to the fields of public health and medicine. These in turn are predicated upon the particular definition of sustainable development that is being used and or the specific item or process step we are trying to sustain. If we simply mean that a program can produce financial output equal to the input over time, then the concept is of some use in the planning and evaluation process but not as a central criterion. Many good, successful programs, especially based in developing countries, can never recover their financial input because the people they are serving and the economy in the area are simply too poor to support even a well-designed project. A program that builds water systems, for example, might not ever be able to recover the initial outlay in cash; the cost might be recovered over time in decreased morbidity from diarrheal disease but this gain will not necessarily find its way back into the program's balance book. Certainly, many health programs which are curative in focus or which bring in a large number of external health professionals could never be financially sustainable–e.g., flying doctor programs–from within the country being served. This does not mean that curative services should not be offered to an entire population, only that it should be done with the recognition that this type of intervention is less sustainable than more cost-effective prevention or training programs. Many have criticized the idea that Southern countries should be economically self-sustaining in the first place with respect to development aid given that the North gained economic self-sufficiency by exploiting the South. Development aid, they argue, is merely a way of redistributing wealth from the North to the South to reverse this process and allow Southern countries to make the capital-intensive investments in infrastructure etc. that it needs as a base to future sustainability.

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They advocate instead for the application of financial sustainability at the global or international level, not the local, Southern level. Thus, for this audience as well, this narrow definition of program sustainability in material or financial terms has little relevance.

If, on the other hand, one defines sustainability broadly to include many principles of successful program planning, such as the involvement of the community served in the decision-making process, or the adaptation of a program to fit the cultural and social mores of the community being served, then as a concept it is universally relevant, especially during the planning process. These principles cross national and academic boundaries but have only recently begun to be applied domestically in the field of medicine through the paradigm of community-oriented primary care and in the field of public health. The lessons learned and tools developed from this broader model of sustainability have a great deal to teach physicians and public health professionals in the U.S., whether they are planning a small intervention to prevent patients from smoking, trying to get prenatal care access for homeless women, or attempting to raise consciousness about domestic violence, about how to provide appropriate, effective, and long-lasting care. For this reason, it is worth our while as health professionals to devote time and attention to the conceptual implications of this broader definition of sustainability.

Goals and Outline of the Thesis

The goals of this thesis are four-fold. The first goal is to understand how the concept of sustainable development has evolved over time in the development literature to gain a contextual understanding of existing models. The second goal is to critically examine current models of sustainable development as relevant to the program planning and evaluation literature in

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public health. The third goal is to develop an alternate conceptual framework for program sustainability. The final goal is to apply this framework to two health and human development programs in the Rupununi region of Guyana. It is hoped that the results will be useful to people involved in program design, implementation, and evaluation.

The two health and human programs chosen in this study are the Bahá'í Community Health Partnership and the Hopeful Steps in the Rupununi CBR Programme. The Bahá'í Community Health Partnership (BCHP) began as a mobile health program with a curative and preventative focus and evolved during its 3 year lifetime into one that focuses primarily on building village institutions, teaching leadership skills, and empowering communities to take control over the development process. The BCHP was initiated by the Guyana Office of Social and Economic Development (GOSED), an agency of the National Spiritual Assembly of the Bahá'ís of Guyana. One year ago, the project was transferred administratively to a private Guyanese foundation run according to Bahá'í principles of development, called Varqá Foundation. Each of these agencies will be examined as part of the case study of the Bahá'í Community Health Partnership.

The Hopeful Steps in the Rupununi CBR (HSR or CBR) Programme began at the same time as the BCHP with an initial emphasis on building community institutions to address the needs of people with disabilities in the context of a wider development approach. After gaining a sense of community needs, the program oriented itself to include all children in the region in a program geared toward early mental stimulation in the home and improved education at the schools. However, HSR did not confine its focus to children; the program has also invested considerable amount of resources into building up community-based, self-sustaining institutions, health education, literacy, and cultural

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affirmation. The HSR Programme was initiated by the Guyana Community-Based Rehabilitation Programme, which operates throughout Guyana to promote a community-based approach to the physical, mental, and social rehabilitation of people with disabilities in rural areas. The HSR Programme will be the focus of this case study with the overall CBR Programme used to provide a point of comparison, background, and context.

This thesis is divided into six main chapters, in addition to the introductory and concluding chapters. The first chapter will explore the development of the concepts of sustainability and sustainable development from inception to current theories in program planning and evaluation. Their use and application in the field will be examined and critiqued.

The second chapter will offer the conceptual and organizational framework that will be used to think about sustainability in this thesis. The placement of the framework in the overall evaluation process will be discussed briefly.

The third chapter will provide an overview of Guyana as a whole and the Rupununi Region (Region 9) in specific to provide a contextual understanding of the needs and challenges of the Rupununi people. Specific data documenting the health and education status of the population studied will be presented. Priorities identified by the Rupununi people during the course of research for this thesis will be highlighted. The stability of the system as a whole will be discussed as relevant to the sustainability of the programs and processes studied in this thesis.

The fourth chapter will focus on the methods used to gain an understanding of the development process in Guyana. Potential biases and confounding factors in the analysis will be discussed. The conceptual and organizational framework used for the analysis of these two different programs

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will be presented.

The fifth chapter will present a case study of the Bahá'í Community Health Partnership. The program will be analyzed in the context of its initiating and coordinating organizations, the Guyana Office of Social and Economic Development (GOSED) and Varqá Foundation. Lessons pertinent to the study of sustainable development will be presented.

The sixth chapter will present a case study of the Hopeful Steps in the Rupununi Programme. This program will be evaluated relative to its initiator, the Guyana Community-Based Rehabilitation Programme. Lessons pertinent to the study of sustainability will be presented.

A concluding chapter will review the lessons learned in this thesis and address their generalizability. Future directions for research on the topic of sustainable development will be explored.

The concept of sustainable development and the quality of "sustainability" have come to represent everything and nothing in the field of development. This elusive concept has been described at once as a "contradiction in terms" (Redclift, 1987, p. 2), as a "slippery concept--comfortable but ill-defined" (Shearman, 1990, p. 1), and as the "intuitively solid 'handrail that guides us along as we proceed toward development'" (Holmberg and Sandbrook, 1992, p. 23). There are more than seventy definitions of sustainable development circulating in the development literature. Despite this fundamental lack of clarity in definition, sustainability has become the gold standard of program evaluation in public health and development: "The basic measure of success of both the national system for development and the community management systems it creates is sustainability" (WASH, 1990, p. 5). This section will explore the origins of these diverse conceptualizations and examine their relevance to the public health literature on program evaluation.

A. THE CLASSIC CONCEPT OF DEVELOPMENT AND ITS CRITIQUES

It is important to realize from the beginning that the conceptual and contextual framework surrounding the term "sustainable development" has changed with changes in the understanding of both sustainability and development. Initially, development was conceived linearly and in purely economic terms (Redclift, 1987, p. 15). Implied within it was the idea that developing countries were following on the same path of industrial growth and accumulation of wealth that developed countries had already taken. The goal of development was to improve human well-being through economic growth and

accumulation. Progress along the path of development was measured strictly in economic terms, principally using gross national product (GNP) or the per capita income as measures (Redclift, 1987, p. 15; Shearman, 1990, p. 6). The costs and benefits of economic development to either the environment or to social well-being were not measured. The role that colonialism and imperialism had played in the economic development of the "developed countries" was largely ignored.

In the 1960s and 1970s, during the same period that the concept of sustainable development was first introduced, the classic paradigm of development came under considerable criticism. It was criticized most strongly for not recognizing the relationship between development and environmental change. Environmentalists and social scientists such as Michael Redclift argued that both the environment and development were socially constructed and interrelated; they viewed "...environmental change as a social process, inextricably linked with the expansion and contraction of the world economic system" (Redclift, 1987, p. 3). Redclift moreover redefined development as "a historical process which links the exploitation of resources in the more industrialized countries with those of the South...The outcome of economic forces is clearly related to the behavior of social classes and the role of the state in accumulation" (Redclift, 1987, p. 3). He argued that, from the perspective of a developing country, Northern concerns about environmental resources global solutions appear highly suspicious and self-serving:

> [It] looks suspiciously like an attempt to evade the issue of international economy in structural underdevelopment. The developed countries have an interest, it is claimed, in drawing attention to resource scarcities, since they impair *their* economic development. They have much less interest in a fundamental restructuring of the international economy which might relieve many of the resource pressures experienced by societies in the South (Redclift, 1987, p. 10).

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The linear theory of development and the goals of economic development were directly questioned. An ecocentric movement developed that suggested a re-examination of pre-colonial, pre-industrial endogenous development agendas in light of the environment. Redclift and others also argued that it was "impossible for accumulation to take place within the global economic system we have inherited without unacceptable environmental costs," so the goal of classic development economics needed to be redefined (Redclift, 1987, pp. 3-4).

The role of women in the development process was also renegotiated. During the 1970's, women came to be seen in two different central roles with relation to the development process. They were at once seen as the primary victims of the environmental crisis because of their role in gathering fuel, fodder, and water for their families and as privileged environmental managers who had "extensive practical knowledge of natural processes." Both viewpoints saw women as being closer to nature than men--the first because she was economically linked to the earth, the second because her nurturing capacities were supposed to make her intuitively more connected with the earth's secrets. Both viewpoints, the constructivist stance and the essentialist stance, saw women's interests and the environment's interests as being identical. There was an increasing call for women to become involved in the development process on this basis so that they could at once protect the rights of women and the rights of the environment (Hausler, 1992, p. 46).

In 1975, in the midst of the second United Nations Development decade, an international team created a vision for another type of development that was "need-oriented, endogenous, self-reliant, ecologically sound, and based on structural transformations" (Sharp, 1992, p. 45). Democracy lay at the heart of this new conception: "'whether governments are enlightened or not, there is no substitute for the people's own democratic organization'" (Dag Hammarskjold

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Foundation, 1975, quoted in Sharp, 1992, p. 45). Out of this growing critique of development emerged the conception of "sustainable development", which was distinguished from standard economic development by its concern for long-term preservation of the environment and emphasis on community participation.

B. ORIGINS OF THE CONCEPT OF SUSTAINABLE DEVELOPMENT

The origins of the actual term "sustainable development" can be traced back to the late 1960's and early 1970's. In 1968, two environmental conferences, the Paris "Biosphere Conference" and the Washington D.C. conference on the "Ecological Aspects of International Development" both introduced the idea that "there will be no sustained development or meaningful growth without a clear commitment at the same time to preserve the environment and promote the rational use of resources" (Tolba M.K. quoted by Barbier, 1987, p. 102). In 1972, the United Nations Conference on the Human Environment in Stockholm popularized the idea, as did the Cocoyoc Declaration on environment and development in the early 1970's. In the mid-1970s, Barbara Ward, the founder of the International Institute for Environment and Development, used the term to describe the interrelatedness between environmental conservation and the process of economic development. In all of these early uses, people were concerned about the ability of the earth or its resources to continue to meet the needs of either humans or the biotic community as a whole over time. The word "sustainable" referred to the earth and its carrying capacity; the phrase "sustainable development" referred generally to development that was consistent with the earth's carrying capacity. It did not initially refer to the ability of a development project to continue over time, because development was

seen to be tantamount to economic growth, and many environmentalists argued that it was impossible for economic growth to ever be sustainable. The term gained increasing popularity as a bridge between the fields of environmental conservation and economic development (Norgaard 1984 quoted by Redclift, 1987, p. 221) but also resulted in a great deal of controversy as these diverse fields tried to find a rigorous yet universally acceptable definition for what was essentially an interdisciplinary concept describing a multifactorial, on-going process.

It is important to realize too that during this same period, two other principles of development gained ascendancy and were often presented simultaneously with the call for sustainable development. The first stated that development efforts should be designed to fit both the social and cultural context and the pre-existing institutions of the people being served by the project. The second stated that there needs to be "grassroots participation" in the development process. In 1984, Dr. Amartya Sen, a leading developmental economist at Harvard, questioned the very premise that economic development necessarily leads to human well-being, the ultimate goal of development. He argued that economic growth by itself is not enough to ensure human well-being, which was the original goal of development. Unless one also enhances the capacity of individuals' to acquire the necessary goods and services to create their own well-being, human well-being could not be achieved in the long term. He states:

> Ultimately, the process of economic development has to be
> concerned with what people can or cannot do, e.g., whether they
> can live long, escape avoidable morbidity, be well nourished, be
> able to read and write and communicate, take part in literary and
> scientific pursuits, and so forth. It has to do, in Marx's words, with
> replacing the domination of circumstances and chance over
> individuals by the domination of individuals over chance and
> circumstances (Sen, 1984, p. 497).

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In other words, successful development required not only the participation but also the empowerment of people to gain control over their own destiny. Each of these ideas became inextricably intertwined with the concept of sustainable development, generating an alternate development paradigm, "ecodevelopment", which some environmentalists described as a triangle whose three sides are represented by basic needs, self-reliance, and ecological sustainability (Dasmaan 1985 quoted by Redclift, 1987, p. 35). Because the original concept of sustainable development focused almost exclusively on a balance between environment and development as an outcome or end-result, however, it was difficult to intellectually justify why these process principles should enter into a discussion of sustainable development. They rather became part of a growing discourse on equitable sustainable development (Holmberg and Sandbrook, 1992, p. 21).

In 1980, the IUCN World Conservation Strategy tried to formulate a universally acceptable definition of sustainable development by listing "'the maintenance of essential ecological process and life-support systems, the preservation of genetic diversity, and the sustainable utilization of species and ecosystems' with the overall aim of achieving 'sustainable development through the conservation of living resources'" (IUCN quoted by Barbier, 1987, p. 101). The World Conservation Strategy was criticized, however, for being too imprecise to be operational and for "failing to perceive critical issues of trade-offs among economic and conservation goals, and for ignoring valuation problems" (Barbier, 1987, p. 101). The entire concept of sustainability began to be criticized for being context-dependent and perspective-dependent, essentially a concept that could mean all things to all people. A call was made for more rigorous definition and clarification of the concept, given that it had become "one of those transcendent terms, like 'appropriate technology' or 'environmental quality,'

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which are cornerstones of environmental policy and research, but difficult to measure and rarely defined explicitly" (Brown E., 1987, quoted by Shearman, 1990, p. 1).

In 1987, the World Commission on Environment and Development (WCED), otherwise known as the Brundtland Commission, elevated the still undefined concept of sustainable development to a political ideal. Formed in 1983 to address increasing concerns about the failure to address environmental problems in developing countries and to relate them to development issues, the Brundtland Commission focused on discovering the causes of environmental problems rather than cataloguing the effects of environmental degradation. The main task of the Commission was to undertake public hearings in various countries which had been seriously affected by environmental problems. During these hearings, leaders and the public presented evidence describing the relationship between the environment and development (Redclift, 1987, pp. 23-4).

After these hearings, the Brundtland Commission proposed a model of sustainable development that required broad-based partnership among different levels of the development hierarchy. The Commission stated that sustainable development requires:

- A political system that secures effective citizen participation in decision-making,
- An economic system that is able to generate surpluses and technical knowledge on a self-reliant and sustained basis
- A social system that provides for solutions for the tensions arising from disharmonious development
- A production system that respects the obligation to preserve the ecological basis for development
- A technological system that can search continuously for new solutions
- An international system that fosters sustainable patterns of trade and finance
- An administrative system that is flexible and has the capacity for self-correction (Shearman, 1990, p. 4).

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This acknowledgment that sustainability required changes at international, national, and subnational levels considerably broadened the implicative meaning of the concept of sustainable development.

The report made by the Brundtland Commission transformed the concept of sustainable development into one of geopolitical significance until it became the catchword of social and economic development. The driving force behind the concept, as it was formulated in the Brundtland Commission, was the principle of intergenerational equity, the idea that " we should leave to the next generation a stock of 'quality of life' assets no less than those we have inherited" (Pearce, Markandaya, and Barbier quoted by Holmberg and Sandbrook, 1992, p. 21). This anthropocentric value (seeking a good because it enhances human welfare, as opposed to nonanthropocentric values, which seeks to improve the welfare of the biotic community as a whole without placing human beings at its center or apex), became the dominant ethical basis of sustainable development (Shearman, 1990, p. 5). The fact that an ethical basis was enunciated reflected the morally and politically charged atmosphere of the debate surrounding the relationship between sustainable development and the environment.

Initially these intergenerational 'quality of life' assets were framed largely in terms of natural and economic resources, with forestry, rangeland and wildlife management and agricultural economics being the principal disciplines involved. One of the important contributions of this alliance between environmental conservation and economic development was the wider recognition of a relationship between poverty, environmental degradation, and underdevelopment, a relationship that the Brundtland Commission helped to bring out:

Poor people in their struggle to survive are driven to doing

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environmental damage with long-term losses. Their herds overgraze; their shortening fallows on steep slopes and fragile soils induce erosion; their need for off-season incomes drives them to cut and sell firewood and to make and sell charcoal; they are forced to cultivate and degrade marginal and unstable land. Putting people first, and enabling them to meet their needs, can be, then, to reduce these pressures, to reduce degradation, and to maintain potentials for sustainable agriculture and sustainable development at higher levels of productivity. And this in turn means that more people in future can have adequate, secure, and decent, levels of living...(Chambers 1986 quoted by Barbier, 1987, p. 102).

Population pressure on resources began to be understood in terms of uneven distributions of wealth within a population, not simply a function of population growth: "When farmers encroach on tropical forests or cultivate erodible hillsides, population pressure is blamed, but the pressure typically stems from the concentration of land in large holdings" (Repetto 1986 quoted by Barbier, 1987, p. 102). The idea emerged that the goals of economic development and ecological conservation did not have to be directly contradictory. Rather, poverty became identified as a fundamental cause of environmental degradation; until it could be relieved, environmental sustainability could not be achieved:

> ...ultimately, the focus must be on 'the needs and priorities of poor people as they perceive them'...'satisfaction of basic human needs--food, clean water, fresh air, fuel, shelter, health-care education, and employment--is essential to sustainable development (Chambers 1986 and Global Tomorrow Coalition 1985 quoted by Barbier, 1987, p. 103).

Women, who make up the majority of the poor in the world, added their voices to this discussion, calling for the inclusion of social, cultural, ecological, and economic spheres in the understanding of sustainability (Hausler, 1992, p. 47). The question thus changed from whether a balance between development and the environment could be achieved to whether it was possible to achieve one without the other. This focus on the fulfillment of basic human needs and

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sustainable livelihoods became important to the discourse on sustainable development. Through this association of poverty with environmental degradation, the notion of what constituted sustainable development was slowly broadened.

Another contribution of this marriage between the fields of economics and ecology was the development of economic tools to measure the impact of development on the environment. A subfield of bioeconomics came into existence, introducing analytic techniques such as expanded cost-benefit analysis and resource accounting. A more comprehensive approach to the integration of environmental concerns with development through revisions in macroeconomic policymaking was attempted. Bioeconomics also began trying to rigorously research ways to integrate sustainability into conventional economic analyses, termed sustainability-applied research. The ability of economics to model and quantify, at least theoretically, human concern for the environment through these tools was felt by many to be a major advance for the environmental lobby (Redclift, 1987, pp. 36-8).

Many economists and social scientists questioned, however, whether neoclassical economics could ever accommodate fully the principles of sustainable development. Some simply argued that many economists do not give the environment the attention that it deserves. Others, however, such as Norgaard, argued that neo-classical economics "is incapable of fully incorporating environmental considerations into its methodology without what amounts to a 'paradigm shift'" (Redclift, 1987, p. 39). Norgaard found problems with the way in which neoclassical economists modeled the exchange of resources with future generations, the consideration of the environmental as an owned, divisible commodity that incurs reversible changes, the determination of optimal behavior and the lack of perfect information transmission about what

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optimal behavior is, and the reductionist view in general that economists take to resources and their utility (Redclift, 1987, pp. 40-1). This rejection of neoclassical economics as an adequate tool to describe sustainable development led to further broadening of the scope and alliances of the concept.

Feminists added their voices to this critique by questioning the validity of "dominant knowledge produced in western academic and development institutions by highly specialized experts." They pointed out that the centers of power and knowledge within most conceptions of sustainable development remain the same: men in the west. They called for a more holistic approach to development created by "non-dominating ways of producing knowledge...to overcome the deadlock of western frameworks of thinking." In their minds, until the entire paradigm of male-dominated western thought was replaced, a complete concept of sustainable development could not be achieved (Hausler, 1992, pp. 46-7). The feminist critique also led to a broadening of the concept of sustainable development.

As the concept of "sustainable development" broadened in its scope, it became more difficult to rigorously define. The mid-to-late 1980's was characterized by a flurry of definition, criticism, and redefinition. An attempt to formalize a broader but more rigorous approach, taking into account the criticisms and developments mentioned earlier, through a consensus-building process was made by Edward Barbier at the International Institute for Environment and Development (IIED) in 1987. Barbier began by contrasting economic development with sustainable economic development and found four main points of difference, as shown in Table 1 (Barbier, 1987, pp. 101, 103). Essentially, Barbier envisioned sustainable economic development to be a much broader, less measurable process that includes within it the idea that sustainable development requires and accompanies the total development of a society. The

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main objective of

sustainable economic development is to reduce poverty as measured by all its

indicators, not just economic ones.

Table 1   Economic Development vs Sustainable Economic Development
       (adapted from Barbier, 1987)

Economic Development	Sustainable Economic Development
• It is only one part of the total development of a society* and can be distinguished and analysed separately.	• It is indistinguishable from the total development of society and cannot effectively be analysed separately, as 'sustainability' depends on the interaction of economic changes with social, cultural, and ecological transformations;
• Its quantitative dimension is associated with economic accumulation, or growth, in real per caput output.	• Its quantitative dimension is associated with increases in the material means available to those living, or destined to live, in absolute poverty, so as to provide for adequate physical and social well-being and security against becoming poorer;
• Its qualitative dimension is associated with technological and institutional change, or 'innovation' broadly defined; and	• Its qualitative dimension is multifacted, and is associated with ensuring the long-term ecological, social, and cultural, potential for supporting economic activity and structural change; and
• It should ideally be measurable, i.e., economic development is associated with direct and measurable economic gain.	• It is not easily subject to measurement; the quantitative and qualitative dimensions are mututally reinforcing and inseparable, and thus cannot be fully captured by any concept of direct and measurable economic gain.

   * The 'total development of society' involves economic, political, cultural, and social
   transformations.

Barbier modeled sustainable economic development as the dynamic

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equilibrium resulting from trade-offs between conflicting goals. He defined three major systems of goals relevant to development: a biological system, an economic system, and a social system. The biological system's goals might be to promote genetic diversity, resilience, or biological productivity. The economic system's goals might be to satisfy basic needs/reduce poverty, enhance equity, or increase the number of useful goods and services. The social system's goals would include cultural diversity, institutional sustainability, social justice, and participation. The general objective of sustainable economic development, according to Barbier's model, is to maximize goals across these three systems through an on-going process of trade-offs. He represents the three systems as a Venn diagram and defines the intersection of the goals of the three systems as the area of sustainability (see Figure 1) (Barbier, 1987, pp. 103-4). Implicit within this method of visualizing sustainability is the idea that the goals which fall into the areas of intersection change as trade-offs acceptable to the systems involved change with time and place. The intersection merely reflects the goals from each section that have been acceptable to the other systems after the trade-offs have taken place.

Barbier's consensus model is significant and different from what came before in a number of ways. First of all, Barbier conceptualizes sustainable development as a product of the interaction of goals between three distinct systems, not just one or two as in conventional economic development, environmentally sustainable development, or Marxist economics (see Figure 1). This broader emphasis reflects a more complex and interdisciplinary understanding of sustainability than had existed before. Implicit within the model was the idea that development should be socially and economically sustainable, as well as environmentally sustainable. At the same time, the recognition that there would be trade-offs and the framing of sustainability

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evaluation in terms of exploring and evaluating the trade-offs offered a new
organizing tool in the analysis of sustainability. In fact, Barbier suggests that
analysis of the effect of these trade-offs is important; for instance, in a place
where the status quo categorically inhibits the participation of women in social
institutions, institutional sustainability would only reinforce this. Inherent in this
type of analysis, however, is the imposition of some code of ethics on the
development process--how one would judge the strengthening of a system that
promotes the inequality of men and women largely depends on one's own views
about the role of women in the social system. Thus, Barbier's system of analysis
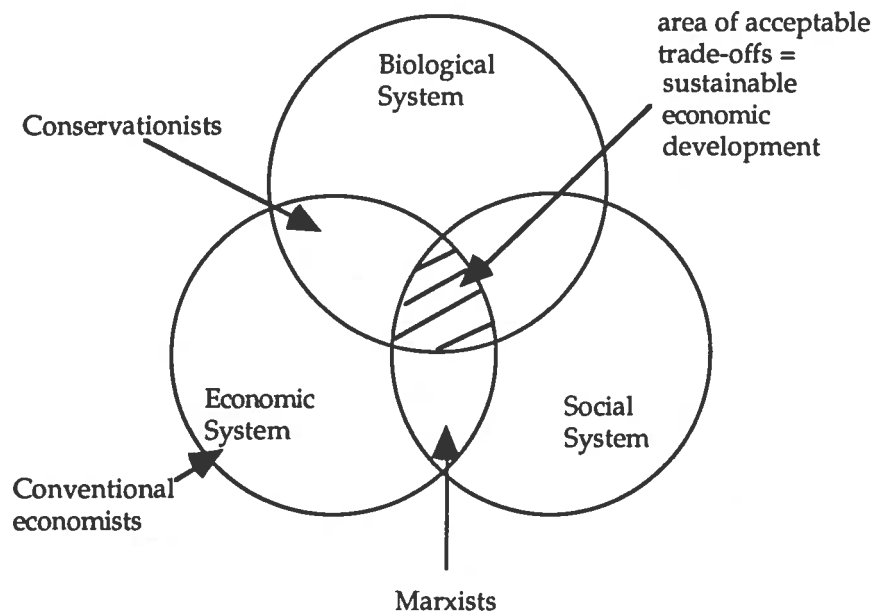is value-based.

Figure 1 Barbier's model of sustainable economic development

Secondly, Barbier proposed that the equilibrium of trade-offs between
these systems would change over time, place, and level of development being
analyzed. This allows for the fact that goals and system characteristics change

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over time and from place to place. Moreover, it acknowledges that the forces at play at a local village level are vastly different from those at the national or international level and allows the analysis of trade-offs to be adapted for each of these levels and analyzed more rigorously. As before, however, though Barbier acknowledged that sustainability is less measurable because it is multifaceted and interwoven among numerous systems, the emphasis remained on measurable goods, gains and services with little exploration of human change. The focus remains on sustainable outcomes rather than sustainable process. Barbier's model was not the only one of its time to postulate these various systems of analysis; his was one of the few, however, that achieved some consensus within an organization, namely the IIED. Many, such as B. Brown, who had criticized the concept as being too broadly defined to be precise or rigorous, applauded his efforts to more rigorously define and contextualize sustainable development (Shearman, 1990, p. 1).

Barbier's model, combined with a growing understanding that sustainable development needed to begin at the grassroots level, gave birth to a new paradigm of environmentally sustainable development. In 1990, at a workshop hosted by the Italian Aid Agency and supported by the IIED, Oxfam, and UNICEF, a new concept called "primary environmental care" (PEC) was popularized to describe a process that worked toward environmental sustainability at the grass roots. PEC essentially described one possible equilibrium or intersection between trade-offs in the economic, ecological, and social systems of Barbier's models. The three central elements of PEC, each satisfying a goal of one Barbier sphere, include:

- meeting and satisfying of basic needs – economic system;
- protection and optimal utilization of the environment – ecological system; and
- empowering of groups and communities – social system.

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(Holmberg and Sandbrook, 1992, pp. 31-2).

The success of PEC was felt to depend on a number of consensus principles:

- local groups and communities should be permitted to organize, participate, and influence development priorities;
- local groups and communities should be permitted access to natural and financial resources;
- local groups and communities should select and help to develop productive and environmentally sensitive technologies; and
- outside institutions should empower the local community by way of political support and open access to information and take an adaptive and flexible approach if they provide resources. (Holmberg and Sandbrook, 1992, p. 32).

This type of depiction of sustainable development, as a model applied through a set of operational principles about how projects should be designed and run, became the prevailing descriptive framework in the next few years, as will be described in the next section.

Thus, the early history of sustainable development was characterized by an initial interest by the environmental movement, a wedding with development economics, and a gradual broadening of the concept based on evolving understanding and criticism of the concept of development and the ability of economics to adequately model sustainable development. The legacy of these early years includes an understanding that it maybe impossible to have either development or ecological conservation without the other, the development of tools to analyze and quantitate sustainability within an economic paradigm, and an appreciation for the interrelationship between social, economic, and biological spheres in the process of sustainable development.

C. CURRENT CONCEPTIONS/PRINCIPLES OF SUSTAINABLE DEVELOPMENT

The last six years have witnessed the description of a set of consensus principles around which the concept of sustainable development has evolved. The search for a perfectly rigorous, contextual definition was abandoned by many in favor of operational principles and models. This section will describe these principles, as they are stated in various sources, and will attempt to chronicle how some of the most important ones came about.

Although the importance of factors at the international level such as peace, debt reduction, better terms of trade, and non-declining foreign aid, remained acknowledged as important in achieving global sustainable development, there was an increasing sense that it was unrealistic to expect those in power to relinquish it for the sake of making the world as whole more sustainable (Holmberg and Sandbrook, 1992, pp. 31, 37; Sharp, 1992, p. 41). At the same time, there was an increasing consensus that development had to be grounded in grassroots participation to be sustainable. The Manila Declaration on People's Participation and Sustainable Development in 1989 and the Arusha Declaration on Popular Participation in Development in 1990 unequivocally named popular participation as a necessary ingredient of sustainable development. With this emphasis on the grass roots, the concept of sustainable development evolved away from the study of broad societal and ecological processes and focused on the study of program planning and evaluation. Two factors are thought to have catalyzed this consensus during this particular period regarding grassroots involvement: first, during this same time period, there was an increase in public demands for democracy in many countries and a decline in "repressive regimes" worldwide; secondly and most importantly, development studies had shown clearly by this point that projects which do not fully involve the intended

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beneficiaries in their design and implementation have very high failure rates, while those which do have relatively high success rates (Sharp, 1992, p. 40).

It soon became clear, however, that allowing people to participate was not enough. First of all, all people within the intended beneficiary group are not generic nor is the cost of participation, based on time and effort, always negligible. The reasons that a particular individual or group from within the beneficiary pool have become involved with the development process often tell much more about the party rather than about the community as a whole. Moreover, it is difficult to equitably and appropriately reach the community as a whole. Tisdell, in an article about sustainability in small islands, writes:

> One might expect...that small nations might make project decisions
> of better quality than large nations and that their development
> policies would be environmentally less damaging, especially if their
> decisions involved bottom-up or village-based decisions-making
> processes...With the growth of states, however, national decisions,
> even in small states, are sometimes made without adequate
> consideration of local interests (Tisdell, 1993, pp. 213-14).

Thus, offering people the opportunity to participate does not guarantee the involvement of a community. Moreover, participation can mean a great number of things. In determining what constitutes adequate opportunity to participate, Robin Sharp lists the following criteria:

- full access to information on policy issues and development plans;
- freedom of association to permit the discussion of issues by all interested groups within the community;
- regular meetings at which elected officials or the representatives of official agencies can receive and respond to the views of the community and be held accountable for the actions taken on their behalf (Sharp, 1992, p. 42).

In each of these three criteria defining participation, the community has the

opportunity to respond to the development agenda pre-set by the developers, but do not really have built-in power to set the agenda themselves. The community served has no greater capacity to take over this process themselves after these passive exercises. Sharp goes on to describe out somewhat bitingly the process most development agencies follow when they decide they too want to involve the "community":

> When it is decided by the power brokers--usually governments or large donor agencies--that the people must be given a say in projects that affect them, their first step has often been to devise a process of consultation. The people are told what is to be done and their views are invited, but they are given no access to the decision-making process. When this is found inadequate, they are offered participation--a place, but often little real influence--in the policy-making or planning committees. For the people to take charge of their own destiny, therefore, something more is required. To encompass that 'something more', the development community has adopted the term *empowerment* (Sharp, 1992, p. 43).

Sustainable development became increasingly concerned with the need to empower people during the last decade. Many non-governmental organizations began to include beneficiaries in the design, planning, implementation and even evaluation of development projects. A number of research institutes focused on developing tools to facilitate participatory planning such as farmer participatory research and rapid rural appraisal (RRA), which depend on simple, non-literacy dependent tools and techniques that are understandable and usable by people in rural communities. The majority of development institutions, however, particularly large, international ones, continued to view themselves as the central players in the development process with community empowerment given lip service but interpreted to mean little more than getting community input (Sharp, 1992, p. 44).

Others, however, pointed out that even community empowerment was

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not sufficient to ensure sustainable development. Tisdell pointed this out most emphatically in his review of sustainability for small islands: "Some social reformers believe that by empowering local people and small communities, socially more desirable and better environmental decisions about resource use will emerge. But this result does not always follow. Examples of the predicted effect as well as its opposite can be cited" (Tisdell, 1993, p. 214). Tisdell and Hausler also questioned the idea that either small, traditional communities or poor women somehow enjoy a Golden Age of perfect or superior knowledge about the environment:

> Some social thinkers believe, as did Rousseau, that small traditional communities have an ideal relationship with nature and result in ideal societies. But such societies are not always in harmony with nature...While local knowledge should be respected, it must be recognized that local knowledge can be deficient and that local views can be false...No one has a monopoly on knowledge and there is no sure way to certain knowledge (Tisdell, 1993, p. 214).

> The essentialist stream of WED [Women, Environment and Sustainable Development] tends to idealize traditional cultures as the basis for sustainable development. The image of the poor Third World woman as the ultimate "other" to the western white male patriarchal self and conjuncture of all forms of domination may be a construct. Women's "natural" environmental consciousness may not entirely reflect the actual situation of poor women in the South (Hausler, 1992, p. 48).

In other words, both the perspective that views indigenous cultures and women as flawed or inferior and the one which views these groups as superior or idealized tends to objectify them as counterpoints to western or patriarchal constructs, rather than as individual societies or beings. The blind acceptance of local knowledge is questioned, as is the blind acceptance of scientific and western paradigms. The domination of women in local power systems is particularly questioned. The need to recognize, appreciate, and adapt to the unique

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characteristics of each group and each framework of thinking is emphasized.

With this growing appreciation that one cannot place the full burden for defining a sustainable future at the doorsteps of either traditional societies or Southern women, there emerged a pressing need to discover principles of sustainable development empirically that include but go beyond the principle of community participation. A review of eighty IIED projects, six hundred Water and Sanitation for Health (WASH) Projects, and other studies of this type identified a number of crucial factors critical to achieving sustainable development. It is impossible to either list all the principles or to give ownership for particular principles to particular projects or studies because many points of consensus emerged from this work. Some of the more important consensus principles will be listed here, as they are framed in a few of these studies. They include (Holmberg and Sandbrook, 1992, pp. 32-3; WASH, 1990, pp. 1-96; Brindley, 1991, p. 128):

- projects should adopt a participatory approach to maximize the chances for sustainable programs and projects;
- projects should consult with the community and reach agreement on both problems and solutions before taking action;
- projects should allow the beneficiaries of the project decision-making roles;
- projects should be built off of local knowledge, including management systems and technical solutions;
- projects should build on existing social structures rather than creating new ones;
- projects should facilitate the process of information exchange and decision-making among interested groups;
- projects should help people care for their environment while meeting their basic or livelihood needs;
- projects should be small-scale and flexible, capable of adapting to changing information and needs;
- projects should commit to five or ten or more years of work;
- projects should provide minimal external inputs and only for catalytic functions;
- projects should introduce technology that is low risk, easy to teach and demonstrate, tested locally, and able to offer clear

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short-term benefits that can be observed at the site;
- projects should make plans for operation and maintenance of technologies of facilities introduced;
- projects should have a financial plan that generates enough revenue to pay for operation and maintenance of facilities or technologies introduced;
- projects should look for solutions that can be duplicated in the hundreds of thousands;
- projects should provide for education and training, particularly for young people and women; human resource development should be carried out in a participatory way for best results;
- projects should assess the economic, social, cultural, and environmental aspects of proposed changes;
- projects should consider both inputs and outcomes;
- projects should maintain or improve the participants' standard of living;
- projects should build local institutions for the purpose of transferring sustainable skills.

This list of principles for sustainable development cannot claim to be comprehensive, but the ideas inherent within it can be found in nearly every current model of sustainable development. With the shift in focus from the global to the local and from ecological conservation to project design, the concept of sustainable development became central to program evaluation in a way that it had not been before and for a range of projects that it had not addressed before. Although environmental sustainability and resource conservation remained important, the ability of a program to continue itself over time, especially after external support had been cut off, became in and of itself the most important criteria in program evaluation. Sustainable development became synonymous with "true" or successful development; its policies and principles thus reflected good development policy as a whole. Its precepts began to be accepted widely, affecting program development in every sector, whether it was agriculture, health, or the introduction of new technology. The concept of primary health care, for example, defined initially at the Alma Ata conference in 1978, evolved to

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include and reflect these principles by envisioning a system of basic curative and preventive training for community-level paraprofessionals within a participatory framework.

