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EVALUATING
INTERNATIONAL DEVELOPMENT ASSISTANCE PROGRAMS
THE CASE OF CUSO GHANA

by

© William John Robinson, B.A.

A thesis submitted to the Faculty of
Graduate Studies and Research in partial
fulfilment of the requirements for the degree of
Master of Arts
in International Affairs

The Norman Paterson School of International Affairs
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ABSTRACT

This thesis is the study and application of program evaluation methods in an international development assistance program operated by CUSO in Ghana. The basic components of program evaluation methodology are examined with emphasis given to participatory research/evaluation approaches.

A review of the evolution of contemporary development 'theory' is made giving emphasis to strategies aimed at building self-reliance. The role of community development and popular participation within this context is discussed.

An overview of the political economy of Ghana describes the environment of the overall CUSO Ghana Program which is defined in the process of a 'formative assessment'. A micro case study of a CUSO Village Health program in Northern Ghana serves as an example of an evaluation study pursued using a participatory research approach.

The thesis conclusions concern the use of participatory evaluation methods and the need for an expanded evaluation capacity in CUSO.

TABLE OF CONTENTS

		<u>Page</u>
Chapter One	INTRODUCTION	1
Chapter Two	EVALUATION RESEARCH PLAN	
	A. Terms of Reference	6
	B. Schedule of Activities	11
Chapter Three	THE SCIENCE OF EVALUATION	
	A. Historical Background	14
	B. Evaluation Practice in Canada	19
	C. The Program Evaluation Process	29
	1. Evaluability Assessment	29
	2. Evaluation Study	38
	3. Decision Making Based on Evaluation	55
	4. Participatory Evaluation Methods	58
Chapter Four	DEFINING DEVELOPMENT	
	A. Historical Perspective	66
	B. New Orientations	70
	C. A Strategy for Mutually Beneficial Interdependence	90
	D. Participation	95
	E. Community Development	106
Chapter Five	POLITICAL ECONOMY OF GHANA	
	A. Historical Background	112
	B. Post Nkrumah Era	117
	C. Summary Overview	124

		<u>Page</u>
Chapter Six	CUSO GHANA - A FORMATIVE ASSESSMENT	
	A. Program Description	132
	B. Program Rationales and Assumptions	134
	C. Activity Plan	136
	D. Program Methodology	139
	E. Program Summary Matrix	144
Chapter Seven	AN APPLICATION OF PARTICIPATORY EVALUATION METHODS - THE CASE OF WEST GONJA VILLAGE HEALTH PROGRAM	
	A. Introduction	152
	B. Background	154
	1. Initiation of the Program	154
	2. CUSO's Involvement	155
	3. A Second CUSO Beginning	159
	C. Participatory Formative Assessment Process	161
Chapter Eight	CONCLUSIONS	173
Appendix I	SUMMARY MATRIX FOR WEST GONJA VILLAGE HEALTH PROJECT	180
Appendix II	PILOT VILLAGE INTERVIEWS	216
Bibliography		226

LIST OF TABLES AND CHARTS

		<u>Page</u>
Figure 3.1	A. Typical Program Model	33
Table 3.2	Logical Framework Matrix	35
Figure 3.3	The Logical Structure of a Technical Assistance Project	37
Figure 3.4	Possible Outcome Patterns in the Interrupted Time Series Design	52
Table 5.1	Ghana's GDP 1972 - 1977	127
Table 5.2	Gross Domestic Product by Industrial Origin	130
Figure 6.1	Number of Volunteers for Country By Sector and at Year End	150
Table 6.2	Cooperants for Country by Sector and totals	151

CHAPTER ONE

Introduction

Evaluation is playing an increasingly important role in social service programming throughout the world today. As governments and social service organizations struggle to maintain and increase the effectiveness of social service programs, and at the same time control ever increasing expenditures, the need for systematic means of assessing programs is growing.

Evaluation is however, more than a mechanism for determining the effectiveness of predefined programs. It is also a means of assessing needs, testing rationales and transferring skills. Increasingly, evaluation in some of its forms is regarded as an integral component of on-going program planning as well as a means of assessing program accomplishment. For an organization such as CUSO, a Canadian voluntary international development assistance agency, evaluation is an important mechanism through which it can develop and maintain programs that respond to the needs of developing countries. When carried out in a participatory manner, evaluation also serves as a process that facilitates a relationship of constructive learning and partnership between the development assistance agency and the numerous groups and individuals that it strives to assist.

This thesis is concerned with two general themes which are complementary but distinct. The first is that detailed program planning, evaluation, and replanning is a vital element of international development assistance interventions that contribute to a genuine development in the Third World. Often development assistance programs suffer from attempting to serve incompatible or even contradictory objectives. At other times, due to a misdirection of efforts, well meaning and well executed programs fail to serve the real needs of the target groups in whose name the programs are undertaken. Clearly defined goals and objectives with well substantiated rationales, logically consistent implementation plans, and on-going program monitoring/evaluation and plan re-adjustments are therefore important concomitants of effective and appropriate development assistance programs.

The second theme of the thesis is that a participatory approach to program planning and evaluation can contribute significantly to the achievement of some important development objectives. Where there are effective means by which local views and influences can be incorporated into development program planning, operations and evaluations, there is a greater likelihood that the development interventions will serve the interests and objectives of the local people. Participation of this sort also increases the possibilities for promoting local self-reliance and a process of self-sustaining development.

This thesis seeks to substantiate these two themes through firstly, a general discussion of a number of key elements of development theory and a review of contemporary evaluation practices, and secondly, by a case study of the CUSO assistance program in Ghana.

During the preparatory research for the case study the overall CUSO program orientation, its goals, activities and its rationales were probed and discussed extensively with CUSO staff, cooperants, Ghanaian advisors and program beneficiaries. As a result of this process of formative assessment some changes were made in the direction of the CUSO Ghana program. Revised program goals, rationales and activities were then set out in the 1981-82 CUSO Ghana Country Plan document which was written during the course of this study by this author. The thesis situates this revised country program within the context of current development theory and a description of the post-independence political economy of Ghana discussed in Chapters Four and Five respectively.

The overall change in approach of the CUSO Ghana program which was initiated but by no means completed during the course of the research reported on in this thesis, was its move away from the previous practice of simply posting a more or less fixed number of Canadian cooperant personnel in various national institutions throughout the country, to one of identifying specific communities and locally controlled institutions where conditions were assessed to be conducive to building on a more self-sustaining and self-reliant local development process.

Within the severe constraints of having to piggy-back some coo-perant placements onto programs that were funded from outside the local communities, due to CUSO Ghana's inability to fully fund all of its coo-perants itself, the over-all CUSO Ghana program redefinition sought to bring about a more in depth involvement of CUSO in what were identified as priority target communities.

As an essential part of this move into a focused community involvement program, more precise job descriptions and community program objectives for each coo-perant posting had to be developed based on careful needs assessments and study of the local opportunities and constraints. Very early on in the research which had originally set out to both develop an evaluation framework and carry out an assessment of individual project effectiveness, it was realized that the level and quality of the planning of the individual community programs was not only insufficient to permit good evaluation but inadequate for promoting the type of focussed community development defined as an objective of the overall CUSO Ghana program. The thrust of the field research therefore shifted to concentrate on a formative assessment process undertaken in cooperation with the CUSO - coo-perants and the communities with which they worked in order to bring about the development of more thorough and detailed program planning at the community level. This was

achieved to varying degrees of success in the various communities in part because of a lack of willingness by some cooperants to become involved in what they perceived as primarily a paper exercise. Nevertheless, a gradual commitment to the preparation of detailed written program plans developed, and in a participatory manner involving your researcher, the CUSO cooperants and members of the local communities, more detailed community program plans were drawn up for a majority of the priority target communities.

As an example of this process, the formative assessment experiences of the West Gonja Village Health Program are discussed in Chapter Seven and a copy of the program plan in the form of a Matrix Summary is attached as Appendix I.

What emerged from both the formative assessment of the overall CUSO program and the work at the community level was an affirmation of the appropriateness of the community involvement approach that the CUSO Ghana program had adopted and a concrete illustration of how a participatory approach to careful planning and precise program definition could lead to both an improved program design and potentially more effective community involvement by CUSO.

Based on the field study in Ghana together with the analysis of certain development theories and contemporary evaluation practices, some specific conclusions and recommendations about planning and evaluation procedures

within the CUSO Ghana program are presented in Chapter VIII. As well, a few general conclusions about planning and evaluation for CUSO as a whole, but which may also be relevant for other similar development assistance agencies, are put forward in Chapter VIII.

At the time that this evaluation research was carried out, the author held the position of field staff officer for CUSO in Ghana. In this capacity he was largely responsible for designing and implementing the program strategy that the evaluation research sets out to both develop and review. One might therefore legitimately raise questions about the objectivity of the research and the conclusions of the study. However, the author had no incentive to claim success where it was not to be found, the program being experimental in nature and the evaluation research predominantly 'formative'. Rather than being distorted by hidden prejudices, the research is shaped by biases that have for the most part been made explicit. No claim to pure objectivity has been made, for as renowned educationalist Paulo Freire has observed, "Concrete reality is something more than isolated facts. In my view, thinking dialectically, the concrete consists not only of concrete facts and things, but also includes the way in which people involved with these facts perceive them. Thus in the final analysis, concrete reality is the connection between subjectivity and objectivity; never objectivity isolated from subjectivity." (1974:134)

The research presented here is therefore a mixture of the objective and subjective reality of both myself and that of many other people who have been involved with the evaluation. Since values, which are the sources of biases, are often important determinants of priorities and choices, I have tried to indicate them whenever they played a key role, but undoubtedly there will be some that remain unstated. It is up to the reader to exercise his or her own values and subjectivity in interpreting the facts and analysis presented here.

This study has benefitted from the input of too many people to acknowledge all of them, but special thanks is in order to Colin Freebury, who was CUSO's Manager of Overseas Operations at the time the study was initiated. Without his encouragement and support the study would not have been made. In addition, the consistent, unfailing support of my thesis supervisor, Dr. Arch Ritter, is gratefully acknowledged as is the support and assistance of Larry Denys and Ron Hughes at CIDA, along with my CUSO colleagues in West Africa. None of these individuals, however, are responsible for any errors or omissions in my work and, I should include, they do not necessarily share my opinions on some of the issues discussed. I am indebted also to Els Kramp, who with great skill and even greater patience has typed numerous drafts of this thesis and provided other supports too numerous to mention.

Finally, and most importantly, I gratefully acknowledge the assistance and cooperation of the many Ghanaians who contributed their ideas, time, and energy in support of this undertaking which at times must have appeared as merely more CUSO bureaucratic red tape. It is to them that this thesis is dedicated.

CHAPTER TWO

Evaluation Research Plan

A. Terms of Reference

The guidelines for undertaking evaluation research on the CUSO Ghana program originated at a CUSO West Africa Regional Meeting held in February 1980 in Lome, Togo. At that meeting the West Africa Field Staff, with the endorsement of the Manager of Overseas Operations, decided that research should be undertaken within the region on the subject of program evaluation. The purposes of such research were defined at that time as being: "to develop an evaluation methodology consistent with CUSO's decentralized and participatory method of operations, that would be capable of examining the rationales of CUSO's programs, their outputs and their levels of efficiency."

Particular attention was to be paid to the community involvement approach to programming being pursued by the Ghana program.

A preliminary research plan was therefore drawn up which called for both the definition of an evaluation approach and a report embodying a test application of the proposed evaluation methodology which would focus on the CUSO Ghana community involvement program. This, it was hoped, would generate an evaluation framework which could be adapted for the other

West Africa programs and at the same time produce a record of achievements within the community involvement support activities of the Ghana program. Included in this research plan was an examination of the social, political, and economic conditions in Ghana, and a review of development theory to probe the validity of CUSO's development assistance rationales.

These general terms of reference were subsequently interpreted to involve five major research activities:

1. A review of current evaluation methods relevant to international development assistance programs.
2. A review of current development theory upon which CUSO development assistance philosophy was founded.
3. The design of an evaluation methodology capable of:
 - a) assessing the validity of the general and specific rationales of the CUSO Ghana program;
 - b) assessing the level of efficiency of the program implementation;
 - c) assessing the degree of effectiveness of the activities carried out in the program;
 - d) identifying and assessing the impacts of the CUSO Ghana program activities paying particular attention to those activities related to the community involvement focus of the program.
4. The field testing of the evaluation design developed.
5. The formulation of conclusions and recommendations based on the research carried out.

During the initial stages of the research into evaluation methods however, it became evident that the original terms of reference, as quoted above, were much too broad to be adequately dealt with in one study. In addition, it soon became obvious that the level of program definition within the existing CUSO Ghana program documents was much too vague to permit either a proper performance or impact evaluation. An evaluability assessment was therefore undertaken to determine just which

aspects of the CUSO Ghana program were sufficiently well articulated and which were not. Where it was required, the evaluation sought as a first step an improved definition of program plans.