At the same time, despite this increasing consensus in our understanding of sustainable development, very few projects were actually judged to be sustainable. A review of 550 World Bank projects in 1990 showed that only 52% had successfully achieved sustainable development. A USAID study in 1988 reviewing 212 projects found that only 11% of projects were considered to have a good chance of becoming sustainable (Brinkerhoff and Goldsmith, 1992, p. 369). It is true that sustainable development was measured rather narrowly in these studies–as the ability of programs to continue after donor assistance has ceased–a criteria which is difficult to meet in areas that are socio-economically depressed. However, it is possible that part of what contributes to the unsustainability of organizations is that what we have now is a checklist of principles governing sustainability without an organizing framework. At some level, the concept has broadened to such a degree that it became impossible to fully address or measure; as a result, evaluators veer between the extremes of talking about sustainable development very broadly as a theoretical construct and measuring it narrowly during program evaluation along the lines of whether a program can support itself financially. Program planners and evaluators need a better organizing framework to use if they are to benefit from all of these broader lessons about sustainability. The next chapter will present a framework that was useful to the writer of this thesis in organizing an evaluation of sustainability.

The case studies examined in this thesis were done in the context of a more general evaluation of each project. Only the findings relevant to sustainability will be presented in this thesis, but it should be emphasized that other criteria are equally as important in the overall analysis of a program as sustainability; without these criteria, one has only part of a picture. For instance, a program to prevent paper cuts could continue forever and be extremely successful but not be central to the needs of the vast majority of people. On the other hand, a program could be extremely sustainable, given the unique characteristics of a particular place, but not replicable elsewhere, thereby limiting its potential global impact. Finally, a program could be sustainable yet have negative impacts on the quality of life of people. The criteria that were used in the general evaluation are summarized below:

- To what extent does the program meet its goals and objectives?
- To what extent does it help to meet the sponsoring development agency's goals and objectives?
- To what extent does it demonstrate generally-accepted characteristics of successful socioeconomic development projects?
    ◊ **Significance:**
        § To what extent does it address/meet the general and health needs of villagers?
        § What level of impact does it have on the region?
        § What are the outcomes of the project--both predicted and unexpected, good and bad?
    ◊ **Replicability:**
        § What components of the model of socioeconomic development set forth in the program can be duplicated elsewhere under similar conditions?
        § What are the essential ingredients which make this program successful?
    ◊ **Sustainability:**
        § To what extent is this program self-sustaining? Could it continue with minimal external input at this stage? Does it have hopes of doing so in the future?
        § What components add to and what components remove from the program's hopes for sustainability?

The working definition of sustainability that was used in this thesis is "the ability of a program structure or process to continue with minimal external input, whether that input be financial, technical, advisory, evaluatory, or catalytic." The emphasis in this analysis will be on sustainability of programs that are or hope to be community-based.

I found it useful, during the course of this thesis, to think about sustainability in six different ways: systemic sustainability, political sustainability, resource sustainability, outcome sustainability, program sustainability and process sustainability (see Figure 2.1). This model of analyzing sustainability grew out of both an examination of the literature and out of insights gained from examining the factors relevant to the two programs studied in this thesis. It is therefore difficult to isolate the outcome from the process because both evolved in organic ways. However, it is still relevant and useful to apply the model to the two programs because this process of analysis yields insights about the development course followed by each.

Systemic sustainability refers to the overall stability of the ecological, social, economic, political, and cultural systems in which the program and its participants exist. If there is a major earthquake that disrupts a country's economic system or if the government is overthrown by a military coup that stops all non-governmental activity in a country, very few programs or grass-roots, participatory processes could survive for long. If a road is built between two major cosmopolitan centers that runs through a previously isolated rural area, with little market access or cultural flow, then the entire picture of a region could change, making some programs superfluous and helping others to thrive. Analysis of systemic sustainability basically refers to examining the stability of the system as a whole and determining how potential or reasonably

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likely changes in the system would affect the survival of either the development program being studied or the development process itself.
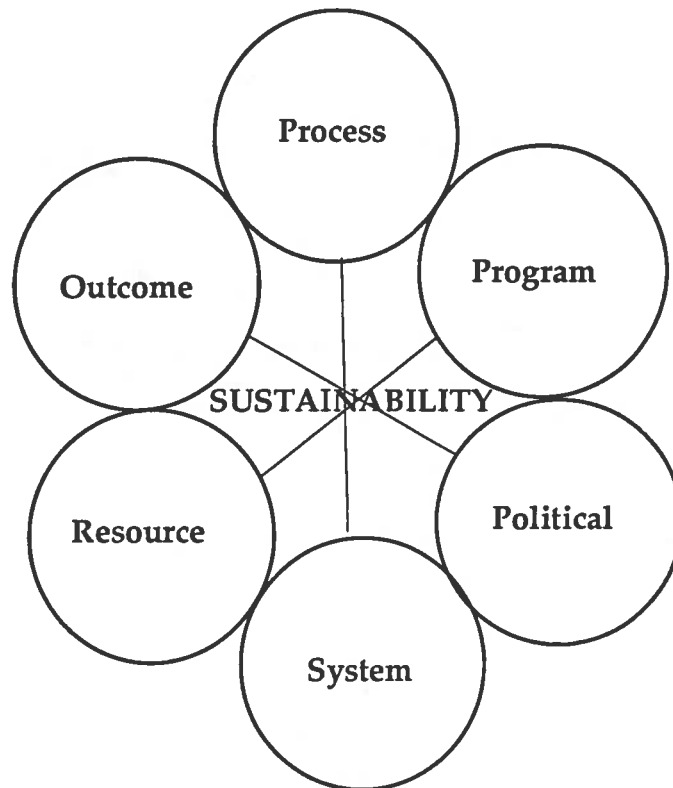

Figure 2.1 Conceptual Framework of Sustainability

Political sustainability refers to the relationship between the program or process being studied and other organizations or groups that have power to influence the impact or survival of the program. For instance, if a program is seen to be associated closely with a particular political group that is in power, a change in the majority party could significantly impact the fate of the program. If a program is interpreted to be going against a strong power structure of any kind, that power could retaliate to shut down the program, regardless of what it was actually doing. Political sustainability doesn't deal solely with antagonistic

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relationships. It deals with the sometimes rapidly shifting alliances, jealousies, and antagonisms that arise in the course of human and organizational interaction. Sometimes, for instance, it is the very success of a project that arouses the jealousy of another and causes the program to be shut down.

Resource sustainability, which has been a major focus of most prior definitions of sustainable development, examines the input and maintenance cost of the development program or process. These costs ideally should be measured broadly—in terms of monetary costs, environmental costs, costs in time and energy, and other more broadly defined terms, such as political cost, cultural cost, or social cost, as appropriate. If a program demands a great deal of intensive volunteers time, it may not be sustainable. If a program demands that a participant go strongly against their cultural or religious beliefs, or against the dominant political party, the participation level may not be sustainable.

Outcome sustainability, like resource sustainability, has often been dealt with in the literature on sustainable development. Basically, outcome sustainability refers to the longevity of the services and products of the program. The criteria and requirements for this type of sustainability vary widely, depending on the type of program and the type of product it produces. The outcome sustainability of a program that builds water systems depends on the extent to which the system is maintained, which in turn may depend on the extent to which local people are trained to assume this responsibility. The outcome sustainability of a program that educates people about good health may vary, based on whether local people are taught to continue teaching the message or based on how effectively and widely the message was taught in the first place. Finally, the sustainability of an outcome would no doubt depend on the extent to which the product or service is harmonious with the cultural and religious context of the people these are being produced for.

Program sustainability refers to the ability of a specific program to continue itself in its particular structure or form, using its specific goals and processes. This has largely to do with the development of infrastructure, the clearness of the program's goals and objectives, the stability or renewability of funding sources, and the training of community members in management, leadership, administrative, and other specific skills and experience necessary to run the program. Program sustainability also has to do with the development of an identity around the program that is sustainable.

Process sustainability refers to the ability of a development process to sustain itself, whether or not the specific, identifiable program that started that process continues. This has partly to do with the same kinds of things described above: the development of leadership and management skills, experience, and infrastructure, but it depends much more heavily on the activation of the community and the building of infrastructure to maintain community-based processes. The emphasis here is not on the program but on the empowerment of the community to take full control over the process of self-development. The initial goals and objectives of the program may undergo radical changes, but the community-based process of setting common goals and objectives, finding a way to attain those goals and objectives, working to achieve them, and then redefining goals and objectives as necessary should be continued. Process sustainability should also have a great deal to do with the extent to which the process follows acceptable cultural and social norms and the level to which the infrastructure required for the process fits into existing infrastructure.

This conceptual framework views these six different types of sustainability as being essential to the process of sustainable development. It is not expected that any type of program or process could be fully sustainable in all of these different ways, nor is a program expected to be either completely

sustainable or unsustainable in any of these ways. This framework is meant simply to assist people involved in the program planning and evaluation process in thinking about sustainability in a more accessible and operational way.

Specific criteria for each of the different types of sustainability is purposefully omitted because these need to be adapted to the specific context, program, and participants. It may be desirable to create, for each context, a set of criteria for each category, and a scale for measuring the extent to which any given program fulfills the criteria for a given category. For instance, one could measure on a scale of 1 to 10 for each category, the extent to which a program meets the criteria for that category. This type of measure could be used to compare different programs or to evaluate different designs or implementations of the same program.

Every development project is born in a particular context, in a specific location among people who have evolved culturally and historically in different ways. Often, the ability of a program to survive and thrive is determined by the way in which it interacts with this social, cultural, historical, political, and economic context. This chapter will explore the context in which the Bahá'í Community Health Partnership and the Hopeful Steps in the Rupununi Programme have evolved.

I. AN OVERVIEW OF GUYANA

Guyana spans 83,000 square miles in the north-eastern shoulder of South America and has a population of 723,000 people (CIA Factbook, 1995, internet). Though it is part of the South American continent, Guyana shares a common political, social, and economic history with other Caribbean countries and is usually classified with this group of island-nations. An understanding of this common history helps one to identify the practical challenges which face socio-economic development programs in Guyana today.

Like most other Caribbean nations, Guyana received its independence in the late 1950s to early 1960s (1957). Like other Caribbean nations, it has shared a legacy of colonialism, sugar plantations and slavery. This legacy has had two major impacts on these Caribbean countries. One is the establishment and propagation of racially-segregated and stratified societies via a dual immigration history of initial slave immigration and later indentured servant immigration following the abolition of slavery. The second is the creation of economies dependent on a few major export products. Guyana's economy, for instance, is

dominated by six commodities: bauxite, gold, sugar, and rice. Together they account for over 90% of the value of the country's exports (Thomas-Hope, 1990, p. 330). Dependence on a few products has left Caribbean countries extremely vulnerable to worldwide economic depressions, such as that which occurred in the 1970s (Clarke, 1990, p. 32). As a result, all of these countries suffer from disproportionate foreign debts and from high rates of inflation. Many of these Caribbean countries initially turned to forms of socialism after independence; in Guyana, the socialization was particularly strong with about 80% of the economy nationalized (Clarke, 1990, p. 32), a level second only to Cuba in the Caribbean. Strong foreign pressure exerted primarily by the United States and by the U.S.-dominated World Bank through debt servicing and renewal requirements eventually forced many of these countries to begin to reprivatize their economies. Thus, many of these countries have shared foreign debt histories which reflect the presence of a second post-colonial power in the area, the United States. This process in Guyana is well described by Thomas-Hope:

> By 1989, Guyana's external debt stood at $1287.5m. To keep functioning, the Government has operated with growing budget deficits, covering the shortfall by internal borrowing. In 1988, 33.5% of government spending was reserved for debt servicing. In 1987, debt servicing was equal to 93% of exports and 209% of central government revenue...a World Bank recovery plan in 1985, based on liberalization and rehabilitation of the economy, became the center of government focus...These included a complete reorientation of the economy and encouragement of foreign investment (Thomas-Hope, 1990, p. 332).

These steps, while leading to a decrease in foreign debt, have caused a net decrease in the GDP between 1986-1988 and a large unemployment rate (18.7%). The rate of inflation during this period has also increased from 7.9% to 40% per annum. In 1990, 1000 Guyana dollars (1000G) was worth $30.30 U.S. In 1994, 1000G was equivalent to $7.14 U.S. (Bank of Guyana, 1990, p. 328).

Currently, Guyana is the second poorest country in the Caribbean with a GNP per capita per year of $297, compared to an average of $3526 for the rest of the Caribbean. It spends about 50% of its governmental revenue on debt servicing to the World Bank (Ministry of Health, 1994). This leaves Guyana with very few resources to spend on development. Moreover, Guyana's initial decision to adopt a socialist government and its subsequent twenty-five year long dictatorship under Forbes Burnham produced direct consequences on development. Foreign donors categorically pulled out of Guyana, which badly needed assistance to develop and maintain infrastructure. As a result, what infrastructure there was when the British left deteriorated beyond repair in the context of a government that had neither the funds nor the political will to restore it.

Unfortunately, despite this shared history, the Caribbean has not successfully come together to pool its resources to construct solutions to these issues. Partly this has been due to mistrust about the relative power each country would have in such a partnership; partly it has been due to the insularity of the various island economies and the lack of development of a coherent Caribbean identity. Caribbean nations compete against one another in trade; none supply enough of a major commodity to play a decisive role in fixing prices (Clarke, 1990, p. 32). At the same time, there is significant penetration of insular economies by foreign enterprise, particularly in the profitable tourist industry, so even within their own borders, these countries often have to compete against much larger international corporations (Clarke, 1990, p. 32) Although French, British Commonwealth, and Dutch islanders have displayed more of a sense of Caribbean identity, possibilities for cooperation are limited by linguistic and political barriers and sometimes by ideological differences (Clarke, 1990, p. 35). Recent developments in the economic arena, such as the formation of the

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Caribbean Community and Common Market (CARICOM) among the English-speaking units of the Caribbean, are promising steps toward future economic cooperation.

In areas outside of economics, differences in geography identify different issues of practical significance. Land use presents a particularly apt example. Though Guyana is continental and has a population density of little over 3.8 people/sq km (Bank of Guyana, 1990, p. 328), unlike most of the Caribbean island countries, most of the country's economic activity and about 90% of its population are concentrated on the country's narrow coastal plain (Thomas-Hope, 1990, p. 330). The rest is mostly savanna and densely forested plateau inhabited by Amerindians involved in subsistence farming. These areas, 80% of which are composed of tropical rain forest, have (probably fortunately) been exploited minimally because they are inaccessible (Thomas-Hope, 1990, p. 331). The resources in these areas are largely unexplored and undeveloped.

Lack of transportation and communication infrastructure significantly hampers the process of socio-economic development in Guyana. For instance, the most important sector of Guyana's livestock population is the cattle reared on the Rupununi savanna. Because it is difficult to get these livestock to the coastal market 400 km away, the entire economy of Guyana is affected (Thomas-Hope, 1990, p. 331). There are only about 600 km of paved roads in Guyana as well as 4,150 km of gravel and earth roads which may be used in good weather. A telephone system operates for some 27,000 subscribers (Thomas-Hope, 1990, p. 332). This infrastructure is extremely vulnerable to breakdown and is isolated almost completely to the coastal regions. In the interior regions, where this infrastructure is almost nonexistent, access to markets and basic materials and services is extremely difficult.

Another limiting factor to development in Guyana is its lack of energy

resources. Guyana imports all its energy requirements except wood and bagasse. Although called "the land of many rivers", Guyana lacks the resources and international credit to develop its vast potential for hydroelectric power (Thomas-Hope, 1990, p. 332). As a result, the country is threatened by a continuous series of blackouts where power is available at all. Most interior regions do not have any electricity available, so schools, operating rooms, etc. all run without a power source.

In terms of human resources, Guyana requires compulsory education for children under age 14. However, schools often lack basic resources, especially in interior regions. Only 6% of the Guyanese annual budget is dedicated to this sector. Although the adult literacy rate is supposed to be over 95%, the functional rate is thought to be much lower. Post-war improvements in public health have managed to lower mortality below European levels. Growth rates have been reduced more by outmigration of people of reproductive age than by decrease in fertility itself. The fertility rate, 1.3%, is still felt to be too high for such a fragile economy (Clarke, 1990, p. 3). In addition, a high rate of morbidity from parasitic and other infectious diseases persists throughout Guyana and is particular rampant in rural areas, where access to basic health services poses a major barrier to health due to underdevelopment of transportation and communication infrastructure.

All of these problems are compounded in the Rupununi Region (Region 9) of Guyana, which has historically been isolated for geographic, cultural, and political reasons. The next section will analyze the challenges and strengths that the Rupununi Region offers to socio-economic and human development projects to provide an understanding of the context in which the two programs described in this thesis operate.

II. AN OVERVIEW OF THE RUPUNUNI REGION OF GUYANA

The Rupununi region of Guyana, also called Region 9, stretches from the Upper Takutu River to the Upper Essequibo River and covers an area of either 33,000 square miles (53,700 sq km) or 22,338 square miles in the southwestern part of Guyana, depending on which side of a land dispute with Venezuela one stands on. The population of the region is approximately 16,845 people, representing a population density of 0.51 or 0.75 people/sq mile (Geula, 1994, p. 6). Most of the population is concentrated in 42 Amerindian villages and settlements spread throughout riverain, savanna and forested areas of the Rupununi. Eighty percent of the population of Region 9 is classified as indigenous or Amerindian and is divided linguistically into two major tribes, the Macushi in the North and the Wapishana in the South, and a third smaller tribe whose members are rapidly dwindling, the Wai-Wai (Geula, 1994, p. 6). These Amerindians represent 24% of indigenous people within Guyana (Geula, 1994, p. 7). Nearly everyone has fair mastery over the English language due to significant missionary presence in the region since the early 1900's. About ninety-five percent of the population is Christian, with the Catholic and Anglican churches predominating. Unfortunately, this exposure has also led to a great deal of cultural erosion. Many can no longer read or write the traditional languages; the old songs, dances, and arts are almost completely forgotten.

The region is divided administratively into five districts--Lethem, Aishalton, Annai, Sand Creek, and Karasabai, named after the largest village in each. The villages contained within each district are shown in Table 1. The health sector is also administrated by district. The regional administrative center and the regional hospital are located in Lethem. Aishalton hosts a district hospital. The three other districts, Annai, Karasabai, and Sand Creek, contain

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health centers. Twenty-eight out of forty-two villages have health posts run by community health workers. In addition to the general health care system, there is a parallel Malaria Control Programme which has its own hierarchy of Acting Regional Supervisor, Subregional Supervisors, and field assistants. Women play significant roles in the health care infrastructure.

Table 1 Breakdown of villages in the Rupununi by District

<u>Lethem</u>	<u>Aishalton</u>	<u>Sand Creek</u>	<u>Annai</u>	<u>Karasabai</u>
Central Lethem	Aishalton	Sand Creek	Annai	Karasabai
St. Ignatius	Achiwuib	Sawariwau	Surama	Tiger Pond
Moco Moco	Karaudarnawau	Rupunau	Wowetta	Tiperu
Kumu	Maruranau	Macushi	Rupertee	Yurong Paru
Quarry	Shea	Katoonarib	Kwatamang	
Parikwaranau	Awariwaunau	Potarinau	Aranaputa	
Yupukari	Kanoshen	Baitoon	Yakarinta	
Parishara/	Gunn's	Shulinab	Massara	
Hiawa	Strip			
Nappi			Rewa	
Katoka			Apoteri	
			Toka	

The Rupununi Region of Guyana (Region 9) is underdeveloped in structural, capital, and human resources. This underdevelopment has been historic. It is partly a reflection of foreign donors' lack of investment in Guyana as a whole, leaving the government with little money to pursue infrastructure development. It is also due to the government's lack of concern for a quarter of a century about people in a remote, isolated area that had no known valuable natural resources, only a large fraction of the nation's indigenous people, who never had a strong political voice. Brief interest in the region as a possible source of valuable mining resources faded quickly when early efforts to scout the area turned out to be unfruitful.

In 1992, the majority government of Guyana changed; among the first changes it instituted was an economic reorientation away from socialism and

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toward greater privatization. Moreover, the government reestablished relations with foreign governments that it had not cooperated with during the previous regime. As a result, Guyana reopened its doors to foreign development aid in 1992, causing a massive influx of money and organizations into the country.

The Rupununi, because of its isolation and logistical challenge, did not catch the interest of development agencies immediately. However, once it became clear, through the efforts of the handful of organizations operating within the Rupununi-- including the BCHP, the CBR Programme, SIMAP, and the Rupununi Weavers' Program--that development efforts were not only feasible but had the potential to be very fruitful, the Rupununi began to be flooded by organizations seeking to offer assistance. While well-intentioned, these development efforts often tended to be haphazard in orientation, short-term in scope, and focused more on the resources and agendas of the development agencies than the needs and priorities articulated by people in the Rupununi. Rupununi villagers in turn felt that after long years of neglect, they were being given a shower of gifts--and if they did not accept them, they might never have such an opportunity again. Instead of feeling that they could come to the development table as equals, they felt their role was limited to that of the grateful recipient.

This background section will identify community priorities and need, discuss the ways in which the Rupununi remains underdeveloped in these areas, and describe how this underdevelopment affects development in this region positively and negatively.

A. COMMUNITY PRIORITIES

Rupununi residents identify education, health, transportation, access to basic supplies, income generation, communication, and general development of the region as their priority needs (see Appendix A). These responses may be somewhat biased toward health and education given the high proportion of teachers and health workers in the interview sample. However, these areas are mentioned within every interview group and therefore represent priority areas that cross the range of interviewees, whether they are farmers, housewives, teachers, truck drivers, health personnel or administrators. Each of these areas will be discussed in this section. Transportation and communication are combined because of their interrelatedness.

1. Transportation and Communication Infrastructure

Transportation infrastructure is scarce and haphazard, largely the outgrowth of mining, trucking, and ranching industries in the region. Though an estimated fifty vehicles are operative within the region, the vast majority are centered around the regional administrative center, Lethem. The health sector provides a backbone of radio communication, but is localized to the administrative centers of the five districts within the region. Thus, when there is an emergency, a the patient must travel to the nearest health center by foot, bicycle, or bullock cart, a trip which might take an average of 8-10 hours to complete. This lack of transportation infrastructure also makes it very difficult for people in different communities to meet regularly to discuss common problems and organize around common issues. At the same time, this isolation has led to a greater degree of cultural preservation than might have been possible

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otherwise, though very few communities in the Rupununi remember or retain much of the original indigenous culture, as described in early chronicles of explorers in the region. Recent talk about building a road from Brazil to Georgetown has created great fear on the part of many in the Rupununi that the cultural onslaught will be overwhelming to what is left of the indigenous culture. At the same time, the prospect brings great hope for the economy of the region, which is severely in need of access to greater numbers of markets.

2. Economic Status

The Rupununi Region is the second poorest region in Guyana. There exist great inequalities in wealth between Amerindians, who tend to be subsistence farmers, and ranchers or civil servants. The lowest 20% of the income base of the region earns 6.2% of the total regional income, while the wealthiest 20% earn 40.3% of total regional income (Geula, 1994, p. 10).The Rupununi region has been growing increasingly impoverished over time, due partly to lack of transportation infrastructure, which isolates the region as a market and as a supplier. The main industries in the region are farming and cattle ranching. Almost all of the region's funding for services comes from external sources--the region is not economically self-sufficient. Half of the land is covered by rainforest; the rest is savanna. The quality of the soil, except in some particularly rich areas beneath mountain ranges, is considered to be "fair" for agricultural purposes. Because the economy is subsistent and agricultural rather than industrial, cash is limited. This makes it difficult at times to obtain basic necessities of life--sufficient food, clothing, proper shelter. The problem is heightened by the lack of transportation infrastructure, which increases the cost of basic goods. Moreover, because few entrepreneurs are willing to risk the

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difficult conditions to transport goods into the Rupununi, the few that are willing to work within the region have a virtual monopoly. As a result, the cost of basic goods in quite high, especially in comparison to the cash flow. Unfortunately, the presence of a flourishing economy in neighboring Brazil has led to a large degree of out-migration, further depleting the economic and human resources of the region.

3. Health

The Rupununi Region's health system also suffers as a result of chronic underdevelopment in transportation, communication, and education infrastructure. It is very difficult for people to access basic curative and preventative health services. In this study, interviewees identified the need for moral local health personnel, improved transportation/access to health services, a regular supply of basic drugs, education/access to basic health information, a clean water supply, control of malaria, and construction of new health centers as their most pressing needs (see Appendix A). There appears to be significant underreporting of both mortality and morbidity statistics. The crude mortality rate is reported at 2.94% and infant mortality at 35/1000 live births (Geula, 1994, pp. 14, 16).

The health status of the population is compromised by malaria, diarrheal disease, acute respiratory infection, accidents and injuries, other diseases of the respiratory system, dental caries, worms, arthritis, and conjunctivitis, which are the predominant health problems (Ministry of Health, 1994, p. 24). Region 9 is the only region in Guyana where leishmaniasis, tuberculosis, and conjunctivitis present as significant health problems (Ministry of Health, 1994, pp. 35-6). The overall immunization status hovers around 25% for children under 5. Nutritional status measured by weight is quite good, but the primary staple is

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cassava, which provides a predominantly carbohydrate diet. Greens are particularly felt to be lacking in the indigenous diet. Nutrition becomes particularly poor during the rainy season, when access to markets is cut off. The Rupununi has the highest incidence of low birth weight births in the country, with 41.8% of infants born below 2500 grams (Geula, 1994, p. 20). Whether this is due to poor maternal nutrition is difficult to determine but it is certainly an indicator of poor maternal health status. Thus, from the limited glimpse we have into the health of the Rupununi population, there appears to be a high incidence of preventable disease.

4. Disability

The needs of people with special needs had largely been ignored within the health sector until recently. In most villages, people with disabilities were hidden away or shunned because the indigenous folklore attributed disability to possession by evil spirits. There was generally a consensus that disability was not an important issue in the region--some went as far as to say that there were no disabled people in Region 9. A participatory survey carried out by the Guyana CBR Programme in 1994, however, found that the prevalence of people identified as disabled was 0.76% in Region 9, compared with 1.5% nation-wide. Of those identified as disabled, the majority had either visual or speech and hearing disabilities (41% and 31% respectively), as compared with 26% and 21% nation-wide. In contrast, the percentage of people with movement disabilities was much smaller in the Rupununi (16%) compared to the Coast (32%). Whether these differences in identification and classification of people with disabilities are real, or whether they reflect variance in education, definition, perception, or public awareness of people with certain types of disabilities is difficult to determine. However, it is possible that early physical stimulation of life in the

Rupununi may contribute to a better outcome. It is interesting to note that up to age 5, the prevalence of disabilities in Region 9 is identical to that in the Coastlands of Guyana, but between age 6 to age 15, the prevalence of disabilities nearly triples until it is 10% higher than in the Coasts, indicating that the vast majority of disability is acquired in Region 9, and possibly results from a higher prevalence of disease or poor health conditions (O'Toole, 1994, p. pp. 1-3). Regardless, it is clear that there *are* people with disabilities in Region 9 who, having been hidden away all their lives, may have needs that transcend their physical or mental disability.

5. Education

Education in the region, though buttressed by a core of extremely dedicated teachers, is compromised by both the lack of availability in some areas of basic resources (books, paper, etc.) and by a lack of certified teachers, which leads to a system of "trickle-down" education provided by untrained teachers who did not pass the certification test. This leads to systemic educational underdevelopment of the rich human resources of the region. Although nearly every village has a primary school, usually only one teacher, the head master/mistress, is trained. It is estimated that 80% of Rupununi teachers are untrained. The head teachers sometimes try to hold teacher development sessions with untrained teachers, but there is often lack of continuity in training because there is a high turnover of untrained teachers who need to work in Brazil for some period to supplement their family income. There is only one secondary school in the region; the vast majority of trained teachers have not attended secondary school. In this study, interviewees overwhelmingly identified the need for more trained teacher or more training for existing teachers as their priority need in the area of education. They went on further to point out the

importance of having these teachers be from their own region and willing to work in any village in the region (see Appendix A).

6. Administration/Management

While these problems interrelate to make living conditions in the Rupununi difficult, they are all compounded by the high turnover of officials near the top of the administrative hierarchy, particularly in the health sector. The average nurse/midwife or regional health officer stays 1-2 years in the region. Most of these health personnel have left their families and lives behind in Georgetown to be assigned to a place where they are completely isolated socially; naturally, they are eager to leave as soon as possible. Besides causing a lack of continuity in health sector programming, this high turnover appears to lead in some instances to low commitment to residents of the Rupununi. The work ethic and attitude toward Amerindian people of health personnel who had come from outside the region was often significantly different from that of people who were from the Rupununi or at least thought of it as their home. In some cases these attitudes were clearly discriminatory; in others, they were merely apathetic. These human factors, along with barriers of transportation, communication, income, and climate, all combine to make service provision in this region extremely difficult.

B. COMMUNITY RESOURCES

At the same time, the indigenous people of the Rupununi Region have a highly community-oriented system of self-administration which helps to develop the human capacities of Amerindian leaders and serves as a foundation for

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community-initiated and implemented solutions to common problems. The Amerindian people are divided into 42 villages and associated areas. Each of these villages has an independent system of governance, composed of a biannually elected Village Captain (*Toushou*) and Village Council. A number of community institutions already exist at the village level, including a Parent-Teachers-Friends Association that works to improve education in the schools, a sports club, and a church. The Village Council and these community organizations organize self-help days where the entire community gathers to improve the village on a regular basis. There are also numerous times in every month during which the whole village gathers together, including monthly village meetings called by the Village Council and *Toushou* , village market days at which people exchange their goods and products, and of course, church. All of these systems work to develop a strong sense of community within Rupununi villages that aids greatly in the process of community self-development (Interview Transcripts and Database).

The residents of this region have felt neglected by socio-economic development efforts in the past and feel eager to be involved in the process now. As a result, many dynamic individuals have come forward to help in the work. Though this resource has been historically underappreciated, it now appears to be one of the most promising bases for socioeconomic development efforts in the region.

CHAPTER 4   METHODS

This chapter will present the sources and methodology used to obtain various kinds of information. Error inherent in both the data itself and in the methodology used to obtain the data will be discussed.

A. METHODS OF DATA COLLECTION

Data was obtained from a variety of primary and secondary sources to carry out this evaluation. Historical data about the development of the Guyana CBR Program, the Hopeful Steps in the Rupununi program, the Bahá'í Community Health Partnership, the Guyana Office of Social and Economic Development, and Varqá Foundation was obtained through program newsletters, articles about the programs, program literature and publications, technical reports submitted to funding agencies, and through interviews with program personnel. This data was cross-checked with each other and corroborated using the recollections of over 80 people from within the Rupununi, who participated in the programs at different stages in their development. Specific data about organizational goals, objectives, infrastructure and resources was obtained from a combination of grant proposals, technical reports, interviews with program staff and with villagers who are program participants. The tangible and intangible impacts of the programs were studied using program records documenting change as well as interviews with Rupununi program participants and non-participants, workshop evaluations, and government health and education records. Finally, the perspectives of previous evaluators of these programs were used to compare the replicability of the evaluation results and to understand previous insights that had been made about the project. All of these

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different forms of data were collected at two different time points: two years after the programs started and three years after the program started. In the case of the Bahá'í Community Health Partnership, some data was also collected 1.5 years after the program started.

The way in which the qualitative component of this evaluation was carried out is important to mention. Visits were made with the program(s) to a number of villages. Villagers and participants were interviewed informally to gain a sense of program functioning and cultural communication practices. From these initial visits, a database of open-ended questions was developed which was then used to orally interview participants and non-participants of each program. The interviewees were usually identified by the Captain of the village (the *Touchou*), the head master, or a member of the CBR team; occasionally a direct call for interviewees was made, but because people in this region are fairly shy, it was generally felt to be wiser to approach people through someone they knew and trusted. The interviews were taped (with consent of interviewees) and subsequently transcribed either fully or partially, depending on the originality of what the person were saying. The interviews were simultaneously codified according to people's identification of general categories of interviewee response, thereby allowing the researcher to gain a more objective perspective of interview responses.

B. SOURCES OF ERROR

Errors are inherent in any qualitative or quantitative research methodology. Potential sources of error in this evaluation spring from several primary sources: the background and values of the evaluator, the selection of

interviewees, the communication process during interviews, the method of interpreting and analyzing data, the availability of the data, and finally from differences in the way in which people reported the data.

Evaluator bias, inherent in any research, reveals itself in the questions one chooses to ask, the way they chose to ask them, the people they chose to ask, the areas which receive the greatest attention, and the way in which these areas are framed in the evaluation. My biases in this case included the belief that empowerment of communities and individuals are indicative of the success of social and human development efforts and the belief that this empowerment develops in large part from the dynamic way in which the development of a program interacts with the development of the people it serves. I also tended to perceive sustainability and development more broadly than stated goals, objectives, and infrastructure of a particular program. Finally, I tended to feel that the impact felt at the community level was more important to the sustainability of a program than tangible evidence of impact at a general level. These beliefs are reflected in the design of the evaluation and should be taken into consideration by the reader.

Aside from these professional biases, I also have a personal one to offer: as a Bahá'í doing research to evaluate projects that were partially begun by either the Bahá'í community as a whole or by its members, I was forced ethically to constantly examine the bases of my thoughts and actions to try to minimize bias for any or all of the programs. I was assisted in this process by the organizations I was evaluating, because all demanded that I write as objective and critical an analysis as I could, and by my advisers, who helped to question my implicit assumptions. The fact that both projects were either directly begun by the Bahá'í community or had Bahá'í involvement at the top level served to equalize them in my perception. Even more importantly, both projects shared the same core of

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committed people who worked extremely closely together following common principles and beliefs about development. As a result, any bias I might have had tended to apply to both programs uniformly. Biases which might come from being a Bahá'í include: a deep sense that human beings are created noble and equal to all others, and that every culture and people possesses an important piece of the puzzle of human existence and until these communities are empowered to give voice to their understanding, human progress will be stunted; a strong belief in education as a tool in the development of human capacity; a focus on community-based methods of addressing common problems; a recognition of the equality of men and women; and a feeling that intangible issues, such as trust, commitment, and a spirit of service, can play a great role in determining the success of a development process.

The selection of interviewees, especially at the village level, was biased by the method of selection. Whether the interviews were gained by direct appeal or by recommendation from the Village Captain, headmaster, community health worker (CHW), or CBR team, those who were willing to be interviewed were generally those in leadership positions--teachers, CBR team members, CHW, village councilors, etc. This bias arose partly because English is not the first language of most Rupununi villagers--so the better-educated people and the people who are used to speaking on behalf of their village are repeatedly asked to serve this function. This language effect was compounded by the fact that Rupununi residents are naturally somewhat shy when talking to strangers; those who serve in leadership roles generally tended to be more vocal and more self-confident, and therefore more willing to come forward and talk to a stranger.

Even with these generally better-educated, English-speaking, fairly confident interviewees, cross-cultural communication remained a source of occasional misunderstanding. As I spent more time in the Rupununi and became

more familiar with the idiosyncrasies of communication in the region, these misunderstandings became fewer and fewer. For instance, the question "Has participating on this program had any effect on the way in which you do your work?" was invariably interpreted by Rupununi villagers to mean "a bad effect." This problem was resolved when I explicitly began asking about positive, negative, or no effect on a person's work. As a result of misunderstandings such as these, significantly less might have been communicated earlier in the interviewing process. An attempt to minimize this variation grew from the method of taping all interviews and transcribing and analyzing them all together at the end. However, language barriers aside, for any interview process, the amount of information revealed and the detail or depth of the response depends largely on the rapport, trust, and communication between the interviewee and the interviewer. Because familiarity plays a great role in the comfort and candidness of people in the Rupununi, the depth of interviews was much greater whenever I was visiting a village for the second time, even if I had not interviewed a particular person before. Something about being known had a significant impact on the complexity of responses to my questions.

Potential analytical error might have arisen during the interview analysis. During interviews, open-ended questions were asked such as "What is your assessment of the impact of the CBR Programme in this region/your village? The impact can be good or bad." Because each question generally had six or seven major responses, the interviews were analyzed in terms of percent of respondents that gave a particular response to the question. For the question in the example above, for example, the three impacts identified by the greatest percentage of respondents were "changing attitudes toward disabled people", "health education" and "general education." Responses in a general area were then subcategorized, if appropriate. One source of bias inherent in this

methodology stems from the interpretation the analyzer must make in categorizing responses. To minimize this, categories were defined narrowly and new categories were created liberally if a response did not fit into an existing category. This was made even more complex when communication problems caused people to respond to a question that was not explicitly asked at that moment, but under which the response clearly fell. As a result, the interviewer plays a considerable interpretive role in this process but the interpretations are consistent (the definition of the word "impact" in this case, for instance, is standardized because the same person is categorizing all the responses based on their understanding of the word). To its merit, this method of initially asking open-ended questions and then categorizing based on common responses significantly reduces interviewer bias in question formulation. The fact that responses fell into common categories adds substantially to their significance because people are independently coming to common conclusions rather than selecting between pre-set choices. It is to be expected that each category will have a lower percent of respondents identifying it as important than if one were to offer the categories and ask which ones were important.

Unavailability or inaccessibility of data proved to be a significant limiting factor in this analysis in two ways. Travel in the Rupununi region is restricted by infrastructural limitations as well as by cultural limitations. It would not have been useful, possible or appropriate for me to walk into a village without a representative from any of the programs that had gained trust within this region. Thus, I was only able to go to villages to which the programs traveled during each of my short stays. Moreover, at certain times of the year, due to heavy monsoon rains and their destructive effects on the transportation infrastructure, it was impossible to travel to certain subdistricts. Some villages have never been reached because they are simply too far away to visit on a short research trip. In

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general, however, a significant effort was made to appropriately represent perspectives from all five subregions of the Rupununi region. In the end, a total of 28 of the 36 villages in the region were visited during the course of this research, sometimes more than once; representatives of several of the remaining villages were also interviewed where possible. Thus, lack of transportation infrastructure was not as limiting as it might have been.

Secondly, official education and general administration records were unavailable at both the regional and governmental levels. Health records before 1993 were unavailable at both the regional and governmental levels. Health records for 1993 are well-kept. Very few rigorous analyses of the Rupununi by non-governmental agencies have been completed. This unavailability of data made rigorous analysis of program impact difficult. Fortunately, an excellent critical analysis of baseline statistics has recently been completed through the work of another student from U.C. Berkeley. This report will be relied upon heavily in this thesis.

Even when reports are available, as in the health sector, however, the reporting system on which all of these reports depend may be inaccurate due to two confounding factors. First, the community health worker's (CHW's) ability to gauge the health status of the population he/she serves depends on the extent to which people seek him/her out for health problems, which in turn depends on his/her status and involvement with the community. For instance, one exceptionally young, recently-trained CHW reported that people don't really come to her when they are sick, they go to other people. A teacher in another village which had a low-functioning CHW reported that a number of people come to her when they are ill. An exceptionally high-functioning CHW who appeared to be well-respected by his and other communities, reported that toward the beginning of his work with his village, few people came to him, but

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as the community grew to trust his abilities, more and more came until there arose a need to build a new structure for the mothers waiting for the treatment of their children. The trust a community has in its CHW and the involvement the CHW feels with his/her community are both dynamic factors. Moreover, the involvement of CHWs in the programs studied by this paper and in other external programs may have added significantly to their status in the community, leading to an increase in reporting of certain illnesses. On the other hand, because of education about oral rehydration therapy, for instance, a number of CHWs report that their people do not consult them as often about simple diarrhea cases because they already know how to prepare the solution at home. This program impact thus leads to the underreporting of diarrheal illness and makes it difficult to isolate exactly what the impact of the program has been: the reduction of the incidence of diarrheal disease as a whole or the reduction of complicated diarrheal disease due to early and acceptable treatment. Because no baseline exists or could be determined before these programs started, any analysis afterward must take into account the rate of growth of reporting due to constant upgrading of CHW status and involvement. Because this is difficult to measure with existing data, this introduces a new source of error into the picture.

The second confounding factor stems from the occasional coexistence of another program in the region working toward a similar goal. For instance, the SIMAP Program successfully though not sustainably encouraged mothers to immunize their children through a cash incentive program during 1993; thus the immunization baseline for 1993 might be expected to be higher than usual.

Finally, gaps or idiosyncrasies in reporting from the district to the regional level make longitudinal data analysis nearly impossible. Only the Lethem area, because of its coincidence with the regional health center, appears to have consistent reporting based on a standard format. Thus some of the indicators in

this study will rely only on data drawn from the 4,073 people who reside in Lethem area. An exception to this rule stems from the detailed record-keeping at the regional level within the Malaria Control Program since at least 1992.

Because all of the programs studied were based wholly or in significant part in the Rupununi, these confounding factors tended to equalize across the two programs. Moreover, the existence of significant overlap in the core group involved with the projects and the high degree of partnership across programs, served to equalize both interviewer bias and interviewee bias that might have arisen from any likes or dislikes at a personal level, and provided considerable overlap in program philosophy, leaving differences in program planning and implementation isolated for analysis. In a way, the researcher had the experience of looking at two different programs implemented by the same working group of people, following slightly different philosophies at different times, focusing on different problems, and using different methods of program implementation. Certainly this overlap made it difficult to isolate the impacts of the various projects, but overall, it added a great degree of error constancy and comparability in the analysis, not to mention a great deal of strength to both programs. As a result, despite the existence of all these confounding factors and barriers, a number of insights emerged from a close analysis of both interviews and records that offer important lessons about sustainable development.

CHAPTER FIVE   THE BAHÁ'Í COMMUNITY HEALTH PARTNERSHIP

The Bahá'í Community Health Partnership (BCHP) was begun in 1992 to address problems related to health delivery in the Rupununi Region of Guyana (Region 9). The evolution of this program from one which focused primarily on curative service provision to one which focuses on human resource development and education for community empowerment is instructive in a study of sustainability for several reasons. First, it exemplifies a program which has gained in sustainability by changing itself in both structure and orientation in response to changing perceptions of community needs. Secondly, it represents an example of a program that works closely with and is empowering of existing governmental and non-governmental infrastructure. As such, it presents an interesting case study of the dynamics of political sustainability. Finally and most importantly, it points out the importance of trust in the development of all of the forms of program-specific sustainability.

The BCHP will be analyzed in this chapter on the basis of three types of sustainability that are program-specific: process sustainability, program sustainability, and political sustainability. Program and process sustainability will be discussed together because of their interrelatedness.

I. PROGRAM AND PROCESS SUSTAINABILITY

To review briefly, program sustainability refers to the ability of a specific program to continue itself in its particular structure or form, using its specific goals and processes. This has to do with the development of material and human infrastructure, the sustainability of the program's goals and objectives, the stability or renewability of funding sources, the development of program

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identity, and the training of community members in the specific knowledge and skills necessary to run the program.

Process sustainability, on the other hand, refers to the ability of a development process to sustain itself, whether or not the specific, identifiable program that started that process continues. This has partly to do with the same kinds of things described above: the development of leadership and management skills, experience, and infrastructure, but it depends much more heavily on the activation of the community and the building of infrastructure to maintain community-based processes. The emphasis here is not on the program but on the empowerment of the community to take full control over the process of self-development. The initial goals and objectives of the program may undergo radical changes, but the community-based process of identifying community needs, setting common goals and objectives, finding a way to attain those goals and objectives, working to achieve them, and then redefining the original goals and objectives as necessary should be continued. Typical criteria for sustainability of process might look like this:

> A community-based development process may be sustainable if:
> - there is a commitment to process, not just outcomes;
> - the process is characterized by trustworthiness, respect and justice;
> - the community served is involved in every step of the process;
> - it is responsive to community needs;
> - it is flexible and capable of adapting to changing needs;
> - it tackles small-scale, highly feasible projects as well as larger, more visionary ones;
> - the process is culturally and socially appropriate and accepted;
> - it involves key players in the community;
> - people who are interested have the opportunity to become involved;
> - it wins the hearts of the people involved – commitment, dedication, enthusiasm;
> - it builds off of and strengthens institutions and an organizational structure capable of maintaining the process;

- it develops human and community resources and capacities;
- it empowers the community to realize that it can take charge of the process;
- it trains the community to take over the process;
- there is on-going maintenance and redefinition of the process;
- if there is on-going evaluation of the process;
- if there are mechanisms to resolve conflict and build unity through on-going exchange of ideas and vision built into the process.

In the scope of this thesis, it is not possible to go into all of these areas in depth or in turn, nor would it necessarily be desirable to do so, given how interrelated they are. Instead, as examples of each of these areas arise in the context of a more general description of the process followed by the BCHP, they will be pointed out and discussed. A summary of what has been found through this type of analysis will be offered at the end.

A. OVERALL VISION OF DEVELOPMENT AND HEALTH

Two organizations have charted the course of the Bahá'í Community Health Partnership during its four year history: the Guyana Office of Social and Economic Development (GOSED), which is both a non-governmental organization (NGO) and an agency of the National Spiritual Assembly of the Bahá'ís of Guyana, and Varqá Foundation, which is a private NGO that emerged out of GOSED's initiative. Both of these organizations envision the goal of development to be the empowerment of communities and individuals to recognize their inherent nobility and the construction of new social structures and systems to reflect a diverse and unified global society. Both view health and well-being in holistic terms that include the mental, physical, social, and spiritual life of the individual in the context of healthy societal institutions as part of the

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prerequisites for good health. The vision of development consciously broadens and expands, however, as one organization evolves into another.

The Guyana Office of Social and Economic Development (GOSED), in its mission statement, writes that its objective is to "promote sustainable development projects with grassroots involvement." The BCHP was therefore initiated by an agency that had an institutional commitment to sustainability in program planning. GOSED also outlines a number of principles that it uses when developing a program or selecting one to support; these help to clarify GOSED's definition of sustainable development. All of these guidelines show a great deal of commitment to bringing about a community-oriented, unifying and ethical process:

1) A project should incorporate the values of justice, truthfulness, trustworthiness.
2) A project should seek to promote the unity of the community, regardless of race, religion, or creed.
3) A project should promote and demonstrate equality of men and women.
4) All projects should respect the integrity of a community. Harmonious development consistent with local cultural and social mores is desirable.
5) Projects should be carried out in such a way that the principle of unity in diversity will be upheld and promoted (e.g. minority participation is to be encouraged and invited).
6) Projects must be characterized by respect of local communities and their participation should be a precondition.
7) The practice of open and equitable consultation must be an integral part of the development process.
8) Projects must be consistent with environmental preservation and the best and wisest use of environmental resources.
9) Projects must seek to avoid creation of dependency arrangements and seek to promote sustainability. To that end, local communities should be encouraged to assume responsibility for as much of a project as possible.
10) Projects should recognize that sustained behavior change involves change in human values (GOSED, 1993, p. 6).

Several aspects of these principles are striking and deserve mention. First, there is considerable significance placed on implementing an ethical process, which is not entirely surprising, given that GOSED is an agency of a religious organization. In fact, many of the principles draw directly from teachings in the Bahá'í Faith, including the importance of bringing about unity, the importance of encouraging diversity and preserving culture, the importance of minority participation, the promotion of equality between men and women, the use of open and equitable consultation, the importance of respect and empowerment in the development process, and the need for a balance between development and the environment. However, given that these guidelines are drawn from religious sources, it is interesting to note the extent to which they reflect current wisdom in development practice, implying that religion and empowering development do not have to exist as a contradiction in terms.

Secondly, there is considerable emphasis in this set of principles on various forms of sustainability, including outcome sustainability, resource sustainability, program sustainability and process sustainability, with elements of process receiving the greatest emphasis. The last principle, which suggests that sustained behavior change requires a reorientation in the perspective of a person, is particularly interesting because it suggests that the way in which to approach behavior change is more fundamental than simple education about the particular behavior. This emphasis on bringing about change more holistically in a person is reflected in the way in which the Bahá'í Community Health Partnership has evolved from a curative to an empowerment focus.

Varqá Foundation, GOSED's daughter organization, bases itself on the same process principles and takes some of them further. According to their self-description, projects are selected for the extent to which they, in addition to the principles described above:

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1) spring from the aspirations of the participating populations and institutions;
2) consider the existing capacities of the participating populations and institutions and assist them to increase their capabilities;
3) concentrate primarily on the liberation of human potential through educational processes;
4) seek greater degrees of self reliance and interdependency;
5) provide for the on-going exchange of ideas and opinions of all participants;
6) recognize the interrelation of social structures and the individual, and work simultaneously for the development of the individual and the improvement of the social environment;
7) seek to promote sustainability with the local community assuming as much responsibility for a project as possible;
8) are conducive to the best interests of society and contribute to the strengthening of unity and harmony;
9) promote cooperation and mutual assistance and do not engender a competitive spirit;
10) promote and demonstrate equality of men and women;
11) honor environmental preservation and the best and wisest use of environmental resources (Varqá Foundation, 1995, p. 5).

Several subtle changes are apparent in this new self-description. There is a greater focus on the needs, capacities and goals of the community and a stronger emphasis on empowerment and the unleashing of inherent capacities through human resource development. The conception of an individual existing in the context of social systems that need to be revolutionized in order for change to come about is clearly articulated. It is interesting to note that Varqá suggests that projects should both seek greater self-reliance *and* interdependency. Though this may sound initially as a contradiction, the experience of the BCHP indicates clearly that self-reliance and interdependency through partnerships are parallel but complementary paths toward sustainability.

Varqá Foundation goes on to articulate a philosophy of development. It defines the purpose of development to be the "well-being of people", not unlike most development theorists. However, Varqá immediately defines well-being

holistically to refer to "material, intellectual, social and spiritual fulfillment." It defines these elements of well-being to be interrelated, and suggests that if all aspects of human well-being are not addressed in a development process, imbalances will arise that threaten the original goal:

> ...In light of these considerations, it becomes clear that development cannot be a process of imitating the so-called 'developed countries'. The very emphasis on the material aspects of these cultures has contributed to the disintegration of the moral fabric of those societies. Such 'development' is unworthy of emulation (Varqá Foundation, 1995, p. 3).

Thus, Varqá Foundation rejects traditional material-centered development and focuses instead on the development of human resources and institutions. It views human beings as inherently noble beings who possess infinite capabilities which need to be released through education and human resource development. It restates that man's individual development "cannot be fostered in isolation from the institutions and structures of the society" and emphasizes that development must be guided by the people who are its stakeholders. The concept of development as a product created outside of its recipients is rejected:

> Development, therefore, can never be a product that is created outside of a region or a people and then delivered to them. To be effective development can only be envisioned in the context of the participation of people and their institutions, who must consciously tread their own path of individual and social progress (Varqá Foundation, 1995, p. 3).

In order to facilitate a wider vision of development which can address the needs of people in an integrated way, Varqá consciously chooses to not limit itself to projects in specialized fields, stating that the "needs and aspirations of any group are interrelated and must therefore be addressed in an integral way" (Varqá

Foundation, 1995, p. 4). Finally, it hopes that the process of human resource development will not only empower the individual but also motivate them to serve their community.

The evolution of the Bahá'í Community Health Partnership can be seen as both catalytic to and reflective of this evolution of philosophy between GOSED and Varqá. This will be described in greater detail in the history of the BCHP; only the evolution in goals and objectives will be presented here. The goal of the BCHP, as it was articulated in an early grant proposal, was "to help rural peoples bring about change in their own condition...assisting these people to take greater responsibility for their own affairs." The objectives of the program were:

1) "to provide medical services to the Amerindian villages on a regular monthly basis":
    Year One: Macushi/Shulinab, Sand Creek, Wichabai, Sawariwau, Karadarnau, Aishalton, Shea, Awaruwaunawa, Achiwib, Potarinau, and Dadanawa;
    Year Two: (in addition to above) Parishara, Marakanta, Pirara, Yupukari, Yakarinta, Massara, Toka, Annai, Apoteri, Surama, Karasabai, and Tiger Pond;
2) "to work alongside the Ministry of Health's initiative [for the training and support of community health workers] to offer support and further training to the cadre of workers who are already in place...[particularly] in the area of preventative health services";
3) "to develop appropriate materials for the promotion of health education in a rural Guyanese context";
4) "to develop a series of seminars for regular school teachers about health education";
5) "to promote wider community involvement in meeting the health needs of the community";
6) to establish health committees in each village (GOSED, 1992, pp. 1-6).

These objectives illustrate the principles discussed earlier, such as involvement of community in the project's work, support of community, etc. However, although the goal of community empowerment in the development process is present in

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the very beginning, the development of human resources is not the central focus. Health is moreover conceived fairly biomedically in these objectives. As one staff member who was present during the formation of the BCHP stated, "...initially, the idea was that we would try and put in a doctor and that it would be a traditional clinical form of services and also we hoped that he would do whatever he could to increase the skills of people who were there" (Interview Transcripts, Program Staff). Human resource development is therefore envisioned as a secondary focus whose value springs from its role in promoting health; it is not at this stage viewed as an important end in and of itself.

This shifted dramatically as the program evolved. When asked to articulate the current goal of the BCHP, a staff member replied:

> I think that the idea that the Bahá'ís are trying to nurture is the concept that people from rural areas wherever have great capacity for bringing about change if they could only believe that process could come about. So I think that the Bahá'í role is to help people identify and understand their needs, to articulate those needs and then begin to explore how a response could be made to the needs that they have identified. And I think that in part is beginning to develop into the project in the Rupununi—to try and realize that true development isn't by external handouts but by exploring their own resources and seeing how best they can nurture the abilities that they have (Interview Transcripts, Program Staff).

This shift away from providing direct service and toward empowerment and human resource development reflects itself in the objectives articulated in a recent grant proposal for the three-year extension of the program:

#1: consolidate the training for the CHWs [community health workers] and teachers in the Rupununi Region in Primary Health Care;

#2: raise up human resources from Region #9 who will introduce the program in Regions #8 and #1;

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#3: expand and consolidate the work of the Local Health
   Assemblies (LHBs) by fostering a new model of leadership in
   the LHBs whereby the Assembly begins to examine wider
   development issues within the community;

#4: explore the possibilities of establishing a Radio Station in the
   Rupununi which will focus on development issues and
   preserving the cultural traditions of the region;

#5: broaden the vision of the youth of the region regarding their
   own possible future fields of service (in terms of health,
   education, agricultural and technical areas);

#6: impact on the health of the region, specifically by:
   * reducing the levels of infant morbidity and mortality;
   * reducing the incidence of malaria, TB, diarrhea;
   * reducing the incidence of anemic children and mothers;
   * reducing the incidence of dental caries in children

#7: nurture a model of integrated rural development based on
   fundamental principles such as: removal of prejudice, equality
   of men and women, respect for the environment, and respect for
   the traditions of the people of the area;

#8: develop a dental care program on a monthly basis in the
   Rupununi Region;

#9: refurbish Aishalton Hospital and upgrade centers in Annai,
   Karasabai and Sand Creek;

#10: foster partnerships at a local, national and international level
   between agencies to facilitate the above process (Varqá, 1995,
   pp. 4-5).

Several contrasting elements of these two sets of objectives are immediately

striking. First, six of the ten principles have to do with development of human

resources for the sake of empowerment alone. They are given prominence by

their location toward the beginning of the list of objectives. Secondly, the range

of the objectives is large, spanning sub-projects related to not only biomedical

health but also many other areas such as cultural affirmation, general education

for empowerment, and leadership education. Thus, the conception of what

constitutes health is substantially broadened to include non-biomedical forces in

the life of the individual and the community. There is moreover explicit support

for an integrated development approach. Finally, the importance of partnerships

with existing elements of local, national and international levels is explicitly

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stated. An analysis of the BCHP's evolution as a program and a process reveals the way in which these focuses developed in response to the needs articulated by and perceived in the people in the Rupununi.

B. DESCRIPTION OF THE PROJECT AND PROCESS

Early History

The Bahá'í Community Health Partnership was initiated to address health needs within the Rupununi Region of Guyana. An analysis of the program's history reveals that the project evolved out of both a deeper understanding of what the need for health means to Rupununi people and a broader understanding of what health is all about.

Health was first identified as a priority need in a series of needs assessments conducted in the Rupununi Region in the early 1990s. A number of these reports pointed specifically to the lack of a physician in the region as an indicator of the extent of the need. Though it may be questionable whether this was a reliable indicator of poor health status, it is certainly clear that residents of the Rupununi Region identified this as a key need; nearly every report mentions it and Rupununi residents to this day talk about the fact that for years they had never seen a doctor in their village. It is important to realize that such a comment speaks to multiple issues: the fact that doctors were often not present in the region due to physician shortage or difficulties with redistribution of physicians to rural areas; the unfortunate reality that even when they were present, most did not have the resources or the will to try to visit the villages of the Rupununi, where the vast majority of the Amerindian people live; and the fact that there exists a strong subjective awareness of this absence as a sign of the

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government's general neglect of Rupununi people. The importance of health as a priority need for Rupununi people was reaffirmed in this study. 42% of respondents (n=52) identified health as a general need in the Rupununi, making it second only to education as a priority need. Moreover, 38% of respondents (n=47) identified the outreach component of the BCHP, with resulting improvements in access, to be the key impact of the program and a full 60% (n=40) of respondents identified the program's visits to villages and its mobility as the most important reason for its success. The visit of a physician in particular was specifically mentioned by 17% and 18% of respondents respectively in the two question groups (see Appendix B). Moreover, villagers clearly linked the extent to which health personnel visit them in their homes with the depth of these personnel's understanding of village health conditions and needs:

> You see the vastness of this area here, right? Having the vehicle, you get to get out into the communities, you get to meet the people at home...A lot of people from distant areas [of the Rupununi], they hardly come to the central parts...because they live so far, but then going to them is completely different because you see the condition...The good part about [the BCHP] is him [Dr. Aidun] coming out and meeting the people where they live. You know, it's different to sit in the office there--and they [Rupununi people] having to get out to Lethem [the administrative center]. Meeting the people at home is completely different and I think that is the strength of the program (Interview Transcripts, Villager).

These figures and comments serve to underscore the value that Rupununi residents place on health and the presence of a physician in the community.

The need for improvements in the health sector in the Rupununi Region was first brought to the attention of the Guyana Office of Social and Economic Development (GOSED) in early 1992. GOSED had already been involved with a grass-roots initiated renovation of a district hospital and distribution of health equipment and personnel throughout Guyana, but had never done anything

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within the Rupununi Region due to logistical difficulties. However, when the Delegate from the European Economic Community (EEC), asked Dr. Brian O'Toole, a member of GOSED and the national director of the Guyana Community-Based Rehabilitation Programme (CBR), whether his people (it is unclear whether he referred to the CBR Programme or GOSED) could do something to meet the needs of people in the Rupununi, Dr. O'Toole forwarded the request to GOSED. It is unclear why health was chosen as a focus at this early stage except that it was one of the areas of need mentioned in both formal and informal needs assessments and it was a need that the Bahá'í Community of Guyana was in a position to address. Regardless, it is clear that from the beginning, GOSED envisioned a sustained effort in the Rupununi, not just a one-time medical treatment program such as those provided by numerous physician organizations.

Over the next few months, a large number of people were consulted to create a vision for this new health program. Dr. Jamshid Aidun, a Canadian surgeon who had been giving voluntary service through the Bahá'í community to New Amsterdam Hospital in Guyana since 1989, agreed to direct the project but maintained a strong interest in incorporating preventative health education into the program. The Office of Social and Economic Development at the Bahá'í World Centre concurred and provided further guidance into program structure. They suggested in particular that the project link up with the Unity Foundation in Europe to make an application to the EEC. Most importantly, with the help of the Guyana CBR Programme, which was carrying out its own community assessment in mid-1992, the idea of a health program was presented to a total of twenty villages over the next few months for consultation about ways in which such a program could best meet the needs of villagers, if they were interested. The importance of having a program of this nature was impressed upon GOSED

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during these visits by both the villagers and the administration. In a subsequent letter of support, the Regional Executive Officer, the administrative head of the region, wrote:

> In September 1992 I had the pleasure of conversing with two members of your organisation...regarding the deplorable state of the medical facilities in terms of the lack of services of a medical practitioner and the exorbitant cost of acquiring medical assistance. In imploring upon them to assist, I was subsequently informed that efforts were being made by their organisation (Bahá'í) to render some form of assistance...After impressing upon him [Dr. Aidun] the importance of providing voluntary service to the residents of this hinterland region and having him taken on a conducted tour of our limited medical facilities, he unhesitatingly agreed to provide free medical service in keeping with the spirit of the Bahá'í Organisation (Hamilton, 1992, p. 1).

Three points emerge from an analysis of this letter. First, the administration or at least the Regional Executive Officer (REO) who is in charge of administration for the region felt that there was a great need for medical services in the region. Secondly, the REO felt that he was actively asking Dr. Aidun to come, rather than simply accepting an offer. The Regional Chairman later wrote, "We warmly support the initiative of the Bahá'í Community and can assure you that the results of such a project will have far-reaching effects in terms of the development of the region" (Moses, 1992, p. 1). Finally, the support of administrators was actively sought by GOSED; this support was crucial for the entry of the BCHP into the region and added greatly to its ability to get things done later which could only be done through government channels. While it may be questionable to what extent the administrators represent the communities of the Rupununi, at least at a formal regional level, consent was sought with key gatekeepers, as well as with individual villagers. These months of discussion with villagers and others inside and outside of Guyana

demonstrated the implementation of two principles guiding GOSED socioeconomic development projects, namely that: "the practice of open and equitable consultation must be an integral part of the development process" and "projects must be characterized by respect of local communities and their participation should be a precondition" (GOSED, 1993, p. 6).

Out of these collective discussions, the project emerged as a combination of curative, preventative and supportive emphases. As envisioned then, the project aimed to "get a doctor into the area so the doctor would be able to provide clinical services, but at the same time, that the focus would be very much on primary health care, on trying to support the health workers that were in place with a high focus on preventative work" (Interview Transcripts, Program Staff). The objectives of the program at this stage were:

1) "to provide medical services to the Amerindian villages on a regular monthly basis":
   Year One: Macushi/Shulinab, Sand Creek, Wichabai, Sawariwau, Karadarnau, Aishalton, Shea, Awaruwaunawa, Achiwib, Potarinau, and Dadanawa;
   Year Two: (in addition to above) Parishara, Marakanta, Pirara, Yupukari, Yakarinta, Massara, Toka, Annai, Apoteri, Surama, Karasabai, and Tiger Pond;
2) "to work alongside the Ministry of Health's initiative [for the training and support of community health workers] to offer support and further training to the cadre of workers who are already in place...[particularly] in the area of preventative health services";
3) "to develop appropriate materials for the promotion of health education in a rural Guyanese context";
4) "to develop...a series of seminars for regular school teachers about health education";
5) "to promote wider community involvement in meeting the health needs of the community";
6) to establish health committees in each village (GOSED, 1992, pp. 1-6).

The emphasis, as is clear from these objectives, was very much on health

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promotion as well as disease prevention through supplementation and support of the existing health care system. The importance of complementing rather than duplicating the existing health care system is clearly appreciated in these initial objectives.

The program began operating within the Rupununi Region in late 1992. For the first few months, Dr. Aidun met people from every village of the Rupununi through a series of 5-7 one-week long CBR conferences. The CBR Programme had just established an infrastructure of a team of three people--a CHW, villager, and teacher--in every village. Thus, through the CBR conferences, Dr. Aidun was introduced to at least three people from every village of the Rupununi. The fact that nearly every CHW interviewed mentioned that they first met Dr. Aidun through these conferences corroborates this pattern of development of the program. These workshops gave the program further opportunity to acquaint himself with the needs and concerns of people in the region. In turn, Dr. Aidun talked to the CBR team members about the biological and medical bases of disability. These conferences marked the beginning of an extremely close collaboration between these two programs in the Rupununi. Several CBR newsletters and documents during this time period chronicle this partnership and make it clear that the health program was discussed during these conferences and that the idea for such a program was met with great interest and support by the village CBR team members (CBR Newsletter, Vol. 5, April 1993, p. 5). Thus, the first few months of the program's history were devoted in part to establishing relationships with the CBR team members from the various villages.

The majority of the program's attention during this early period, however, in which the program had neither mobility nor resources, focused on improving the health facilities of Lethem Public Hospital and providing curative medical

services to the people of the region. There had been no physician in the region for a few years; as a result, many of the facilities related to providing more specialized medical services had fallen into disrepair and many people who had needed more specialized medical services had been unable to receive it. The program began addressing these needs first because it had the resources to address them. Dr. Aidun relocated into the region in late 1992 and began giving voluntary medical service at Lethem Public Hospital. In the process, he had the opportunity to meet and form close working relationships with the incredibly dedicated health personnel who had given their lives to serving the people of the Rupununi; in the vast majority of cases, these were people who had been born and brought up within the region. It is to Dr. Aidun's considerable credit that these health personnel unanimously mentioned how supported they felt by Dr. Aidun, how much they enjoyed working with him. One highly positioned health personnel who had given twenty-five years of service to the Rupununi commented, "I love to work with Dr. Aidun since I learn [when I] work with him. We learn from each other. We share ideas, past experiences." Another said:

> Oh I can tell you he's a wonderful person. He shows a lot of interest, a lot of concern, because not only when he has his program but if we have emergency calls, he will respond to them quickly, never refuse, and I know whenever I am short of anything at the hospital I ask him I make a list and I give [it] to him and I get good response (Interview Transcripts, Health Personnel).

Another commented that when he feels frustrated about lack of availability of medical supplies, he comes and talks with Dr. Aidun and feels better. These warm working alliances formed the basis of the partnerships that later formed the core of the BCHP infrastructure.

GOSED in turn formed a partnership with a Bahá'í NGO in the United

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States, Health for Humanity, to obtain medical equipment for Lethem Public Hospital, which was in need of significant repair and equipment. With the assistance of a Guyanese family, the Rambarrans', and an NGO, Beacon Foundation, both of which paid for the physical renovation of Lethem Public Hospital, and Health for Humanity, which donated a huge amount of medical equipment, reagents and an electric generator, the BCHP assisted in bringing a new look, new skills and new life to Lethem Public Hospital. The hospital, which had been avoided by many in the past, suddenly became an attractive place to go when one was ill. The hospital certainly became better equipped to handle medical problems and emergencies. However, as the months went by during a long and often frustrating search for funding, it became increasingly clear that the vast majority of people in the Rupununi would never access these facilities because transportation was too difficult and too costly, in both time and resource use, to make such a journey feasible; in an emergency, it was often questionable whether the person would even be able to survive the hours or even days-long trip by canoe, bicycle or bullock cart. Few wanted to carry their children over long miles to receive immunizations, far less participate in health education. This realization lent added impetus to the search for funding for a vehicle for the project so that the program could go to the people in its promotion of health rather than expect the people to come to it.

Formation of Partnerships

Almost a year after the idea for the BCHP first germinated, the Canadian International Development Association (CIDA) provided funds for a vehicle, which arrived in the Rupununi in July of 1993. Canadian Futures Fund agreed to pay for fuel for the vehicle, training costs, and costs of developing educational materials. The project was also given funds from the European Economic

Commission through CEMCO for medical supplies, teaching aids, shipment costs, vehicle maintenance, transportation costs, airfares into the interior, administration, and subsistence during field trips. Because the vehicle arrived in the middle of the rainy season in the Rupununi, when travel is particularly difficult, the program initially restricted itself to acting as an emergency ambulance service for the region.

In September of 1993, after the rainy season was over, the program entered into its outreach phase. During the first part of this phase, the program expanded rapidly by forming links with existing elements of the health care and education infrastructure, rather than by creating new structures or duplicating services. Because the BCHP had a capacity that few other organizations in the Rupununi had--mobility--and because it was willing to share this capacity generously with other groups, both governmental and non-governmental, the program soon became a focal channel for the outreach services of a number of organizations. For instance, the Medical Extension Officer (MedEx) of Lethem Public Hospital, who has served alternately as an extremely dedicated nurse/midwife/administrator for the region for decades, sought out a partnership for the Maternal & Child Health department because Lethem Public Hospital's vehicle had broken down. The BCHP not only entered into the partnership but asked the MedEx to dictate the schedule of village visits according to the needs of her immunization and family planning program. Subsequently, the MedEx accompanied Dr. Aidun to villages and completed the job of introducing Dr. Aidun to the community. A similarly close and mutually-helpful partnership was formed with the Hopeful Steps in the Rupununi CBR Programme to assist the latter in visiting CBR teams in the various villages. Other partnerships, however, were actively sought out by the BCHP in direct response to needs expressed by villagers. For instance, when villagers told Dr.

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Aidun of the long delay in malaria screening which results from having to send blood smears to Lethem for analysis, he asked the Regional Supervisor of the Malaria Control Programme to join him with his microscope.

Some of the most important partnerships formed, however, were with the people of the Rupununi themselves. This partnership emerged not so much out of mutual need as out of mutual respect and trust, gained slowly over months and months through trustworthy actions that grew out of a respectful process. The way in which the program interacts with people during village visits provides a case in point. In general, the BCHP waits for an invitation from the community health worker (CHW) and Toushao (Village Captain) before it travels to any village. If the program would like to initiate a visit, it writes or radios ahead, stating its business to both the CHW and the *Toushao*, and requests permission. The choice of these two parties is significant for several reasons. First, it respects before the whole village the authority of the *Toushao* as the leader of the village and the position of the CHW as the caretaker of the health of the village. This is particularly important when the power differential between a Western-trained physician and a three-month trained CHW is considered. Moreover, it draws these individuals and institutions into the process as active participants rather than passive recipients.

Once the CHW or *Toushao* has issued an invitation, the BCHP works with them to make the occasion a festive one. The whole village is informed of and invited to a village health day, school is dismissed, teachers teach their children songs to sing for the event, and when possible, food is prepared. Unless there is an absolute emergency, the BCHP arrives punctually as arranged with the village beforehand. Though this may seem like an insignificant point, to the Rupununi people, this punctuality and reliability is perceived as an extremely important gesture of respect:

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> You have to work hard in this region. You have to follow up. Dr.
> Aidun never neglect[s] [the] community, he follows up. He doesn't
> cancel. He meets obligations to the community (Interview
> Transcripts, Health Personnel).

In interview after interview, the reliability of the program in this area is mentioned as an example of its trustworthiness.

The majority of people who attend the village health day are women and children, though men have come to play a much greater role in recent years. They become the principal participants in the process of health education. These talks are participatory and focus on explaining why diseases occur in the way that they do and how they relate to health practices. The talks observed by the researcher generally asked the audience to come up with the solutions, given what they had been told about how the system works, thereby inducing the audience's active participation. Considerable respect for the traditional healing system was also expressed during these talks. It is clear that these health talks have created in Rupununi villagers a much greater sense of their own power to affect their own health and has led to greater self-reliance. 35% of respondents interviewed between December and January '94-5 and 23% of respondents overall (Summer '94 and Winter '94-5) identified increased self-reliance as a major impact of the program and an even greater number of people identified specific changes people had made in their own behavior or in their homes or communities in response to these preventative health education efforts. This empowerment evidences itself most clearly, however, in interviewee comments about the BCHP's education process and about their own changing conception of health:

> [The program] tries to inform people. It encourages the people to
> do something...to help themselves.

> Dr. Aidun teaches self-reliance. He says we must be able to help ourselves.
>
> This is a self-help program. Dr. Aidun tells people how to site and build pit latrines... He tells [them] how to make it inexpensive and they do it. He tells [them] how you can dig a well, how to get safe drinking water...Dr. Aidun doesn't use tablets, he uses talking, communicating. 'You talk to me, I talk to you.' He gives opportunity for villagers to hear what they would like; he asks 'What topic would you like to hear about from him?'
>
> [Health is] learning about how to take care of oneself, taking care of oneself...because Dr. Aidun can't be here everyday. You have to do it yourself.
>
> He tells us we can do something [about our own health]. It is very encouraging...No one has ever told us these things before (Interview Transcripts).

These comments clearly indicate an awakening realization in people of the Rupununi that they play a role in determining their own health. This came out particularly strongly in The promotion of this awareness can be described as an outcome of the second phase of the BCHP's history.

The methods of health education used by the BCHP deserve mention. As discussed earlier, the village health talks are carried out in a participatory way using memorable stories and analogies, many using examples from within the region. Though a number of interviewees pointed out that language remains a barrier for older people, this method of carrying out health education by storytelling was reported by a number of villagers to be particularly effective in helping them to remember the key messages. Perhaps one of the reasons villagers find it to be effective is because story-telling remains the way in which they remember and retell their own history as a people. It is at once an exercise in history-recounting, history-making, and simple entertainment. Thus, storytelling represents both an effective and culturally appropriate means of

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communicating health education messages in the Rupununi.

Other health education tools used by the BCHP include a series of simply-written, pictorially based pamphlets called "Facts for Life" that nearly every home proudly displays and the "Where There is No Doctor" book, which the program has distributed to a number of CHWs throughout the Rupununi. In addition, a health education art festival has been held in collaboration with the CBR Programme, which inspired Rupununi people of all ages to contribute hundreds of entries to an art competition whose goal was to depict the key health messages in the UNICEF publication "Facts for Life." As a result of this competition, which is described in greater detail in the chapter on the CBR Programme, the creative energy of a huge number of people throughout the Rupununi was brought into active participation in the process of health education. To this day, the posters, poetry, skits, and songs created for this festival are used in the schools and in community life. The winning entries have been put together in a book called "Facts for Life in the Rupununi" and are in the process of being distributed to CHWs throughout the region to use in their health education exercises. In addition, a video has been produced in partnership with the Guyana CBR Programme and UNICEF using scenes from the Rupununi to illustrate the key health messages in "Facts for Life." This video has been shown in nearly every village of the Rupununi by the CBR Programme through the use of a portable video system. This diversification of educational tools has been critical in drawing large numbers of people into the health education effort, particularly because language remains a major barrier to communication, particularly for the older people. Although everyone in the region is fluent in English, it is not the indigenous people's mother tongue; thus, attempts to diversify methods of communication to more universal and engaging forms are necessary. The educational pamphlets used by the BCHP have been translated

into the major indigenous languages of the region, Macushi and Wapishana. This use and appreciation of local culture and customs reflects GOSED and Varqá's commitment to facilitating culturally-appropriate development.