This evaluability assessment soon revealed that the traditional method of presenting Ghana's program plan focussed primarily on listing program inputs loosely tied to general goal statements. Where specific activities were identified, it was sometimes difficult to determine precisely which objectives they sought to serve. At times when activities were explicitly related to objectives, there was frequently no obvious rationale linking the objectives to the general goals of CUSO. As a consequence, the major focus of the research shifted away from the development of an evaluation design appropriate for carrying out performance reviews to a formative assessment approach which focussed on a refinement of program goals, objectives, rationales, causative linkages, and activity plans. This was/is not merely a paper exercise. As will be discussed more thoroughly in Chapter Three, a formative assessment process is an essential prerequisite of reliable effectiveness evaluation. As Leonard Rutman points out,

" Evaluations of program effectiveness assume the presence of certain preconditions: (1) the program is clearly articulated; (2) the goals and/or expected effects are clearly specified and (3) the causal assumptions linking the program to the goals and/or effects are plausible. In those instances, where the preconditions are absent or inadequately developed

effectiveness evaluations are premature and if conducted these studies are likely to be irrelevant and relatively useless for drawing inferences about program effectiveness. Where the program is poorly articulated, it is difficult to know precisely what was evaluated." (1977:59)

Rutman also indicates the positive role formative evaluation can play in improving programs as well as developing program plan documents.

"Formative evaluation assists in determining program evaluability by monitoring the actual operations of the program. There are several benefits which accrue from the conduct of formative research. First, it is possible to check the accuracy of the program model which emerges where there is some uncertainty or lack of clarity about the program, formative research can be used to articulate it, identify effects and shed light on the problems being addressed." (1977:60)

The backbone of the research process pursued in Ghana thus became a clarification and reformulation of the CUSO Ghana program plans on two levels. Firstly, on the macro/national level of the program, embracing the formulation and definition of overall program goals based on CUSO's broad organizational goals as defined in CUSO's development charter, and the macro political and economic context of the program, i.e. conditions in Ghana. The 1981-82 country plan document is an output of this process together with Chapters Four and Five of this thesis which deal with the theory of development and the political economy of Ghana respectively.

The second level of research at which program plans were refined and reformulated was at the level of activities

pursued within the 32 target communities. This involved a review of sectoral goals and the refining of specific activity plans together with a clarification of community objectives. Project activity summary matrices such as that presented in Appendix I covering the West Gonja (Damongo) Village Health Program, were the formal document outputs of this process, but the real value of the process was in the establishment of planning groups in a number of communities. Made up of program participants, community leaders and cooperants, these groups pursued a process of program planning and evaluation design that should serve them well in the future. Participation in the planning and operating of CUSO supported programs was expanded in this way. Monitoring systems were established and formative assessments leading to improved program design were made and carried out.

Throughout this process the author sometimes played the role of animator, coordinator, provocateur, sometimes that of observer, listener, recorder, and at other times that of decision maker, in the role of field staff officer. This latter role often served to assist in the process. Shared conclusions could be immediately followed up with action and the support of CUSO's infrastructure. However, on a few occasions the disproportionate amount of influence and control held by the evaluator/field staff officer, (over some issues), served to undercut the equality of input that ought to be the hallmark of a participatory process. For this reason some of the ideas of 'participants' may not have been presented as openly as they might have had the evaluation animator been an 'outsider'. Nevertheless, within the limits

of the personal and professional abilities of the evaluation researcher the research process embodied the ideas of many individuals. The program and community project plans and activity matrices that were cooperatively developed, the country program plans that were approved by the program assembly at the January 1981 program annual meeting, represent the collective views of a majority of the people who made up the Ghana program at that time, along with many others outside it. However, the terms of reference for the evaluation research also required the evaluator to undertake assessments based on his personal critical review of the program assumptions, rationales, and contexts. Much of the evaluation research and consequently this thesis, is therefore a personal analysis for which the author alone must account. The sections covering the science of evaluation, the theory of development, and the political economy of Ghana fall within this category.

B. Schedule of Activities.

The research workplan and schedule included both study in Canada and in Ghana, reflecting the dual emphasis on developing an evaluation methodology and carrying out a field assessment of the CUSO Ghana program. Following approval of the study in February 1980 a preliminary review of program documentation was carried out in Ghana and field visits to a number of the target communities initiated formal discussion

on developing improved program descriptions and instituting performance monitoring systems capable of generating performance data useful for effectiveness evaluation. During July and August a study of evaluation literature and a review of current evaluation practices was carried out in Canada. Consultations with personnel from the CUSO secretariat, CIDA, IDRC, the North/South Institute, the Participatory Research Group at the Ontario Institute for Studies in Education, and some members of faculty from the School of International Affairs at Carleton University, helped to shape a participatory approach to the field evaluation design. Also at this time the 1981/82 CUSO Ghana program plan document was written.

In November and December, a second series of field visits furthered discussions with program groups in several of the target communities, on the formative assessment, and improved program definition of CUSO's support activities in these communities.

In January 1981 the CUSO Ghana Annual General Assembly discussed and accepted the 1981/82 program plan document as written. In addition, discussions were held as to how to better incorporate an ongoing process of participatory research/evaluation into the program. In the month following the annual assembly the author resigned his position as field staff officer and returned to Canada to work in the CUSO secretariat in Ottawa. In June a preliminary report on the evaluation research was produced and distributed among the

CUSO West Africa program personnel. Through correspondence progress of the overall Ghana program was monitored along with that of the West Gonja Village Health Program, which had been identified as the case study to be formally written up in the final evaluation report.

In October 1981, a third field assessment was made. The results of village surveys planned previously and carried out between January and October by Ghanaian project leaders and CUSO cooperants, were discussed and are reflected in the research findings. Unfortunately, during this visit to Ghana the author/evaluation coordinator, was unable to visit all of the target communities, but contact was made with a significant number of cooperants, staff, and project leaders including a member of the West Gonja Village Health Program staff. Returning to Canada in November 1981, the final report was written and follow-up with the field carried on through correspondence.

CHAPTER THREE

The Science of Evaluation

A. Historical Background .

The historical antecedents of contemporary social service evaluation are found in the late 17th and early 18th centuries. During that period the natural sciences were establishing themselves as powerful instruments for overturning traditional beliefs. In an intellectual atmosphere that championed rationality, political philosophers were turning away from theories of divine right to rule and were seeking phenomena in concrete reality as justification for various forms of government. Local governments were beginning to take responsibility for services once provided by feudal patrons. Central governments were taking on increased responsibilities for domestic services that extended across local jurisdictions. In this context, orderly information on the magnitude of various social and political problems began to be collected and the basics of modern evaluative studies began to develop (Cullen, 1975:4).

In 1797, the Encyclopedia Britannica first published the word 'statistics' which it defined as, " 'state-istics', a word lately introduced to express a view or survey of any kingdom, county, or parish". (1797:731 as quoted by Cronbach 1980:24). Throughout the 1800's numerous survey and 'evaluation' studies were carried out in Britain, France, and

Germany, predominantly designed to inform governments about existing needs and services in the fields of defense, education, and health. A cadre of empirical social scientists grew up and these men came to see themselves as constituting a profession of specially qualified analysts. Many of these early 'evaluators' became social activists initiating their own studies of social conditions and institutions in order to win support for actions they favoured. (Cronbach, 1980:26)

By the onset of the 20th century, surveys and field studies were also being frequently used in the United States as a means of raising social issues and shaping government policy. A regular New York journal entitled, "The Survey", was a forum for persons outside the government who thought that bringing scientific evidence of society's shortcomings to light, would motivate social reform. (Cronbach, 1980:27) The business community and governing boards of social services were increasingly impressed by new efficiency experts whose 'evaluation' efforts focused on ways of achieving maximum 'output' for a given amount of 'input' funds invested.

As the behavioral sciences developed in the early 1900's, social research became more academic and the academicians withdrew somewhat from social battles, "to acquit themselves of the accusation of reformism and to refine methodology". (Lyons, 1969:8) As time passed however, there was a call for social scientists to rejoin the economists in

actively applying theory to practical policy issues. A widely publicized paper by Robert Lynd of Princeton University, Knowledge for What?, was a rebuke to social scientists for shrinking from policy debates and a call for their vigorous re-involvement in public policy formulation. (1939)

Between 1935 and 1960 a style of evaluation known as 'action research' was developed. This stressed the role of interpersonal interactions within institutions and communities and demonstrated that group processes could be deliberately altered to achieve desired effects in certain types of service programs. Such 'action research' efforts were not widespread and although this specialized approach was to contribute importantly to the development of participatory research and participatory evaluation methodology (see following section), most evaluations of this period were limited reviews of program operations or privately supported basic research.

With the arrival of the 'reformist' democrats in the White House in 1961, the importance of evaluation for policy formulation purposes was reasserted. Under the Kennedy and Johnson administration, planning, evaluation, and systems analysis, came to be more fully integrated activities made important by the imposition of 'program budgeting' on the entire American federal government system. (Williams, 1971:108)

In an effort to increase the responsiveness of local governments to federal planning and to better coordinate the multitude of government programs, large numbers of evaluators were hired

to work both under the control of specific federal programs and out of independent evaluation offices. (Williams, 1979:108) As well, evaluation came to be perceived as a means to create political leverage and therefore a potentially useful tool in the struggle to shift entrenched historical budget allocations within the US federal budget.

Writing about this 'boom' in evaluation sponsored by the American federal government subsequent to the election of John F. Kennedy, Lee Cronbach has made the following observations:

"Evaluative inquiries increased both in number and in size (following the election of John Kennedy in 1961). The typical study now commissioned by the federal government was on a vastly greater scale than anything seen before. Evaluative studies were commissioned for immediate use to manage government business and to win political acceptance for new program proposals. The ostensible aims of tighter managerial review were to verify the worth of innovations and to promote them, to make sure that programs, old and new, operated efficiently, and to hold the line on program budgets. But perhaps the root motive was to press for reform. Top officials found it hard to interest old-line bureaus in new proposals; the chief desire of the agencies, they felt, was to get more money for more of the same old activities." (1980:31)

By the late 60's both academic institutions and the US federal government were calling for more and 'better' evaluative studies to provide a more solid basis for policy making and planning. In 1968 the American National Academy of Sciences, Advisory Committee on Government Programs in the Behavioral Sciences, recommended the following:

"Program evaluation requires major increases of social and economic information as a basis for measuring the effectiveness of public policies and programs. Increased information brings on increased problems of analysis and of developing conceptual schemes that relate information to the goals and responsibilities of the department or agency. Thus, questions about facts and what they mean become broadened into questions about applying knowledge or finding out something that is not yet known or is little understood. The need for information thus brings with it a need for research, a need for understanding of research by top administrators and a need in sum, for strengthening the conditions for the effective use of the knowledge and methods of the behavioral sciences." (1968:57, 58)

In response to the growing pressure for social service programs to increasingly base both policy and practice on evaluation findings, the United States Agency for International Development (USAID) in 1970 introduced a new approach to project and program organization called, the 'logical framework analysis' (see figure 3.2 for an outline of a "LOG frame" table), along with a new, detailed, annual project reporting system (USAID Project Evaluation Workbook, 1970). Both of these new evaluation mechanisms were designed to place "more emphasis on program results and actual progress towards outputs, purposes, and goals" (USAID:4), by building into program designs more detailed planning, explicit rationales, and evaluation feedback loops. This marked a shift away from the previously predominant input analysis and a recognition that many of USAID projects were failing to promote long-term development goals despite effective project execution.

B. Evaluation Practice in Canada

In Canada, the evolution of evaluation practice tended to closely follow developments in the United States and Great Britain. In 1960, a Canadian Royal Commission on Government Organization recommended government evaluation practice be extended beyond simple annual audits of expenditures, to evaluations which included performance assessments and goal achievement studies. The Commission report stated:

"Just as the changing scope and character of federal activity must respond to the changing character and needs of the Canadian community, so the government's structure and methods must take account of new resources and techniques budgetary and accounting systems which permit better control over the allocation of financial resources and the assessment of performance; operational research and other techniques for evaluating alternative courses of action and for designing and appraising methods and systems."
(1962, Vol.I:5, 6)

As a result of this commission (and other influences), the government adopted a new management approach in 1969 known as 'PPB' Planning, Programming, Budgeting. This approach placed emphasis on defining and evaluating program objectives and outputs as well as defining the inputs. The guidelines document explained:

"One respect in which a PPB system is greatly different from traditional forms of government budgeting is in its concentration on the results or outputs and benefits as opposed to just a consideration of the resources required. Intensive study is made of feasible alternative ways of attaining defined objectives

with a view to determining the approach which is most likely to achieve the greatest benefit for a given cost or conversely, the approach by which a given objective will be achieved at minimum cost." (Government of Canada, 1969:4)

With this new emphasis on assessing performance against defined objectives and the weighting of alternative means of achieving program goals, came a tremendous increase in evaluation activity within the Federal Government. Formal government evaluations in the early 70's tended to be carried out on an ad hoc highly selective basis, but as the 70's progressed there was a steady movement towards regular, formal, systematic, program review within a large number of departments.