During the health education session with the villagers, a maternal and child health clinic is held, which basically serves as a well-baby visit and provides access to both immunization and family planning services. Afterward, Dr. Aidun sees patients together with the CHW. Because the program is conscious of the need to reinforce rather than undermine the CHWs' authority in the village, Dr. Aidun tries as a policy to only see patients in medical clinic who have been referred to him by the CHWs. Dr. Aidun and the CHW referring the patient go through the patient's history and physical findings together, with Dr. Aidun explaining specific historical or physical signs and symptoms he might look for, why he might conclude a particular diagnosis or how he would prescribe a particular treatment. Thus, these sessions serve as an invaluable, on-the-job form of continuing education for these health workers, who have received only three months of training and who often feel completely alone in their efforts to care for their people. At a more formal level, the BCHP has sponsored preventative health education seminars in each district--originally intended just for CHWs but attended by teachers and other villagers as well--which have been forums for grass-roots problem-solving as well as for CHW education about key health messages. Because of educational sessions such as these and the sense that they were no longer alone in caring for their people, CHWs in particular feel particularly supported rather than threatened by the BCHP. Both CHWs and health personnel noted that they felt that Dr. Aidun treated them as equals. Many commented on how difficult their job had been before the BCHP came to the region:

In previous years after I trained, I hardly see a doctor, I hardly see a MedEx; it's only me and me alone because transportation is a problem...[Now] in some cases that I can't handle I refer to Dr. Aidun...I learn almost every day (Interview Transcripts, CHWs).

CHWs also felt that Dr. Aidun reinforced the health education messages that they had been trying to convey all along in their villages; rather than undermining them, Dr. Aidun simply lent them credibility in the eyes of their fellow villagers:

I've seen good results because...he just kind of reinforces what I try to teach here and you know, hearing it from someone more qualified than I am, hearing it from such a person it kind of hit home.

I tell them and Dr. Aidun comes and reinforces it--we get good results (Interview Transcripts, CHWs).

As a result, during this phase of the program, Rupununi residents identified community health worker support/empowerment as the key impact of the BCHP. These health workers in turn were brought into partnership with the program.

This ability to bring people together to better serve the community and this willingness to subsume one's own agenda to another's, in keeping with GOSED's principle that "A project should seek to promote the unity of the community, regardless of race, religion, or creed," represents one of the BCHP's greatest strengths. Through these informal partnerships, the Bahá'í Community Health Partnership (BCHP) became a mobile, integrated community health service to people in remote villages of the Rupununi by mid-1994. The components of this integrated health service, which represent some of the diverse alliances described earlier, today include health education, medical clinic, immunization, family planning, malaria screening, and community-based

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rehabilitation (CBR) of disabled villagers. By the middle of 1994, the BCHP had reached all but two or three of the 42 villages in the Rupununi and was continuing to expand its services and programs through joint initiatives with other programs.

In early 1995, the BCHP initiated the formation of a Regional Health Management Committee to formally cement the partnerships and ensure equal access of all of the partners of the mobile health service in the decision-making process underlying outreach efforts. This was done largely because it was realized that if power over vehicle movements lay exclusively in the hands of the BCHP, the relationship between the partners could never be an equal one; the other members of the team would always be or feel dependent on the BCHP core staff. The BCHP's partners always commented on how flexible the BCHP was in responding to their need to travel to villages; however, the fact that they felt they needed to ask for or wait on the BCHP in and of itself implied a lack of sense of control or ownership in the process. This dependency also had the potential of seriously compromising the sustainability and consistency of the outreach component of the BCHP because it relied on the constant availability or willingness of a few individuals to go out on field visits. Moreover, in the long run, it may have limited the scope of what the BCHP core staff could do if they felt they always had to take responsibility for organizing field visits. Although these possibilities never actually manifested themselves as tensions in the process, the BCHP decided to act to avoid the possibility of this happening by forming a Regional Health Management Committee (RHMC) which would have the responsibility of overseeing the outreach component of the BCHP.

The RHMC was composed of members representing the various partnerships that make up the BCHP, including the Regional Health Officer, the heads of the Maternal & Child Health Program in the various subdistricts, the

Director of the Malaria Control Programme, the BCHP Director, the BCHP Driver, a CHW, and several other dedicated individuals. The RHMC became responsible for organizing and overseeing the outreach component of the BCHP. This effectively put responsibility and power over vehicle movements in the hands of local people who had shown great dedication to outreach efforts in the past. It ensured that this component of the program would become integrated into the existing health system (both an outreach component and a Regional Health Management Committee are theoretical parts of the Ministry of Health's regional infrastructure, but neither was in place when the program began) and decreased dependency on any one person or program. The RHMC began a schedule of visits such that 30-35 of the 42 villages would be visited every 6 weeks.

This ability to expand through the formation of partnerships with preexisting elements of the health and education infrastructure and with local people contributes greatly to the BCHP's outcome, political, resource and process sustainability. Few new resources are introduced and preexisting resources and organizations are brought actively into the process and trained as to its nature. This emphasis on building on the existing system rather than creating new, autonomous structures can be seen at every step of the BCHP process. It is evident in the way in which the BCHP consults at every step of the process with not only villagers but also the Ministry of Health, regional authorities, and with interested parties within the region. It can be seen by the extent to which the components of the BCHP program fit into the government's general scheme of the health system, with differences arising more from process rather than structural differences.

Finally, it can be seen in the extent to which the BCHP plays the role of a facilitator in the development process. Very little is done to build program

identification. Nothing is done to make the members of the health team feel that they have to be part of some BCHP-specific infrastructure. The RHMC was not formed as a subcommittee of the BCHP, but rather as an independent body in which the BCHP comprised one member. It is not answerable to the BCHP. Unlike the CBR Programme, the BCHP did not for a long time make use of identity-building techniques, such as theme songs, T-shirts, etc. In fact, for a long while, there was very little name recognition of the program throughout the Rupununi, though if one were to describe a village health day, everyone knew exactly what one was talking about. As a result, few barriers of identity were created between the BCHP and other individuals or organizations. This allowed the structures and contributions of the program to more easily be assimilated into the existing infrastructure because involved people simply incorporated what they did with the BCHP into their regular jobs as health personnel. Thus program and process sustainability were promoted during the first and second phase but not as part of a specific structure called the BCHP.

In summary, the BCHP's focus during the first two phases of the project rested on providing curative and preventative health services to the people of the Rupununi and empowering them to assume responsibility for their own health. Its approach was mainly centralized and top-down but provided considerable opportunity for other interested organizations at the central level to participate in the process and for people at the community level to provide input into the process. The only new infrastructure developed during these phases of the program, the Regional Health Management Committee, reflected this organization and approach. The BCHP focused very much on working through the existing system in its work and did not attempt to really build a separate identity for itself as a program. The main outcome of these phases for the program included improved access to health services for people in the

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Rupununi, CHW empowerment, increased awareness and practice of preventative health practices particularly in the area of water and sanitation, and the introduction of human and material resources to Lethem Public Hospital. The main process outcome for the project was the development of partnerships and considerable trust at both central (regional) and community levels.

Human Resource Development and Empowerment

The impetus for the third phase of the project arose from the intersection of three forces and processes operating at both systemic and program levels: the increasing openness of the region to development; the broadening definition of health adopted by the program; and finally, the desire of the Ministry of Health to reactivate the health committees which had existed within each village.

When the BCHP first started in 1992, very few development agencies were operative within the region. This was partly because the region seemed very difficult to work with logistically, but largely because the existence of a socialist and fairly anarchic and corrupt government in Guyana for decades had caused foreign donors to withdraw their support from Guyana. In 1992, the majority government of Guyana changed; among the first changes it instituted was an economic reorientation away from socialism and toward greater privatization. Moreover, the government reestablished relations with foreign governments that it had not cooperated with during the previous regime. As a result, Guyana reopened its doors to foreign development aid in 1992, causing a massive influx of money and organizations into the country.

The Rupununi, because of its isolation and logistical challenge, did not catch the interest of development agencies immediately. However, once it became clear, through the efforts of the handful of organizations operating

within the Rupununi-- including the BCHP, the CBR Programme, SIMAP, and the Rupununi Weavers' Program--that development efforts were not only feasible but had the potential to be very fruitful, the Rupununi began to be flooded by organizations seeking to offer assistance. While well-intentioned, these development efforts often tended to be haphazard in orientation, short-term in scope, and focused more on the resources and agendas of the development agencies than the needs and priorities articulated by people in the Rupununi. Rupununi villagers in turn felt that after long years of neglect, they were being given a shower of gifts--and if they did not accept them, they might never have such an opportunity again. Instead of feeling that they could come to the development table as equals, they felt their role was limited to that of the grateful recipient.

As a result, these development efforts often led to the construction of buildings, programs and structures that were unnecessary, unused and often disempowering by their process. Many of the best-intentioned programs had unintended side effects. One which gave case supplements to mothers for attending immunization and prenatal clinic, for instance, led to children being immunized multiple times for the same vaccine, a change in motivation for seeking immunization with a resultant drastic drop in rates below pre-program levels, and the diversion of the money handed out from women to men who felt that they did not need to continue to work in their farms, bush, or in the mines to earn money because they had free money coming from a program. The BCHP thus recognized the importance of educating Rupununi residents about the rights that they have at the development table as well as empowering them to recognize that they have the ability to identify and address their own needs (Interview Transcripts, Program Staff, Villagers).

This, the BCHP felt, was as true in the area of health as in any other area.

When the BCHP began, it hoped "to promote wider community involvement in meeting the health needs of the community." It essentially envisioned that this would come about through health education efforts such as the village health days, the Facts for Life festival and through empowerment of CHWs to give health talks in their villages. Health was defined largely biomedically, with emphasis placed on preventative health education. The program focused on two target audiences for this work: CHWs and the community at large. The ways in which the program sought to educate and empower CHWs have already been discussed above. For villagers in general, the main forum for empowerment around the area of health took place at the health education talk given by Dr. Aidun during each village visit.

As time went on, however, it became increasingly clear that it was not sufficient to implement preventative health measures to improve health; in the long term, people had to be empowered to change the system in which they existed if they were to bring about lasting change in the health care system and in their communities as a whole.

Perhaps because the BCHP viewed development as a process ultimately of spiritual empowerment, they felt that the first step of this process had to spring from a transformation in the way in which the Amerindian people viewed themselves. For years, they had been told that they were sinners, that they were inherently inferior to anyone from the outside--whether it be a Colonial government, the Church, a Coastlander, or a development agency. The Bahá'í Community Health Partnership felt that changing this attitude of inferiority was the first step to helping the Amerindian people of the Rupununi gain their own voice in the development process. One member of the program staff, when asked what they felt the greatest need of the people in the Rupununi was, replied:

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> I think maybe the realization that their own destiny is in their own hands, that they don't need to--yes, they may need skills--but they don't need to wait to be told the direction in which they should be going. They just need to be empowered to realize that they have the capacity to go where they see their paths to development should take them (Interview Transcripts, Program Staff).

In other words, Amerindian people needed to develop an awareness of themselves as capable human beings who had the intelligence, wisdom and power to define and control the process of development for themselves. The BCHP felt that they could begin to address this issue through workshops using concepts from the Bahá'í writings that they translated into Christian context for their overwhelmingly Christian audience: that human beings were created in the image of God, that all human beings are the children of God, equal to all others, and inherently noble. The concept of nobility, as discussed in workshops by the BCHP, went farther, however, than a simple assertion of human dignity. It bore with it a call to act according to this "higher" nature to uphold the dignity of their people: to take responsibility for the needs of the community, to sacrifice for its improvement and development, to reject dependency arrangements in the name of development, and to recognize and affirm the value of their own culture and way of life. It called for them to not only recognize that they are equal but also to realize that they have important insights and experience to add to the human discourse about what it means to be noble, what it means to develop, what it means to grow as a community without losing their identity. This approach essentially worked to transform people's conception of their role and place in the world from that of receiving development aid passively to one of actively transforming their own communities and offering an example to the rest of the world.

Obviously, it isn't enough for people to simply know that they are equal and noble; a great deal of experience and skills are still needed to carry out a development process that is empowering and unifying. The BCHP could not, of course, "educate" people in any set of "standard" development skills nor could it hope to provide the knowledge in medicine, administration, education, etc., that would develop the human resources necessary for Amerindian people to take over the region. Moreover, it wasn't even necessary to do so; the Amerindian people already lived in communities with highly developed systems of self-governance. Their community organizing skills were already quite sophisticated; for instance, part of the Macushi culture includes a concept of self-help days, where the whole village gathers together to work on community projects. Rather, the BCHP hoped to use a few general but critical ideas to spark consciousness about their role in the development process. These ideas included: the importance of developing human resources over material ones; the importance of not blindly imitating Western development but rather defining one's needs and goals for oneself; the importance of having local people who are committed, willing, and able to work under Rupununi conditions in positions of functional importance in the region; the need to be cautious of dependency arrangements which tend to enslave the mind and disempower the person; the importance of preserving and affirming culture; the importance of frank, equal and egoless consultation in the development process; the importance of creating a vision for the community; and various types of leadership that can emerge in the process of development, both empowering and disempowering. Examples from the Rupununi that illustrated these various ideas were gathered to make the material accessible and practical. In essence, the BCHP hoped to raise consciousness about the development process and encourage Rupununi villagers to bring their already formidable leadership skills in community organization

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into it to create a more sustainable locally-run self-development process.

The BCHP decided to begin this educational process using a two-pronged approach: it sought to involve the community as a whole in thinking about these issues and a few individuals in each village in trying to implement and teach the ideas. The Ministry of Health had asked the BCHP to attempt to resurrect the health committees the Ministry had established in each village. The BCHP decided that this would be an opportune moment to combine the processes of increasing community ownership in the area of health with greater empowerment of the community as participants in the development process. The BCHP used an expanded concept of health as "total mental, physical, and social well-being" to bridge these two processes. It also decided to use several tools that had been proven to work well for community organization in the Bahá'í community. These included a form of election without a nominations process which essentially helps to make the process of elections a bit more equal and democratic while minimizing the influence of particular political groups or power structures. It also used a form of consultation in which participants contribute freely and frankly to the discussion on a given issue without owning any of their ideas. This essentially assists in freeing the discussion from the constraints of individual egos.

It was during this move toward greater community organization and involvement in the development process that GOSED's daughter organization, Varqá Foundation, was conceptualized and brought into being. The focus on human resource development and empowerment of communities in the development process in Varqá's mission statement reflects the change in orientation and conceptualization that GOSED went through during this time period as a direct result of the experience of the BCHP in the Rupununi.

The program began the process of increasing community involvement by

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consulting with villagers about why the original local health committees had failed. The leading complaint seemed to be that people in each village had simply been appointed to these committees with no one having a say about whether they wanted to be on it. People who were interested were excluded from the process and people who had little interest were sometimes included. Moreover, there was very little instruction or education about what the role of these health committees should be or how they should function in the village. Thus, the local health committees never really functioned in the first place because they did not understand what their role should be in the village.

Out of these discussions and consultations with GOSED and the newly formed Varqá Foundation emerged a plan for electing Local Health Boards in each village that wished to sponsor one. In the absence of any other formalized method, the BCHP decided to simply adapt the administrative format applicable to Local Spiritual Assemblies in the Bahá'í community, which represent the community-level organizational units. These rules included guidelines for elections without nominations, by secret ballot, with each voter contemplating the best nine choices of people to serve on the Local Health Board. Those who could not speak English were given instructions and assisted in the voting process by local translators. Each Local Health Board would consist of the nine members plus the CHW and *Toushao*, to promote integration of the work of the Board with other relevant village institutions. The voting process was preceded by a discussion of development from a historical perspective, highlighting the principles and ideas discussed above and followed immediately by a two hour meeting with the newly elected Local Health Board discussing the role and function it could play in creating and carrying out both short and long-term visions of health for the community. A great deal of emphasis was placed on human resource development as more important in the long-term. It was

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intended that within two months, each Local Health Board would go through a two-day workshop discussing five areas in depth to support its function as a leader and catalyst in the area of development for the whole community: nobility, service, consultation, leadership, and creating a vision for their communities. Unfortunately, due to a crippling vehicle breakdown, it became impossible to complete these workshops as planned within two months; as a result, especially given the breadth of the task they were asked to do, a number of Local Health Boards (LHBs) were left without a clear sense of what their role was and either lapsed to a more traditional role of promoting preventative health and supporting the CHW or ceased to function entirely.

As a result, in 1995-6, a second series of workshops was organized and carried out in partnership with the CBR Programme for two to three LHBs, the respective village CBR teams, village councilors, teachers, and *Toushaos*. This served to not only expand the range of people actively thinking about community development but also to better integrate the LHBs with other community institutions. This expansion proved to be an extremely helpful move. As one health worker put it, the major impact of the BCHP as she sees it stems from the fact that it has "united the people, the leaders of different categories in each village to come together and work and support the work of the health people in each village" (Interview Transcripts, Health Personnel). Each LHB came up with a vision for their community and devised plans to carry it out. These steps add to the sustainability of the process as people gain experience in carrying projects through to completion. The BCHP also began to visit each village and consult with the LHBs individually to support them in their roles in practical ways. These visits seem to have been helpful in translating the theoretical work in the workshops into practice.

To promote ownership of the knowledge contained in the BCHP

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workshops and to facilitate its widespread dispersal in the community, each LHB was also asked to replicate the LHB workshop for their fellow villagers. This greatly promoted the process sustainability of the BCHP as more and more people at the grassroots became increasingly conscious about the process of development. Moreover, it increased program sustainability as more and more BCHP members became comfortable teaching the material to their peers. The process of organizing a workshop was one which taught the participants a fundamental organization/management skill necessary to continue the BCHP in its current form. It also taught the team members how to teach others, so that they were not mere vessels of knowledge but active participants in the education process. Finally, it no doubt increased LHB members' identification with the program as they found themselves playing the same roles that the BCHP facilitators had occupied earlier.

The combination of this second round of workshops, visiting with LHBs individually, and having LHBs hold village workshops appears to have been successful in activating the LHBs in the Rupununi. In June 1996 a representative from all but four LHBs in the Rupununi (four could not come because the start of the rainy season made travel from their area very difficult) gathered in Lethem for a planning conference for the coming year. These representatives reported that they finally understood what their role was as LHB members and were ready to take part in the process of development. For the next two days, these participants met according to subdistricts, brainstormed about what they would like to see happen in their communities, selected their top three project choices, and planned how they would implement the projects in each subdistrict, including who they would form partnerships with, what tools they would need, and where they would get the resources for their project. Together, these LHB representatives came up with a development plan for the coming year for the

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entire Rupununi.

By September of 1996, the LHBs from each subdistrict will elect two
representatives to form a Regional Health Board, which will oversee and support
the work of the LHBs in the entire region. Twice a year, the Regional Health
Board and a representative from each LHB will meet in a conference to discuss
developments, exchange ideas, and make future plans. In the meantime, the
BCHP has begun a newsletter to give the LHBs an opportunity to communicate
their achievements, challenges, and experiences. This type of ongoing
consultation promises to be extremely supportive of process sustainability
because the LHBs themselves can serve as resource people for each other in the
development process. In addition, the BCHP core team will travel to the villages
to meet with each LHB individually twice a year to provide on-going support
and get feedback about the process. Thus, the role of the BCHP will have
transformed itself completely from that of an initiator of top-down, centralized
health outreach efforts to that of a supporter and facilitator of decentralized,
grassroots community development efforts. The BCHP will not stop its
involvement in promoting curative and preventative health, of course, but its
role there will also be focused on human resource development. In September of
1996, in partnership with the Regional Health Officer, the BCHP will hold a three
day medical and preventative health training seminar for all CHWs in the region
so that their skills will continue to be upgraded. The CHWs will then join the
LHB representatives and participate in the community development conference.
Since all CHWs are members of their LHBs, this will generally mean that two
people from each LHB will be able to attend the conference (in some villages, the
CHW was directly elected to the LHB).

The way in which the BCHP has approached this entire idea of
development education and community empowerment can only be described as

some combination of extremely visionary and highly controversial. One potentially worrisome aspect of the process is the extent to which it has relied on the BCHP's vision of what needs to happen at a fundamental level in the development process. Though Rupununi residents have thought about some of these issues, the vast majority of the thrust has come from long-term analysis of the development situation in the Rupununi as assessed by the BCHP core staff in consultation with Varqá and the CBR Programme. The vast majority of Rupununi residents had not even thought about these issues and certainly not in these ways. As a result, it is certainly true that a great deal of ideological or cultural transmission took place in the process of raising Rupununi residents' consciousness about development because the very ideas introduced were revolutionary in the context of the established system. One might question the appropriateness of such an approach or worry that it will compromise the sustainability of the program if it questions the status quo. One might go on to argue that, given that entirely new methods were introduced into the process, such as with the introduction of a different election protocol to that usually used in village elections, it would be difficult to maintain the method in the long run. One might even question why such a method was used at all when a functional system of election by secret ballot already existed within the community.

The BCHP would argue, I think, that its role is not to maintain itself as a specific program or to maintain the status quo--but to empower people to actively participate in the process of development. The education offered by the BCHP in this last phase of the project is invaluable in promoting the sustainability of the Amerindian people's voice in the development process. The question of cultural transmission or ideological transfer raises issues of insider versus outsider in charting the course of development. The BCHP would argue that it is not whether an idea comes from inside or outside the community that is

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important; it is whether it resonates with, empowers, and becomes the possession of the people being served that determines its power or worth. The vast majority of programs arise from the observations and efforts of outsiders, or insiders who have gone to the outside and returned with a different perspective. This derives partly from a colonial history but mostly from the fact that people need to see the inside differently to understand that change in possible. To those who, in an effort to preserve Amerindian culture as fully as possible, would argue that change itself is unnecessary or inherently undesirable, the Amerindian people themselves have a reply:

> The question has often been put to the Amerindian Research Unit by visiting consultants: why are Amerindians not happily hunting and gathering and farming? Why do they need such processed foods like wheat flour, rice, sugar and milk? Why are they no longer self-sufficient? In the first place, we tend to answer, it has been 500 years since Columbus made contact. Most of the people who pose the questions above would be insulted if it were suggested to them that they should be living in the same fashion that their ancestors lived a quintcentenary ago (Amerindian Research Unit, 1993, p. 4).

In other words, it is somewhat naive, a bit objectifying, and thoroughly unrealistic to expect people to not wish to develop, change, and modernize when they see these processes going on around them. Ultimately, if the goals and priorities of a community such as the Rupununi are to be respected, one must become an agent of change and simply try to guide the process around the pitfalls which lie on the path to development.

The most important arguments that the BCHP would put forward in its own defense, I think, would be the strong response of the participants of these workshops and of the immediate desire of the villages to elect a Local Health Board or Assembly:

...we are longing for a Local Health Board to be formed in here...It is
very important. When I go out, there must be somebody to replace
me. It's very important that we have a Local Health Board in
[village] because, without Local Health Board, our community, you
see, will not go further, because we see it fit that the Board will be a
kind of responsible people in the community towards health and
whatever health problems we have in this community would be
solved by this Board. By that alone there will be a proper
representation on behalf of the people in [village]. That is why we
really need—are longing for this Assembly to be formed. That is the
only way we see that we can be represented...we see that if we form
that, our community will be properly represented because we have
an Assembly and we have people to represent us, to speak on
behalf of us. That is why we are anxious (Interview Transcripts,
CHWs).

It is clear from interviews such as this that the idea of having a Local Health

Board was one which resonated with the people of the Rupununi, often to such

an extent that in some villages people became anxious to have such an institution

because they felt it was really important. At the time of formation of the LHBs,

77% of interviewees (n=13) responded that it was a good idea to have a LHB,

62% replied that it was particularly needed to support and spread the work for

the CHW, 31% said it was important to have the LHB for the purpose of

community development and 15% mentioned that the LHB would be important

as a representative body for their village. 29% of respondents identified the

activation of the LHB as a suggestion for improvement of the BCHP (see

Appendix B).

The response of Rupununi residents to the LHB formation process, with

its novel election protocol, was similarly positive. 83% of respondents (n=12)

interviewed during and after the elections process thought the process was "all

right", "fair" or "correct." 75% mentioned that the election itself was fair or

neutral and many commented positively about the unbiasing effect of an election

where nominations are not allowed. Some even felt that all elections should be

held in this manner. In 1995, in fact, at the annual conference of the Amerindian Peoples' Association, at which a rewriting of the charter for the region was being discussed, representatives from Region 9 presented this new form of no-nomination election to the Assembly as a preferable form of elections to the regular nomination-based elections; by the conclusion of the conference, the Amerindian People's Association had voted the method of election carried out in Region 9 as the "best kind of election." Thus, it is clear that although the method was new, it was one which the Amerindian people not only considered acceptable, but also one which they felt comfortable taking possession (Interview Transcripts).

The response of participants to the follow-up workshop was unanimously positive, with many commenting on how important and different and necessary this type of education and workshop was to the people of the Rupununi:

> The two day workshop to me was quite thrilling, fantastic and educational...In the past years if such workshops had been organized and conducted there possibl[y] could have been some dramatic changes in the lives of the people, particularly the Amerindians. People living in such isolated areas as our[s] [would] have been benefitted immensely.

> The workshop at Apoteri which [was] for two days was very, very interesting for me because I--for the first time, it remind me of many things which never happened for many year[s] in my community. But what I learned for two days it wake my mind. [The] most important subject which I never know was before, Nobility and Creating a Vision in our communities--not only these two but every subject was interesting and [I] hope to put them into practice (Interview Transcripts, LHB Members).

The final and perhaps most convincing argument in support of the BCHP process stems from what the LHBs have managed to achieve in the last year. One Local Health Board conducted a survey to document the needs of each

household in the village and came up with a schedule of village work-days to address the needs that could be easily met--building latrines, protecting wells, even building a village activities center. It is currently in the process of completing each of these tasks. Many others decided to focus specifically on the issue of water and sanitation by building latrine, cleaning compounds, and protecting wells. Some have even designed new types of latrines and made simple modifications to their wells so that animals could not get into the water. Others have raised money to build health centers or community centers, buy a pump, and other such money-intensive investments. One has even formed a partnership with a sewing cooperative to make mosquito nets for every person in the village. One village had a health worker who had served the village well but who had not been paid by the government for his services for a year. Knowing that the man could not continue financially in this situation, the Local Health Board appealed to the regional administration for him to be paid. When this failed to elicit action, the Local Health Board wrote a letter describing the situation to the biggest newspaper in Guyana; the letter was published with immediate results from the Ministry of Health. More significantly, the understanding that villagers united under a representative institution could take such action spread like wildfire throughout the Rupununi, inspiring other Local Health Boards to look around their own villages to foster change.

The one year and five year visions of these LHBs are truly impressive and show a great deal of long-term focus on human resource development, improvement of environmental conditions, and community development. Only time will tell whether these visions will come to fruition. However, it seems to the researcher that regardless of whether these goals are accomplished, the people of the Rupununi will still have learned something valuable and important in the process: that they are "noble", that they have the capacity to bring about

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change in their lives, and that they do not need to wait for, depend on or bow to the development agencies that now dot the region; that instead, they can enter as equal partners in the development process, unafraid of expressing their needs, hopes, and aspirations. If this alone is the result, it promises to change the way development is practiced in the region.

C. DEVELOPMENT OF INFRASTRUCTURE

The BCHP has helped to develop both material and human infrastructure in the Rupununi Region. Its contributions to material infrastructure include the donation of large amounts of medical supplies and equipment to Lethem Public Hospital and the facilitation of a mobile health service for the region with the BCHP Land Rover. Its contributions to the human infrastructure in the Rupununi include its support of health personnel, particularly CHWs, and its contributions toward increasing the general awareness of the population about health and development knowledge and skills. The BCHP has also created a set of institutions that promote its program and process sustainability. These institutions will be the subject of the majority of the analysis in this section.

The BCHP has evolved considerably in its human infrastructure since its inception. Because of the communication and access limitations of the Rupununi Region, the program has had to develop infrastructure at three different levels: at the national capital level (Georgetown), at the regional level (Lethem) and at the village level. Early in the BCHP's history, infrastructure existed primarily at the national level, with moderate development of infrastructure at the regional level. With time and some shifts in program orientation, a substantial infrastructure began to develop at the regional and local levels that transformed the program
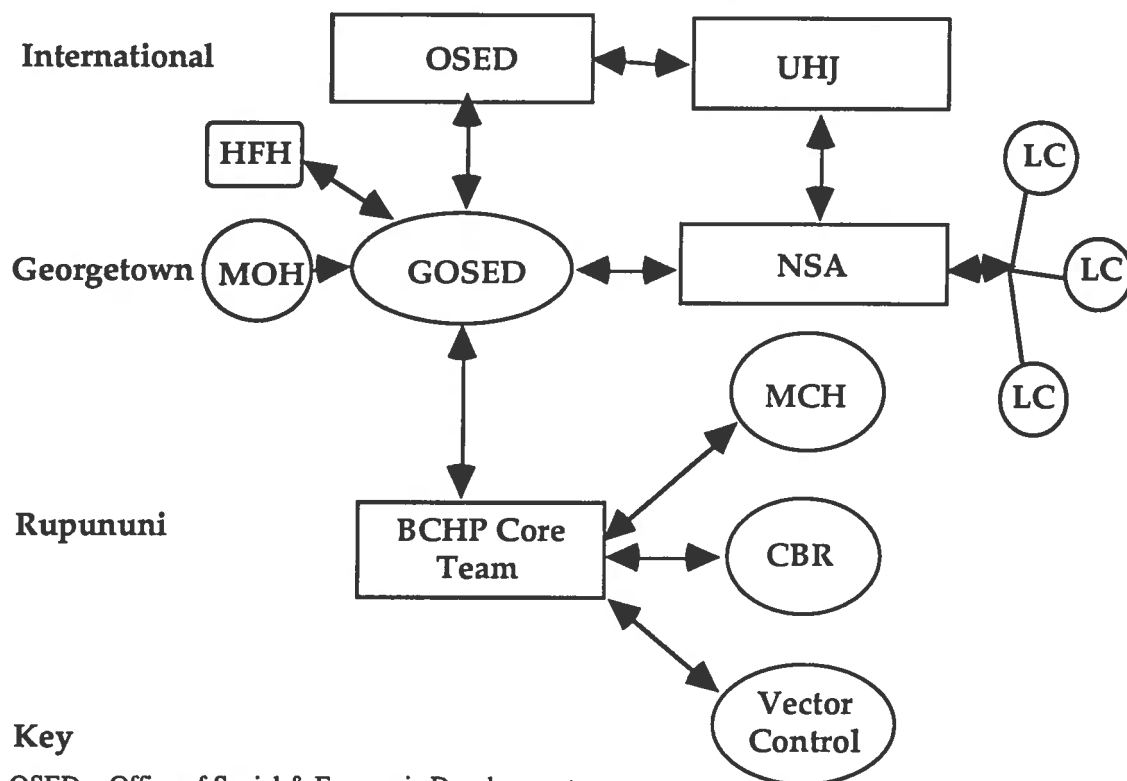
from one that was responsive and respectful of the community to one that is rooted and built on it. Thus, as the orientation of the program shifted from a curative to preventive to empowerment focus, there occurred a parallel evolution of the human infrastructure of the BCHP from a centralized to decentralized to community-based form.

1. Early Structure of BCHP

During the first and second phase of the BCHP's history, the program was linked to a fairly significant infrastructure outside the region and a fairly simple infrastructure within the region. Organizational infrastructure within the region consisted of the core staff of the BCHP--the Director and the Driver--and the partnerships formed with other organizations, some of which are shown in Figure 5.1. The only material infrastructure that the program possessed included the BCHP Land Rover and an office/residence for Dr. Aidun donated by the region.

Organizational infrastructure outside the Rupununi, on the other hand, was fairly complex (see Figure 5.1), and reflected the organizational structures of the Bahá'í community, which were geared toward addressing social and economic development efforts in a number of communities. As described before, the BCHP was initiated by the Guyana Office of Social and Economic Development (GOSED), which is both a registered non-governmental organization (NGO) and an agency of the National Spiritual Assembly (NSA) of the Bahá'ís of Guyana. As such, it operates not only under the direct supervision of the NSA of Guyana but follows certain principles of socio-economic development in its work, derived from the writings of the Bahá'í Faith. Through the NSA of the Bahá'ís of Guyana, GOSED has access to the infrastructure of the Bahá'í community throughout Guyana,

composed of over 100 local-level Bahá'í communities. GOSED assists and coordinates socio-economic

International

| OSED | ↔ | UHJ |

HFH

Georgetown MOH → GOSED ↔ NSA ← LC, LC, LC

UHJ ↕ NSA

MCH

Rupununi

BCHP Core Team ↔ CBR

Vector Control

Key

OSED = Office of Social & Economic Development
UHJ = Universal House of Justice
HFH = Health for Humanity
MOH = Ministry of Health
GOSED = Guyana Office of Social & Economic Dev
NSA = National Spiritual Assembly of the Bahá'ís of Guyana
LC = Local Bahá'í Communities
BCHP = Bahá'í Community Health Partnership
MCH = Maternal & Child Health
CBR = Guyana Community-Based Rehabilitation Programme

Figure 5.1 Early BCHP Infrastructure

development efforts initiated throughout these communities. In addition, it initiates a number of programs which are implemented through this infrastructure of Bahá'í communities; perhaps the most notable example is the Village Literacy Project, which begins libraries and organizes literacy training

workshops in areas where the local Bahá'í communities have met and asked for these services. Thus, in one sense, GOSED represents a national development board for a large, community-based Guyanese-wide organization.

The members of GOSED are appointed by the NSA of Guyana each year. GOSED then elects its own officers and maintains an administrative staff. It keeps its own financial records, which are audited annually. The NSA of Guyana, as mentioned earlier, oversees and guides GOSED's activity; the NSA is, in turn, guided by the Universal House of Justice at the Bahá'í World Center. GOSED also has a homologous organization to turn to for guidance at the Bahá'í World Center: the Office of Social and Economic Development (OSED). The NSA provides a natural system of checks and balances to ensure that GOSED stays true to its own principles of trustworthiness, justice, etc. Equally importantly, the NSA connects GOSED to a worldwide resource network as well as to a Guyanese-wide network of Bahá'í communities. Through this network, a number of people from around the world have visited Guyana without charge to learn from and offer guidance to the various projects; many of these people had run development projects of their own and could offer technical expertise. Others have returned to their respective countries to organize collections of material (books, medical equipment, etc.) to donate to various GOSED projects. As a result, not only have these projects never paid for a foreign consultant, but they have gained a core of dedicated partners throughout the world to assist in their projects. A partnership with a U.S.-based NGO, Health for Humanity, to rehabilitate a number of hospitals throughout Guyana with medical equipment, including Lethem Public Hospital in the Rupununi, emerged out of one of these visits. In a sense, this type of structure has provided a mechanism for the redistribution of resources from the North to the South.

When GOSED was responsible for overseeing the BCHP, over half of

GOSED's members were Guyanese; those who were not Guyanese were from such places as Cuba, Britain, and Iran, not the U.S. or Japan. GOSED's staff was completely Guyanese, including the coordinator of GOSED, an Amerindian lady who has gained widespread respect among the indigenous people throughout Guyana. This organization was moreover Guyanese-initiated and Guyanese-run from its inception in 1989, a history few development organizations can boast of. At least half of the people involved in GOSED are women. Thus, in these areas, GOSED was fairly representative of the communities it served throughout Guyana. However, its members were appointed, not elected. The communities being served did not have a say over who would be on GOSED's Board, which was fully Bahá'í in its composition. As a result, the possibility of poor representation of communities being served existed as a risk in this structure. In the Bahá'í Community Health Partnership during these early phases, only one person in the regular team that visited villages was Bahá'í. At least half were Guyanese residents of the Rupununi. About half were Amerindian. Just less than half were women. All who implemented the program resided in the region; some had lived in it all their lives. Thus, at the regional level, the BCHP may have been more representative of the community it served than GOSED was at the national level.

The organizational infrastructure of the BCHP at this point reflected the emphasis on delivery of materials and services to the Rupununi. Organizational sustainability during this phase was derived from the numerous partnerships and networks on which the BCHP and GOSED rested. Other than through association, however, no systematic effort was made to train people about the program or the process.

2. Later Infrastructural Development

The program's shift in focus from service delivery to community empowerment was accompanied and reflected by a shift in infrastructure toward a more community-based system. The organizational infrastructure characterizing the third empowerment phase of the BCHP is shown in Figure 5.2.
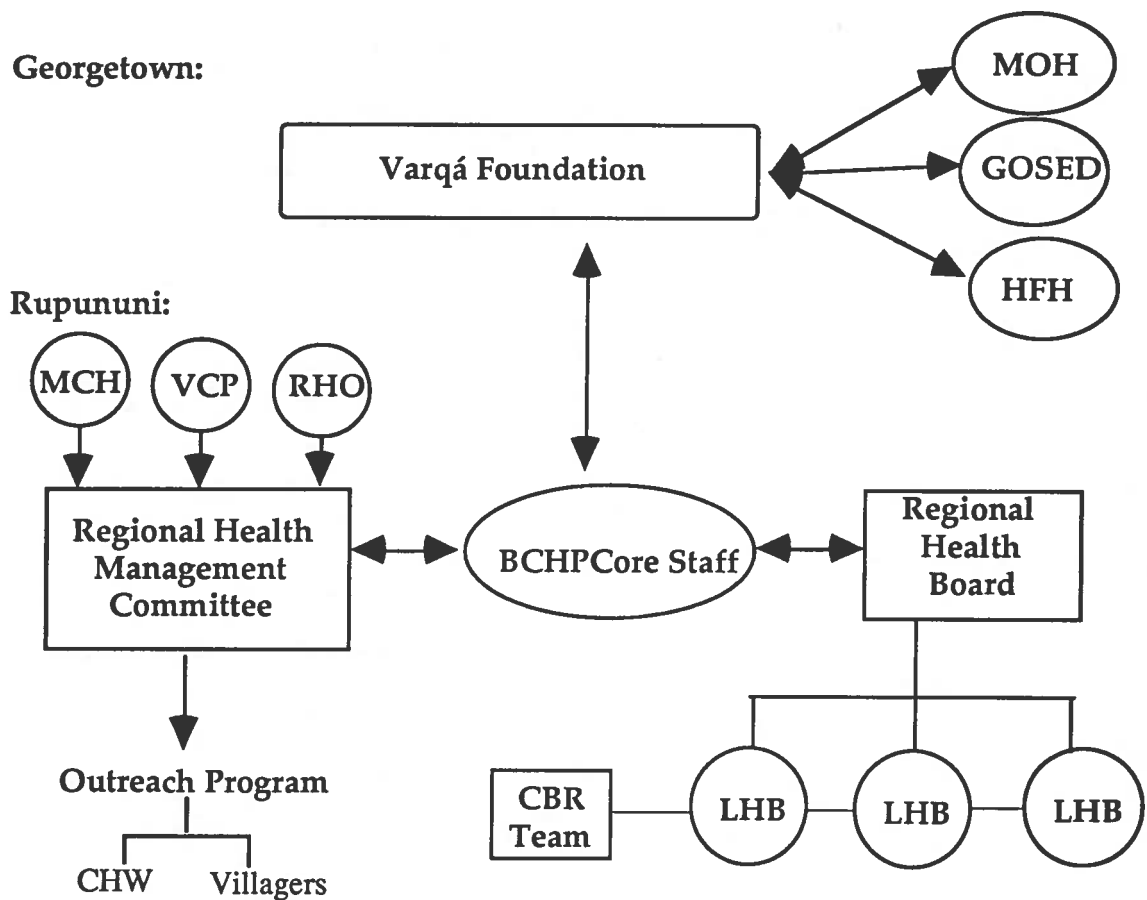
Figure 5.2   Late Infrastructure of the BCHP

Essentially, at the national level, GOSED and all of its administrative interconnections are replaced by Varqá Foundation, which is a private non-

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governmental organization not formally connected to any other administrative structure. It, of course, does retain many of the partnerships that GOSED enjoyed, such as with Health for Humanity, OSED, etc. but it is not monitored regularly by, is not a responsibility of, and is not directly accountable to the National Spiritual Assembly (NSA) of the Bahá'ís of Guyana. In fact, the major impetus for the formation of a private foundation to coordinate large centrally-initiated projects such as the BCHP came from the amount of energy and time the project consumed when it had to be monitored by the NSA, which also administered the affairs of over 100 local Bahá'í communities, and administered by GOSED, which was responsible for supporting grass-roots social and economic development efforts in these various communities. In essence, the program needed to be administered through a structure that had the time to nurture the project. In addition, the early infrastructure could sometimes be administratively burdensome, too complex to respond quickly to urgent or spontaneous situations. Creating a private foundation thus helped to relieve some of the stresses of a complex infrastructure at the national level. The transition from an NGO sponsored by a religious organization to one run by a private foundation also helped in the process of seeking funding for projects because many donors were simply more willing to work with a group that wasn't run by a religion.

Varqá Foundation is composed of nine members, many of whom had played a key role in GOSED; the transition from GOSED to Varqá was therefore extremely smooth. Five of Varqá's nine members are women. Greater than half are Guyanese citizens. One is Amerindian and has lived and worked within the Rupununi. Two others have traveled and worked extensively in the Rupununi (Varqá Foundation, 1995, pp. 7-8). All are Bahá'í. All are highly experienced in the field of social and economic development. Several hold key positions in the

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government. The representativeness of this group is similar to that of GOSED. The BCHP has done little to consider who would serve in the position of Varqá in the future if the program were to become self-sustaining within the region. This is critical to think about because underdevelopment of the communication infrastructure continue to make it close to impossible to run a program from within the Rupununi with no base in Georgetown. Someone also needs to be trained to handle administrative responsibilities at the regional level, including the tasks of accessing funding, communicating with funding agencies and regional authorities, and record keeping.

At the regional level, the BCHP currently infrastructure consists of the BCHP Core Staff, and two parallel systems that are responsible for overseeing the outreach and community empowerment efforts respectively. The RHMC, as described above, bears full responsibility for planning field visits and sustaining the curative and preventative health components of the program. It is already fully functional in this regard. During 1995, due to a family emergency, Dr. Aidun was called away from Guyana for weeks at a time. During his absence, the RHMC responded to emergency calls, made outreach visits and organized donations of materials and drugs with complete self-sufficiency. The members of the RHMC already have the skills to address most medical emergencies, preventative medicine and health education efforts. Moreover, the members of the RHMC are the same people who are supposed to support the CHWs in their health training. Thus, the program sustainability of the BCHP outreach program is considerably strengthened by the existence and composition of the functioning RHMC.

The second arm of the BCHP regional infrastructure, composed of the Local Health Boards and a soon-to-be-elected Regional Health Board, is developing rapidly. This arm holds the greatest potential for promoting both the

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program and process sustainability of the community development thrust of the BCHP. The LHBs and the Regional Health Board, in carrying out development projects in their communities and the region respectively will gain the experience that they need to take over the development process. Moreover, the LHBs, in communicating the development principles learned during BCHP workshops to their fellow villagers at LHB-organized workshops, will learn the skills necessary to continue this aspect of the program. Finally, it is planned that Dr. Aidun and several highly trained representatives from the LHBs will travel during October or November of 1996 to Regions 1 and 8 to train the budding CBR teams in those regions in the process of community development. When they return, these LHB facilitators can serve effectively as resource people for Region 9 as well.

Several elements of the BCHP infrastructure deserve mention. First, there is great potential for the LHBs, which are elected by villagers, to be truly representative of their communities. Secondly, because of the on-going emphasis on involving the larger community in these efforts, consciousness about the development process promises to permeate itself at the grassroots level very quickly. Finally, although the infrastructure is not strongly identified with the BCHP itself, it still strongly promotes the sustainability of the program's goals and objectives because it incorporates these into the existing health care infrastructure. Only time will determine the outcome and sustainability of the consciousness-raising process that the BCHP has embarked on; however, if early signs are any indication, this process carries with it the potential to totally transform the way in which the Rupununi people think about, participate in, and carry out the process of development.

D. PROGRAM IDENTIFICATION

For the first three years of its existence, the BCHP enjoyed very little program identification in the Rupununi Region. Few could recognize the name of the program, far less identify themselves with it. Several factors at two different levels contributed to this lack of program identity. An analysis of these factors at these two levels--the program level and the community level--is helpful in identifying forces which contribute and take away from the development of program identity.

At the organizational level, the BCHP appears to have placed little emphasis on building a name for itself as a program. In fact, early program documents from the first two years refer to the program by a myriad different names, including Primary Health Care Programme, Rupununi Health Programme, and Bahá'í Health Project, something which makes it inherently difficult to establish name recognition. This lack of consistency in establishing its own name implies that the name simply wasn't that important to the program organizers, only the function--health--which comprised the common thread in all the names. This may have occurred for several reasons. First, as described earlier, the program at the first and second stage focused entirely on fitting into and building upon the existing health care system of the region. In fact, the BCHP imagined phasing itself out within ten years from the very beginning. Thus, the program may have felt it was not important to develop name recognition when it was going to phase out except as part of a larger, governmental infrastructure. A more subtle force may also have been in play here. GOSED made an early commitment to not allow any form of religious propagation to mingle with its development work (see Political Sustainability section) because it would complicate the ethics and motives of the situation. As a

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result, the BCHP decided to talk minimally about itself as an organization and allow its actions to build a reputation for itself as a program. This may have also caused the lack of name recognition of the program.

Unfortunately, the BCHP's laudable humility in this area appears to have produced some unintended effects. Because there was so little emphasis on defining what the program was to people, Rupununi villagers quickly came to identify it with its most visible member, Dr. Aidun. While Dr. Aidun's outstanding personal qualities made him an ideal representative of the program and gained the program a great deal of acceptance, trust, and even love in the region, this identification was nevertheless problematic for several reasons that go beyond a simple question of accuracy or acknowledgment of other people and organizations' roles in the program's development. First, it left no room for people to participate in and become part of the program because they did not realize there was anything to be a part of. Secondly, the focus on one individual drew attention away from the partners of the program to the extent that the role these partners had played in bringing goods and services to the village was sometimes unrecognized by villagers. Finally, and perhaps most importantly, our growing experience in the community development field indicates that the sustainability of any program is seriously compromised when it is too heavily dependent on one individual; too many programs that rely on one or a few individuals collapse when these individuals depart. In the case of the BCHP, which really does not depend on one individual, it would be more accurate to say that perhaps much of the trust that the program had gained would have been lost if Dr. Aidun had left at the end of the second stage in the program's development. It was in part the realization of the vulnerability of the program in this regard that spurred the BCHP to form the Regional Health Management Committee to oversee village outreach efforts.

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The second major factor which may have led to low program identification for the BCHP at the community level is its slow development of village-level infrastructure. The vast majority of Rupununi villagers concern themselves with basic subsistence alone; they do not have the time or desire to go to village health days or even village meetings. It takes months for any piece of information to permeate throughout the community if it occurs on a quarterly basis. If, on the other hand, a group of people from the village work actively to promote an understanding of the program and sponsor appropriate activities or plans, the information is likely to spread through the community much faster. This phenomenon can be seen with the CBR Programme, which was able to establish a team of three people in each village as the CBR team at a very early step in the process. The direct involvement of the community in the program's work strongly promoted villagers' understanding of the program. Moreover, much of the BCHP's and other organizations' work in the community was often attributed to the CBR Programme. The increase in name recognition of the BCHP after the formation of LHBs supports the importance of community-level infrastructure in developing program identification.

The BCHP has recently begun to pay more attention to increasing program identification, largely for the purpose of building a sense of community among LHB members. It has started a newsletter designed to share achievements, challenges, and information among the LHBs and created, taped, and distributed an audiotape of BCHP and LHB songs. It has also begun talking about its origins and history as a program. This move toward increasing identification has emerged for a number of reasons. First, the process the LHB members are going through is a transformative one that automatically sets them apart from their communities. For perhaps the first time, the members have to teach their communities, assess their communities and at some level, act upon

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them. In order to do this, they have to stand apart from their communities, if only for the purpose of being able to see the larger picture more clearly. An identification-improving tool such as a newsletter both gives them a way to communicate with other people who are undergoing the same experience and supports and affirms them in their new role. LHB songs serve as educational vehicles for LHB messages and promote an awareness of this new institution in the community. Thus, these steps serve more to consolidate an identity for the LHB in the community and between LHBs in the region than it does to identify the LHBs with the BCHP. However, the very act of becoming active participants in the process, of assuming the roles that the BCHP facilitators played during workshops and in the community itself will serve to deepen these participants' identification with the program.

A third factor which compromises program identification has emerged within the last year. This factor essentially has to do with perceived differences in religious orientation between the program and the community. Until about a year ago, people hardly knew that the program was started by a religious organization; they did not know anything about what the Bahá'í Faith was about. Attacks from clergy at the central level, however, who have alleged that the BCHP, though doing good work now, really just wants to convert people to the Bahá'í Faith, have produced a significant potential barrier to program identification in people's minds. As several interviewees who were closely associated with the program reported, people in their village or in the region had begun asking them whether they were Bahá'ís given their close association with the program. Though many of these interviewees actually seemed to be a bit proud of being asked this question, this type of association obviously produces barriers in program identification for the vast majority of people, especially in a context where respected members of the clergy are telling them that the Bahá'ís

are heathens or worse. Beyond this, it is unsettling to find oneself identified with a religious group one is not a part of by simple association with a program.

The BCHP has addressed this barrier to program identification in two ways. First, members, partners and participants of the BCHP who are *not* Bahá'ís and who are well-known and respected in the region (only one-two members of the core staff at any given time are Bahá'ís) have begun talking to the people directly about this issue, reassuring them that the program is not about religion but about health, and that it is not in any way necessary to be a Bahá'í to participate in the program. It is interesting to note that in all cases people have done this on their own accord without any centralized decision or request being made about the issue. This is important because it indicates the extent to which the staff, partners and active participants of the BCHP do identify with the program and are willing to defend it from attacks Secondly, because these people are much closer to the community (they are almost all Amerindian, all are Christian, all have lived in the region all their life, all are trusted and respected in the village or the region), they can address a much larger audience with more effective results. Most importantly, they can address the issue with people in the community that would never directly approach Dr. Aidun or other Bahá'í members of the core staff with these questions. The relationships and trust the BCHP had built in the early part of the program's life has certainly been critical to promoting the sustainability of the program in this regard.

The second way in which the BCHP has addressed this issue is by bringing up the concern directly and discussing it with villagers. Essentially, the program approaches this by itself giving voice to the main fears people have and then addressing these fears in turn, leaving room for questions and discussion. In the process, the BCHP also clarifies its origins, motives, history, and partnerships to Rupununi people to avoid misunderstanding or

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misrepresentation of itself or its partners.

So far the approach seems to have worked well. However, this is definitely an area where continued work will be necessary. It will be particularly important to ensure that the LHBs' identity is perceived to be part of the governmental system so that turbulence in the BCHP's sustainability does not affect the life of these community institutions. In the case of the BCHP, program identification carries the potential of both increasing and decreasing program sustainability; thus, it might be worth questioning at each step of increasing the program identification process what the short and long-term outcome will be and whether it is worth the trade-off in sustainability.

E. FINAL ANALYSIS OF PROGRAM AND PROCESS SUSTAINABILITY

If we return to our original criteria about sustainable processes and programs, we will find that the BCHP meets or is in the process of meeting nearly every criterion for both. In terms of process sustainability, it is definitely committed to process at a theoretical and practical level. It is trusted by people in the Rupununi and is respectful of and just toward the community it serves. It is responsive to community needs, flexible, and capable of adapting to changing needs. It now involves the community in decision-making and leadership roles in every step of the planning, administration, and evaluation process at the regional level and is beginning to train people to take over these roles at the program and process levels. It involves key players in the community through the LHBs but also reaches out in both its health education and community development education efforts toward the community as a whole. It wins the enthusiastic support and sometimes the identification of people who are involved. It has begun to support LHBs in carrying out short-term, small-scale

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projects but also fosters the development of larger, more visionary ones at the subdistrict and regional levels. It does an excellent job of building off of, forming partnerships with, and strengthening existing institutions and is in the process of developing an organizational infrastructure capable of maintaining both the program and the process at village, subdistrict, and regional levels. It definitely works to develop human and community resources and capacities. In doing so, it empowers the community to realize that it possesses the capacity to chart its own destiny in the development process. Moreover, it trains and supports the community in doing so by teaching skills required to accomplish this task, including those necessary to provide for equitable consultation and conflict resolution. Essentially, the BCHP helps people to initiate and navigate through the process of development for themselves. Finally, the process that the BCHP has followed in accomplishing all this is both culturally and socially appropriate and culturally-affirming.

The BCHP has been able to attain a significant amount of program sustainability despite its lack of identification. This is partly because the program's goals and objectives are consistent with and adaptable to the needs of people in the Rupununi. It is also due to the effort the program has made to build on existing infrastructure, share power and resources, and raise consciousness about and teach skills pertinent to the development process. The program has not focused on training people to take over administrative responsibility for the program, however. The Regional Health Board and the Regional Health Management Committees have the potential of taking over these responsibilities in their particular areas of interest. If they are to do so however, the RHB in particular would need a significant amount of further training in the art of facilitating and administering. It remains unclear whether promoting program identification would be helpful in promoting program sustainability for

the BCHP. Certainly the program needs to not be associated with any one individual but it is also important that the components of the program not be caught in a crossfire over religion. The BCHP's policy should be monitored closely and flexibly in this area.

II. POLITICAL SUSTAINABILITY

Political sustainability refers to the way in which the program or process being studied relates with other organizations and groups that have power to influence the impact or survival of the program. Thus it is important to both identify the groups in power in the Rupununi and to examine the relationship of the BCHP with these groups. The pertinent groups in power in the Rupununi can be divided into five major types: regional and health sector administration, political groups in and out of power, religious groups, other non-governmental development agencies, and ranchers, who compose the wealthy elite in the region. As a rule, ranchers seemed to be generally supportive of but specifically neutral toward development efforts. In the case of the BCHP, a warm personal relationship has been formed with many ranchers which has proved to be mutually beneficial.

It is important to note that the government of Guyana changed just before the BCHP began in Region 9. As a result, the general relationship between the government and its people became particularly constructive during the period that the program went into operation in the Rupununi. During the past four years, the government has tried sincerely and often effectively to address the challenges and needs facing its people as it rebuilds after a several decade-long process of decay in the hands of another government. However, the process of reconstruction does not take place overnight nor does decades of neglect remove

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itself immediately from the minds of people who feel that the government should be responsible for their welfare. The BCHP came into being in the Rupununi Region after a long period of time during which the government had had very little contact with its constituents in the Rupununi. Regional authorities rarely had the resources or political will to undertake travel in the region and non-governmental agencies were virtually nonexistent. As a result, the BCHP gained greater prominence in the minds of Rupununi people than it might have if other governmental or non-governmental agencies were operative within the region.

The BCHP enjoys a close, mutually respectful relationship with members of both the general and the health administrative structures at national, regional, subdistrict and village levels. The effort that GOSED, Varqá and the BCHP have made to consult and work with the government at every stage of the process definitely manifests itself in improved political sustainability for the BCHP. The Ministry of Health and administrative officials within the region feel happy to receive the support of the BCHP because it brings resources into the region and makes their work easier. All felt the BCHP had made a significant contribution to the health of the region during interviews and affirmed their continued support for the program (Interview Transcripts).

The BCHP has worked particularly closely with the health sector within the region, which has two major divisions: that under the Ministry of Health and that under the Vector Control Programme. The subsector under the Ministry of Health consists of the Maternal & Child Health (MCH) Programme and hospital staff (doctors, nurses, etc.). The BCHP has enjoyed close partnerships with the MCH and Vector Control Programme since its inception. The heads of these programs at the regional and subregional level are all members of the RHMC. The relationship between the BCHP and the hospital staff has been variable,

largely because the composition of the staff has been variable. The BCHP generally enjoys a very warm relationship with the hospital staff who have been working in the region long-term. There is, however, an extremely high turnover in the hospital staff population, which is largely composed of doctors and nurses from the Coastland who are assigned to work in the Rupununi. Most are separated from their friends and family during this time and resent being sent to an isolated region to work. As a result, few are interested in becoming involved in any kind of deep way with local people, and some seem to have fairly prejudiced attitudes toward Amerindian people, who they perceive as backward. As a result, most choose not to become involved with the BCHP and some seem to view it with some mixture of resentment and condescension. None oppose it directly and some are lightly supportive; the majority are simply neutral.

There have been two physicians who have occupied the role of the Regional Health Officer (RHO) since the BCHP started. One stayed distantly supportive but did not play an active role in the program. The second and current RHO, on the other hand, has chosen to play a very active role in the health of the region and has been willing to work closely with the BCHP. Though he is quite supportive of the program, there are a few points of tension in the relationship. It is, for instance, somewhat galling to realize that the majority of people in the region do not even realize that there is a government-assigned physician in the region; most simply look to Dr. Aidun as their physician, simply because until recently, he was the only one who came to villages. Secondly, there was during 1995 some question about the extent to which the goals of the BCHP and even the LHBs are compatible with those of the Ministry of Health, which continues to perceive health in fairly biomedical terms. This has begun to be resolved through renewed collaboration in the area of CHW training, but the program may be interested in clarifying and formalizing its relationship with the

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Ministry of Health further. It should certainly assure that the LHBs are recognized as part of the Ministry of Health infrastructure as this would go a long way toward increasing their legitimacy and promoting their sustainability.

Neither political groups in power (People's Progressive Party - PPP) nor political groups out of power (People's National Congress - PNC) feel that the BCHP is affiliated with or specifically supportive of either political party. Both maintain their willingness to continue to support the program if they are in power, citing its usefulness to the Rupununi people and its ability to reach areas where they cannot as the reasons (Interview Transcripts). A number of politically-appointed officials enthusiastically endorse the program, including the Regional Chairman, who speaks with deep respect and gratitude about the program. Recently, the President of Guyana, who is the head of the PPP party, met with Dr. Aidun and promised the BCHP his administration's full political and material support in improving the health of people in Region 9 (Informal Interviews, Program Staff). Thus, authorities in and out of power in the general political and health sectors are supportive of the program.

The BCHP also enjoys fairly warm relationships with other NGOs in the region, with whom it has worked closely together on occasion. It shares a particularly constructive and symbiotic relationship with the Rupununi CBR Programme, which is described in some detail in the next chapter. The BCHP gained entrée to the Rupununi through the infrastructure of the CBR Programme, even as the BCHP director began to serve as the key resource person in the area of health for the CBR Programme. Before the CBR Programme had a vehicle, the BCHP gave the CBR Programme mobility and the ability to visit various villages; after it gained mobility, the CBR Programme helped the BCHP by helping to bring in medical patients and by helping to deliver library and health education materials to the villages. The CBR Programme gained trust in

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the villages through its team infrastructure; the BCHP gained trust by having someone stably reside within the region and provide reliable, high-quality education and health care on a long-term basis. Because of their close partnership, this trust transferred itself to each other in such a way that both programs emerged stronger and more well-known to the people. Each program has always assisted the other during its workshops and now has evolved to the point of holding joint workshops for members of its infrastructure. The two programs have published numerous articles, books, and teaching materials together. The two programs have also carried out a number of projects in close partnership with each other, the most important being the "Facts for Life" health education campaign and the literacy project. The close partnership and consultation between these organizations has avoided duplication of services and reinforced the objectives of each program at the village level to the extent that the majority of people at the village level do not know how to readily distinguish between the two projects and many wonder why they should even do so. The two programs have even shared criticisms: although the CBR Programme is not itself initiated by a religious organization, its close partnership with the BCHP has caused a few opponents of the program within the region to oppose it based on religious allegations (see Political Sustainability section).

Although the very closeness of the organizations has sometimes led to strain because the work of one has been attributed to the other, overall the partnership has strengthened both programs considerably. Continued recognition of this partnership as a strength rather than a weakness will be critical to the long-term sustainability of both programs in the Rupununi Region, because there simply isn't enough of a resource base to allow for duplication of resources, whether they be material or human. Moreover, after their close co-evolution, a pointed separation would only lead to confusion in the minds of

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people and undermine the process undertaken by both. It is important to realize that concerns about the need for separation of the two projects seem largely to stem from the program evaluation level--it is difficult to rigorously assess the effect of a program when it does many things in partnership with another. Moreover, because the CBR Programme has far greater program identification at the community level, it is often the recipient of the credit for any successful project. This understandably causes the BCHP and other organizations within the Rupununi whose work has been taken away from them some irritation. The increasing program identification of the BCHP through the community-based institution of the LHB should assist to reduce some of the problem in the future. However, it is important to realize that the CBR Programme is not perceived for itself in the Rupununi; it is perceived as an amalgam of the BCHP and the CBR Programmes, and carries attributes of both in the minds of villagers. It is more accurate and perhaps wiser to think of and evaluate the two programs as having embarked on a common development process—with each side contributing its particular strengths—but working together in unity to meet the needs of people in the Rupununi.

A final player in the political arena that cannot be ignored by a program initiated by a religious organization in a region like the Rupununi, which is over 95% Christian, is the Church. Although several different denominations exist within the Rupununi, two main branches predominate: the Roman-Catholic and the Anglican. Within these denominations, it is also important to distinguish between clergy operating at a central level and lay clergy or pastors and church members at the village level. The relationship between the BCHP and village-level clergy has always been warm; many are active participants and advocates of the BCHP and both participants and non-participants maintain that the BCHP has never attempted to teach religion or convert people. Until about a year and a

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half ago, the relationship between the BCHP and the regional clergy could be described as mutually friendly but guarded. An early interview with one of the leaders of the Catholic church, for instance, indicated that the greatest extent of proselytism carried out by the Bahá'í community lay in the fact that the BCHP vehicle was painted with the names of its sponsors, including the Canadian International Development Agency and the Bahá'í Faith. In general, however, the person felt that the BCHP was not really a concern in this regard, particularly when compared with other church denominations (Interview Transcripts, Religious Personnel). It was only after the BCHP and the CBR Programmes had begun to win a great deal of trust and prominence in the minds of the Rupununi people that the clergy at the central level began speaking out about the program. At this point some essentially began telling Rupununi people to beware of both the BCHP and CBR Programmes, because although they were doing good work now, they no doubt intended in the future to use development as a tool to convert people to the Bahá'í Faith.

These allegations are serious and deserve close examination. There are several levels at which they need to be considered: first, what are Varqá's motivations in carrying out the project; second, has the program ever tried to convert people to the Bahá'í Faith; and third, regardless of whether it has or not, what are the implications for the program's political sustainability? Varqá Foundation (and GOSED) has certainly done a great deal of soul-searching about the first of these three questions both before the program started and at different stages of the process. At a very early planning stage, GOSED and Varqá concluded that though it would always be happy if people chose to explore the Bahá'í Faith, its purpose in beginning a project in the Rupununi could not be based on a desire to propagate the Bahá'í Faith because this would compromise the motives and process of the program and ultimately undermine the trust that

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the Rupununi people had in it. Moreover it would place undue pressure on the Rupununi people to express an interest in the Bahá'í Faith for the purpose of obtaining development assistance, something which would not be compatible with the Bahá'í teachings, which expressly forbid proselytism or pressured conversion. For these reasons, the motivation of the BCHP had to be service alone. Once it made this decision, the program instituted a screening and orientation procedure that every Bahá'í who wished to go into the Rupununi had to go through. This orientation explained the purpose of the project, its history, and the importance of not mixing propagation of the Bahá'í Faith with the development process. Each person was asked to agree to be conscious of this policy and abide by it. The policy has always been rigorously enforced; in the one case in which an individual violated the policy, the person was never allowed to participate in the program again at the village level. Thus, at the program level, the issue appears to be fairly clear (Formal and Informal Interviews, Program Staff).

The second question, whether the program has ever tried to convert Rupununi people to the Bahá'í Faith, also appears to be fairly clear. The program's official policy is a first step but the commitment is followed throughout the process. In the one case where religious teachings are introduced as a tool in the education process, the LHB-CBR workshops, the Bahá'í Faith is not singled out or drawn attention to. In fact, where quotes from the Bahá'í Faith are used, the source of the quote is unmentioned, so that only a Bahá'í who has read the quotes before would recognize it. The program tries very hard in fact to place its educational messages in a culturally appropriate Christian context so that they will be more readily understood and accepted. Thus, quotes from the Bible are used whenever possible; these *are* labeled, on the other hand, to promote the acceptance of the idea. While some might question the use of

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religion at all in the development process or the potential deceptiveness of this approach, which may lead Rupununi people to think that the Bahá'í quotes are also from the Bible, this example certainly confirms the program's commitment to not convert people to the Bahá'í Faith in its work.

Interviews with program participants and village-level interviewees overwhelmingly confirm this analysis. All denied that they had ever witnessed religious proselytism carried out in the name of the program. Members of the lay clergy at the village level who are both participants and non-participants in the program maintain that the program has never attempted to teach religion or convert people. To increase sensitivity to any cases of proselytism or religious teaching, the interviewer asked whether anyone had ever heard criticism of the program in this regard. A full 44% (n=16) of respondents in the Winter '94-5 interview group had, but in every case the criticism questioned the motives of the program, not its actions. The accusation was always the same: that someday, the program would use its position of trust with the Rupununi people to convert them to the Bahá'í Faith. In many cases, interviewees dismissed these claims as politically motivated or as the criticism of people who had never participated in the program; some even talked about how their village as a whole had defended the program against these accusations. Regardless, it is difficult to imagine that the program's critics would not use concrete examples of proselytism if they possessed this ammunition. The fact that no one from this region has become a Bahá'í through direct interaction with this program and that close partners of the program voluntarily expressed a lack of knowledge about what the Bahá'í Faith is all about, also supports the likelihood that the program has not undertaken propagation efforts in the name of development. Moreover, the timing of these allegations with the rise in prominence of the program implies that they are brought up more because they represent potent political weapons than because

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they are true.

The Church, however, is a powerful enemy to make, regardless of the accuracy of its claims. As a result, these allegations threaten to seriously compromise the political sustainability of the program in the region. There have already been several incidents in which the program's stability and the rights of Bahá'ís who live in the Rupununi have been threatened as a result of these forces. In one case, at a regional meeting of the Amerindian People's Association to propose revisions to the region's constitution, which currently only allows the Catholic and Anglican denominations to establish churches in the Rupununi, a member of the clergy at the central level suggested that the Bahá'ís be specifically excluded from setting up meeting places in the Rupununi, citing the likelihood that they just want to convert everyone to the Bahá'í Faith. One of the leading *Toushaos* in the region stood up and began defending the BCHP, stating that it had done nothing to deserve such criticism; on the contrary, it had contributed a great deal to his people and was trying to empower them. He stated that he felt the educational messages of the BCHP were important for his people and questioned why the Amerindian people had to restrict themselves to a choice of one or two faiths. Others apparently supported him because at the end, the delegates voted to open the region up to all religions in the new charter. Thus, the trust that the program has built over the years with Amerindian people has proved to be very important in promoting the program's political sustainability.

A number of villagers have mentioned the way in which the people in the village have protested when clergy have brought up these allegations to them. In one village, however, a number of people became afraid that the accusation might be true. They refused to touch the books in the village library established by GOSED because they were afraid the books would convert them, despite the fact that none of them were Bahá'í books, simply because they were each

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stamped with the name of the program, "Bahá'í Faith Literacy Project." At a village visit for the LHB, which had lapsed in this village, a villager had enough trust to confront the issue directly by telling Dr. Aidun about the accusations and asking him to respond to them. Dr. Aidun and other members of the BCHP core team explained the history of the program, its motivations, and why they had chosen not to mention anything about the Bahá'í Faith in carrying out the program. They assured them that the BCHP had no intention of converting them. They succinctly explained the Bahá'í teachings so they would not seem so foreign, emphasizing the belief that all the religions are one, affirmed their belief in Christianity, and pointed to the way in which the program has carried out its work as proof of the BCHP's intentions. Afterward, the villagers appeared noticeably relieved; the strongest opponent to the library said he would begin building shelves to house the library in the school the next day and lay pastor of the Anglican church who was present declared his intention of sharing what he had learned at the meeting with his congregation so that they would not be afraid of the BCHP anymore. Moreover, those present suggested that the BCHP not be shy about initiating the discussion with other villages because others like they may be fearful inside. This suggestion catalyzed the way in which the BCHP began dealing with this issue at the village level, with excellent results. What is ironic is that these political forces have actually caused the BCHP to reveal more about itself and develop more of a program identity than it had intended. The challenge will be to find a way for the program to remain universal in the perceptions of others in the light of this developing identity.

Unfortunately, the problem remains at the central level. If the program is not able to find some way of either involving members of these churches into the program or coming to some kind of understanding with them, the program's political sustainability is likely to continue to be significantly compromised

particularly with funding agencies who have not had the same kind of exposure to the program that villagers have. This is clearly the area in which the greatest attention is needed in terms of improving sustainability. Secondly, it might be helpful to find some way to increase villagers' awareness of the Ministry of Health's efforts in the Rupununi so that these do not become subsumed under the BCHP's accomplishments; this will strengthen the partnership in the long run and decrease dependence on the BCHP as the primary health care giver to Rupununi villagers. It may also be useful to clarify the relationship between the BCHP and the Ministry of Health to cement the partnership. In the end, the BCHP's ability to form partnerships and build trust stands out as the greatest contributor to its political sustainability.

III. OVERALL EVALUATION OF SUSTAINABILITY ANALYSIS FOR THE BCHP

The BCHP shows great promise of being highly process sustainable and fairly program sustainable. Its willingness to form partnerships, share resources, build on the existing system, develop and involve human resources, and build trust into the development process not only improve these two forms of sustainability but stand out as strengths in any development program. The BCHP needs to continue to put in a great deal of energy into supporting the budding community institutions whose birth it has fostered and developing administrative/facilitatory skills in the RHBs. Most importantly, it needs to find some way to come to agreement or partnership with other religious groups in the region in order to improve its political sustainability. Finally the BCHP needs to find some way of retaining its universality in the face of its growing program identification. The development process that the BCHP has embarked on is a

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unique one whose fruits will only be discovered with time; whether or not these efforts produce tangible results, they at least promise to change the way people in the Rupununi think about themselves and their relationship with the development process.

CHAPTER SIX   HOPEFUL STEPS IN THE RUPUNUNI PROGRAMME

The Guyana Community-Based Rehabilitation Programme (CBR) entitled "Hopeful Steps" was started in 1986 with the goal of making rehabilitation services more accessible and affordable to people living in rural areas of Guyana. From the beginning, a cadre of highly motivated community members were involved and trained from each area in which the CBR Programme operated. These CBR team members began the daunting work of helping to integrate disabled people into their communities, using creativity, compassion, and hard work in place of high-tech rehabilitation centers. Within a few years, the Hopeful Steps Programme became known world-wide as one of the few successful implementations of the community-based rehabilitation model. When this program expanded to the highly underdeveloped Rupununi region of Guyana, however, the focus of the program shifted dramatically in response to needs expressed by the community. This broadening of focus in the Rupununi in turn led to an expansion of vision throughout the nation-wide program.

The evolution of the Hopeful Steps CBR Programme in the relatively isolated, rural, indigenous Rupununi region of Guyana presents an interesting case study in an analysis of sustainability because it has been able to achieve a large degree of both program and process sustainability and because it demonstrates a process that is highly flexible, empowering, and responsive to community needs. In this chapter, the Hopeful Steps in the Rupununi Programme (CBR Programme) will be analyzed on the basis of the five types of sustainability that are program-specific: process sustainability, program sustainability, outcome sustainability, resource sustainability, and political sustainability. Process and program sustainability will be emphasized because these are the types of sustainability to which the Hopeful Steps in the Rupununi

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CBR Programme speaks most eloquently.

I. PROGRAM AND PROCESS SUSTAINABILITY

To review briefly, program sustainability refers to the ability of a specific program to continue itself in its particular structure or form, using its specific goals and processes. This has to do with the development of infrastructure, the sustainability of the program's goals and objectives, the stability or renewability of funding sources, the development of program identity, and the training of community members in the specific knowledge and skills necessary to run the program.

Process sustainability, on the other hand, refers to the ability of a development process to sustain itself, whether or not the specific, identifiable program that started that process continues. This has partly to do with the same kinds of things described above: the development of leadership and management skills, experience, and infrastructure, but it depends much more heavily on the activation of the community and the building of infrastructure to maintain community-based processes. The emphasis here is not on the program but on the empowerment of the community to take full control over the process of self-development. The initial goals and objectives of the program may undergo radical changes, but the community-based process of identifying community needs, setting common goals and objectives, finding a way to attain those goals and objectives, working to achieve them, and then redefining the original goals and objectives as necessary should be continued. Typical criteria for sustainability of process might look like this:

A community-based development process may be sustainable if:

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- there is a commitment to process, not just outcomes;
- the process is characterized by trustworthiness, respect and justice;
- the community served is involved in every step of the process;
- it is responsive to community needs;
- it is flexible and capable of adapting to changing needs;
- it tackles small-scale, highly feasible projects as well as larger, more visionary ones;
- the process is culturally and socially appropriate and accepted;
- it involves key players in the community;
- people who are interested have the opportunity to become involved;
- it wins the hearts of the people involved – commitment, dedication, enthusiasm;
- it builds off of and strengthens institutions and an organizational structure capable of maintaining the process;
- it develops human and community resources and capacities;
- it empowers the community to realize that it can take charge of the process;
- it trains the community to take over the process;
- there is on-going maintenance and redefinition of the process;
- if there is on-going evaluation of the process;
- if there are mechanisms to resolve conflict and build unity through on-going exchange of ideas and vision built into the process.

In the scope of this thesis, it is not possible to go into all of these areas in depth or in turn, nor would it necessarily be desirable to do so, given how interrelated they are. Instead, as examples of each of these areas arise in the context of a more general description of the process, they will be pointed out and discussed. A summary of what has been found through this type of analysis will be offered at the end.

A. Overall Vision of Development and Rehabilitation

The Guyana CBR Programme envisions development as an organic, empowering process for the community. Traditional rehabilitation efforts are criticized for accessing only the privileged few in urban areas, for being too capital and technology-intensive, too specialized, too isolating from normal life, and too Western in "'origin, practice, and prejudice'" (O'Toole, 1995a, p. 3). The argument that Western-style institutions are necessary for the purpose of maintaining standards is rejected:

> ...to the 98% of the families who are presently receiving little assistance the argument concerning 'standards' have no relevance. For them the question becomes, quite simply, will any significant service reach them during their lifetime...'the cries of the oppressed filter through as bloodless statistics...while the response trickles back as theoretical programmes' (O'Toole, 1995a, pp. 2-3).