In 1977 the Treasury Board issued a standard procedure document, for evaluation entitled Policy Circular 1977-47, "Evaluation of Programs by Departments and Agencies". The approach outlined by this Treasury Board Policy Circular emphasized the evaluation of programs, as opposed to the previous focus which had been on the evaluation of systems and procedures. The new approach called for evaluations which gave consideration to four basic program issues: 1) Program Rationale; 2) Impacts and Effects; 3) Objectives achievement; 4) Alternative means of pursuing objectives.

Since 1977 there have been several evaluation policy documents produced by Treasury Board and the Office of the Comptroller General, which was created in 1978, "to see that departments and agencies have established program evaluation procedures conforming to Treasury Board policy". (Office of the Comptroller General Program Evaluation, 1981:5)

These policy documents have in turn been interpreted by the various departments and agencies, who have defined specific evaluation procedures appropriate for their own department's programs. The focus however, has remained on the previously mentioned four basic program issues.

In the case of the Canadian International Development Agency (CIDA), evaluation procedures have been set out in several documents over the past five years. The first was an evaluation handbook, "Project Evaluation, Perspective and Methodology", released in October of 1977. This became known as the "Little Blue Book". The second was a more detailed Evaluation Manual written in 1979, and in late 1980 a revised Methodology Guide was produced, based on updated Treasury Board evaluation guidelines.

Drawing upon these CIDA evaluation documents, the Treasury Board Guidelines, and relevant sources in the growing body of evaluation literature, we now turn to an examination of some of the current concepts and practices in the field of social service program evaluation. These concepts we will then employ to design an evaluation framework appropriate for the CUSO Ghana program.

Current Evaluation Concepts.

As knowledge and experience in the field of evaluation has grown, evaluation has become both more sophisticated and specialized, at times employing complex

cost benefit analysis, computerized statistical sampling methods, experimental designs, and refined qualitative analysis. The designing of evaluations has thus become a highly developed art, and constitutes the important first stage of carrying out an evaluation.

The how of an evaluation is a function of what is being evaluated and why. Therefore establishing a clear purpose for the evaluation is a prerequisite to any evaluation undertaking. By categorizing evaluations according to their major purpose, three main groupings emerge. They are:

1) evaluations for improving operational decision making and providing accountability, 2) evaluations to facilitate comparison of projects on an impact and cost basis, and 3) evaluations which contribute to knowledge building and policy formulation.

This first category of evaluation seeks to inform project or program management on the performance of projects or programs, for the purpose of improving operational decision making. This includes consideration of the continued relevance of projects in light of changing conditions over time in the host countries, measuring progress towards planned targets, assessing unplanned effects, and determining cause and effect relationships within projects and programs.

The second category includes evaluations aimed at improving resource allocation among various projects and

programs. Such comparative evaluations require in depth studies of the impacts, costs, and benefits of projects, or sets of projects and "objectively verifiable indicators" of goal and purpose achievement. Through a series of such evaluations informed comparative judgements on similar types of programs can be made and choices between alternative approaches are facilitated. Such evaluations complement the interim performance/impact assessments of the first category and utilize information and findings that they produce.

The third category of purpose is for evaluations designed to contribute to policy formation. Evaluations in this category involve consideration of broad program issues and organizational goals. They derive lessons from past experience, critically examine program rationales and lead to the formulation of program criteria and policy.

Within the Canadian International Development Agency (CIDA), the general definition given to evaluation includes all of these purposes indicating the significantly broad range of functions that evaluation is expected to serve. Evaluation is defined as:

"The act of assessing the value and cost of an international cooperation project undertaken by CIDA to facilitate decision making on the project or to draw useful lessons for the planning of similar projects."
(CIDA Methodology Guide, 1980:30)

Evaluations then are first of all shaped by the purpose to which they will be put. In government agencies these major purposes can be summarized as a) to inform program managers, and serve as mechanisms for accountability; b) assist in impact assessment and cost comparisons to improve agency resource allocations to competing programs; and c) to contribute to policy analysis.

Over the past few years however, an additional purpose for evaluations has been receiving attention. Building upon the 'action research' experiences of the 1940's (mentioned earlier in this paper), evaluations are increasingly being used as mechanisms capable of facilitating skill transfers in the area of social planning and administration. As well, sensitive involvement or participation of beneficiary groups and individuals in the designing and implementing of evaluations, is regarded as a means of developing programs which achieve significantly high levels of support from local communities. Such evaluations result in studies that are likely to be directly related to locally defined needs and are seen to be responsive to local ideas and inputs. Such an approach is referred to as a 'participatory' approach, and evaluations pursued in this vein are thus referred to as 'participatory evaluations'.

There is no precise definition of participatory evaluation, but the general concept of participatory research has been succinctly spelled out by Canadian educationalist Bud Hall:

"A participatory research process is one which involves the community or population in the entire research project from the formulation of the problem, to the discussion of how to seek solutions and the interpretation of findings.... The research process should be seen as part of a total educational experience which serves to establish community needs and increases awareness and commitment within the community (to action). The object of the research process, like the object of the educational process, should be the liberation of human creative potential and the mobilization of human resources for the solution of social problems." (1978:11-12)

The rationale for this approach is basically three-fold. Firstly, when evaluations are carried out in a participatory fashion they can stimulate the abilities of people to investigate and to take action to transform their own objective realities. Secondly, in the context of overseas development programs, a participatory approach to evaluation can be seen as adding an important element of local subjectivity or values to the evaluation process. Thirdly, numerous evaluation experiences have demonstrated that the active involvement of program participants in an evaluation increases the likelihood that the evaluation findings will reflect insight and understanding of the local cultural context. This in turn increases the likelihood that evaluation findings will be understood and implemented by the program participants.

Such rationales have been found to be valid in a number of important evaluation studies. One such study of a large World Bank integrated rural development project in

Mexico, - PIDER - emphasized the importance of local participation in both the planning and the evaluating of the program's rural community development projects. The extensive evidence in the study which underlined the importance of participation was summed up in the study's conclusion with the simple but strong statement; "PIDER findings confirm the significant correlation between project success and popular participation." (World Bank, 1979:68)

Support for increased levels of "participation by the insider" in the evaluation of overseas development programs has also been voiced by academics. Educational scholar, Francis Method, has noted:

"Much more of this research (research carried out in lesser developed countries) must be done by local researchers and through local institutions than has been the case to date. This is suggested for three reasons: (1) much of this research involves sensitive issues that may be difficult for the 'outsider', including unfamiliar national researchers, to grasp; (2) as research attempts to assess values and motivation, considerably more insight into the local behaviour and local perceptions will be necessary for the interpretation of results; and (3) much, if not most, of the necessary information will not be accessible to the short term researcher or 'off-shore' scholar.much of the most important research can only be done by extensive field work in close contact with local communities, families and leaders." (1974:138 as quoted by Cain, p.5)

Such a perspective contradicts the traditional concept of "scientifically objective" research. From the traditional point of view collaboration between researched and researcher

has frequently been criticized as leading to a distortion of scientific objectivity and a biasing of results.

However, to argue that a participatory research approach necessarily leads to a distortion of truth, fails to grasp the real potential of this technique of inquiry. Rather than concealing truth, a participatory approach offers a means for developing a clearer understanding of social realities that are outside the 'familiar' cultural territory of the western evaluator. Renowned adult educator, Paulo Freire, has noted that through a participatory approach one develops a more thorough understanding of the reality of others. He writes:

"Concrete reality for many social scientists is a list of particular facts that they would like to capture; for example, the presence or absence of water, problems concerning erosion in the area, or those of production and productivity. For me, the concrete reality is something more than isolated facts. In my view, the concrete consists not only of concrete facts and things, but also includes the way in which people involved with these facts perceive them. Thus in the last analysis concrete reality is the connection between subjectivity and objectivity; never objectivity isolated from subjectivity." (1974:134)

One can of course carry the notion of incorporating the subjective perceptions of individuals and groups too far. The widespread belief that the world was flat, popular up to middle of the 15th century, did not make it so. This idea however, clearly had an influence on such things as trade routes and theories of astronomy so that anyone studying these phenomena would be enlightened by an understanding of the subjective flat world concept.

A participatory approach to evaluation does not imply a rejection of the principles of experimentally controlled scientific study. Objective verification of data, logic modelling and the rigorous testing of assumptions and hypothesis are necessary elements of good social service evaluation whether they are conducted in a participatory manner or not. The point to be made here is that participation by local groups and individuals in the evaluation process, particularly when the program being evaluated is in a cross cultural context, greatly enhances the possibility that the evaluation results will reflect an understanding based on an appreciation of the way that 'others' view the world. In the context of overseas development cooperation, participatory evaluation can play an important role in the process of planning and implementing programs, serving to refine (or even redefine) program objectives in addition to being a method of data collection and interpretive analysis aimed at determining effectiveness and measuring impact.

C. The Program Evaluation Process

The overall evaluation process can be broken down into three broad stages with each stage receiving varying degrees of emphasis in any one evaluation, depending upon the characteristics of the program being evaluated. The stage of program implementation: pre-feasibility, feasibility, in progress, end of project, or ex-post, is also a major determinant of the type of evaluation required. These three broad stages of the evaluation process are:

1. Evaluability assessment
2. Evaluation study
3. Decision making based on evaluation.

1. Evaluability Assessment.

Evaluability assessment is concerned first of all with achieving a clear definition of the intended purposes for an evaluation. As discussed earlier, this will generally be to improve the management operations of the program, assess program effectiveness and impact, contribute to knowledge building and policy making, or to facilitate and contribute to a process of participatory planning and program management. Once the intended purpose is clear, the evaluator then determines the necessary preconditions for carrying out such an evaluation. He assesses if the program conditions meet the required preconditions, draws up formative research plans if they are required and develops an evaluation design.

The first step in this process involves identifying the elements of the program to be evaluated and building up of what is known as a "program component profile" (Comptroller General, 1981:5). This consists of describing the background of the program, the program objectives, the reasons for each component, the environment in which they operate, the operational plan, planned resources input, expected outputs, impact, and component rationales. When such information is not available due to inadequate program definition, it may be necessary for "formative research" to be undertaken in order to assemble a complete program component profile. (Rutman, 1977)

Much emphasis has been placed on this stage of evaluation work for it exposes one of the major weak points of social service programming, - unclear or contradictory goals together with inadequate implementation planning. Joseph E. Wholey, an American scholar who has done extensive work on developing procedures for evaluability assessment, notes that,

"One of the major causes of the low use of evaluation studies is that most social programs are not sufficiently well defined to lead to agreement among management and/or policy makers to success criteria. This lack of agreement is then manifested in the form of criticism after the fact, of the findings of evaluation studies." (1977:42)

Detailed definition of program goals and activities along with clear identification of those aspects of a program which are to be evaluated are therefore essential steps in a useful evaluation. In situations where the program goals, objectives, activities, and their rationales, are insufficiently developed or poorly articulated, the first task of the evalua-

tion study is to supplement existing program documents with more substantial and precise program description.

A participatory approach at this stage of an evaluation is in many cases both easily accommodated and appropriate, for it can serve as a program adjustment mechanism taking into account and blending the perspectives of numerous program planners, participants, and beneficiaries. As Leonard Rutman points out,

"Because formative research does not attempt to determine whether the program was successful, it is usually unnecessary to use experimental designs. The data are recognized as being equivocal and suggestive rather than definitive.... In effectiveness evaluations there is consideration of research designs which provide the greatest possible assurance that the program produced the measured results and that they are not due to other factors. Formative research relaxes these demands to some extent and places heavier reliance on 'soft' approaches for data collection, such as, unstructured interviews and observations, and the measures used, such as, attitudes, felt needs, subjective estimates, personal opinions and recollections. During this period of formative research it is appropriate to define the measures through practice and lessons learned from experience."
(1976:70)

What is inherent in an evaluability assessment is a determination of the preconditions necessary for testing program effectiveness i.e. clear goals, objectives, and an accurate operational model of the program activities. Where these conditions do not exist Rutman, Wholey, and others urge evaluators to refuse to be coopted into testing programs for their effectiveness and instead carry out thorough formative research.