The Guyana CBR Programme also recognizes the need to perceive the problems of people with disabilities in the wider context of poverty, malnutrition, ignorance, prejudice, superstition, conflict and war (O'Toole, 1995a, p. 1) because all of these interrelated factors affect the quality of life of a person with disability. Some of these factors, such as poverty, not only worsen the possibilities for a person who also has a disability but also produce an environment in which it is more likely that a person will be born with or acquire a disability (Tiroler, 1995, p. 4).

Like the Bahá'í Community Health Partnership, the Hopeful Steps in the Rupununi Community Based Rehabilitation Programme (Rupununi CBR Programme) shows considerable institutional as well as practical commitment to process at both the Coastal and the Rupununi levels. The national program derives its inspiration from the model of community-based rehabilitation (CBR),

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which emerged out of the concept of primary health care (PHC). PHC offered the field of rehabilitation, which had largely developed as a technology-dependent, urban-centered service delivery system, two operational principles: "it [is] more important to bring about even small improvements to the health of a large number of people than to provide the highest standard of care to a privileged few" and "non-professionals, with limited training, can provide much-needed services" (O'Toole, 1995, pp. 3-4). CBR essentially envisioned that a "local supervisor" from the community should be trained to design individual, simplified rehabilitation programs for people with disabilities and to train parents or family members to administer these programs. Built into the philosophy was the idea that existing organizations and infrastructure should be involved where possible rather than replicated during this process.

The goal of CBR, as envisioned by the Guyana CBR Programme, however, goes further. The Director of the program, Brian O'Toole, writes:

> The goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual, family, and community...The basic premise of CBR is that the greatest resource in developing countries for helping disabled persons lead lives which are fulfilled and productive is a well-advised and supported family...The goal is for rehabilitation to be perceived as part of community development whereby the community seeks to improve itself...In such a process rehabilitation becomes one element of a broader community integration effort (O'Toole, 1995a, p. 4).

This commitment to viewing rehabilitation as a process that is part of a broad community development effort geared at empowering individuals, families, and communities to seek after their own development reveals a great deal of emphasis on community-based, empowering processes. Top-down service delivery offering rehabilitation as a product rather than a process is also rejected:

> A "top down" model of service delivery is becoming increasingly

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discredited. There is a growing recognition that if the subjects of innovations do not participate actively in the relationship with those who would promote the development process, change will be impossible. One of the basic concerns now becomes how can we guide individuals to take charge of their own affairs when they have traditionally been led by others. If that is to be achieved, it is necessary to move away from regarding rehabilitation as a product to be dispensed to offering rehabilitation as a process in which "the villagers" are intimately involved (O'Toole, 1995b, pp. 63-4).

As the program in the Rupununi evolved, the Hopeful Steps in the Rupununi Programme became even more oriented toward an empowering process that transcends rehabilitation in the strict sense. A program staff member, when asked recently to identify the major need of Rupununi people, replied:

> I think maybe the realization that their own destiny is in their own hands, that they don't need to--yes, they may need skills--but they don't need to wait to be told the direction in which they should be going. They just need to be empowered to realize that they have the capacity to go where they see their paths to development should take them (Interview Transcripts).

This fundamental need, which was echoed by staff in both the CBR Programme and the Bahá'í Community Health Partnership, reflected the growing influx of development agencies trying to impose their own agendas on to the people of the Rupununi. The CBR Programme, like the Bahá'í Community Health Partnership, is essentially committed to a process that helps people to recognize that they can set their own development agendas. When asked to articulate the vision the HSR Programme has for the people, a staff member replied:

> That villages--that people--are better equipped to make their own decisions. When foreigners [are] coming in, people from outside, companies, whatever, that villages can decide for themselves what they want or not. That it's not another agency who's coming and saying how things [have] to be done or how things should be but they can think it over themselves and can say "We [would] like to have a well or we [would] like to have something built in here but

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we [would] like to have it our way." And I hope that...CBR can stimulate the people [to] start thinking [for] themselves. [We hope] that they will be more proud of their own culture and their own things (Interview Transcripts, Program Staff).

Cultural affirmation during the process of development thus represents an integral element of the process followed by the CBR Programme.

These responses imply that both the national and the Rupununi CBR Programmes place considerable importance on developing an empowering process that affirms culture and puts control of the process of development back into the hands of the community. Ideally, rehabilitation is addressed in the context of wider community issues, through integration with existing infrastructure, and through education of parents and community members rather than through top-down delivery systems.

B. Description of the Project and Process

The Guyana Community Based Rehabilitation Programme

The idea for a program like the Hopeful Steps Guyana Community-Based Rehabilitation Programme was conceived in 1986 when an educational psychologist, Brian O'Toole, who was doing detailed assessments of children with disabilities in a pediatric clinic in Guyana, began to realize that the fields of rehabilitation and special needs, as constructed then, had very little relevance in a country like Guyana where scarcity of resources and lack of transportation infrastructure make it very difficult for people living even a few miles away from an urban center to access rehabilitation services. Therefore, he and a Guyanese physiotherapist, Geraldine Maison-Halls, began trying to formulate a simplified model of rehabilitation that could deliver services to rural areas, where the vast

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majority of the country's disabled people live (Interview Transcripts, Program Staff).

Their ideas were catalyzed and given conceptual framework when Brian O'Toole attended a conference in Jamaica at which one of the leaders of the community-based rehabilitation movement, Padmani Mendis, presented the model and her experience using it in Sri Lanka. Because the idea of community-based rehabilitation seemed to fit the needs, strengths, and resources of Guyana better than the traditional, top-down service delivery model, Maison-Halls and O'Toole decided to set up two pilot projects in two Coastal regions of Guyana-- one using nursery school teachers as community rehabilitators and one using community volunteers (Interview Transcripts, Program Staff).

Independent evaluations of these two projects showed significant improvement in children's scores on the Griffith Test of Mental Development and the Portage Checklist, independent of educational level, degree of impairment, or parent financial status. The level of parental involvement, however, was found to be important to the progress of the child. In general, the children were perceived to be happier, better behaved, more mobile and more motivated and parents felt happier, more supported, and more confident. Overall, parents reported improved feelings toward their children, a closer and more optimistic perception of the child's progress, and an improved relationship with others in the home. One of the most interesting outgrowths of the project, particularly among the volunteers, was the involvement of the larger community in the rehabilitation process, thereby shifting some of the responsibility for the rehabilitation process from the individual with a disability to the community at large.

A surprising outcome of this phase of the project significantly affected the later implementation of the nation-wide project. The nursery school teachers,

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who were participating to fulfill a governmental education requirement, were far less motivated, had higher rates of dropout, and in general, showed less enthusiasm, motivation, and involvement. In contrast, the community volunteers felt much more deeply invested in the project, were extremely creative in identifying needs and helping people to overcome them, and were eager to meet with each other to discuss their results. They felt a deep sense of ownership in the process. Moreover, the children that they were working with performed consistently better in this independently evaluated, multiple baseline study than did those working with the nursery teachers. Perhaps as a result of these findings, when it expanded, the Guyana CBR Programme grew to include large numbers of volunteers as well as teachers (O'Toole, 1995a, pp. 9-11).

The CBR Programme eventually expanded throughout three major Coastal regions of Guyana. In each of these areas, the focus remained on empowering communities and community members to care for their people with disabilities and to value them as a resource, while at the same time, encouraging them to discover or reveal their special talents, gifts, and faculties to their communities. When the program expanded to the Rupununi Region of Guyana (Hopeful Steps in the Rupununi), the focus shifted dramatically in response to priorities identified by people in this region.

The Hopeful Steps in the Rupununi CBR Programme

Early History

The CBR Programme began considering an expansion to the Rupununi Region of Guyana in early 1992 even though it had concerns about the applicability of a more specialized program in an area where basic subsistence needs governed people's lives. Brian O'Toole made an initial visit to the region in early 1992 during which he was invited to present the experience of the national program to a conference of Rupununi head teachers, who were fortuitously attending a conference being held by the Ministry of Education at the region's administrative center. The head teachers' response was decidedly lukewarm: while they were interested in general in development efforts, they felt that the focus on people with disabilities would have very little relevance because, as they put it, there were no people with disabilities in the Rupununi. The program decided to go ahead and make six one-week visits to about 20 of the 42 villages to get a sense of community needs:

> ...basically those first meetings really were to listen to them to try
> and find out what their priorities were...it wasn't so much that we
> would go and try to sell a disability program to them so much as
> trying to see what they perceived as their needs and what we had
> within our program in terms of strengths or capacities to be able to
> respond to some of those needs (Interview Transcripts, Program
> Staff).

The response of the villagers to these visits was warm and enthusiastic; the Rupununi Region had been isolated for so long that very few groups visited it and those who did rarely bothered to travel outside the one or two main administrative centers. As a result, people seemed to sincerely appreciate the effort that the CBR Programme made to get out into the Amerindian

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communities. The people of the Rupununi, however, identified health, transportation, and education as their most important needs. Out of this discussion, early physical and mental stimulation of children emerged as an area within the scope of the CBR Programme that would be of considerable interest to both teachers and health workers. It was also during these visits that an initial teaching video about child development was filmed in the Rupununi and the need for a physician in the region was confirmed and presented before the Guyana Office of Social and Economic Development (Interview Transcripts, Program Staff; O'Toole, 1992a, p. 2).

Initially, given the logistical difficulties of operating in the region and constraints of budget and time, the CBR Programme decided to only conduct two one week workshops beginning in October 1992 in association with the Guyana Agency for Health Sciences, Education, Environment, and Food Policy (GAHEF). Geared at community health workers, these workshops were meant to provide basic information about early stimulation, identification of children with disabilities, and simple rehabilitation methods to raise awareness among health workers of these issues and provide them with the educational tools necessary to expand their capacity in this area. The first workshop included toy-making and puppet-making seminars, a cultural show, the training video filmed earlier in region, and adaptation of early stimulation education tools developed on the Coast to make them more relevant to Amerindian people. The participants responded to the workshop with such enthusiasm and interest that the CBR Programme met with its funders and asked to co-develop a long-term vision for the Rupununi Region, beginning with four more subdistrict-level workshops on early stimulation (CBR Newsletter, Vol. 3, p. 1).

In approaching the second phase of the project, as it had done in the Coast, the CBR Programme began with recruitment of community volunteers.

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The people recruited reflected the organization of key players in health and education in the Rupununi community. Because transportation and communication infrastructure was limited, the program simply sent letters and radio messages to each of the 36 villages, asking that each community that wishes to participate send their community health worker, a teacher, and a villager (could be a village leader) to the workshop in their subdistrict. In all cases, several benefits were offered for participation. Room and board were provided; in some workshops, a stipend was also offered to the participants. Moreover, each of the participants who formed these village-level "CBR Teams" was automatically enrolled in a three-year training program in community-based rehabilitation through the Institute of Adult and Continuing Education (IACE) at the University of Guyana. Because the IACE training began with this first workshop, and there was no way for people who had missed this first workshop to catch up, this essentially meant that entrée into the program was somewhat difficult after the initial stage, even though most participants did not know what they were getting into at this stage (Interview Transcripts, Program Staff, CBR Team Members, Villagers). Later, as the program expanded, this access issue was somewhat alleviated by the inclusion of all teachers in formal training programs.

There also appears to have been considerable confusion in the minds of some Rupununi residents about who was allowed to participate. In some cases, head teachers who were given the initial letter requesting the formation of a team understood that head teachers were specifically being recruited; this excluded other interested teachers from participating. In other cases, people assumed that the villager had to be someone from the Village Council or the Village Captain himself. Thus, there was definitely a potential here that some people who wanted to be involved could not become involved, even if they were key players

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in their community, whereas other people who were not necessarily key players at a functional level, such as a non-functioning community health worker, were given automatic entrée. Some villages also seemed a bit unclear over whether sending a team was optional or not (according to the memories of people two years later). This lack of clarity probably arose more from the power dynamic involved than the actual text of the letter because even if the letter told the Village Council it was entirely their decision, the Council would probably have felt obligated to send a team, given that many Rupununi residents view external development agencies as very powerful because they control such vast resources. In any case, all ultimately seemed to have made a formal decision to form or continue a CBR team (Interview Transcripts, CBR Team Members, Villagers). Many, in fact, made great sacrifices to attend the workshop, traveling by foot and canoe for up to 13 days and nights to reach the meeting.

Despite difficulties in the recruitment process, which arose largely from logistical difficulties in communication, the idea of forming a CBR team in each village composed of a teacher, health worker, and villager proved to be a brilliant one for several reasons. First, it formalized partnerships between the existing education and health sectors within the village, two sectors which were ideally placed to educate people in the village and which were intimately concerned with CBR issues such as early stimulation. The inclusion of a villager allowed more general issues concerning the village to be heard and often made the leadership of the village more aware of the program. Essentially, these three people, who were asked to take what they learned in workshops back to their communities and apply them, began to serve as representatives of the program at the village level, thereby increasing people's awareness of the program. They also served as conduits of knowledge of the needs of their people back to the program. Moreover, the CBR team members began to develop a sense of

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ownership and identity with the program, as they began to learn CBR theme songs, get CBR T-shirts, earn CBR degrees, and most importantly, serve as CBR representatives. Finally, the selection of a team of people rather than an individual from each village both eased the burden of work on the volunteers and made the team a part of the accepted, regular system of village committees, thereby integrating it into the existing administrative infrastructure of the village. As a committee, most CBR teams were given time during monthly village meetings to report to the public and raise awareness of the program. As a result of all of these factors, the CBR Programme achieved name recognition, identification, and acceptance by the mass of villagers very quickly, particularly because there were few other organizations operating within the region at the time. The importance of including local people as integral parts of the development process of the CBR Programme was underscored in this study, where respondents identified this feature as the CBR Programme's second most important strength (see Appendix B).

At first, the CBR teams were given specific tasks to do. Initially, the emphasis remained on early stimulation. The first series of subdistrict workshops, held between January and February of 1993, focused on different ways to stimulate children through play, because the concept of actively playing with children just had not been part of the Rupununi culture for parents. It also showed how one could make stimulating toys out of locally available and inexpensive materials--so that parents did not need to expend a great deal of effort or money to obtain toys for their children. Use of toys using Amerindian ballata sculpture, weaving and woodwork was particularly encouraged--some participants reported that they had never considered that traditional Amerindian crafts could be used to make desirable toys for their children; they had always thought that they had to obtain store-bought toys. Thus, this component subtly

affirmed the value of Amerindian resources and culture. During the workshop, participants analyzed the material on early stimulation developed on the Coast and adapted it to make it more relevant to Amerindian culture and needs. Finally, the participants learned how to make puppets and use them both in play and as tools in educating their fellow villagers through puppet skits and role plays. At the end of each workshop, the hosting village was invited to a culture show put on by the workshop participants, during which they conveyed what they had learned during the workshop using songs, poems, skits, and puppet shows. Thus, participants had the opportunity to translate their newly-learned skills into immediate practice in the process of general education for villagers. Participants reported these workshops to be educational, valuable, and stimulating and asked that more such workshops be held (CBR Newsletter, Vol. 3, p. 1).

A second series of workshops was held between March and May of 1993 in each of the subdistricts (CBR Newsletter Vol. 4, February 1993, p. 2), focusing on normal and delayed child development. It is important to note that, while this was not the main focus of any workshop, in both workshop series, each workshop made special reference to the applicability of the material to children with disabilities to raise awareness of the needs of disabled people in the area (CBR Newsletter Vol. 7, June 1993, p. 2). During the second series of workshops, participants were also given the opportunity to have their village participate in an art competition on disability. Hundreds of children submitted entries and several won awards at the national art competition on disability held in September of 1993 (CBR Newsletter Vol. 5, April 1993, p. 5; CBR News Vol. 8, October 1993, p. 4). This step probably did more to raise awareness of disability issues than any direct education done by the program, though this was not directly assessed by the evaluator. This strategy of calling upon people to

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discover education messages for themselves through the sponsorship of art competitions was used again and again with great success in the Rupununi.

The last workshop in the second series proved to be a historic one: at their own behest, the Annai CBR team brought seven people with disabilities to the conference; the entire workshop began exploring what could be done to help these people. This open acknowledgment that there are people with disabilities within the Rupununi and the way in which the CBR teams seemed prepared and even excited about dealing with the issue now gave the CBR Programme the confidence it needed to address the issue more directly in other subregions (Interview Transcripts, Program Staff). This shift in direction was confirmed as acceptable to the CBR teams during a region-wide conference held in September 1993 in Lethem. During this conference, the participants assessed their accomplishments and made new plans for the future; these plans reflected an increasing emphasis on addressing the needs of people with disabilities.

A Refocusing on Disability

The third CBR workshop series, which began in December of 1993, reflected this new focus on disability. The workshops dealt with screening, early identification of disabilities, toy making, and simple physiotherapy. A video series called "A New Tomorrow" highlighting disability needs specific to the Rupununi Region and filmed in the Rupununi itself was produced and shown. A storybook containing stories about people with disabilities was written and translated into the two indigenous languages. During workshops, plans were made to carry out a participatory survey of people with disabilities throughout the Rupununi region, following a World Health Organization format that had also been translated into the main indigenous languages, Macushi and Wapishana.

Over the next few months, CBR teams systematically surveyed the region for people with disabilities and identified type and kind. They found that the prevalence of people identified as disabled was 0.76% in Region 9, compared with 1.5% nation-wide. Of those identified as disabled, the majority had either visual or speech and hearing disabilities (41% and 31% respectively), as compared with 26% and 21% nation-wide. In contrast, the percentage of people with movement disabilities was much smaller in the Rupununi (16%) compared to the Coast (32%). Whether these differences in identification and classification of people with disabilities are real, or whether they reflect variance in education, definition, perception, or public awareness of people with certain types of disabilities is difficult to determine. It is possible that early physical stimulation of life in the Rupununi may contribute to a better outcome. Some region-level CBR staff members felt that there was underreporting of more subtle forms of disability, such as learning disabilities, partly because they are more difficult to measure and partly because they may be so prevalent that they are not identified

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as unusual. It is interesting to note that up to age 5, the prevalence of disabilities in Region 9 is identical to that in the Coastlands of Guyana, but between age 6 to age 15, the prevalence of disabilities nearly triples until it is 10% higher than in the Coasts, indicating that the vast majority of disability is acquired in Region 9, and possibly results from a higher prevalence of disease, poor health conditions, poor access to health care, and general poverty (O'Toole, 1994, pp. 1-3). Regardless, it became clear that there *are* disabled people in Region 9 who, having been hidden away all their lives, may have needs that transcend their physical or mental disability.

The process of carrying out this survey brought the CBR teams in the villages face to face with the magnitude of the problem within their own communities. Many began to formulate specific plans to address the needs of these people. As a result of this more intense focus on disability, more than 20 school-age children who had previously been kept at home started attending school. Their integration into the school system was accompanied by a teacher-led campaign to educate the other children to adapt to these children. This "child to child" campaign was adopted in 34 schools throughout the Rupununi. Though a systematic survey of how each of these children has fared has not been carried out, it is clear that a number of them bloomed as a result of this integration. In some cases, the children with disabilities were discovered to have some hidden talent--several turned out to be excellent musicians. One young man became known as the best guitarist in his village and several boys turned out to be excellent athletes who became much sought-after by their school teams. A group of musicians with disabilities got together and formed a traveling band. Thus, a number of people with disabilities were empowered as a result of integration.

The CBR teams began to work actively to promote the integration of

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people in every aspect of village life. At health clinics, health workers began encouraging mothers to bring their children with disabilities to clinic; several began carrying out general education campaigns regarding disability as something which does not have to limit the potential of an individual. A number of CBR teams acted at the village education level. One CBR team made sure that every disabled person in their community was always brought to village events and meetings. Several other CBR teams mobilized their villages to build houses for elderly disabled people or to take food to particularly impoverished ones. Where possible, simple rehabilitation tools and programs were created to assist people with disabilities to improve their functioning to the highest extent possible. In total, between March 1994 and April 1995, 10 disabled children and 20 disabled adults were given some form of special help at home.

These acts of integration, which broke down age-old barriers, profoundly affected the attitudes of villagers in the Rupununi about disabled people: 60% of respondents in this study (n=20) identified changing attitudes toward and help for disabled people as a major impact of the CBR Programme, 35% felt that disabled people were better adapted and less shy, and 27% (n=15) identified the integration of disabled people into village life as the main strength of the program (see Appendix B). The formulation of village-level plans to integrate disabled people into the villages had another unexpected effect, however. Until then, the CBR teams seemed to have responded largely to program-level suggestions; the act of initiating their own plans to respond to the needs they had documented within their own communities helped the CBR teams to begin to own the process and to identify themselves as CBR agents rather than as CBR recipients. One CBR team member wrote the following letter to a CBR newsletter during this period:

> Until recently we felt that CBR was something outside. This was
> evident by the way in which we constantly asked our 'parent body'
> for assistance in the form of aids, wheelchairs etc. However, more
> recently, we have begun to realise that WE in fact are the CBR
> programme. It was then that we began to see the enormity of the
> task before us (Pierre, Hopeful Steps CBR Newsletter Vol. 10, June
> 1994, p. 3).

Thus, it appears that the move toward making community-based rehabilitation a reality in terms had significant empowering effects for the CBR teams.

Broadening of the Vision

It is important to realize, however, that the CBR Programme did not abandon its commitment to address broader development priorities in the region as it took advantage of the newfound focus on disability. During the same period of time that the third series of workshops began to be held, December 1993, three other major areas of focus developed: health education, literacy, and cultural affirmation, in response to needs expressed by villagers or needs perceived by the program.

The focus on health education developed as a collaboration with the Bahá'í Community Health Partnership (BCHP). A 50 minute video called "Facts for Life" depicting the key health messages in the UNICEF document by the same name, was filmed using people and scenes from the Rupununi and throughout Guyana. Over the next months, CBR regional coordinators traveled throughout the region using portable video equipment to hold video shows in each of the villages of the Rupununi to display these health messages. These video shows, which drew hundreds of people in every village, were particularly effective at conveying these health messages because people were interested in seeing any video, so people who would not ordinarily come out to health talks

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attended, and because the videos used people and scenes familiar to them to teach them about health. Two simple picture-based training manuals for community health workers and teachers were also written and distributed among the health workers in the region in consultation with the Guyana Office of Social and Economic Development (GOSED) and the BCHP. A health care worker intimately involved in the delivery of maternal and child health services for the whole region reported that a number of community health workers had told her that these training manuals gave them more confidence to give their own health talks in their villages: if nothing else, they could simply read from the manual and hold it up to show the pictures to the community (Interview Transcripts, Health Personnel). The key messages in this Facts for Life series were also summarized in a simple, pictorial pamphlet package and distributed to every home in the Rupununi through village visits made by the BCHP.

Between May and September, a series of "Facts for Life" festivals were held in every subdistrict and at the regional level. These festivals consisted of art competitions for all age groups illustrating the key health messages in the Facts for Life series. Hundreds of poems, skits, stories, and drawings were submitted to each competition. A representative from UNICEF attended the regional finals in September and was so impressed by the results that he offered funding for the winning entries to be incorporated into a book to teach the Facts for Life message. This book has recently been published through UNICEF, GOSED, and the CBR Programme. The combination of video, teaching manual for health workers and educators, and art competition proved to be extremely effective in both communicating health messages to the general public and in empowering health workers to teach these messages themselves. 35% of respondents in this study identified health education as a major impact of the CBR Programme and 25% and 15% of respondents respectively specifically mentioned the Facts for

Life video and manual as having particular impact (Appendix B). When we remember that these figures mean that one out of three people independently brought up health education as an important impact, these figures seem even more significant.

Rupununi residents also identified another component of the CBR Programme that developed during this same period, literacy training, as having a significant impact. This aspect of the program, which again evolved as a partnership with GOSED and the BCHP, as well as with the Ministry of Education, arose out of the recognition that general education and literacy were major areas of need (see Appendix B). Part of the need was identified as lack of books to read and part as lack of knowledge about how to teach children to read beyond the rote repetition method. The CBR Programme in the Rupununi, responding to the needs expressed by head teachers for literacy education, decided to devote part of the third series of workshops to teaching teachers how to teach others to read through the phonics method. At first the training offered was very simple: it was composed of one workshop and one manual given to each of the teachers. It soon became clear, however, both in the Rupununi and in the Coast, that teachers needed more support than this. So the CBR Programme, which had both qualified personnel and funds to devote to this project, developed a "Steps to Reading" 15-book series that included a workbook and a teacher's manual, which took the teacher step by step through the material through simple pictures and text. This series was launched in the Rupununi in its own series of subdistrict-level workshops for teachers in May of 1994 and was completed in December of 1994. A second follow-up series was held from November of 1995 to March of 1996 (CBR Newsletters Vol. 10, 1994, p. 2; CBR Newsletter Vol 11, p. 5; O'Toole, P., Reports of Literacy Workshops Held in the Rupununi, 1994; program communication).

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The work in the field of literacy reflects the close partnership shared between the Rupununi CBR Programme and GOSED/Varqá Foundation. GOSED had developed a library program on the Coastlands of Guyana, which provided books and basic training to rural people who wanted to start a library out of their own homes. Through the BCHP, GOSED began delivering books in May 1994 to villages throughout the Rupununi that wanted to start their own library. By April 1995, with the added assistance of the CBR Programme, which gained a vehicle during this period, 28 of these libraries had formed (Hopeful Steps CBR Newsletter Vol. 11, 1995, p. 5). Varqá Foundation, GOSED's daughter organization, in association with the Guyana Book Foundation and CODE, two non-governmental agencies interested in establishing libraries in the region, assisted in the establishment of three more full-scale libraries to serve as resource centers for the southern Rupununi. These libraries are unique in that they were created as partnerships between the villages and the donor organizations: villages had to commit to finding or building a site for the books and finding a volunteer community member who was willing to serve as a librarian. The investment of village resources into the project no doubt added greatly to the ownership that the villagers had in the project and therefore its sustainability. A week-long workshop to train librarians who would care for these full-scale libraries in the skills of classification, record-keeping, book repair and care, card cataloguing, shelving, binding, and literacy education were held in May of 1995. One of the co-leaders of this workshop was a Rupununi resident who had been trained for this purpose (P. O'Toole, 1995, pp. 1-2). The combination of these full-scale libraries with trained librarians, the small village libraries established earlier through GOSED and the BCHP, and the literacy training workshops sponsored by the CBR Programme coordinated well together to promote literacy in an integrated way. The 65% of respondents (n=20) who identified the CBR

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Programme's contribution to the general education of the region as its most significant impact and the 25% of respondents who specified the literacy project attests to this (see Appendix B).

The final area which reflected the broadening of the CBR Programme's initiatives in the Rupununi lay in the area of cultural affirmation, though the focus on adapting to, respecting and preserving the culture of the communities being served could be seen from the very beginning of the project. The way in which program literature, video materials, and perspectives were adapted to the culture of the people served from the very beginning demonstrates this. During the first series of visits to the Rupununi, a teaching video was filmed using scenes and people from the Rupununi. During the first series and third series of workshops, considerable time was spent editing CBR materials to make them more applicable to the Rupununi people, including ideas, text, and illustrations. Use of locally available materials, particularly those utilizing cultural craft forms, was encouraged as use in early stimulation. Cultural shows and art competitions were used to encourage people to translate program themes into their own culture and environment. A book of stories around CBR themes was written and translated into Macushi and Wapishana. The WHO disability survey was translated into and carried out in Macushi and Wapishana. Several videos, including one about disability ("A New Tomorrow"), one about health ("Facts for Life"), and one about the Rupununi CBR Programme were filmed using people and places in the Rupununi as both consultants and active participants. All of these steps showed tremendous respect for the culture of the Rupununi people and helped to make the program and process culturally competent as did its active involvement of indigenous people at the planning and organizational levels.

The CBR Programme's concern about preserving the culture of Rupununi

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people, however, transcended the mere desire to convey its messages in a culturally sensitive way. The program invested a great deal of time and energy in preserving and affirming the culture of the Rupununi people for its own sake. With the aid of a musicologist from the Canada, Daniel Janke, the program recorded and produced a tape of nearly extinct indigenous songs and stories. The program also filmed a video called "Life in the Rupununi" which records dances, songs, crafts, and activities of indigenous life. This video has been shown in villages throughout the Rupununi and on Guyanese national television. The proceeds from the sale of these materials will go toward aiding the resource sustainability of the program in the Rupununi. However, for the people in this region, who for the last 100 years have been beaten for speaking their traditional language in school, who are seeing their culture and way of life rapidly die out with the new "modern" generation, this work represents far more than a step toward program sustainability. It is a reaffirmation of the integrity and value of their culture that is badly needed.

The development within the Rupununi Region of this broad vision of the role and purpose of community-based rehabilitation, which addresses the needs of people with disabilities within the context of addressing the needs of the larger community, echoes the model of community-based rehabilitation as part of an integrated development process mentioned earlier. The reasons that such broadness of vision has been possible with the CBR Programme in the Rupununi are myriad, but several elements strike the researcher as particularly important: the creation of a forum or process in which the evolving needs of people can be discussed, the willingness of people in the Rupununi to share their perception of their needs with the program, the willingness of the CBR Programme to listen and respond according to the needs expressed rather than to any preconceived agenda, and the supportiveness of the program's funders--principally, Amici di

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Raoul Follereau in Italy--of the flexibility and broadness of the program, which requires in turn a great deal of flexibility and broadness of vision on their part. The critical presence of this last element, which is so rare in the development arena, is one of the unique strengths that the CBR Programme possesses and is one which it is deeply grateful for; as one staff member put it,

> ...the CBR Project has a funding agency of whom nothing more could be asked. They allow all our [ideas] to go ahead whether we have anything to do with [strict] CBR or not. I just feel they really have contributed greatly to the project and allowed it [to be] the success that it [is] (Interview Transcripts, Program Staff, 1995).

Thus, the successful development of a CBR program that is part of the integrated development of the broader community has emerged through a partnership between the community, the program, and the funding agency that sponsors it.

C. DEVELOPING PROGRAM IDENTITY

The CBR Programme was successful in developing a sense of community and identity among CBR members through both symbolic and functional mechanisms during the process described above. The act of naming people as part of a CBR team automatically distinguished them from the rest of the population and identified them with the program. The fact that all participants were enrolled immediately in a three-year training course in community-based rehabilitation, of which they were reminded with a certificate of completion at every workshop, and for which they received a diploma in community-based rehabilitation at the end of three years after undergoing a symbolic and meaningful graduation ceremony, served to reinforce this sense of distinctiveness and identification as CBR workers. The program and its participants added numerous touches to help participants share a sense of community: they created a CBR T-shirt for the Rupununi, developed a CBR

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theme song, added a Rupununi section to the CBR program newsletter, created CBR games, CBR mnemonics, and even CBR jokes. As a result, a whole culture grew around participation in the CBR Programme that added greatly to a feeling of community and identification with the program.

The most important contributors to the development of a CBR identity, however, lay in the functional arena. The act of organizing and carrying out CBR projects, particularly emotionally charged work with disabled people, played a role in developing a sense of distinctiveness from the community, because many were for the first time acting upon rather than as part of their community. The very sense of empowerment and responsibility developed through the program acted to distinguish CBR team members as leaders in their community. Moreover, the act of meeting together with other participants throughout the Rupununi during workshops and during annual regional and national CBR conferences gave CBR team members a feeling of being part of a greater whole that did not exist before, simply because transportation barriers made it impossible for people in different parts of the Rupununi to come together. The profound importance of coming together is highlighted by one team member in the following quote but repeated in the excitement and enthusiasm of the process detailed by many others:

> I think one of the strengths [of the CBR Programme] is that it has brought the wider Rupununi together. Karasabai and so on, never do we come to see a man from deep Aishalton, but at these seminars, we always came together, we always [mixed] together...we share problems and try to solve them together...because we found out that our problems are really common in every village. This togetherness has brought us to see how best we can solve these problems. And then we've learned that we are as good as anybody; people in the Rupununi are as good as anybody, anywhere else in the world. People never appreciated or understood it (Interview Transcripts, CBR Participants).

This sense of discovery, empowerment, and excitement permeates the manner in which active participants talk about the program; there is strong sense of identification in the way that people talk not about "they" but "we" when referring to the program. This intangible but real identification and ownership of the program translates to participants being willing to go to great lengths to make the program come alive in their villages, subdistricts, and region. This is particularly true of people elected to subdistrict and regional committees by their fellow participants. Given that these people do not get paid for their time, the level of effort invested into the program is tremendous.

D. Human Resource Development and Empowerment

Human resource development took place in two forms during the Rupununi CBR Programme process: the training of people to carry out the program's goals and objectives and the training of people to take over the process of development. Both of these forms of human resource development took place at two different levels: at the grassroots community level and at a more elite leadership level.

Human resource development at the grass roots level took place in four different contexts: workshops held by the CBR Programme for CBR team members, workshops held by CBR team members for their villages, program-initiated projects carried out at the village level, and projects initiated by CBR teams to be carried out within their own communities. Human resource development for program sustainability occurred through these first three contexts. In some workshops held by the CBR Programme, CBR team members and other program participants learned the knowledge and skills necessary to carry out the program's immediate objectives. For instance, for early stimulation, they learned how to make toys; for literacy, they learned how to teach phonics; for health education, they learned what the key Facts for Life messages are. At least some of this information was applied and communicated within the village.

In 1995, the CBR Programme developed a new focus: instead of simply teaching CBR workers about various topics during workshops and asking them to apply it in their villages, they trained each CBR team in the skills and materials necessary to transmit that information in a large-scale way at the village level. Every CBR team was asked to organize and lead a workshop in their village about early stimulation after they had themselves had a refresher workshop on the topic. The process of organizing a workshop was one which taught the

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participants a fundamental organization/management skill necessary to continue the CBR Programme in its current form. It also taught the team members how to teach others, so that they were not mere vessels of knowledge but active participants in the education process.

Program-initiated CBR projects that were implemented at the village level also taught CBR team members essential skills and knowledge necessary to run the program at the grass roots level. As a result of two such projects alone, the participatory disability survey mentioned earlier and a participatory evaluation of the CBR Programme that was recently carried out, CBR team members learned basic skills about how to assess needs and evaluate programs. These skills no doubt added to CBR team members' sense of empowerment and ownership in the program. As a result, all of these efforts improved program sustainability by both increasing identification with the program and increasing the community base of skills necessary to run the program.

Human resource development for process sustainability at the grassroots level, on the other hand, appears to have emerged from a combination of centrally-initiated workshops and grassroots-initiated projects. Beginning in 1995, the CBR Programme strengthened its partnership with the BCHP by beginning to hold jointly-sponsored workshops for Local Health Board members and CBR team members. During the first half of each workshop day, the BCHP essentially tries to empower and educate people to prepare them to take over the development process. Through small group discussions, role plays, and stories, the participants are urged to recognize their own inherent value or "nobility", explore their capacity to sacrifice for their communities, and learn what it means to be a moral leader who is a servant rather than a dictator for their people. During the workshop, participants learn skills relevant to their position as facilitators of the development process, such as conflict resolution and

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consultation. By the end of each workshop, participants conceive a vision for their communities, and create a plan for that vision to come to fruition. This process is designed to make CBR team members, Local Health Board members and village leaders conscious of their role and responsibility as leaders of their village and as representatives of people who are noble and able to articulate a vision of their future to development agencies. To the extent that it accomplishes this goal, it adds greatly to the process sustainability of both the BCHP-initiated Local Health Boards and the CBR teams. In general, participants rated this part of the workshop as having great significance and importance and are currently in the process of replicating the workshop within their own villages.

The CBR teams also have had an opportunity to apply what they have learned about process sustainability at a practical level through the process of identifying community needs (independent of those suggested by the CBR Programme), designing projects, and carrying them out. The projects which were identified and the ways which people carried them out were myriad and speak to the extent to which people were empowered by this process. They include the formation of nursery schools for children and their mothers, the upgrading or construction of health posts, the improvement of water and sanitation, the formation of a sewing cooperative to sew mosquito nets, and a hundred other projects that required CBR team members to consult and gain the participation of both fellow villagers and funding agencies in the region. In several cases, the CBR Programme directly supported this process by helping CBR teams to locate materials or funding; in the vast majority, the team members learned how to seek this funding and support themselves. This base of human resources involved in the process of development matured even further as subdistrict and regional committees formed to carry out larger projects.

Human resource development at the leadership level took place in all of

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the ways listed above, given that all program "leaders" were also program participants, but also in one additional way: through a Training of Trainers' course developed by the CBR Programme to raise up a cadre of workers who could introduce the program to neighboring regions of Guyana and serve as resource persons within their own region. This training took the form of a three-week workshop in Georgetown with other CBR members from other parts of Guyana and the Caribbean. The workshop taught diverse skills necessary to teach and continue the education outcomes of the program, including literacy education, health education, and of course, disability identification, awareness, and management. Once they completed the workshop, these new trainers were immediately brought into the process of co-organizing and co-leading workshops in their subdistrict along with the regional and national coordinators. This provided trainers with on-going "on-the-job" training practice their newly-learned skills and learn new ones necessary to take over coordination of the program.