"Even if the evaluability assessment may produce the best effort of management or policy makers to conceptualize the program, its goals and outcomes, and the causal assumptions or linking rationale, formative research can be used to verify their understanding. In so doing, there is a check on the accuracy of the intended users' perceptions. Second, an evaluability assessment is likely to reveal difficulties that managers face in actually conceptualizing these preconditions. Formative research documents what takes place when the program is operating and can therefore inform management about the program's operation and some of its consequences thereby providing some basis for shifting or changing the program as well as revising the goals and expected outcomes.... Formative Research should be viewed as an approach which prepares programs for subsequent effectiveness evaluation." (Rutman, 1977:24)

In addition to specifying goals, objectives, and rationales, an evaluability assessment also collects data on what are called 'antecedent' and 'intervening' variables. Antecedent variables are those factors independent of the program but which constitute the context and constraints within which the program operates. This includes information which is needed for a background understanding of the organizational and community context of a program along with the problems that the program seeks to solve. Detailed assessment of the social, economic and political conditions within which the program operates forms an essential base for the testing of rationales and assumptions, which are inherent in any development assistance plan. Likewise careful assessment of the program context can lead to the identification of 'intervening' variables, or "those factors which may intervene and either facilitate or

Figure 3.1

A Typical Program Model

- Key:
- Allocation of resources defined in program plan
 - Hypothesized Causal Link
 - Information Flows
 - H The assumption that event 1 causes event 2 or that event 1 is a prerequisite.
 - * Critical assumptions

Typical Program Model - from Rutman, 1977:46

impede goal accomplishment after the program has begun".

Rutman, 1977:29)

Once all of these elements of the program and its context have been collected, a program 'model' is developed, incorporating all of the details of the program planning process. Figure 3.1 is a graphic representation of a typical program model. In it the program goals, objectives, and activities are depicted by representing the program plans. The causative linkages and program rationales are depicted by solid lines, information flows by broken lines. Critical assumptions or antecedent variables are represented by an asterisk. They define the essential pre-conditions in the project environment which allow project inputs and activities to be successful in achieving objectives and goals.

All of these components and processes must be analyzed. Is the internal logic sound? Are all the critical assumptions identified? Are the development hypotheses clear? A common way of presenting and analyzing the information represented in the model is on a table known as a Logical Framework matrix or "LOGFRAME", as it is sometimes called. Figure 3.2 summarizes the LOGFRAME design utilized by both USAID and CIDA in their project planning process.

Although it is not necessary to present program plan information in precisely this format, a thorough evaluability and formative assessment should make certain that all the information and linkages expressed in the LOGFRAME have been expressed

Figure 3:2
Logical Framework Matrix

Project Title: _____					
Est. Project Completion Date _____					
Date of this Summary _____					
MANAGEABLE INTEREST	If Inputs, Then Outputs	Inputs: Activities and resources necessary to produce the outputs.	Resources and Expenditures for each activity The types and costs of resources for each activity with target dates.	The way that the indicators can be objectively verified.	Affecting input-to-output link: An event or action, over which the project team has little control, a condition which must be assumed to exist if Purpose is to be achieved.
		Outputs: The specific kind of results that can be expected from good management of the project inputs.	Magnitude of Outputs necessary and sufficient to achieve purpose The magnitude of the results and the projected completion dates.	The way that the indicators can be objectively verified.	Affecting output-to-purpose link: An event or action, over which the project team has little control, a condition which must be assumed to exist if Purpose is to be achieved.
DEVELOPMENT HYPOTHESES	If Outputs, then Goal	Project Purpose: That which is expected to be achieved if the project is completed successfully and on time. The "real" or essential motivation for producing outputs.	Conditions that will indicate purpose has been achieved: End of project status. The objectively verifiable condition which is expected to exist if the project achieves its purpose. The signs which will indicate that the project is a "success".	The way that the indicators can be objectively verified.	Affecting purpose to goal link: An event or action, over which the project team has little control, a condition which must be assumed to exist if Goal is to be achieved.
		Program Goal: The reason for the project the desired end toward which the efforts are directed (program or sector goal), and for which the project is a logical precondition.	Measures of Goal Achievement Conditions which will indicate that the goal has been achieved.	The way that the indicators can be objectively verified.	Concerning long term value of program/project

and the causal assumptions concerning how one event leads to another have been made explicit and are logically consistent. Figure 3.3 graphically depicts this process.

After a detailed program model has been developed and probed, the evaluator must determine if the objectives are stated in 'measurable' terms, and if the assumed causal linkages are 'testable'. Here measurable can mean simply that which indicates 'success' to the evaluation users (Wholey, 1977:51). This approach to measurement however, can yield a highly subjective assessment. In some cases evaluators will need to go beyond the perceptions of what program designers, participants or commissioners of evaluations define as success if they wish to establish scientific evidence of program accomplishment. As one writer has pointed out, 'the sand dunes of thought atop which many programs are erected hardly qualify as theory. What an evaluator must be concerned with is defining both solid indicators of achievement as defined by users, and practical yet scientifically reliable means of verification. (Cronbach, 1980:253) Some of these means of verification we will discuss in the following section.

The final task of an evaluability assessment is to define the evaluation design options appropriate for both the intended purpose of the evaluation and the nature and stage of the program being evaluated. Effectiveness and impact studies can be conducted using a wide range of methodologies, therefore evaluation design must take into account considerations of time-

Figure 3.3
THE LOGICAL STRUCTURE OF
A TECHNICAL ASSISTANCE PROJECT

taken from "Project Evaluation Guidelines", Third Edition,
 USAID, August 1974.

frame, evaluation budget, degree of certainty of results sought, and the utility of a participatory approach. As the Comptroller General's Guidelines point out,

"The evaluability assessment should develop a range of evaluation options covering groups of evaluation questions and approaches. The collection of options should provide information about the range of issues which could be investigated in the subsequent evaluation study, the range of evaluation approaches which could be used to do so, and consequently the range within which the costs of the evaluation study may vary." (1981:7)

In the next section of the paper we will review several basic types of summative or performance testing evaluation designs, prior to formulating a design appropriate for the CUSO Ghana program.

2. Evaluation Study.

After an evaluability assessment has been carried out, terms of reference along with a detailed evaluation workplan are normally drawn up. These documents are based on the conclusions of the evaluability assessment and represent the most appropriate and cost justified evaluation design that addresses questions relevant to the information needs of the study's client, and takes into account the special nature of the program to be evaluated. (Comptroller General's Office, 1981:20)

The evaluation study is primarily concerned with making a judgement on the value and cost of a program or program component. This involves assessment of three major issues: Appropriateness. Process, and Achievement.

The 'appropriateness' of a program depends first of all upon the degree of 'fit' between the program rationale and the program context. Is the underlying development hypothesis accurate? Is the program suited to the social, economic, and political context of the host community? If the program or project is a component of a larger program, one must determine if it fits well with the larger program goals. If the evaluability assessment has been done well many of the basic rationale and causal linkage hypotheses will have been clearly spelled out. The task of the evaluation study is then merely to determine if the operational reality of the program matches the hypothetical assertions of the program plan.

An examination of the 'process' of a program is concerned with the manner in which a program was carried out. Were the activities executed according to plan? Was the level of local participation achieved in both operations and ongoing planning reviews up to the targetted level? Was the division of management responsibility within the program appropriate? In other words, were the plan specifications for input, actions, and decisions met?

Determining the level of 'achievement' of a program is perhaps the most difficult aspect of evaluation. It requires judgement as to whether or not the program was "effective" or "successful". If in the program documents or in the evaluability assessment stage of the evaluation, success criteria have been clearly defined, the task is largely one of assessing to what degree targets have been met. Frequently however, effectiveness evaluation extends beyond the level of determining if

programs achieved their targets, to a more fundamental consideration of their overall impacts and whether the results achieved in fact contributed to the solution of the complex problems to which program goals relate.

Most programs regularly compile information on program performance and assess achievement according to the program objectives. Impact assessment goes beyond this to challenge the choice of objectives and to assess if their achievement will ultimately contribute to the attainment of program goals. (USAID Evaluation Handbook, 1974:3)

A good monitoring and auditing system ultimately makes the task of impact evaluation much easier by providing information about the schedule, cost and delivery of inputs, and the production of outputs. However, valid judgements of overall effectiveness and impact, requires careful design, measurement/assessment and testing which goes beyond the monitoring of inputs. (Job, 1976:8)

Assessing impact is therefore primarily concerned with demonstrating the nature and existence of the cause-effect relationship as well as determining the extent of changes brought about. Essentially this involves four major tasks:

- 1) Identifying an observed change;
- 2) Determining the amount and direction of the change;
- 3) Demonstrating that there is a relationship between the effects of the program inputs and the observed changes in the outputs;

- 4) Ruling out all other factors besides the program which might have brought about the effects.

Of all the tasks identified above, the third and fourth tasks in the evaluation process are both particularly difficult and especially important in a participatory evaluation process. For a 'western' evaluator, the identification of cause and effect relationships in a participatory manner in a cross cultural context, creates a special challenge. The potential for creative conscientization of program participants in the process of such deliberations wherein social, political, technical and economic circumstances are weighted, is indeed great. In this manner the evaluation process itself contributes to a transfer of skills and exchange of knowledge and experience of the people and that of the trained evaluator.

This aspect of a participatory evaluation approach is especially appropriate within a rural community development assistance evaluation for it potentially promotes lateral transfers of knowledge within the community, as well as transfers across the community boundary, between the evaluation coordinator and the participants. Social infrastructure is strengthened as it is observed. Commenting on this process M. Byram has noted:

"It is important to note that during community dialogue.... there occurs substantial skill transfer in a horizontal direction. That is, community members and outsiders learn from each other in the process of dialogue. Participants might learn how another analyzes a certain problem, how to deal with state officials at a

meeting, how to monitor insect danger to crops in a traditional way. The fact that such skills remain in the community contributes ultimately to the self-reliance of the community." (1978:16)

There are numerous other mechanisms which facilitate a participatory process of evaluation at this stage of an evaluation. Group study meetings can re-examine the program models developed at the formative assessment stage, and review progress towards objectives. Indicators that demonstrate contributions to goal attainment need to be identified and performance measured and interpreted. Field study and dialogue among program participants, together with the technical advice of a trained evaluator/coordinator can generate solid evidence of achievement and at the same time promote a process of skill transfer. Through individual interviews, group interviews, seminars, cultural festivals, and public meetings, debate of a program's achievements and impacts can both generate an indicative record of program accomplishment and contribute to a sense of involvement and control by the participants over 'their' program.

From a technical point of view, confirming the causal relationships within a program component or within an overall program involves the elimination of all rival hypotheses or "confounding factors" as they are sometimes called. Known as questions of 'validity', Donald Campbell has identified four major types of validity to be considered both in the evaluation design stage and in the actual carrying out of an evaluation. (1966) These are:

- 1) internal validity,
- 2) external validity
- 3) construct validity
- 4) statistical validity.

Internal validity concerns the drawing of correct conclusions as to the nature of the causal relationships between inputs A, outputs B, and the context of the specific program. In other words, internal validity does not exist, or is threatened, when output B is attributed to inputs A when in reality factor C operating within the context of the project or program is the actual cause. When investigating internal validity therefore an evaluation must examine all the credible alternative explanations which could have arisen while the project or program was underway.

External validity concerns the degree which the conclusions or experience from one program or circumstance are relevant to another completely different program or context. Sometimes called the level of 'generalizability', it is determined by those aspects of a program environment such as population, or those elements of an implementation plan which are unique, that constitute conditions which could not be replicated elsewhere. For example, setting up a community health program in one area where the people are ethnically distinct from another area would significantly limit the external validity of conclusions related to program activities and objectives although perhaps not to evaluation findings related to goals.

Construct validity concerns whether or not the hypothesized causal relationships underlying the program are conceptually sound. As discussed earlier, the formative assessment stage of an evaluation is primarily concerned with establishing a logically plausible causative linkage model between program activities and objectives, program objectives and program goals. At the field evaluation stage construct validity involves checking to see if these logical constructs are borne out by experience.

The fourth and final type of threat to validity called statistical validity, concerns the appropriate use of statistics and statistical tests in evaluation. Statistical techniques are normally used for two reasons in evaluations. One, to detect if changes in outputs of the threatened group are significant, and two, to detect if the differences (if any) between the outputs of the target population and the outputs of populations outside the project are significant. Significant refers to the degree to which observed differences depart from differences which could have been expected strictly on the basis of chance. Normally this is set by the investigator at between 1% and 5%. (Job, 1976, II:8)

There is no easy formula for determining the 'best' design for an evaluation. A thorough formative assessment is a prerequisite to useful effectiveness evaluation and local

participation can play an important role at different stages in a number of different evaluations. Generally a series of choices must be made based on the purpose of the evaluation, the level of validity of the findings that are sought, and the degree of emphasis that is to be given to local participation.

In weighting the choices for methods that yield a high degree of internal and external validity, the "experimental" and "quasi experimental" methods are considered superior to the 'stand-alone' and 'direct worth' assessment methods. However, each method has its own set of advantages and disadvantages. Let us consider quite briefly some of the distinguishing characteristics of these various methods.