Though originally envisioned as being crucial to the expansion of the program, the training of this group of resource people thus adds significantly to the program (and process) sustainability of the Rupununi CBR Programme. These trainers feel deeply invested in the CBR Programme and identify highly with it, particularly after they have led their first workshop. Forty-six percent of the people that they are teaching feel proud or happy to have someone from their own district teaching them and seventy-one percent feel positively in general about their leadership. Moreover, through this two-step process of theoretical workshop followed by hands-on application in the field, the trainers have the skills to carry the project with its knowledge-base and skills to current and future generations of CBR team members.

In summary, the CBR Programme has been able to develop human

resources effectively to support both program and process sustainability by combining educational workshops with practical projects to apply, develop, and gain confidence in their new skills. A group of resource people capable of developing other human resources has been identified, trained, and put into action. These elements promote the program sustainability of the CBR Programme. As the program evolved and people became more and more confident, the program was able to support participants in developing and carrying out their own projects. This empowered people to learn the skills necessary to sustain the process of the CBR Programme. The ability of the CBR Programme to combine practical education with immediate application has been instrumental in promoting both program and process sustainability through the development of human resources.

E. The Development of Infrastructure

The development of human infrastructure and resources constituted a critical component of the CBR Programme, both in the Rupununi and in the Coastal areas. Early in the program's development in the region, the infrastructure of the Hopeful Steps in the Rupununi CBR Programme looked like that depicted in Figure 6.1. In the very beginning there was simply a national director and the village-level CBR teams, composed of a community health worker, teacher and villager. Once the program had become firmly established, in February of 1994, the program was able to attract two Voluntary Service Overseas workers (VSOs) to serve as regional coordinators who could visit the villages, work individually with the CBR teams, organize workshops held within the region, and coordinate the progress of the regional program in general.

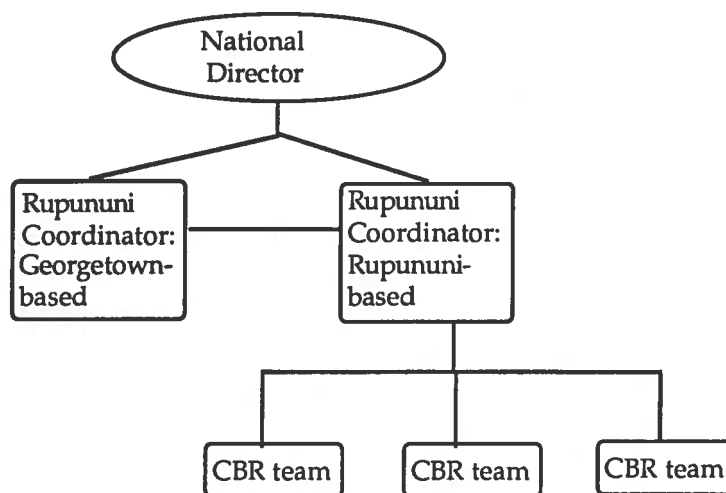These VSOs were recently replaced by a special educator from Trinidad.

Figure 6.1 Early Rupununi CBR Programme Infrastructure

Initially, village visits were made through a partnership with the Bahá'í Community Health Partnership, which already provided a mobile health service throughout the region. This process was greatly facilitated by the 1994 purchase of a Land Rover with which to travel to the various villages. The formation of what essentially became a mobile resource unit added another element to the CBR infrastructure. It also made the program and its resources far more accessible to the people and helped the program to understand the community better. A coordinator for the region based at the national capitol was also employed because the difficulties in transportation, communication, and access within the Rupununi made it impossible for someone based in the region to obtain materials and supplies, secure funding, meet with related organizations, etc. This early infrastructure, in which initiative for program projects rested heavily on the shoulders of the national director and regional coordinators, essentially reflected that of a community-oriented but not community-based

program.

As the program grew in its scope and participants gained more and more power to define their own development agenda, a parallel system of planning, organization, and administration developed that focused on initiatives that arose from the grassroots level. This system, which had its early roots in the village CBR teams, achieved its fruition in October of 1995, which symbolically marked the simultaneous graduation of CBR team members from the IACE training program and concomitant election of subdistrict and regional-level CBR committees, each fully functioning to carry out its own projects independent of the support of program staff (see Figure 6.2).
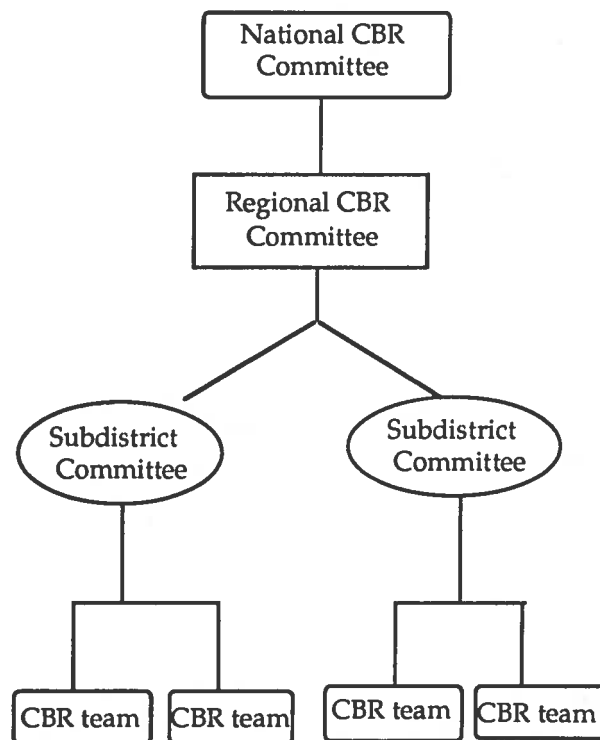

Figure 6.2 Community-Based Process Infrastructure

In essence, the development of this parallel infrastructure reflects a critical

transfer of responsibility for the development process in the Rupununi into the hands of the community.

This transfer of responsibility for the development process does not exist in merely theoretical structural form; it is a functional reality. Between October of 1995 and March of 1996, for instance, the regional CBR committee oversaw the construction, staffing, and supplying of a school in an extremely isolated village that did not have any way of providing education for its children. Now, 66 children are attending school for the first time in their lives. The most important aspect of this achievement lay in the fact that the CBR Regional Committee was able to do this completely on its own. Another subdistrict CBR committee has assigned each of its CBR teams a certain fundraising goal. The money being raised through this effort will be used to send people with disabilities from that community to be trained in some form of art, craft, or vocation that will be useful to the community. In this way, the individual will have a source of income, thereby interrupting the cycle of poverty and disability, and will provide a valuable service for the community, which will in turn secure his place as a valued, integrated member of the community. It is clear from the breadth, effectiveness, and level of independence of these projects, which are among a multitude that are going on at village, subdistrict, and national levels, that process sustainability has been achieved in the CBR Programme in the Rupununi. People know how to identify a need, make plans to meet the need, and carry out the plans in an effective, empowering and unified way.

In summary, the current infrastructure of the CBR Programme within the Rupununi Region is described in Figure 6.3. It is composed of the system of village CBR teams, subdistrict committees, a regional committee and a national committee on the one hand and a parallel system of staffing and administration

Process Infrastructure   **Program Infrastructure**
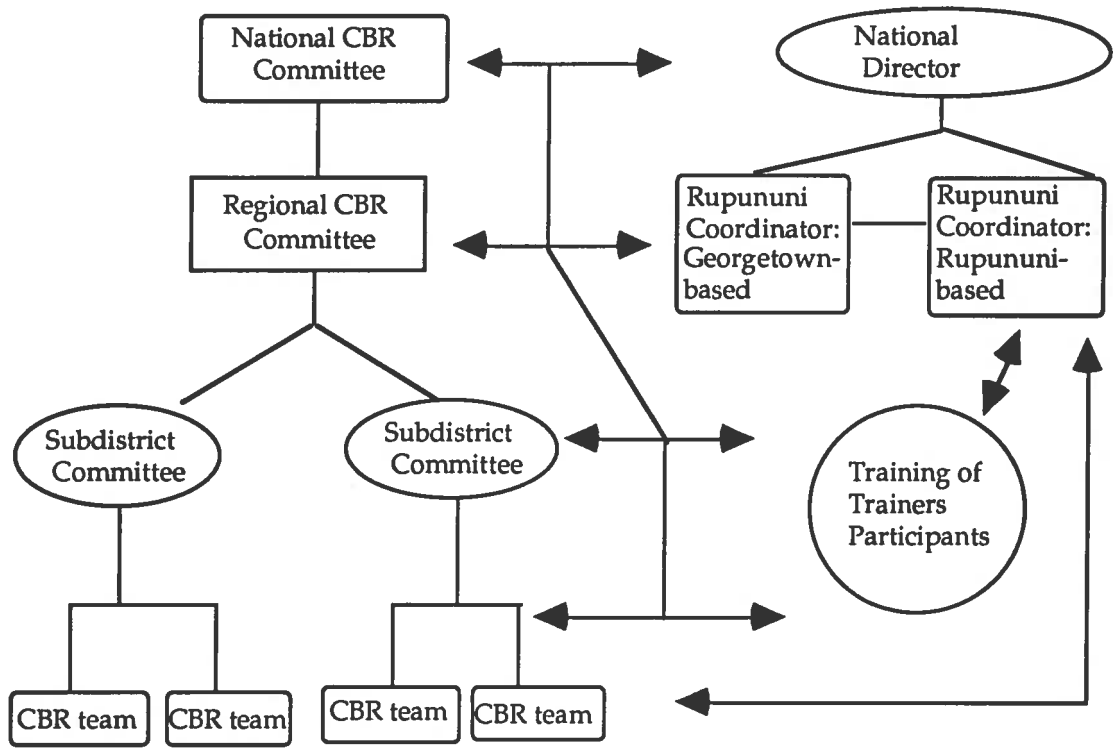
whose role is to provide support where needed to the committees and to develop and sustain the initiatives and goals of the specific program. The program staff works in partnership with the resource people trained through the Training of Trainers model to continue holding workshops in literacy, early stimulation etc. It is expected that these resource people will eventually be able to sustain the specific program within the region with their extra skills and experience in organizing and leading subdistrict and regional workshops. They will be assisted in this process by the CBR teams, who have also been gaining both the specific knowledge relevant to the various program initiatives and the practical knowledge necessary to transfer this knowledge to their people through the carrying out of village workshops. The Training of Trainers resource people will

have the opportunity to test their skills at developing a program like this on their own when they travel to their neighboring regions (Region 1 and Region 8) in the summer of 1996 to start the CBR Programme initiative there. Thus, although there remains very close partnership and communication between the parallel branches and levels of the CBR Programme infrastructure in the Rupununi, it is clear that the program is well on its way to being sustainable at both program and process levels.

Several aspects of the CBR Programme infrastructure deserve special mention. First, this infrastructure does not duplicate existing governmental or non-governmental infrastructure. Secondly, it uses and brings into partnership existing elements of the government infrastructure which would be interested in a project such as the CBR Programme--namely, in the education and health sectors. Thirdly, this infrastructure exists in close partnership with both governmental and non-governmental infrastructure. All CBR workshops in the Rupununi are carried out in partnership with the Ministries of Health and Education at both national and regional levels. These agencies periodically review the program's plans, excuse teachers and health workers from their posts to participate in workshops, and sometimes co-sponsor workshops with the two programs. One government agency, the Social Impact Amelioration Programme (SIMAP), has worked directly with the CBR Programme to find villages that can articulate and formulate a plan for self-development. Other non-governmental agencies, such as the Rupununi Weavers' Program and Red Thread, also collaborate with the program for transportation, planning, and implementation of programs.

Because CBR participants are drawn from existing health and education infrastructure and because regional and national authorities were carefully consulted during the planning process, CBR has become integrated into existing

village, regional, and national systems of organization. The Programme particularly closely with the Ministry of Education at both national and regional levels in the area of literacy education training for teachers; through this formal partnership, every teacher in the region has been given literacy supplies and trained to teach the phonics method through a series of workshops held at 22 villages. The CBR Programme is similarly well-integrated at the local level. The CBR team in each village is part of the village system of committees. At monthly meetings of head teachers throughout the region, CBR work is discussed as a standard part of the agenda. Reports of on-going CBR work are included in subdistrict and regional reports in health and education. It is even included in national plans in the health and education sectors. The new health plan for Guyana, which plots out the goals and objectives within this sector from 1994-2000 articulates CBR as the centerpiece of rehabilitation care in Guyana:

> Rehabilitative care should be integrated within PHC and should not be separated from general health services at this level. Prevention and limitation of disability through early identification and intervention will best be achieved at the community level...[A programme objective will be to] increase access to rehabilitative care by introducing Community Based Rehabilitation as the main strategy for delivering rehabilitative services at the primary care level (Ministry of Health, 1994, p. 120).

The Ministry of Education's five year development plan similarly cites the successful model demonstrated by the CBR Programme and adopts it as its own strategy:

> The experience of the Community-Based Rehabilitation (CBR) programme in Guyana has demonstrated that it is possible to give the local community a pivotal role in providing services for children with special needs, particularly in rural areas...[Our policy goals are] to harness the resources of the community, along the lines of the CBR, in providing services for children and adults with

> special needs...Strategies for Achieving Goals:...Collaborate with the CBR in the implementation of more community-based approaches to provide services for children and adults with disabilities...(Ministry of Education and Cultural Development, 1995, p. 29).

This inclusion of CBR in the health and education systems adds greatly to the acceptance and sustainability of the CBR Programme at the political level.

The CBR Programme shares a particularly constructive and symbiotic relationship with the Bahá'í Community Health Partnership (BCHP). The BCHP gained entrée to the Rupununi through the infrastructure of the CBR Programme, even as the BCHP director began to serve as the key resource person in the area of health for the CBR Programme. Before the CBR Programme had a vehicle, the BCHP gave the CBR Programme mobility and the ability to visit various villages; after it gained mobility, the CBR Programme helped the BCHP by helping to bring in medical patients and by helping to deliver library and health education materials to the villages. The CBR Programme gained trust in the villages through its team infrastructure; the BCHP gained trust by having someone stably reside within the region and provide reliable, high-quality education and health care on a long-term basis. Because of their close partnership, this trust transferred itself to each other in a way that both programs emerged stronger and more well-known to the people. Each program has always assisted the other during its workshops and now has evolved to the point of holding joint workshops for members of its infrastructure. The two programs have published numerous articles, books, and teaching materials together. The two programs have also carried out a number of projects in close partnership with each other, the most important being the "Facts for Life" health education campaign and the literacy project. The close partnership and consultation between these organizations has avoided duplication of services and reinforced

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the objectives of each program at the village level to the extent that the majority of people at the village level do not know how to readily distinguish between the two projects and many wonder why they should even do so. The two programs have even shared criticisms: although the CBR Programme is not itself initiated by a religious organization, its close partnership with the BCHP has caused a few opponents of the program within the region to oppose it based on religious allegations (see Political Sustainability section).

Although the very closeness of the organizations has sometimes led to strain because the work of one has been attributed to the other, overall the partnership has strengthened both programs considerably. Continued recognition of this partnership as a strength rather than a weakness will be critical to the long-term sustainability of both programs in the Rupununi Region, because there simply isn't enough of a resource base to allow for duplication of resources, whether they be material or human. Moreover, after their close co-evolution, a pointed separation would only lead to confusion in the minds of people and undermine the process undertaken by both. It is important to realize that concerns about the need for separation of the two projects seem largely to stem from the program evaluation level--it is difficult to rigorously assess the effect of a program when it does many things in partnership with another. Moreover, because the CBR Programme has far greater program identification, it is often the recipient of the credit for any successful project. This understandably causes the BCHP and other organizations within the Rupununi whose work has been taken away from them some irritation. However, it is important to realize that the CBR Programme is not perceived as a distinct, separate program in the Rupununi; it is perceived as an amalgam of the BCHP and the CBR Programs, and carries attributes of both in the minds of villagers. It is more accurate and perhaps wiser to think of and evaluate the two programs as having embarked on

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a common development process—with each side contributing its particular strengths—but working together in unity to meet the needs of people in the Rupununi.

F. SUMMARY OF PROGRAM AND PROCESS SUSTAINABILITY ANALYSIS

If we return to our original criteria about sustainable processes and programs, we will find that the CBR Programme meets nearly every criterion for both. In terms of process sustainability, it is committed to process at a theoretical and practical level. It is trusted by people in the Rupununi. It is responsive to community needs, flexible, and capable of adapting to changing needs. It involves the community in decision-making and leadership roles in every step of the planning, administration, and evaluation process and trains people to take over these roles at the program and process levels. It involves key players in the community and in the health and education systems. It wins the enthusiastic support and identification of people who are involved. It supports the CBR teams in carrying out short-term, small-scale projects as well as larger, more visionary ones, thereby allowing people to grow into their vision for their communities. It builds upon, forms partnerships with, and strengthens existing institutions while developing an organizational infrastructure capable of maintaining both the program and the process at village, subdistrict, and regional levels. It develops human and community resources and capacities through a combination of educational workshops and practical application projects at both grassroots and leadership levels. In doing so, it empowers the community to realize that it can take charge of the program and the process and trains and supports it in doing so by teaching them skills necessary to take over

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the development process, including those dealing with conflict-resolution and consultation. Moreover, the process it follows in accomplishing all this is not only culturally and socially appropriate and accepted, but culturally-affirming. Finally, the program is blessed with a funding agency that is flexible, supportive, and stable and which is in turn strengthened by the CBR Programme's success. When combined with the high identification with the program, development of human resources and infrastructure to sustain program activities, and the outlining of broad goals and objectives in areas which are prevalent and on-going needs in the Rupununi, namely health and education, this analysis points to a program that has achieved a high level of both program and process sustainability.

The program needs to continue to find ways to include a wider range of people into the program—though this is in part being addressed through the literacy component, which includes all teachers in its rank and file—and to continue to train people to think about identifying need and carrying out evaluations of the program and process. A more formal system of conflict resolution and consultation would also be useful. Finally, a continued partnership with regional and national governmental and non-governmental agencies is strongly recommended.

II. OUTCOME SUSTAINABILITY

Outcome sustainability refers to the longevity of the services and products of the program. The first step in analyzing outcome sustainability is to determine what the products of the program or process are. With the Rupununi CBR Programme, outcomes can be broken down into materials, education, and empowerment.

Materials produced by the program include educational material, documentary material, and program identification-building material. Educational material consists of countless training manuals, workbooks, and videos geared toward communicating messages about disability, health, and education in a simple, effective, and culturally competent way. Documentary material consists of videos, tapes, and articles to record program process, outcomes, and achievements as well as Rupununi life and culture. Identification-building material include newsletters, T-shirts, etc. which promote a sense of CBR community. The production of these three types of materials is not possible within the Rupununi Region. The production processes are not available nor have people been trained in the skills necessary to produce these materials. This task has largely fallen to the program directors and the regional coordinator at the national level. If the latter position is not maintained, this outcome of the CBR Programme may not be sustainable.

Another material product of the CBR Programme is the development of a mobile resource center. The sustainability of this intervention depends on the training of people to serve as resource persons for this unit, the stocking of the resource center with teaching materials, and the long-term maintenance of the vehicle. The training of resource people is already well under way through the Training of Trainers' program and promises to be sustainable within one or two

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years. The stocking of the resource center with teaching materials should be feasible but will incur shipping or production costs (discussed above) which may not be feasible. The long-term maintenance and cost of gasoline for the vehicle will probably be the major limiting factors for program sustainability. The regional government certainly has enough gasoline stores at its disposal at any given time; however, it is often extremely reluctant to use it because it is afraid it will run out. The ability of the regional government to pay to maintain the vehicle, on the other hand, could be a major limiting factor. The fact that the program has recruited a driver who is also an extremely competent mechanic should help, but ultimately the availability of parts may well limit the life of this part of the project outcome. Given that this mobile resource center adds greatly to the effectiveness of coordination in this region, the program should consider thinking about ways in which funds could be generated by the community as a whole or the program in specific to sustain this intervention.

The second major type of outcome in the CBR Programme lies in the area of education. Rupununi residents identify efforts to improve awareness of issues in general education and child development, disability, health, and literacy to have had the most impact in the villages (see Appendix B). The fact that Training of Trainers participants have been trained to educate others in each of these areas will no doubt add greatly to their continued sustainability as educational outcomes. Unfortunately, pre- and post-assessments of education level are not being systematically carried out so it is impossible to say exactly what change has occurred or to measure how long the change in consciousness persists. For the purposes of this discussion, I will use the crude criterion that educational messages which people put into practice in their villages are sustainable. Given that different villages and CBR teams have implemented the program at different levels in their villages, the sustainability of the program should vary accordingly

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from village to village.

Eighty-five percent of respondents said that their CBR team had carried out at least one and usually multiple projects in the area of disability and 60% of respondents identified changing attitudes or help for disabled people as a major impact of the program. It is estimated that 20 school-age children have been integrated into schools and at least 10 children and 20 adults have received special help at home and were assisted in the process of integration into the community. In the villages where this has happened (over two-thirds), the impact of the CBR Programme in disability education is highly sustainable because the community as a whole has been involved in caring for someone who becomes a constant symbol of the possibilities that disabled people have. At some level, the cycle of superstition and disempowerment has been broken.

Sixty-five percent of Rupununi residents identified general education as a major impact of the CBR Programme. Child development, early stimulation, and literacy, the three areas which have received the most emphasis and which have been integrated most often into community health worker clinics and schools (assessed based on the frequency with which these areas were mentioned in interviews), are likely to be sustainable. Literacy education will probably require more support given that it introduces an entirely new way to teach reading, but is likely to be sustainable once the educational process has been completed because it is simultaneously being applied and used in the schools. The development of nursery schools, which have begun almost completely through village-level initiative, is likely to be highly sustainable.

The health impacts of the CBR Programme are difficult to separate from those of the BCHP, given that the latter has taken health education to the village level for years in a sustained effort, and given that the CBR components of the health education work were carried out in partnership with the BCHP.

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Moreover, much of the health education initiated by both programs was implemented through the efforts of community health workers, who had been talking about these messages for years. As a result the areas in which health education seem to have been particularly effective will simply be listed with the thought that the CBR Programme, by initiating a grassroots projects like the Facts for Life campaign, contributed in some measure to this education process. Thirty-five percent of respondents, in fact, identified health education as a major impact of the CBR Programme. Health education in the related areas of water and sanitation, diarrhea, and environmental cleaning appear to have been communicated most effectively, as marked by increases in pit latrine construction in nearly every village, identification of the need for more pit latrines by the majority of Local Health Boards, increases in well construction and protection, the widespread use of oral rehydration therapy, and increases in efforts to clean up village compounds. These tangible changes, which are taking place throughout the Rupununi, probably reflect sustainable changes in people's attitudes in the area of health.

The final outcome of the CBR Programme, empowerment, tends to be self-sustaining, especially when it is the result of a process that is empowering. The way in which human resources and infrastructure have been developed to sustain this process has already been discussed. In order to avoid the development of local demagogues who have been empowered by the program, however, the process should be well-defined and articulated in a democratic way such that it continues to encourage and foster grassroots initiatives. There also needs to be an educational process about what it means to be a leader and how it is possible to share leadership in a consultative way, depending on the particular area in question and people's expertise or interest in working in that area. This essentially prevents the emergence of one or two people who are seen as leaders

while others take the more passive role of "follower." This moreover significantly promotes the long-term sustainability of the program or process because the program doesn't depend on the strength, weakness or personality of any one person. Moreover, no one person becomes the target of people who are jealous of their status and willing to stab them in the back because they think power can be gained by taking over leadership in the program. Hence, by broadening responsibility and leadership, program and process sustainability are improved.

The recent joint workshops held with the BCHP have assisted enormously in this area with its elucidation of various forms of leadership and its encouragement of leadership based on service, example, and empowerment of others. This aspect of the program should be reinforced, however, because people in the Rupununi are too used to looking to hierarchies for answers. As a result, it would be very easy to slip into a form where the CBR Programme was empowering to a limited group of leaders but not to the rank and file of CBR participants or to the community as a whole. The creation of CBR committees rather than the training of one or two individuals to take over various processes at the subdistrict and regional levels should also assist in this regard.

In conclusion, material products of the CBR Programme are not highly sustainable, given the lack of tools, skills, and other resources available in the Rupununi. Even the mobile resource unit, which has a full-time driver/mechanic trained to care for the vehicle, is not likely to be sustainable without external support once the vehicle breaks down in a major way and finds itself unable to access parts. If the community can take over the CBR Programme's current income generating activities through the sale of educational materials developed by the program or if they could create a new method of income generation, it may be possible for this very important material outcome

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to be sustainable.

However, certain educational messages in the area of community awareness surrounding people with disabilities, general education, literacy, and health are likely to be very sustainable because they are already in the process of being implemented in the village and because people have been trained to continue teaching these messages throughout the region. The outcome of empowerment is likely to be sustainable given that the process followed by the program is itself empowering, but needs to be supported through education and protection of the process. Thus, outcomes which depend heavily on education and the development of human resources are found to be sustainable in the Rupununi CBR Programme. The program should find ways to strengthen its material outcomes, particularly the mobile resource unit. Whether that be income generation at the program or community level, the long-term and hidden impacts on the process of community unity and empowerment should always be kept in mind.

III. RESOURCE SUSTAINABILITY

To review briefly, resource sustainability examines the input and maintenance cost of the development program or process. These include in the case of the CBR Programme monetary costs, costs in time and energy, and other more broadly defined costs, such as political cost, cultural cost, or social cost. The sustainability of resources used by the CBR Programme therefore requires an analysis of budgetary allotments, funding sources, their stability, and use of material and human resources.

The annual budget for a given year (1994) for the Rupununi CBR Programme is given in Table 6.1 (O'Toole, Program Records, corroborated with Regional Coordinator figures). On-going costs amount to $21,728.59 per year, or about 33% of the regional budget for education expenditure (regional budget = $65,735.71 in 1996). This is excellent in comparison with most NGOs; however, as far as resource sustainability goes, it must be remembered that the majority of the region's education budget is expended on teachers' salaries and is therefore unavailable for use on something like the CBR Programme. Still, given that the CBR Programme operates effectively in the arenas of both health and education, it is possible that this financial cost is resource sustainable.

The allocation of funding in the CBR Programme deserves mention. Personnel/ administrative costs account for only 19.6% of the ongoing budget, which is lower than average for most development programs. 57% of the annual budget goes directly toward workshops and a regional conference. Material costs account for only 23.5% of the budget, much lower than most development programs which tend to be material-intensive. Since the CBR Training of Trainers recipients receive only the per diems allotted for workshop facilitators and the subdistrict and regional committee members are uncompensated, the

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Table 6.1 Modified Budget for Rupununi CBR Programme (US$; 140G = 1US$)

START-UP COSTS	US$
Capital	**$35,500.00**
Land Rover	$32,000.00
VCR & projector	$ 1,200.00
Inverter & battery	$ 700.00
Radio for vehicle	$ 1,600.00

ON-GOING COSTS (ANNUAL COSTS)		% Annual
General Capital		
Tools/teaching aids	$ 1,700.00	**6.5%**
Personnel Costs $ 4,628.57 + $514.32 = $ 5,142.89		**19.6%**
Regional Coordinator (Rupununi)	$ 1,628.52 (+ $514.32 VSO)	
Regional Coordinator (Georgetown)	$ 771.48	
Driver	$ 685.71	
Workshop facilitator/monitor	$ 1,542.86	
Workshops (8/yr; 30 attendants each)	**$13,028.56**	**49.7%**
Food	$ 3,428.57	
Flights	$ 2,400.00	
Participant stipends ($500G/person)	$ 857.14	
Facilitator per diems	$ 1,714.29	
Teaching materials	$ 3,428.57	
Stationery	$ 228.57	
Survey costs	$ 685.71	
Transportation of materials	$ 285.71	
Regional Conference (1/yr; 130 attendants)	**$ 1,857.14**	**7.1%**
Maintenance, Gasoline Costs for CBR Resource Unit	**$ 4,500.00**	**17.2%**
Total Ongoing Costs	**$ 26,228.59**	
TOTAL PROGRAM COST (/yr)	**$ 61,728.59**	

personnel costs after transfer of responsibility should only result from the services of a driver, which is a fairly minimal cost. This assumes that the program would not train a full-time coordinator to secure funding, etc. However, the elimination of the positions of regional coordinator at both regional and national levels to secure funding and materials for the program may cripple the program too significantly to be feasible. If it is assumed that the government only puts in costs for maintaining the CBR vehicle, gasoline, workshops, a conference, and teaching materials, the average on-going cost of the program would be just over 32% of the region's education budget. The majority of costs would come from workshops, but if only local people were used as facilitators, the cost of workshops would decrease to $10,628.56, which would reduce the CBR budget to just over 28.4% of the region's budget. This level of expenditure is certainly within the realm of possibility for the Education Department and probably affordable. This could be supplemented through income generation by the program, which currently generates an average of $12,000 in revenue every year through the publication and distribution of educational and cultural materials developed in the course of the program. This revenue could easily cover the costs of personnel, teaching materials, and the CBR resource unit (Government of Guyana, 1996, p. 4).   The CBR Programme's main sources of funding, Amici di Raoul Follereau and the European Economic Community, both appear to be fairly stable sources of income. Amici di Raoul Follereau seems to be particularly committed to the development work in the Rupununi; thus, the program's costs in the short term are covered by a stable funding agency and the costs in the long-term could potentially be covered through government budgetary allocation and income generation. Given the Ministry of Health's stated objective of implementing CBR throughout Guyana, governmental support may be a feasible option.

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Potential constraints to resource sustainability in the CBR Programme include the lack of availability of human resources. One of the major program weaknesses identified in the 1995-6 interview sample dealt with the fact that the CBR Programme called on people who, because of the key roles they play in their villages and in the region, were overcommitted and did not have the time to put into the program. This has been particularly true in the last year because other development agencies, which had all but ignored the region in the past, have all begun to vie for the attention of the people of the Rupununi, leaving them with little time or focus to think about more long-term projects. The strong identification of the people with the program assures it a place of continuing importance when priorities are set in most villages, but in some, more central villages where multiple activities are going on, some CBR teams have become largely inactive as far as initiating new projects goes. Ironically, the human resources that were developed by the program earlier may not be accessible anymore because the people who were most competent and best trained are now the ones in the greatest demand by other agencies. Thus, it will be important for the CBR Programme to continue the process of education and empowerment to ensure human resources continue to be developed.

One potential solution is to offer remuneration for being a CBR worker. However, this would substantially depreciate from the long-term financial sustainability of the program, given that the government would probably not ever have money to pay these workers. Moreover, some CBR workers fear that this would change the motives of participants. One actually identified the remuneration of workshop participants at the rate of $500G for attending each workshop (8.3% of an average teacher's monthly income) to be a weakness of the program because they felt that in some ways it disempowers the participants, changes some people's motives for participating, and has potentially unforeseen

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consequences:

> I find that the people organizing these things, I mean sort of, soften
> us a little, make us soft...we as people grow up without that kind of
> thing [remuneration]. We harden to this kind of hard life...I see a
> lot of outside organizations spoiling a lot of the Amerindians today.
> Take, for example, SIMAP, an outside organization coming to give
> pregnant mothers money at one point. Which is good. But many
> times you get the father--he ain't working anymore because he
> know the way of getting a small piece from SIMAP. Every month
> or three months he gets--"I ain't got to go on working." It got to
> take a real proper-minded person to sort of speak and say, "You
> know , they are trying to help us. I got to help myself more, you
> know. I got to learn to do without their help." You find a lot of
> people saying, "I don't got to catch fish anymore because I know the
> flour coming from SIMAP or whatever it is." It's something like
> that. You got the side effect. It's very good, but it has a side
> effect...Only one or two people go in [to CBR workshops] with the
> feeling, "When I'm done here I collect a small fee, I look like I'm
> working and so on."...And whenever they go to this, they look
> forward to this thing...And sometimes we don't use things
> properly, you know? Sometimes, as soon as we get CBR $500, I go
> to the beer shop and work it out because I get it free, you know?
> (Interview Transcripts, Program Participants)

There does not seem to be an easy solution to the question of remuneration. As a
result of concerns such as this, the practice of providing remuneration was
discontinued in 1995. The program's current practice of reimbursing Training of
Trainers' participants as workshop facilitators may be the most viable middle-
ground between paying people who devote significant time and energy into the
project and not encouraging false expectations or dependency in the general CBR
membership. One way to think about it is to consider that people are gaining
something from the workshop itself and are having their transportation and food
needs paid for. The extra sacrifice they make to attend a workshop makes them
feel more invested in the program. Repayment of people who undertake
particularly arduous journeys to attend might be considered, but a program-level
policy about what constitutes "arduous" should be defined first to avoid

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discontent and disunity among people.

Finally, access to basic supplies, including materials necessary to run workshops, may be a major problem, because despite the encouragement of use of local materials, many teaching aids developed still depend on such locally unavailable resources as markers and construction paper. Even with the existing program, which delivers arts and crafts materials to villages on a semi-regular basis, 27% of respondents note that they still need more material. This area highlights the fact that the region is isolated as a market: it is difficult to not only obtain teaching materials but also gasoline and replacement parts for the vehicle when it breaks down. These factors may change as transportation infrastructure is built. However, they present a major barrier to the sustainability of any material-dependent component of the program in the Rupununi, whether it be the mobile resource unit or teaching aids.

There appear to be very few political, cultural or social costs associated with participation in the Rupununi CBR Programme. One, however, deserves mention. Because of the close association between the BCHP and the CBR Programs, the CBR Programme is often identified as a "Bahá'í" program, even though it is not itself initiated by a religious organization. Until recently, this did not mean much, but the recent increase in opposition to the Bahá'ís in general at the regional clergy level (see political sustainability section) may mean that CBR program participants will incur a social cost for participation. So far, in most villages, the CBR Programme and the Bahá'ís for that matter remain well-respected and well-trusted. However, if opposition of this type grows, the program will need to find direct ways of dealing with this issue because its participants will be faced with some form of penalty for association. The Bahá'í Community Health Partnership has begun addressing this issue openly by bringing it up, explaining why the program was started, and reassuring the

community that mass conversion is not the objective of its efforts. The CBR Programme might also consider devising some strategy of dealing with this issue openly, though in most areas, CBR participants have been able to reassure their communities themselves.

In summary, the Hopeful Steps in the Rupununi CBR Programme is reasonably resource sustainable, but needs to find creative ways to negotiate scarcities in funding, human resources, materials, and a changing political/social situation. The extent to which the program is integrated into pre-existing infrastructure will significantly influence its resource sustainability. The extent to which the program retains participation and uses locally available materials will also be critical to maintaining the resource sustainability of the CBR Programme. Retaining participation will most likely require that the CBR Programme address the social costs of participation in the context of increasing opposition to programs associated in some way to a minority religion. Finally, the CBR Programme should continue and expand its income generating activities to a community level, so that its mechanism of resource sustainability (sale of audiovisual and educational materials) is itself sustainable.

IV. POLITICAL SUSTAINABILITY

Political sustainability refers to the way in which the program or process being studied relates with other organizations and groups that have power to influence the impact or survival of the program. Thus it is important to both identify the groups in power in the Rupununi and to examine the relationship of the CBR Programme with these groups. The groups in power in the Rupununi can be divided into four major types: political groups in and out of power, religious groups, other non-governmental development agencies, and ranchers, who compose the wealthy elite in the region. In general ranchers seemed to remain generally supportive of but neutral toward development efforts. In the case of the CBR Programme, a warm personal relationship was formed with many which has proved to be mutually beneficial.

It is important to note that the government of Guyana changed at about the time that the CBR Programme began in Region 9. As a result, the general relationship between the government and its people became particularly constructive during the period that the program went into operation in the Rupununi. During the past four years, the government has tried sincerely and often effectively to address the challenges and needs facing its people as it rebuilds after a several decade-long process of decay in the hands of another government. However, the process of reconstruction does not take place overnight nor does decades of neglect remove itself immediately from the minds of people who feel that the government should be responsible for their welfare. The CBR Programme came into being in the Rupununi Region after a long period of time during which the government had had very little contact with its constituents in the Rupununi. Regional authorities rarely had the resources or political will to undertake travel in the region and non-governmental agencies

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were virtually nonexistent. As a result, the CBR Programme gained greater prominence in the minds of Rupununi people than it might have if other governmental or non-governmental agencies were operative within the region.

Members of the current administrative and political hierarchy within the general administration, health, and education sectors were interviewed about the CBR Programme, as were representatives of various non-governmental organizations. At various points in the program's development, high-ranking members of both general administration and education sectors were deeply involved in the program. These individuals became deeply committed to promoting the CBR Programme in the Rupununi. Unfortunately, administrators in the Rupununi are constantly in flux; as a result, these individuals eventually transferred out of the Rupununi. In time, more administrators were recruited as partners in the program. The warmth of the relationship between the CBR Programme and the regional administration usually varied proportionally to the level of involvement of the administration in the program, though sometimes the particular involvement of one administrator incited the jealousy of another. As discussed earlier, the CBR Programme has always maintained warm and mutually beneficial partnerships with most other governmental and non-governmental agencies operating within the region, including the Bahá'í Community Health Partnership, Red Thread, Rupununi Weavers, the Social Impact Amelioration Programme, and CODE through the Guyana Book Foundation. In general, these agencies feel strongly supportive of the CBR Programme and express it in functional ways.

The general administration, health and education sectors also feel happy to receive the support of the CBR Programme because it brings resources into the region and makes their work easier. Neither political groups in power (People's Progressive Party) nor political groups out of power (People's National

Congress) feel that the CBR Programme is affiliated with or specifically supportive of either political party. Both maintain their willingness to continue to support the program if they are in power, citing its usefulness to the Rupununi people and its ability to reach areas where they cannot as the reasons. Thus, at the formal level, authorities in and out of power in these sectors feel supportive of the program.

However, in the case of the education sector, there often seemed to be an undertone of tension in the relationship of the program with particular individuals. The education sector feels unable to adequately monitor the work of the program because it does not have the resources to travel to the various districts. Because the CBR Programme seems to have so many more resources and so much more flexibility than the education department and because it made the initial effort to reach out to the villages, in many ways it is difficult for the education department to compete with the former in the minds of people. One administrator pointed to the fact that people now assume that anything positive being done in the region could be attributable to the CBR Programme, even if it is fully planned and organized by the education department. Moreover, even when the education department does do something, people make comparisons with the way in which the CBR Programme does the same thing and find the government initiative inadequate. This has naturally resulted in a feeling of resentment toward the CBR Programme. This sentiment was occasionally shared by other non-governmental agencies operating within the Rupununi, including the BCHP, though most of these, including the BCHP, found themselves in a similar position with the CBR Programme in that if it was successful, it often inadvertently undermined the governmental program. The CBR Programme has done nothing to encourage Rupununi people to attribute all good works to it; it acknowledges and highlights the importance of its partnership with the

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Ministries of Health and Education and other non-governmental agencies at every workshop. Unfortunately, despite these efforts, the strong identification and ownership that people feel toward the program seem to simply lead them to assume that all successful efforts in the Rupununi are under the auspices of CBR.

Given that any number of highly successful programs throughout the world have fallen prey to just this type of political situation, it is absolutely imperative that the CBR Programme work to address these tensions with governmental and non-governmental agencies--not because the program has an obligation to do so but because it may be to the program's detriment if it does not. If the CBR Programme is to eventually hand the program over to be incorporated into the government infrastructure, the development of a warm relationship is particularly important. Fortunately, there is a new Regional Education Officer in Region 9, who seems eager to work with the program. The Regional Education Department and the CBR Programme have just co-submitted a joint proposal to UNICEF for the development of pre-school education in the region. The two organizations meet regularly. CBR personnel have also been assisting the Ministry in leading workshops in the region and has involved the Education department in CBR-sponsored workshops. Thus, the situation appears to be improving significantly; however, the issue of identification and credit may remain a sore point in the minds of other organizations until they have developed sufficient program identification to not be confused with the CBR Programme.

A final player in the political arena that cannot be ignored in a region like the Rupununi, which is over 95% Christian, is the Church. Although several different denominations exist within the Rupununi, two main branches predominate: the Roman-Catholic and the Anglican. The CBR Programme attracted fire from the region-level clergy as it became more prominent and

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powerful within the region. The main allegation, that it intends to use development as a tool to convert people to the Bahá'í Faith and that it favors people who are Bahá'ís or express an interest in becoming Bahá'í, stems from the fact that the program is directed by a Bahá'í and works in close partnership with the Bahá'í Community Health Partnership.

These allegations are serious and interesting for several reasons. First, they did not start until the program was well-developed and prominent even though the regional clergy knew of the organizers' religious views from the beginning. They also knew that the program was not itself affiliated with any religion, even if some of the organizers were. An early interview with one of the heads of the Catholic church in the region confirmed this. Second, program participants and village-level interviewees deny that there has ever been religious work carried out in the name of the program. Members of the lay clergy at the village level who are both participants and non-participants in the program maintain that the program has never attempted to teach religion or convert people. Third, no one from this region has become a Bahá'í through direct interaction with this program. None of the people chosen to be part of the Training of Trainers module is a Bahá'í, not is any member of the subdistrict or regional CBR committees. All of this implies that the allegations are brought up more because they represent potent political weapons than because they are true. The Church, however, is a powerful enemy to make, regardless of the accuracy of its claims.

So far the program has not addressed these claims except through reassurance provided by individual CBR members to the community at large. Because these types of questions are coming up again and again, it may be important to deal with them and the church directly. Since the problem does not appear to be at the village-level but rather at the region-level, it might be best to

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meet with the individual members of the clergy to discuss concerns. Bringing the ideas up openly at the village level, however, might also relieve any mistrust that has developed as a result of these allegations. The fact that the CBR Programme is well-trusted will no doubt aid in this process; the fact that it has a CBR team in each village that can support what it is saying and work actively to defuse these rumors will in the long run probably be the most important factor in this process. The BCHP is already bringing the issue up at the village level, with good success. In the long term, however, consideration should be given to the possibility of bringing churches and other religious organizations into the partnership so that they become proponents rather than opponents of the program.

Overall, the CBR Programme faces quite a few challenges in the area of political sustainability by virtue of its very success. The importance of dealing with this issue at the level of governmental agencies, non-governmental organizations, and religious organizations cannot be underemphasized. It will be critical to realize that in many cases, the resentful or attacking organizations feel threatened or undermined by the success of the CBR Programme. The development of ways in which these organizations can be partners and sharers in the program's success may be helpful in the process of coming to a common ground. The fact that the government is working to genuinely improve life in the region should also aid the CBR Programme in this process greatly. The strength of the trust that Rupununi people have in the CBR Programme as well as the strong network of partnerships and linkages already formed by the program should also play an important role in assuring the political sustainability of the CBR Programme.

V. OVERALL EVALUATION OF SUSTAINABILITY

The Hopeful Steps in the Rupununi CBR Programme stands out as a remarkable example of a program that has been able to achieve high degree of process and program sustainability. It has also been able to achieve a significant level of outcome sustainability in non-material areas and has a fair likelihood of being resource sustainable once responsibility for the program and process has been transferred to the participants. Three main areas for improvement emerge from the analysis above. Unfortunately, some of the same elements which contribute to program sustainability, such as strong program identification, have also come to threaten the long-term political sustainability of the program. Dealing with the ramification of this identification, then, should be a major area of focus in improving sustainability for the Rupununi CBR Programme. Fortunately, this can build on the many strong and warm relationships that have already been formed with both governmental and non-governmental agencies. Secondly, the program should focus on improving the sustainability of material resources through income generation in such a way that it fuels an empowering and unifying process. Finally, the active recruitment of the wider community into the CBR program and process should be given priority as should the development of a leadership training institute that will educate leaders about how to share leadership and foster and sustain an empowering process. Overall, the Hopeful Steps in the Rupununi CBR Programme is highly likely to emerge as a sustainable program that makes significant and empowering contributions to the lives of people in the Rupununi Region.

CONCLUSION

In the introduction, the goals of this thesis were described as four-fold. The first goal was to understand how the concept of sustainable development has evolved over time in the development literature to gain a contextual understanding of existing models. The second goal was to critically examine current models of sustainable development as relevant to the program planning and evaluation literature in public health. The third goal was to develop an alternate conceptual framework for program sustainability. The final goal was to apply this framework to two health and human development programs in the Rupununi region of Guyana. Having addressed these goals to greater or lesser degree, one must ask: what have we learned? what does it mean? and where do we go from here? This chapter will attempt to answer these questions. First, a few of the lessons learned during the course of the thesis will be highlighted. Secondly, the generalizability of the results will be discussed. Finally, directions for future research will be offered.

A. LESSONS LEARNED

The lessons learned during the course of this thesis are manifold. The first is that the concept of sustainability can be rigorously and productively applied to the program planning and evaluation process at a far broader level that resource analysis alone. This type of analysis at the planning stage can be particularly helpful in identifying potential areas of weakness and strength and creating a long-term vision for the program.

The second lesson learned is that a program does not have to survive in order for its process or outcomes to be sustainable. This is particularly important

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in the case of programs such as the BCHP which both intends to phase itself out within a few years and which has issues with program identification.

A third lesson learned is that a program's willingness to involve, listen to, and change with the community served during the decision-making process helps to create an appropriate and empowering development process. Responsiveness to community needs has emerged as a feature which contributes significantly to the process sustainability of both programs studied in this thesis.

A fourth lesson points to the importance of trust, justice and equity in the development process. Though rarely discussed and immeasurable, these intangible factors probably play a more decisive role in determining program and process sustainability than most others. This can be seen in the case of the BCHP's relationship with the community over the issue of religious motivation.

The fifth and sixth lessons underscore the importance of building partnerships in the development process, particularly with existing elements of the infrastructure and with power players at every level. This significantly improves the political sustainability of the program. It also plays a decisive role in promoting resource and program sustainability by avoiding the duplication of resources and by training the existing infrastructure in the program's goals, objectives, and methods.

A seventh lesson highlights the importance of organizing and building infrastructure at the community level. This step adds to both program identification and to program and process sustainability. It also empowers the community and helps to make the program community-based.

An eighth lesson points to the importance of fostering community initiatives and training people either directly or indirectly to participate effectively and sustainably in the development process. This includes education about community organizing skills such as consultation, conflict resolution,

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needs assessment, and evaluation, as well as education about what it means to promote an empowering development process. Training in the latter area should include education about what it means to share leadership in order to prevent individual power struggles and promote broad-based involvement.

A ninth lesson suggests that a truly community-based development process broadens in its scope over time in recognition of the diverse and multi-faceted needs of communities. This could be seen with both the CBR Programme and the Bahá'í Community Health Partnership, which expanded their original visions significantly in response to community needs.

A tenth lesson points to the importance of developing human resources which are ultimately more fundamental, sustainable, and empowering than material ones. Both the BCHP and the CBR Programme came to emphasize this as the most important area of development work in the Rupununi.

An eleventh lesson suggests that it is very important to preserve and promote the culture of an area in the development process. Besides being good cultural conservation practice, this helps to promote self-awareness and pride in the community which in turn greatly adds to the process of its self-empowerment.

A twelfth lesson highlights the importance of involving key members of the community, particularly women, in the development process. The participation of significant numbers of women in both programs contributed greatly to their success.

These lessons are by no means comprehensive, but they do offer a summary of some of the key ideas which came out of this analysis of sustainability for the BCHP and CBR programs. The next section will discuss the generalizability of these principles.

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B. GENERALIZABILITY

The principles described here and those used by the BCHP and CBR Programme in their development process are generally universally applicable for community-based or oriented development projects, as is the model of sustainability presented in this paper. This is true precisely because these ideas are discussed at the level of principle and conception rather than in relation to a specific area or community. However, there are several factors which limit the generalizability of this work.

One unique feature affecting both programs stems from the fact that, until recently, the Rupununi region was isolated from both development agencies and the government. This nurtured in Rupununi people a sense of being neglected or overlooked and produced a strong desire to be involved in the process of development. This greatly increased community involvement in the development process facilitated by the two programs. Moreover, it tended to give the BCHP and CBR programs greater weight in the minds of Rupununi people because they did not really have much competition. Thus, in the critical time period when trust was being established and the community was being asked to get involved, the two programs had the undivided attention of Rupununi residents; this relatively ungeneralizable accident of history contributed significantly to the sustainability of the two programs.

A second nongeneralizable factor influencing the two programs was the level of community organization that exists indigenously in the Rupununi. Often, development programs find themselves in the unfortunate position of trying to define and create a community before creating a community-based program. In the case of the Rupununi, well-defined communities already existed

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with highly developed skills and knowledge about how to function as a community. Thus, the CBR Programme and the BCHP simply had to build on what was already there, not create entirely new structures, skills, and organizations. This strongly promoted both program and process sustainability for these two organizations.

A third nongeneralizable factor that significantly influences the sustainability of the two programs is the presence of a government that is supportive of and cooperative with the two programs. Too often, governments feel threatened by the work of non-governmental agencies and choose to undermine rather than support them. In Guyana, a government which sincerely seems to wish to promote the welfare of its people is in power. At the national level and at the regional level, very close relationships have been formed between the two programs and the government, which is welcoming of the assistance provided by the two programs. In the case of the CBR Programme, the government has decided to adopt the CBR approach in all of its rehabilitation work and in a great deal of literacy work. In the case of the BCHP, the government is in active partnership through the health outreach efforts and the Regional Health Management Committee. This type of cooperation strongly promotes the political sustainability of the two programs.

A fourth nongeneralizable factor that strongly contributes to the sustainability of both programs is the close partnership they enjoy with each other. Very few organizations are fortunate enough to find such supportive partners in the development process. In the case of the BCHP and CBR programs, this alliance has gone far beyond simple sharing of resources; it has extended to the co-facilitation of projects and the co-development of a vision for integrated development in the region. This type of partnership is so rare that this case of it stands out as a model for other programs.

A fifth nongeneralizable factor that is common to both programs is the degree of dedication, wisdom, integrity and humility of people involved at the program level. Though it is easier to talk about and compare structures, there is no question that the very warm human way in which the people involved have interacted with the community, other organizations, and the government has contributed greatly to the positive development of relationships and trust with these groups. Though it is possible to find people of such caliber in every place, it is rare to find such a high concentration in any one place. The programs' ability to consistently attract people of this caliber both inside and outside the Rupununi has therefore contributed greatly to their success.

Several nongeneralizable factors specific to each program also exist. For the BCHP, such factors include links to the Bahá'í International Community, which serves to inspire the program and provides it with international resources. For the CBR Programme, these factors include the supportiveness of its primary funding agency, Amici di Raoul Follereau, in allowing the program in the Rupununi to evolve broadly.

C. FUTURE DIRECTIONS

Future directions in this research stem from two different levels: that of the topic of sustainable development itself and that of the specific programs studied in this thesis.

As far as the field of research on sustainable development is concerned, there needs to be a move from theoretical explication of the concept to practical application of the tool. In the area of program development, in particular, there needs to be more than a simple affirmation of sustainability as an ideal. Tools

need to be developed, as they have been in the fields of environmental management and economics, to make sustainability a criterion that is capable of withstanding rigorous analysis during the evaluation process and which has predictive power in the planning process, without simplifying the concept to its environmental or economic counterpart. The field of community development has a great deal to offer to the concept, particularly in the area of program and process sustainability. This should be an area of further research. If we are not able to translate our theoretical ideals into practical applications, then our efforts do little more than fund each other's research and provide interesting material for conferences.

As far as the two case studies described in thesis are concerned, there clearly needs to be long-term follow-up and evaluation to determine whether the programs and the criteria used for sustainability in this work actually withstand the test of time. Both of these are highly dynamic programs that promise to be exciting subjects for study as they develop approaches in income generation, use local facilitators to replicate the program elsewhere, and complete the transfer of responsibility from the central to the local level. The way in which the programs evolve and adapt to changing resource and political circumstances promises to reveal a great deal about the process of becoming sustainable. Most importantly, these programs reaffirm that it *is* possible to help people to recognize their inner potential and, in the absence of overwhelming oppression, rise up to assume their place in the process of development. That, in and of itself, makes these programs extraordinary and deserving of a great deal of further study.

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Appendix A

GUYANA
DISTRIBUTION OF AMERINDIAN POPULATION

210

VENEZUELA

Santa Elena

Kurupukari

Makarri

Monkey Mountain

Tipuru

Karasabai

Sawane
Wowetta
Annai

Toka, Massara
Yarakinia

Karanambo

Yupakari

Apoteri

Rio Surumu

Rio Parima

Rio Uraricuera

Rio Tokutu

Irang

Pirara

G U Y A N A

Lethem
Bom Fim
St. Ignatius

Nappi
Moco-Moco

KANUKU   MOUNTAINS

Potarinau
Shulinab

Sand Creek

Kwitaro

B   R   A   Z   I   L

Wichabai
Dadanawa

Shea
Marurauna
Awariwaunau

Rewa

Sawariwao

Aishalton

Rupununi

Essequibo

Rio Bronco

Karaudarnawau

MARUDI MTS.

Boa Vista

Kuyuwini

Kassikailya

Kamoa
Konashen

RUPUNUNI

AMERINDIAN SETTLEMENTS

0   Kilometres   100

211

Needs Identified by Rupununi Residents

% Respondents Identifying This Need n = 52

Need Identified

212

Health Needs Identified by Rupununi Residents
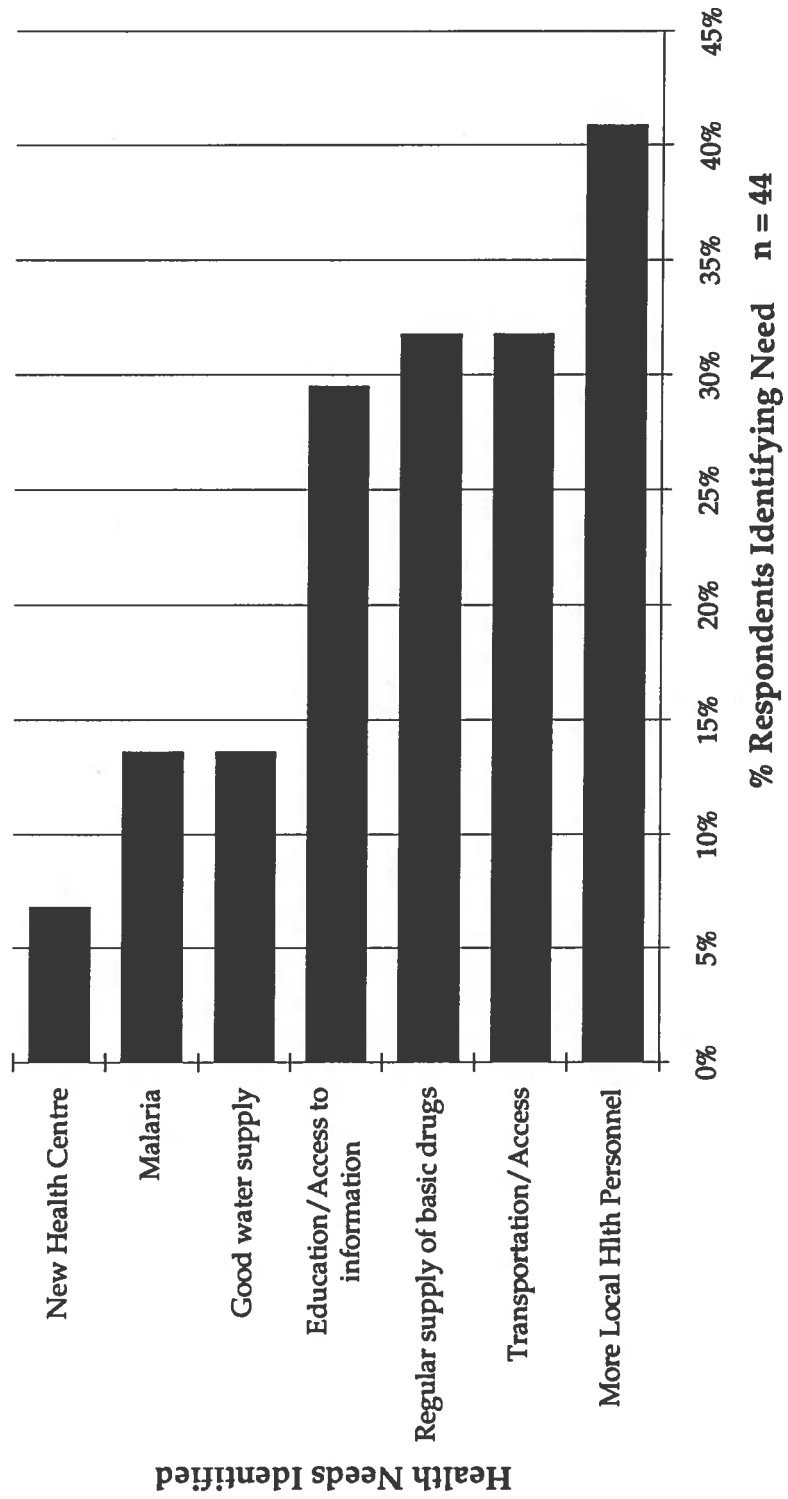
Educational Needs Identified by Rupununi Residents

% Respondents Identifying Need   n = 13

Educational Need Identified
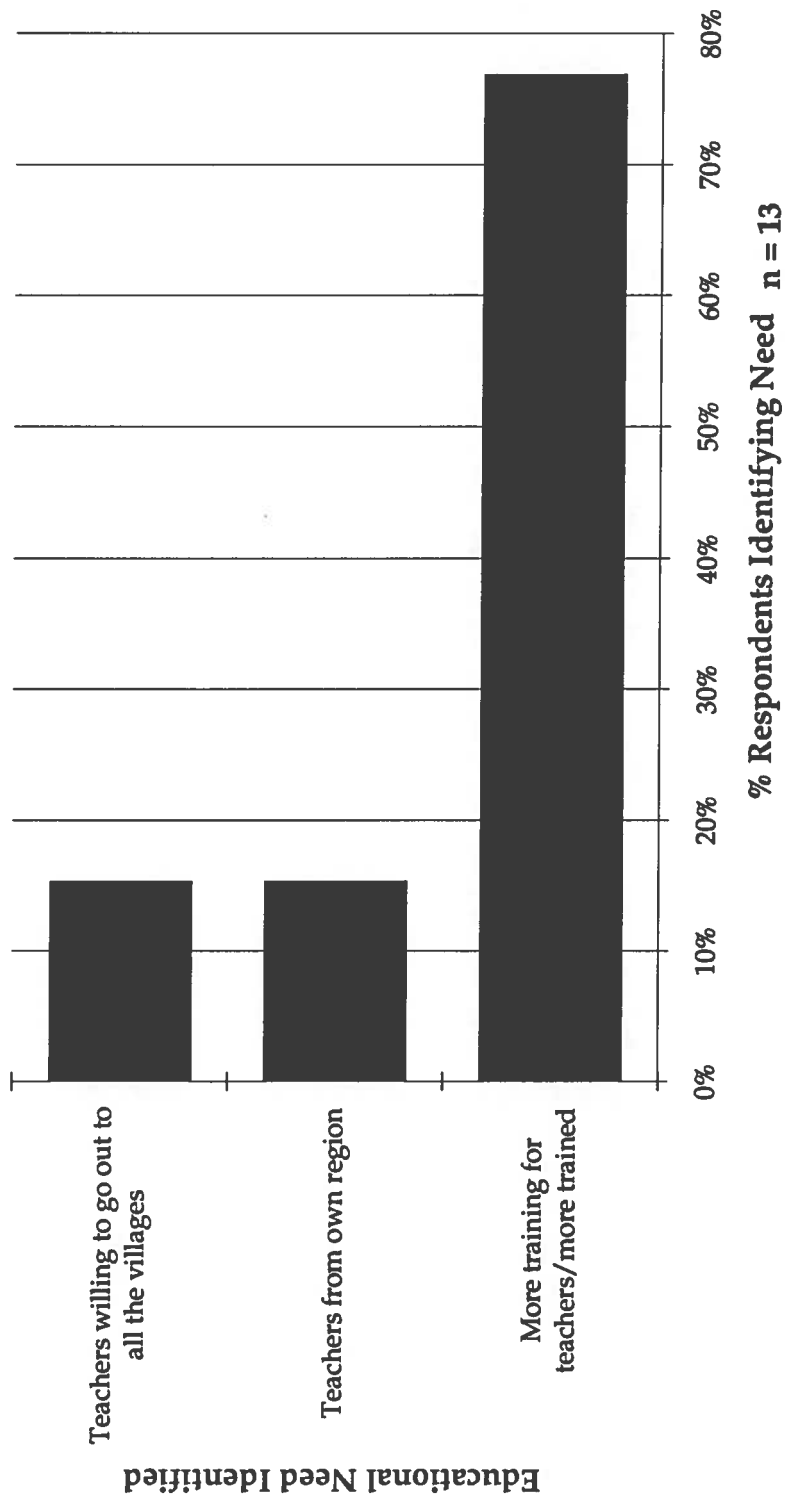
Appendix B

General Impression of BCHP

Impression

- People accept BCHP
- Education
- Interesting
- Trust (Walks the talk)
- Outreach
- Works hard
- Needed/Helpful
- Good-Excellent

Percent of Respondents Identifying Impression   n=17

216

Perceived Impact of BCHP

Chart axis labels (left, top to bottom):
- Better health, reduced sickness
- Doing good things/ some impact
- Increased self-reliance
- – More pit latrines built/used
- Tangible changes
- Health worker support/empowerment
- – Doctor's visits
- Outreach/Access
- –Hygiene/Sanitation
- Health Education

Y-axis label: Impact

X-axis values: 0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%, 40%, 45%, 50%

X-axis label: Percent Respondents Identifying this Impact

n=47

217

Perceived Strengths of BCHP

Strength

CHWs supported, can continue
Motivating people to come together
Access to medicine/drugs
LHBs (will be)
Health Education
– Immunization access
– Emergency service
– Physician presence
Visits/Transportation

% Respondents Identifying Strength   n = 40

0%   10%   20%   30%   40%   50%   60%
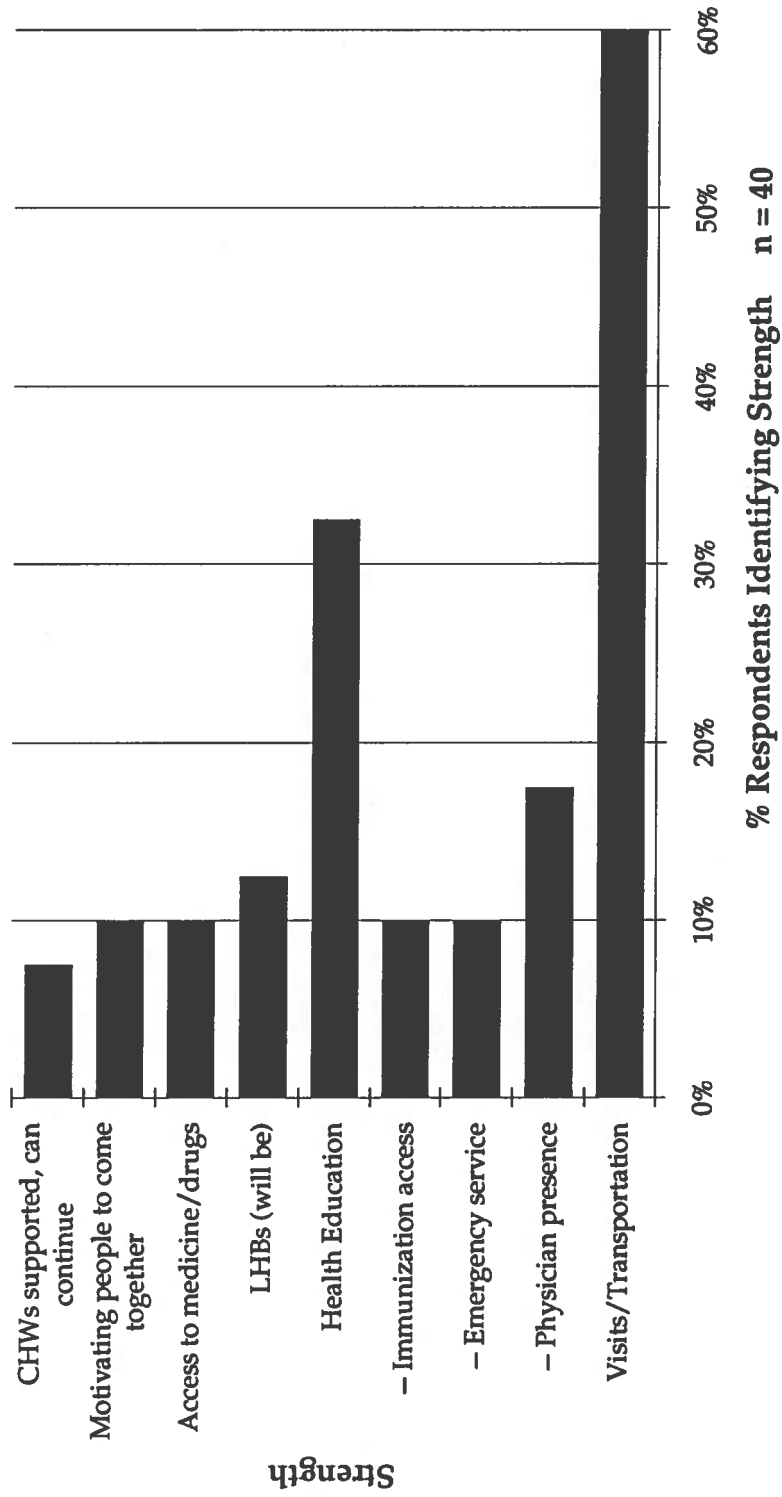
Perceived Weaknesses of BCHP

219
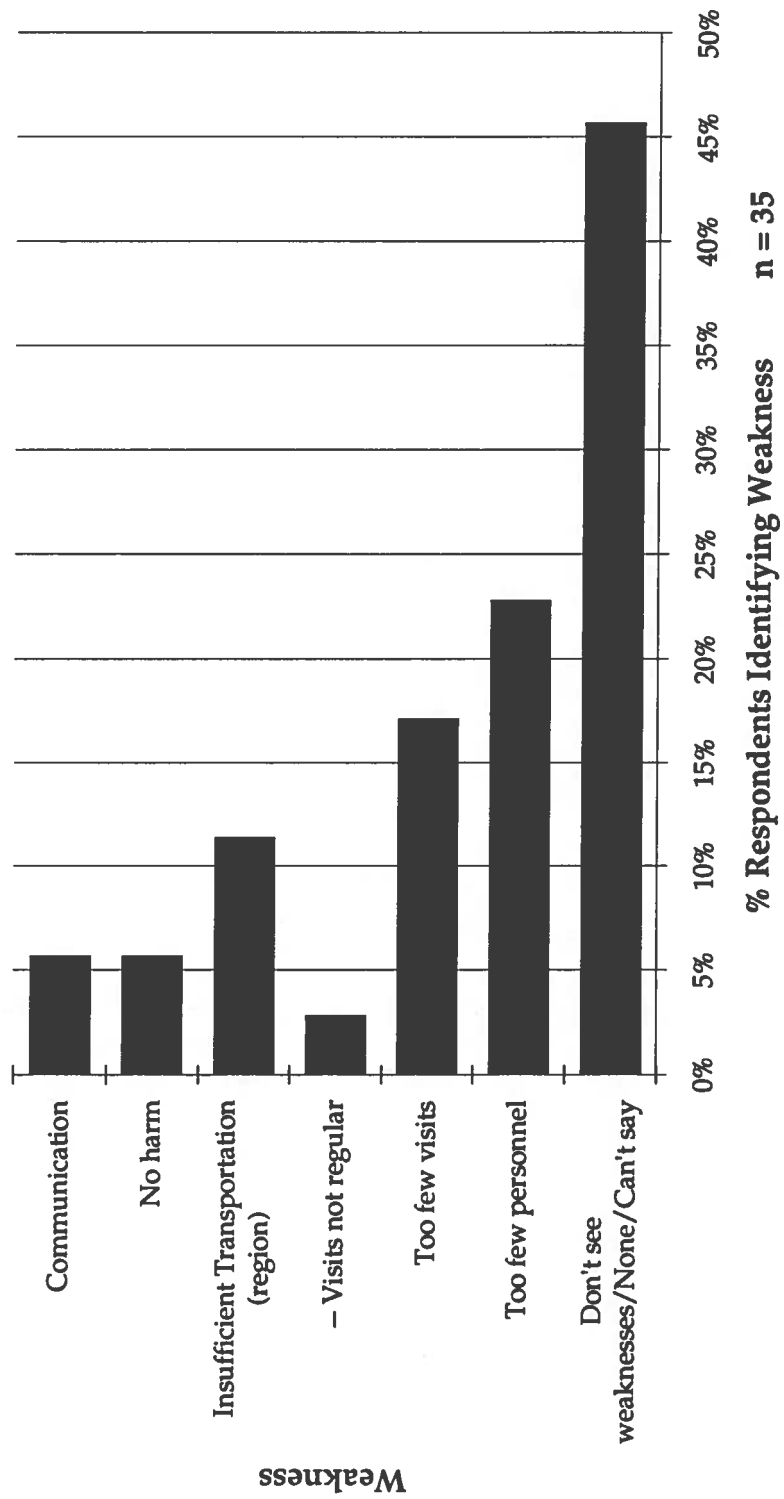
General Impression of Hopeful Steps in the Rupununi Programme

% Respondents Identifying Impression

Impression

Enjoy workshops
Not many disabled people
Child development
Doing lot of work
V. interesting/important
Transport/outreach
Health Education
Good education
Helpful/ Doing v. good work

0%   10%   20%   30%   40%   50%   60%   70%   80%

220
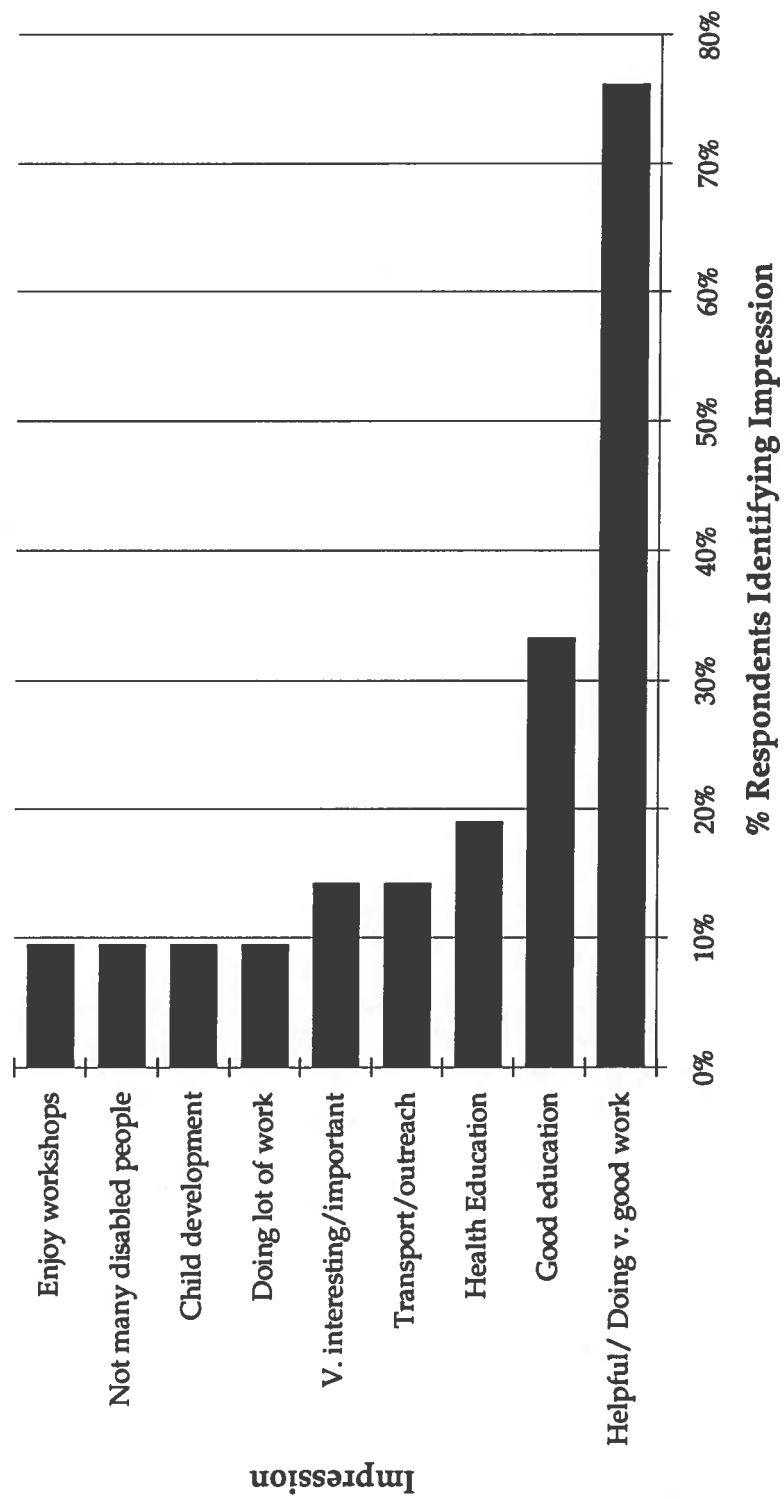
Main Impacts of CBR Programme in the Rupununi

X-axis label: % of Respondents Identifying Impact

Y-axis values: 70%, 60%, 50%, 40%, 30%, 20%, 10%, 0%

Categories:
Literacy – FFL manual
FFL video
Hlth improvement/educatio
Educ for CBR team to deal with disabled
Changing attitudes of villagers – Disabled people less shy/more active
Grievances/help for disabled attitudes
General Education

Impact Identified

Strengths of the HSR Programme

% Respondents Identifying Strength

30% 25% 20% 15% 10% 5% 0%

Integration disabled people into community

Local teams, local people involved

Bring people together thruout Rupununi

Realize common problems

Outreach

Teaching materials (pamphlets)

Literacy Programme

Strength Identified

Weaknesses of the Rupununi CBR Programme

Chart: Bar chart showing "Weakness Identified" (vertical axis categories) versus "% Respondents Identifying Weakness" (horizontal axis).

Categories (Weakness Identified):
- Need more materials (esp literacy) — ~12%
- Transportation (region's resp) — ~12%
- Sub: With regional coordinator — ~12%
- Communication — 25%
- Can't say/None — ~43%

Horizontal axis: % Respondents Identifying Weakness (0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%, 40%, 45%)

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