Experimental Design

The experimental design is considered by many western scientific researchers as the most reliable method of investigation. In the field of social science research Harry Reicken and Robert Boruch stand among the vigorous proponents of this method. They argue that it is both possible and desirable to conduct solid experimental social research using experimental methods, which they define as:

"By experiment is meant that one or more treatments (programs) are administered to some set of persons drawn at random from a specific population; and that

observations (measurements) are made to learn how (or how much) some relevant aspect of their behavior following treatment differs from like behavior on the part of an untreated or control group also drawn at random from the same population." (1975:2)

Brian Job identifies seven basic aspects which are involved in the ideal experimental design. Their definition illustrates the experimental approach.

- 1) Dependent variables: The conditions or factors which are to be altered.
- 2) Independent variables: The conditions which are thought to be related to or 'cause' changes in the dependent variables.
- 3) Target population: A specified population of units in which the relationships between the independent and dependent variables is to be studied. (Units may be people, fields, villages, etc.)
- 4) Confounding Variables: Factors which may obscure, alter or interfere with the presumed cause-effect relationships in the study. Confounding variables are often sources of threats to validity.
- 5) Manipulation: Adjustment of the independent variables by the experimenter in order to cause some change in the dependent variables.
- 6) Measurement: Carried out before and after the intervention so that the extent of the effects may be accurately assessed.

- 7) Control: Elimination of the confounding variables so spurious relationships are avoided. Control is achieved by either subdividing the treatment group or by random selection and assignment of individuals into two groups, one group not receiving the program inputs but which is observed and measured in the same fashion as the group that is receiving inputs.

The experimental method is characterized by a random selection of both the treatment and control groups with measures being made both before and after the program intervention. Comparison is then made between changes which occurred within the two groups, and where there is a change in the treatment group greater than the change in the control group, a 'true effect' is said to be established.

However, the experimental method cannot always be used in social service program evaluations. Such a technique raises ethical issues associated with giving one group services while at the same time denying them to another similar group. There are also numerous technical problems associated with controlling outside (confounding) influences so that the program inputs are the sole difference between the control and treatment groups. In addition, an ideal experimental approach requires methods of randomization which requires expensive enumeration of populations. Such methods can also present problems in terms of generalizing results despite their sophisticated approach.

Quasi Experimental Design

The quasi-experimental approach also uses experimental concepts of independent and dependent variables, the measurement of change and the manipulation of administration of treatment to a target population. Where quasi-experimental methods differ from true experiments, is in their control over extraneous factors, the absence of randomization procedures in the selection of testing groups, and often there are no comparison groups. (Job, 1976, III:9)

In discussing quasi-experimental evaluation designs Brian Job (1976) defines six different types of quasi-experimental designs utilized in social service programs today. These designs range from ones which yield 'soft' conclusions i.e. have numerous threats to validity, to ones which are considered scientifically 'sound', with a high degree of internal and external validity. The important elements of quasi-experimental evaluation designs include the following:

Pretests - to measure or test groups or individuals prior to the administration of the program inputs.

Post-tests - to measure or test after the administration of the program inputs.

Single-group studies in which inputs are administered to all individuals in the program.

Comparison group studies in which non-treatment groups are established for comparison purposes. These groups differ from the experimental method control groups in that they are selected in a nonrandom fashion in order to try and 'match' them to treatment groups with a similar profile. Often the comparison groups will not be denied 'treatment' but will be given a different mix of program inputs.

Time Series studies to carry out a series of observations taken at regular intervals, before, during and after the administering of program inputs.

Assembling these evaluation tools in different combinations provides the flexibility to design a quasi-experimental evaluation test design that is suited to a particular project's needs. Six basic designs constitute the building blocks for this process.

The first is the single group post test only design. Also called the one shot study case. It is the simplest design and consists of a single observation of the treatment group sometime after the program has been administered. Observations tend to be limited to reporting on the delivery of inputs. Without base line data collected prior to the program, it is impossible to make meaningful measurement of program effect and impact.

The second design is the single group pre- and post-test design. This design is identical to the single group post test except that baseline data are collected on the treatment group before the program is administered. Although an improvement on the post test only design, this approach does not allow for controlled comparisons between groups and is susceptible to a number of threats to validity. Internal validity may be threatened as measurement capacities may have improved with the program. Historical cycles beyond the time frame of the program may cause natural fluctuation of such things as production, to be wrongly attributed to the program, a threat to validity which a comparison group would eliminate. As well, external validity is a concern in this

design since the test groups are not randomly chosen. However, such threats may be overcome with careful design. If evaluators are aware of the limits, this type of design can help to generate useful information.

The third design is the post-test only design with a comparison group. Also called the 'static group comparison' design, observations are made in both the treatment and comparison groups but only after the administration of the program. This design is susceptible to two threats to validity: selection and treatment. Without any prior information about the comparison and treatment groups there is doubt as to the similarity of the two groups. As well, this type of design is vulnerable to an effect known as the 'testing effect', where respondents of the test were more influenced by the administering of the test than the inputs of the program.

An adaptation of this design which helps to solve the problems of validity threats due to selection is to post test several comparison groups using an additional quantifiable dimension together with the post-test criteria. By comparing results among the treated and untreated groups, it may be possible to identify the effects of a program.

The fourth design is the pretest, post-test design with a comparison group. This is a design that comes close to the true experimental design except that the selection and assignment of groups is not done randomly and the 'control' group is therefore not necessarily equivalent. Consequently,

between group differences may be mistakenly attributed to program effects when they are in reality due to some undetected process of change in one of the respondent groups, or due to a process of history - such as cyclical crop fluctuations. Such uncertainties undercut external validity and claims to long-term program effects.

This type of design however, can usefully illustrate program effects over a range of time frames depending upon the space between tests. Careful selection of comparison groups, pre- and post-test measure together with baseline data collection, can generate information that can form the basis of solid experimental evaluation conclusions.

The fifth design is the interrupted time series design which involves making a series of observations of the program group before and after the administration of the program. Such an approach eliminates some of the previously mentioned threats of history. Also, where program interventions are effective they will produce a lasting alteration in the time series data. Figure 3.4 graphically illustrates several possible results of a time series evaluation. This approach is best suited to programs which involve abrupt change. In situations where treatment is administered over a long period of time, identification of effects may be hard to distinguish as a result of program inputs. As well, such studies can be costly and in the absence of a control group, testing effects constitute an internal threat to validity.

Figure 3.4

Possible Outcome Patterns in the Interrupted Time Series Design.

The final basic design is the interrupted time series with a comparison group. This design consists of two or more time series observations, one involving the treatment group, the other(s) involving comparison group or groups and is considered the soundest of the quasi-experimental designs. With carefully chosen comparison and treatment groups, results can be generalized beyond the particular program to other similar environments. Sophisticated statistical techniques can be applied to results generated in this type of design to discount for historical cycles and trends and population profiles. With the multiple effect observation points it is possible to map cumulative program effects and to distinguish more easily the influence of external factors. Despite the wide variation of the overall quasi-experimental evaluation approaches there are essentially two common conclusions about these designs. In the words of Brian Job,

"the attempt should be to include an equivalent control group in the program design. The more nearly the characteristics of the comparison group match those of the designated treatment group, the fewer the threats to validity. (As well,) every attempt should be made to include pre-treatment measurement in the program design."
(1976, III:32)

Such an approach can lead to good programming as well as make for sound evaluations. Before a program gets underway extensive research/formative evaluation should be carried out to collect baseline information. As well, when such information is acquired in a participatory manner it can

contribute to a more effective inclusion of local inputs and perspectives in the program. Such information generated at this stage of a program, is useful for both program design purposes and can be utilized as a pre-treatment information base in subsequent effectiveness evaluation. This in turn contributes to a more accurate assessment of the effects and impacts that can be attributed to a program. (1976,III:32)

As was stated at the beginning of this Chapter, evaluations can be designed to serve many purposes. Depending upon the information requirements, the desired degree of validity, and the intended role of the evaluation process itself, evaluations can take numerous and varied forms. For most development assistance programs the process of monitoring, evaluating, planning, and replanning is continuous from the time program design is undertaken up to and often beyond the point of program completion. Some aspects of this process are more formal than others and occur at a specific point in the program cycle.

But no matter what the evaluation design is, the relationship between evaluation generated knowledge, and program operations and policy decision-making, is one of the most important aspects of the evaluation process. Too often evaluation findings are not properly channelled into the policy and management decision levels, or, they are presented with such little thought as to how they will be implemented, that they themselves become obstacles to

positive program development rather than facilitating it. In the next section we shall weigh a number of issues related to translating evaluation findings into program improvements.

3. Decision Making Based on Evaluation

The manner in which knowledge and lessons learned from evaluations are translated into program or policy decisions is largely a function of the overall purpose set for the evaluation and the type of evaluation design used to pursue this purpose. Participatory, formative assessment evaluations, will place emphasis on consensus building and a process of decision making that reflects an accommodation of different points of view for achieving common goals. A comparative evaluation of two pilot programs aimed at identifying the 'best' approach on the other hand, will likely pass on a definitive recommendation upon which program planners can base a decision.

Mechanisms to present the knowledge of evaluations, and incorporate it into decision making processes, therefore vary widely and include everything from formal final reports to informal in-process meetings. In most evaluations, however, it matters not if the purpose is oriented towards operational improvement, comparative studies, or policy development, the

role of evaluation is not to produce pronouncements of 'truths' but rather primarily to clarify, to document, to inform, and create new perceptions. Often evaluations will be commissioned in order to assist program planners and managers who are too busy to collate their experience and reflect on it thoroughly. In such instances evaluation is aimed more at collecting information in order to help people 'see' things in a new light. The task is one of illuminating both positive and negative aspects of an issue leading to system improvement or a reshaping of priorities. Only rarely does evaluation lead to a thumbs-up or thumbs-down decision. It is rather more often a part of a process whose purpose it is to make adjustments and 'piecemeal' adaptations. (Cronbach, 1980:157)

In such a context the personal factor can play an important role in the influence or impact that an evaluation or the findings can have. As Cronbach points out:

"According to studies of evaluation use, nothing makes a greater difference than the personal factor. What counts is the interest of one or more officials in learning from the evaluation and the interest of the evaluator in getting attention for what he knows. where the personal factor emerges, where some person takes direct personal responsibility for getting information to the right people, evaluations have an impact. Where the personal factor is absent, there is a marked absence of impact. Utilization is not simply determined by some configuration of abstract factors; it is determined in large part by real, live, caring human beings." (1980:153)

Another factor that is an important determinant of the role of evaluations in decision making is the manner in

which evaluation findings are presented or 'packaged'. The formal final report of an evaluation is essentially an archival document. Before it is produced the 'live' communication of findings between the evaluator(s), program participants, managers, and policy makers can play a major role in shaping 'post-evaluation' decisions. Such 'live' communications consisting of workshops, informal meetings, interim reports, and media articles can often have much greater success in communicating the findings of evaluations and thus influence decisions more than complex and lengthy formal final reports. Evaluators therefore need to be aware of the limits of what can be communicated to evaluation users and flexibly adapt the presentation of their findings in ways that lead to optimal utilization of findings.

Responsibility for making good use of evaluation findings also lies with the groups or organizations that have decided to undertake an evaluation. Commitment based on evaluation findings is a necessary prerequisite for effective absorption of the ideas generated in an evaluation activity. Along with that commitment there must be created means for understanding and adapting to the new conditions and methods evaluations bring to light.

D. Participatory Evaluation Methods

A participatory approach to evaluation is more a matter of style and intent than one of following a set methodology. Drawing on the basic premise that people working on and affected by a development program or project should be involved in the process of reflecting on and analysing their own experience within that project, participatory evaluation procedures are designed to enable or enhance the popular definition of problems and questions, popular expression of answers, and popular deliberation and selection of action.

The rationales behind this approach, as discussed earlier in this paper, include the recognition that 'understanding' in a cross cultural context can be enhanced through an appreciation of the subjective perceptions that local 'participants' can bring to a research inquiry. As well, participatory evaluation is pursued as a direct mechanism for promoting and assisting the development of social infrastructures, building the analytical skills of groups and individuals, and contributing to their abilities to investigate and take action. A participatory approach to program planning, formative evaluations, and performance evaluations is also recognized as a tool for increasing both the efficiency and effectiveness of development assistance programs through sensitive 'appropriate' response to local concerns and the inclusion of familiar ideas and practices in program activities.

Again, as pointed out earlier in this paper and emphasized here by White and Bryant,

"Participation is one way for the poor to contribute to establishing a definition of project effectiveness that serves their interests." (Bryant, 1981:2;2)

The most important justification for adopting a participatory approach to evaluation however, goes beyond the fact that such methods can enhance the chances of efficient and effective program implementation, to the need for a popular involvement in and control of the development process itself. Unless local people are actively involved and can exert control over the development process that affects them, it is doubtful that the results achieved will reflect their objectives of both improved standards of living and a greater degree of social, economic and political equality.

There is a wide variety of techniques for carrying out what could be termed a participatory evaluation process but among them can be distinguished several common characteristics. These are:

1. Changes the 'subject as object' approach to one of exchange and synthesis of information among 'researcher' and 'researched';
2. Is concerned about quality and asks questions concerning values and motivations as well as quantifiable factors;
3. Facilitates the design, implementation, and interpretation of research by those involved with the activities or program being researched;
4. Permits the knowledge and benefits of the research to be shared among all those involved in the program and the evaluation.

In a paper recently presented to a meeting of the American Public Health Association, a general description of the participatory evaluation approach was made which captures the essence of the process:

"Participatory evaluation links social investigation to education and action. It recognizes the struggle of the poor and oppressed to firstly survive, and secondly, to change those structural conditions that oppress. The research problem is defined by those affected by it. The users of a service participate in, and control the evaluation process. The beneficiaries of the evaluation are community members. The success of the evaluation is determined by the extent to which a community becomes aware of its own resources and utilizes them for self-reliant development."
(Hall, 1979:5)

Reflecting this same orientation, a recent evaluation study carried out by the World Bank on a large integrated rural development program in Mexico emphasized the importance of utilizing participatory research methods as both a program development/community development tool, as well as a program assessment tool.

"Community participation calls for information and organization, for a commitment by the whole of the population; it calls for reflection, for knowledge and available resources, and of development possibilities, conscious priority ranking of needs, sequential ordering of the works and services that will be required of the program; it calls for time -- time to promote, develop and harvest this collective thinking; and it calls for technicians capable of participating in this exercise without imposing their own ideas, without thinking they know everything."
(1979:104)

One of the most common tools for conducting a participatory evaluation is through the participatory designing and carrying out of local surveys or questionnaires. Working together with program beneficiaries, usually in the context of programs which include community infrastructure development as an objective, it is possible to cooperatively design and establish information collection systems that are under the control of the local groups.

Through questionnaires, formal meetings, workshops, interviews, and structured observations, data collection capable of meeting information requirements oriented towards maintaining a responsive, 'appropriate' program design can be achieved. Such a process can both promote local control and contribute to the generation of a data base suitable for program performance/effectiveness/impact evaluations. Through discussion of the program issues and utilization of evaluation mechanisms such as surveys, questionnaires and workshops will come a demystification of the evaluation process. Knowledge will be created by the participants, allowing them to understand program results in new ways. This can lead to discussions about interpretation of results, the need for changes in the program and enhanced critical consciousness about the opportunities and constraints in one's own environment.

Such an approach requires significant amounts of time and energy from both an evaluation animator/coordinator

and the participants. Some practitioners of participatory evaluation therefore suggest it is often both necessary and appropriate to provide direct compensation for participants in some activities. By doing so, they argue, you facilitate increased access for the poor and special groups, such as women, who otherwise might find the time and opportunity costs too high for them to participate at the level they would like to. (Bryant, 1982:214)

Surveys and questionnaires have been criticized as intrusive approaches which can create as well as measure attitudes. (Cain, 1978:25) They are sometimes faulted for restricting access to input of those individuals who are easily accessible to evaluators and who will cooperate, thereby at times basing conclusions on a non-representative group. Aggregating information based on a number of individual questionnaires that 'extract' information from individuals in isolation from one another, will certainly not always produce an accurate picture of reality, but survey techniques can be a useful tool for information collection and exchange. By immersing survey questions in dialogue, by inviting other information and analysis concerning the issue at hand, through communication of shared and contrary ideas and attitudes, useful information can be collected.

Participatory research requires trust, trust on both the side of the questioner and the respondent. Such trust takes time to develop. The collection of information in a participatory evaluation must therefore be done over

an extended period of time that is likely greater than that which is normally associated with the more traditional 'snap shot' questionnaire approach. But, the survey/questionnaire tool per se is not the important determinant of the resulting information, rather it is the style in which the tool is used which is the important factor. In a participatory evaluation process time is also needed for reflection and analysis of information and data collected. After it is compiled, it needs to be redigested by the program participants. As Cain points out, "reflection needs to be part of an ongoing sequence of analysis, statement, action, reflection, and analysis, etc. (to be truly useful)". (Cain, 1978:26)

George Allo, French philosopher and change theorist, in his scheme for the exploration of values has suggested the following sequence which can usefully serve as a guide to participatory evaluation practice:

- (1) Preliminary synthesis: The investigator solicits from natural leaders in a community and from popular spokesmen, having no influence beyond their limited kinship or affective circles, their perception of what their total human existential situation is, what it means, and what it ought to be
- (2) Systematic observation. Under ideal conditions, systematic observation should then take place at four different levels. The first is that of primary groups or sub-systems constituting natural units of daily life. General observation can be conducted, for instance, on all aspects of life in a village or among an itinerant tribe. A second level of observation is some limited sector of activity such as work, recreation, worship, or family relations. Third, there is the cultural

system as a whole, whether it be the belief system (cognitive values), or the set of norms, patterns of interaction, or the total network of social forces affecting cohesion and disruption. A fourth level touches upon the broad world-view, or philosophy of life

- (3) Reflective synthesis by the research team. The third stage in the process is the elaboration by the research team of a reflective, critically conscious synthesis, as distinct from the naive synthesis of the first stage
- (4) Feedback of reflective synthesis to populace, the final stage of the normative sequence consists in resubmitting the critical synthesis obtained in Stage 3 to the informants who provided the naive synthesis in Stage 1. The choice of appropriate terms and symbols evidently depends on prolonged interaction between the research team and a representative portion of the interested populace" (Cain, 1978:27)

In addition to obtaining sufficient time to adequately conduct participatory evaluation, another concern of evaluators and managers of development assistance programs is the need to provide mechanisms for 'loyal dissent' within the context of a program or project. Participation is generally sought in support of an idea but sometimes participation will serve to obstruct, possibly with good result, a program or aspect of a program that is judged undesirable by some individuals or groups. Evaluation coordinators need to take care that they do not play a manipulative role in soliciting only the participation that is supportive of a program.

Participation itself should not always be conceived of as a positive factor. Everyone need not be involved in

everything, particularly in an evaluation context that has opposing, contentious groups, equally deserving of support and recognition. As one writer points out:

"Rather than valuing participation per se the important task is to assess what kinds of participations are appropriate to a given task and a given environment."
(Bryant, 1982:212)

This of course applies to groups and individuals on both sides of the 'public' and program administrators/evaluators line. The public may well be intimidated by the 'professionalism' of administrators and at times will be better off without their involvement. As well, too many cooks can spoil the making of a broth. Better to consult on the recipe and at the table than to have everyone in the kitchen.

To return to where we began, the key to good participatory evaluation is in the building of relationships of mutual respect. Interaction based on a commitment to shared learning and independent self-reliant cooperation.

CHAPTER FOUR

DEFINING DEVELOPMENTA. Historical Perspective

Over the past 30 years strategies and policies for promoting international development have undergone an evolution involving a number of significant changes. The growing disparity between rich and poor nations and increasing poverty in many developing countries throughout this period, (which continues at the present time) forced development theorists and policy makers to continually reappraise the very basics of development theory and development assistance practice.

During the 1960's, neo-classical theorists such as W.W. Rostow presented the view that economic development could be understood as primarily a lineal process. Although much more complex than the following, Rostow's argument was basically that specific national preconditions of capital, labour, markets, entrepreneurship and local values would inevitably lead to a linear progression through a series of economic growth stages resulting in an economic "take-off". This "take-off" stage it was postulated, would mark a move past a critical economic point into a "self-sustaining growth". Rostow expressed his thesis thus:

"The process of economic growth can usefully be regarded as centering on a relatively brief time interval of two or three decades when the economy and the society of which it is a part transform themselves in such ways that economic growth is subsequently more or less automatic. This decisive transformation is here called the take-off." (1966:8)

Noted economist Arthur Lewis, likewise focussed on the national variables in the economic development 'formulae' emphasizing the importance of the potential in hidden (unused) surplus labour and the accompanying potential surplus product within the agricultural sector. These he postulated could be utilized to generate additional capital for reinvestment within the national economy to fuel economic development. (1958)

Such prescriptions for development were philosophically tied to a theory of "modernization" which argued that once developing economies were able to overcome static, 'traditional' forms of organization and values, they could replicate the economic advancement of the industrial, 'modern' countries. Economic growth was viewed as being synonymous with development.

American sociologist, Talcott Parsons, was defining a popular view of the world in the late 50's when he designed a matrix of "pattern variables" to analyse the characteristics of "modernity" and "tradition" (1951). According to Parsons societies could be categorized into ideal types, "modern" and "traditional". These two forms of society, he argued, were distinguished by dramatically different value systems, which in the modern society promoted rapid economic and social development, but in the traditional society were such that they hindered development. From this point of view development came to be equated with a process of modernization which was all too frequently conceived of as simply a process of "westernization". A developing country had merely to adopt

western social and economic values, procure sufficient capital to increase the productivity of local labour, and economic growth would ensue. American sociologist, Daniel Lerner, writing in 1958, expressed this approach to development in the following way:

"Development will come about only when traditional societies are acculturated by the West - through diffusion of knowledge, skills, values, organization, technology and capital - until over time its society, culture, and personnel become variants of that which has made the North Atlantic Community economically successful." (1958:2)

A corollary to this modernization theory was the notion of "dualism". The thesis of dualism attempted to explain the existence of gross inequalities within third world societies by arguing that segments of a developing nation's society would sometimes adopt modern values of innovation, increased specificity of roles, and status definition based on achievement. As a result of these value changes this 'modern' segment of society could advance rapidly ahead of the more traditional elements and a dual society would result.

Accepting this point of view, development assistance policies focussed support primarily on the 'modern' elements of third world societies assuming that the diffusion of western ideas, values, and technology could be accomplished most efficiently through these groups. This in turn, it was assumed, would accelerate growth and the benefits of this growth would "trickle-down" to the more traditional stratas

of society.

An influential American scholar of Latin American affairs, K.H. Silvert, exemplifies this approach with his advice for concentrating US efforts on those programs of the Alliance for Progress that support the 'modernization' elements.

"The United States should make every effort to tip the domestic political scales in the direction of modernizing groups. Moneys spent (by the U.S.) on the kind of education, for instance, which will attract persons of a modern mentality can be confidently expected to assist the general move toward development. Moneys spent in bettering or certifying the positions of students of a traditional cast will make more robust the anti-development sectors if help can be extended to the attitudinally developed in such countries, then it should be done."
(1971:271)

This approach to development as a process of modernization sustained by a diffusion of western ideas channelled through a local elite which allowed a trickling down of benefits, was the main-stream of development thinking throughout the 60's and into the early 70's. Gradually however, as national development plans and development assistance efforts by the Western countries based on these premises failed to bring about the economic and social transformations hoped for, the theories were reappraised.

B. New Orientations:

From among the many critiques and appeals for a new orientation of development theory and practice there emerged an overall consensus that strategies should be designed to promote development more directly benefitting the bottom 40% of the world's population. As well, development was generally defined as a process which should improve the overall distribution of the benefits of growth to favor lower income groups. Employment creation and the improvement of local agricultural production for domestic consumption became important goals of these new approaches, reducing somewhat the priority of industrialization and efforts aimed at exploiting the potential benefits of international trade via export development.

Within this new orientation there are several theoretically distinct schools of thought which, although at times espouse similar development goals, have strikingly different world views and divergent development strategies. This paper does not permit a complete review of all of these numerous new theories for promoting development, but it is felt worthwhile to examine here two of the major strategies for they are relevant to our work in the following chapter in defining an appropriate evaluation system for CUSO. The two major 'new' strategies examined are the "Basic Needs" approach and the "Self-Reliance" approach.

A basic needs approach can thus be viewed as a necessary but insufficient strategy for achieving a more equitable development. The issue of power and economic benefit distribution at the international, national, and local level need to be more thoroughly considered, than a simple basic needs approach suggests. Where social, economic and political systems present structural impediments to development benefitting the poorest, programs that involve structural reform and affect the redistribution of power need to be designed.

One method of improving on the performance of this aspect of aid programs is through greater involvement or participation of the target groups in the planning, implementation, and evaluation of programs. This, we will examine in more detail in later chapters.

Let us now turn to a consideration of those development strategies which focus on the concept of 'self-reliance' and which draw upon an analytical framework which contributes to our understanding of some key dynamics of the international economic system.

The group of theories which emphasize the importance of self-reliance in a development strategy draw significantly from an analytical approach known as dependency theory. Although composed of a number of divergent streams which do not form a wholly consistent theory, this analysis broadly argues that many of the problems of third world countries are not derived from being un-developed or even due to an inadequate

time, the basic needs approach by its very orientation on the poorest, acknowledged that the "trickling-down" of benefits from growth fueled by industrialization was inadequate and the resulting enclaves and increasingly polarized dualities within third world societies were creating dangerous social and political imbalances. (World Bank Rural Development: Sectoral Policy Paper, 1975:3) Ashak Mitra summed up the now generally acknowledged failure of the trickle-down effect, when in the November 1980 issue of the New Internationalist, he wrote what is perhaps an overstatement of the facts but an observation which is close to reality:

"In Third World country after Third World country real wages have declined consistently or stagnated over the years. In contrast those who control the means of production and distribution have progressively prospered; many have increased the size of their real assets 30, 40, 50 times in the course of a bare 30 years. The so-called trickle down effect is therefore an abstraction without any empirical correlate. It is reaction's weaponry to befuddle the basic issues." (1975:3)

The World Bank's basic needs approach does not advocate a rejection of growth strategies based on rapid industrialization, but rather argues that 'balanced' development is the goal, necessitating greater investments at the rural levels to satisfy the minimum basic needs of the poorer stratas of society. Estimating that roughly 80 to 85% of the poorest populations live in the rural areas, the World Bank promotes a basic needs strategy which emphasizes rural development defined as

"a strategy designed to improve the economic and social life of a specific group of people - the rural poor. It involves extending the benefits of development to the poorest among those who seek a livelihood in the rural areas." (Mitra, 1975:3)

Such a definition however, leaves many questions unanswered. How are the benefits of development to be "extended to the poorest?" Are these benefits to come solely from the gains of increased rural productivity or is there also to be a redistribution of the overall benefits of growth? What mechanisms guarantee that economic surpluses generated in the rural areas will not be syphoned off, as has often been the norm in the past? As well, the important question of, why the rural poor are so poor in the first place is left both unasked and unanswered. By focusing solely on the effects of underdevelopment and not the causes, a basic needs approach constitutes an insufficient strategy for solving the problems of underdevelopment and the building of a self-sustaining process of development that benefits all levels of society.

Numerous studies carried out on World Bank implemented rural development programs have in fact revealed counter-productive effects of the Bank's efforts aimed at promoting small farmer development. These can be most often attributed to a failure by the Bank to deal with fundamental disequilibria within the national and international systems. Aart Van De Laar for example reports that World Bank efforts to expand the export crop production of

small land-holding tea producers in Kenya actually led to a drop in world tea prices with resulting negative effects on traditional tea producing countries, India and Sri Lanka. (1976:837-851)

Van De Laar also criticized World Bank basic needs programs for insufficient attention to the 'real politic' of rural economic and social systems. He points out that Bank programs often fail to reach the poor because they tend to be implemented through local social and economic systems which frequently do not operate in the best interests of the poor.

"Local vested interests often operate to ensure not only that the benefits of productive activity are unequally distributed, but that the poor are denied access to the inputs, services, and organizations which would allow them to increase their productivity. Thus the socio-economic system operating in the rural areas is often hostile to the very objective of rural development serving to reinforce rural poverty and to frustrate the efforts of the poor to move up." (1976:845)

The work of third world economist Samuel Parmar, makes the same point.

"If values and institutions that constitute this (rural) framework are change-resisting, then resource use is linked to the status quo. In many developing countries, existing institutions are still based on feudo colonial values. One should not therefore, be surprised if increases in resource inputs have strengthened non-egalitarian tendencies, creating conditions in which poverty continues to increase despite growing output." (1975:15)

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"trickle-down" of the benefits of growth, but rather suffer from a phenomena known as "underdevelopment" which is defined as a condition created and sustained by the very nature of the capitalist international economic order. Within this theory the notion of development as westernization is rejected. Progress or development is not regarded as unqualified economic growth, indicated by an expanding Gross National Product, but growth characterized by greater levels of equality within the society and increased autonomous local capacity to operate the national economy as a "self-reliant" manner, meeting domestic needs from domestic sources.

Samuel Parmar espoused this concept of development which emphasizes the building of self-reliance, when he wrote:

"A comprehensive understanding of self-reliance assigns central importance to the process of structural change... which involves more than the mere balancing of accounts in the foreign trade sector of the economy. A developing country could succeed in maintaining growth without foreign assistance but would not by itself ensure structural changes. Thus where growth fails to promote social justice, to utilize the economy's most abundant resources, to engender public participation in the development process, to reduce the concentration of economic power, or to assist in the establishment of more egalitarian patterns of international economic relationships, there may be self-reliance in the narrow senses but not in the deeper structural sense

Perhaps the most important element of self-reliance in developing countries is the formulation of concepts and policies of development based on their own socio-economic realities rather than on ideas inherited from the north Imitation will prove disastrous because it means mishaping one's framework to make it conform to the realities and interests of others." (1975:6)

As it is this understanding of self-reliant development that underlies our use of the term later in this paper, when we establish criteria for evaluating development assistance efforts, we will explore here in some detail the major rationales of self-reliance as they are developed from a dependency analysis. Although not a precise theoretical model, dependency theory is a conceptual framework that hypothesizes about certain international linkages in such a way that the nature of underdevelopment is clearly defined. The problems of: skewed income distribution, the behavior of 'comprador elites', disarticulation and segmentation within local and national economies, the lack of local economic and public infra-structures, and low levels of citizen participation in economic and social decision making, are all conditions of underdevelopment and obstacles to the type of self-reliant development indicated by Parmar. Dependency analysis helps us to understand some of the important characteristics and causes of these conditions.

Early roots of dependency theory can be found in the writings of Andre Gunder Frank. Writing specifically about Latin America, Frank rejected the notion that development occurred through a succession of predictable stages. He describes Latin American economies not as striving to reach "take-off" but as systems labouring under an international

economic process which was not only inimical to certain aspects of their development, but involved the undeveloped economies in a process of underdevelopment.

"We must conclude in short, that underdevelopment is not due to the survival of archaic institutions and the existence of capital shortage in regions that have remained isolated from the stream of world history. On the contrary, underdevelopment was and still is generated by the same historical process which also generated the economic development of capitalism itself." (1969:5)

Frank saw third world countries in general, and Latin American countries specifically, operating in a system of metropole/satellite relationships where the economies of the third world satellite countries were significantly shaped by the more powerful metropole economies. He argued that this configuration facilitated an expropriation of wealth from the 'periphery' to the 'centre' via changing forms of monopoly control. These monopoly structures operated through a hierarchy of centres of surplus expropriation/appropriation (extraction and transfer), the centres of which lay in the capitalist metropolis. The bottom portion of this hierarchy consisted of local institutions maintained by local elites or "lumpen bourgeoisies" who furthered the process internally within the periphery countries. (1969:5)

African scholar Samir Amin expanded on Frank's thesis of the development of underdevelopment and in

applying it to Africa examined in detail how dependent development during the colonial and early post-colonial periods led to the persistent underdevelopment of the newly independent African states. His analysis focussed principally upon social structures and economic linkages with the capitalist centre. Like Frank, Amin reached the conclusion that optimal national development would be possible only when attempted outside the matrix of dependent, centre/periphery relations. (1973:Vol.22,No.1)

Looking for the roots of dependency in the colonial past, Amin noted that in Africa, colonial commercial interests brought about the movement and dislocation of native populations in ways that caused the traditional economic sector to lose a considerable amount of its dynamic. New colonial economic activities were developed but failed to benefit significant numbers in the local population because the economic structures established served primarily the economic interests of the foreign capital owners. This Amin termed, "growth without development", and the "development of underdevelopment".

"They (colonial commercial interests), forced the traditional society to be a supplier of temporary or permanent migrants on a vast scale, thus providing a cheap proletariat for the mines, the European farms, and later for the manufacturing interests of Southern Africa, Rhodesia, and Kenya. Henceforth, we can no longer speak of a traditional society in that region of the continent, since the labour reserve society had a function which had nothing to do with "tradition", that of supplying a migrant proletariat.

Under these circumstances, the traditional society was distorted to the point of being unrecognisable, it lost its autonomy, its main function was to produce for the world market under conditions which, because they impoverished it, deprived it of any prospect of radical modernization. This traditional society was not therefore, in transition ("to modernity") it was completed as a dependent society, a peripheral one and hence, a dead one." (1973:189)

So far, our description of dependency analysis has focused on two thinkers who argued that the development of autonomous self-reinforcing growth in the "periphery" was practically an impossibility within a dominant/dependent configuration of international economies. Other dependency analysts however, see the development of "inter-dependent" periphery capitalism as a possibility, but note it is a development that tends to be elitist in nature.

Henrique Cardosa employs both a dependency framework and a diffusion model of development in his writings. He suggests that the modern conditions of economic dependence differ somewhat from those which led to Frank's analysis of the development of underdevelopment. Cardosa's view is that while there are social and economic opportunity costs and limiting external dependencies that create problems in developing internal linkages, growth and particularly industrial growth, can proceed within the centre/periphery matrix. The reason, he says, is due primarily to the fact that corporate capital has replaced financial capital as the dominant form of investment in the third world. Corporate capital

investment, he argues, has brought about new relationships of exchange between the centre and the periphery which go beyond raw material extraction and the export agriculture economies that Frank wrote about. Transnational corporations are creating industrial and manufacturing capacities in the periphery that can, if properly managed, inject dynamism into certain sectors of the local economy. Cardoso calls this, "associated dependent development" and describes it thus:

"In my view, changes in international capitalist organization have produced a new international division of labor. The moving force behind these changes, is the multinational corporation. Assuming as it does, the immersion of industrial capital into peripheral economies, the new international division of labor puts a dynamic element into operation in the internal market. Thus, to some extent, the interests of foreign corporations become compatible with the internal prosperity of the dependent countries. In this sense, they can help promote development. Because of this factor, the growth of multinational corporations necessitates a reformation of the traditional view of economic imperialism which holds that the basic relationships between developed and capitalist countries and an underdeveloped country is one of extractive exploitation. Today the massive investment of foreign capital aimed at manufacturing and selling of consumer goods to the growing urban middle and upper classes is consistent with, and indeed dependent upon, fairly rapid economic growth in at least some crucial sectors of the dependent country. Development under this set of conditions implies quite obviously, a definite articulation with the international market. Development in this situation also depends on technological, financial, organizational, and market connections that only multinational corporations can assure." (1973:149)

But having asserted that economic benefits are indeed possible through a MNC led industrial development, Cardoso goes on to point out that there are a number of serious costs frequently accompanying this type of industrial MNC led 'dependent' growth.

The promotion of dualism or elitism within the society and a limited broadening of effective internal markets are two such characteristics. A broad vulnerability to international markets due to the lack of self-reinforcing growth with backwards and forward linkages along with a growing technological dependence are further characteristics of "associated dependent development". In writing about the Brazilian development experience between 1965-1972, Cardoso also notes that:

"This patterns of development is based on a regressive profile of income distribution, emphasises luxury consumer durables as opposed to basic necessities, generates increasing foreign indebtedness, and contributes to social marginality and the underutilization and exploitation of manpower resources."
(1973:149)

Latin American scholar, Osvaldo Sunkel, employs a dependency framework of analysis to argue for a new orientation of development policies aimed at increasing national self-reliance. Sunkel argues that underdevelopment in the 'periphery' of the international economic system is a consequence of the development of capitalism in the 'centre' rather than the inadequacies of a 'traditional' orientation by the populations of underdeveloped countries. He points out that the concentration of ownership of capital, the dominance of world markets, and the monopoly of the savings and investment opportunities in the hands of small national groups are complementary elements in the establishment of an integrated but unequal international system. Sunkel stresses the role of multinational corporations in dependent development and underscores the social and economic polarizations which most often accompany an MNC led development.

"The internal process of polarization can be seen as growing division between modern dominant and advanced economic activities, groups and regions on the one hand, and backward, marginal and dependent activities, groups and regions on the other. In fact, the geographic, economic, social, political and cultural centres of modernity and development are closely associated with the rise and fall of the activities linked most closely, directly or indirectly, to the developed countries." (1973, Vol.22, No.1:140)

This process of polarization, Sunkel points out, leads to a number of undesirable consequences such as marginalization and a widening gap between the rich and the poor. This in turn decreases the relevance and usefulness to the poor majority of

the type of "development" engaged in by the advanced sectors. The benefits of "modernization" remain out of reach of the lower income groups and a vicious circle of poverty is thus maintained.

A number of dependency scholars have argued that increasing economic self-reliance leading to a more autonomously controlled and balanced self-sustaining development also has increased potential long-term benefits for the third world elites, as well as the poorer classes within third world societies. Many third world countries are finding it increasingly difficult to generate sufficient foreign exchange to sustain dependent economic growth. Declining terms of trade for many non oil exporting LDC economies, together with substantial outflows due to the increasing costs of foreign sourcing of industrial inputs, profit repatriations, and patent payments, link third world countries to the world economy in a circumstance of diminishing real returns. Describing a condition that we shall note in a later chapter is somewhat relevant to Ghana, Latin American scholar Dos Santos observes that:

"Industrial development is now frequently dependent on the existence of an export sector which brings in the foreign currency that makes it possible to buy inputs used by the industrial sector Trade relations take place in a highly monopolized inter-national market, which tends to lower the price of raw materials and to raise the price of industrial products, particularly inputs." (1971:229-230)

Such a situation can eventually lead to a breakdown of the host economy as production falls with increasing scarcity of inputs in a rapidly accelerating downward spiral. In such a circumstance local elites may find themselves incapable of arresting the economic breakdown and having to account for economic processes that are out of their effective control. Caribbean scholar, Havelock Brewster, illustrates how high levels of economic dependence dominated by MNC's can lead to a loss of control of the national economy with profound impact on the social and bureaucratic development of the country and the government.

"First there is an agonizing period of discovery which shows up the fact that within the existing framework, virtually all the available instruments of policy are ineffectual. If the government cannot manipulate the instruments of policy because they do not work, it must pretend to do so ... if it is unwilling or unable to alter the real transactions upon which they are premised ... (What occurs is) a predictable cluster of institutions develop whose very physical presence is projected as the living symbols that the government governs. Central Banks, local commercial banks, planning units, industrial courts, marketing boards, industrial development corporations, state trading agencies, etc. ... They flourish, but do they function? There is a stage of idolatry, messianic fervour, heroes and saints. Attempts are made to refurbish the civil service and there is a great posturing of religiosity and moral strength which usually amounts to self-delusion There is the elevation of compromise into a theory of achievement. Gradualism, solidity, responsibility are the concepts abroad at this time. Postures are rationalized on the basis of their pragmatism. Dependency may now be legitimized in "negotiated" economic contracts,

"associate" agreements and "meaningful participation" whose word-imagery and quazi-legality are actually taken as conferring a relationship of equality and independence upon a situation which in reality is not. (1973:94)

Another important factor of development that a dependency analysis leads us to consider is one of technology transfer. In a development led by transnational enterprise we frequently observe the use of technology which does not make optimal use of the local factor endowments. The most important endowment of many third world countries is an abundant labour supply, but many transnational corporation operations most often tend to substitute capital for labour in the form of imported equipment, a practice which ignores the pressing need for the productive process to generate employment in the third world as an essential element in the distribution of development benefits.

Examples are legion throughout the third world where foreign enterprises have established operations which make little use of local inputs of raw materials, labour or semi-processed materials. Rather they tend to draw services and inputs from abroad, particularly if they have a vertically integrated corporate structure. The significance of this type of economic activity is that it not only fails to multiply local employment opportunities but also fails to contribute to growth of what is known as backward and forward linkages within the peripheral economy. As well, such practices of extensive "foreign sourcing" increase overall demands for foreign exchange and strain the country's

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A recent appraisal of the impact of 'imported' technology on third world countries, carried out by two Africans reached the following conclusions:

"In the years immediately following the Second World War, and well into the first United Nations Development Decade, transfer of technology, just like 'aid', came to be regarded as an integral part of any serious strategy of development Over time, however, scholars spanning the entire range of the ideological spectrum and schools of economic thought, have come to subject the concept of transfer of technology - especially in its form as a simple imitative or gap-filling process, to serious criticism The desirability of, or even the necessity for any transfers, and the suitability of a technology (developed in and for a vastly different social context) to the 'peculiar' requirements and circumstances of underdeveloped societies has come under review. In the realm of practice such transfers of technology as have taken place have proved to bring quite dubious, if not totally negative benefits. Several anti-developmental consequences of transferred technology have been observed: job destruction arising out of its generally high capital intensity; greater technological dependence and hence increased economic and political dependence of the Third World on the advanced nations; high costs with ensuing debt problems; environmental pollution; etc." (W.A. Ndongko & S.O. Anyang, 1981:36-61,57)

Numerous case studies have also been carried out to assess the specific consequences of modern technology transfers to lesser developed countries. One such study was made by Steven Langdon. His work focused upon the effects of the technology inputs by transnationals in Kenya and assessed the overall impact of the transnationals on the formation of class structures in that country:

"Multinational technology transfer has shaped the wider process of class formation and income determination in Kenya in such a way as to facilitate and sustain a highly unequal socio-political structure. At the same time, the income distribution associated with this structure has provided the market required for the multinationals' transfer of their consumption technology, (an egalitarian income distribution would generate little demand for private automobiles where per capita income is 100 Pounds per year!) Sharing in subsidiary profits, of course, financially strengthens the emerging bourgeoisie. But the multinationals' socio-political impact goes much further than this. Multinational profits and taxes raise State revenues which can be used to diffuse periodic political protest through minimal gestures (like eliminating lower-level school fees in Kenya). More important, Kenyan evidence suggests that the highly mechanized nature of multinational production technology helps to generate a small, relatively well-paid labour aristocracy in the country, making working-class political protest less likely. At the same time as noted above, the multinationals' growing role weakens the emergence of independent industrialists in the system, pushing local entrepreneurs who do succeed into close relations with the State and/or subsidiaries; this too weakens the chances of independent political opposition to the existing structures." (1977:39)

Dependency analysis has also been used to focus attention on the growing phenomena of food import dependencies, export oriented agricultural development and the costs of large-scale agrobusiness activities in a large number of lesser developed countries. A recent study by Francis Moore Lappé and Joseph Collins examined the factors which tend to sustain export agricultural production in lesser developed countries while significant numbers of the local population go undernourished. Their study looked at land

tenure patterns, international agricultural product trade, and the impact of new agricultural technology. In general terms they asked: what is produced? how is it produced? by whom is it produced? and for whom is it produced?

Their findings also underlined the polarization process identified by the work of Sunkel and Langdon. They discovered that significant dependency on external markets, foreign technology inputs, and food imports were, in the overall, negative factors detracting from the ability of third world agricultural systems to improve the lives of the rural poor. A few quotations from their book, Food First, Beyond the Myth of Scarcity, will illustrate the nature of the conclusions of their analysis:

"There is nothing 'natural' about the under-developed countries' concentration on a few largely low-nutrition crops. The same land that grows 'cocoa, coffee, rubber, tea and sugar could grow an incredible diversity of nutritious crops - grains, high-protein legumes, vegetables and fruits. Nor is there any advantage. Reliance on a limited number of crops generates economic as well as political vulnerability. Extreme price fluctuations associated with tropical crops combined with the slow-maturing nature of plants themselves, (many for example take two to ten years before the first harvest) to make development planning impossible." (1977:357)

"When a new agricultural technology enters a system shot through with power inequalities, it brings greater profit only to those who already have some combination of land, money, credit 'worthiness', and political influence. These alone eliminate most of the world's rural population and all of the world's hungry." (1977:357)

"We have found that rural development must be measured in terms of increasing self-reliance - both the ability of the local population to grow food as well as to constitute a market for that food." (1977:357)

C. A Strategy for Mutually Beneficial Interdependence.

Accepting that self-reliance is a necessary and important element of development that seeks to improve levels of equality as well as promote growth, one is left with the problem of choosing policies that will accomplish both of these objectives. In pursuing self-reliance the aim is not to achieve complete autarchy, but a new form of interdependence based on a more equitable balance between industrialized and developing countries.

Self-reliance means greater use of local factor endowments, production using local inputs for local markets. Redistribution efforts need to be made to overcome existing dualities and to narrow the gap between the elites integrated into the international economic system and those more exclusively linked to the national economy. More appropriate technology development and application, together with more appropriate education and training systems leading to higher levels of employment need to be devised. Health care delivery systems that are biased towards indigenous medical methods and systems which reflect the fact that in most developing countries 60 to 80% of the population live in the rural areas, also need to be designed and implemented.

But there is no blueprint for development. Although self-reliance should be an overriding planning objective,

it should not become a dogmatic policy principle. The approach most likely to succeed in forging higher levels of local and national self-reliance, along with greater collective self-reliance among the developing countries, and at the same time create a more balanced and equitable interdependence between developing and the industrialized countries, is one of creative reform, not radical transformation.

Adjustments must first be made internally in the developing countries. The fears and inertia of the elites in developing countries must be overcome, for the unequal patterns of the international economic system operate through unequal internal patterns. As one recent assessment of means for bringing about a New International Economic Order observed,

"Reforms in the international system are being sought by national elites in the developing countries to forego the need for significant structural transformations in their countries ... These groups are talking about greater equality between states and in their largely authoritarian systems, the state is they. It is clear then that changes in the international context alone will not bring about the transformation required to benefit the vast majority of the world's population."
(Jose Villamil, 1979:8)

Significant internal transformations will prove a difficult task, for in many cases there is neither sufficient political consciousness among the people nor sufficient political will among the leadership to bring about

the sacrifices necessary to accomplish substantial re-adjustment in the short term. Part of the reason for this is the substantial opposition to policies of redistribution and self-reliance by developing country elites based on classic arguments formulated with outmoded economic concepts. These arguments suggest that redistribution in favor of lower income groups will reduce domestic savings and investments and thus slow down the overall rate of growth. Likewise, investments in 'second best' technologies that reduce unemployment it is argued, will raise costs above world market prices and reduce export earnings, thereby further slowing overall growth. Redistribution of agriculture land it is suggested would reduce current levels of food production by breaking up the large 'efficient' estates.

Recent empirical studies however, cast doubt on the validity of many of these assertions. An UNCTAD study of the relationship between income distribution and savings rates in 59 developing countries found that the evidence supported the 'hypothesis that savings performance is positively related to the equality of the distribution of personal income.' (1975:31, Robert Rothstein, 1976:59) In addition, the labor intensive production methods of Korea and Taiwan have resulted in both increased employment and increased competitiveness on world markets along with an expanding effective demand for growing internal markets.

In support of small scale agriculture and improved utilization of human resources throughout the developing countries, economist Barend De Vries has noted:

"It is extremely unlikely that full employment policies will mean a slowing of growth. How would improved utilization of human resources throughout the economy and society reduce output below the production levels of an economy in which 30% of urban labour is unemployed and where there is widespread rural unemployment." (1972:97),

Clearly, a simple redistribution of existing income would only succeed in making everyone poor, but redistribution in conjunction with strategies for self-reliance that increase the income earning opportunities of the labour force and which lead to increased levels of production, could contribute to overall growth as well as improve distribution. Given the current growing disequilibrium of wealth and power, this latter objective must be afforded priority.

Nevertheless, it is recognized that policies of self-reliance are by themselves no panacea. The past 15 years of Tanzania's development experience illustrates the many problems of implementing a transformation strategy aimed at building self-reliance. What is required are steps which respond to the needs of the great mass of the population, reduce internal inequalities, and promote the development of those aspects of self-reliance reasonably attainable within the confines of limited human and physical resource endowments. Where the interests of the elites are challenged, they can be expected to resist, but the pressure

of events may increasingly lead developing country elites to make the substantial adjustments necessary as the organization and influence of the less well off grows. As has been pointed out earlier, the interests of both elite groups and the poorer classes may best be served by strategies of redistribution and increasing self-reliance in the long-term.

But all this is not to suggest that the industrialized countries should sit back and wait for improvements in the third world before mending their ways. As the Brandt Commission properly points out, there exists an overriding imperative of ensuring mutual survival in a globe increasingly threatened by the lack of global vision. The mutuality of interests in the area of energy, food, and agriculture, the monetary system, the environment, and world peace dictate an immediate commitment to reform and in some cases substantial change in the status quo.

"We want to make it clear that North and South cannot proceed with business as usual only adding a few bits here and there. What is required is intellectual reorientation, serious steps towards structural change and increased practical cooperation." (Report of the Independent Commission on International Development Issues, North-South: A Programme for Survival, 1980:26)

D. Participation

Inherent in development strategies that focus on redistribution, self-reliance and basic needs, is a recognition that the essence of development is not simply economic growth but human progress. For this to be realized individuals must actively involve themselves in a development process.

As Julius Nyerere so eloquently puts it,

"People cannot be developed; they can only develop themselves. For while it is possible for an outsider to build a man's house, an outsider cannot give the man pride and self-confidence in himself as a human being. Those things a man has to create in himself by his own actions. He develops himself by what he does; he develops himself by making his own decisions, by increasing his understanding of what he is doing, and why; by increasing his own knowledge and ability and by his own full participation.... as an equal in the life of the community he lives in."

From this perspective, participation of local populations in the planning, implementation, and control of development efforts has value in itself. But studies of popular participation in the past have often looked only for the measurable impact of popular participation on project implementation and its visible contributions to goals of productivity and growth. When such studies find only small quantifiable returns in these areas, they conclude that the value of participation is not of great significance.

(Otterbein, 1979)

Popular participation however, lies at the heart of efforts to build self-reliance and stimulate a locally controlled self-sustaining development process. The work of Paulo Freire illustrates that only through active and self-aware involvement in change is the creative potential of men and women awakened. He writes:

"The important distinction is between the world of nature and the world of culture; the active role of men in and with their reality, culture as the addition made by men to a natural world they did not make; culture as the result of men's labour, of their efforts to create and re-create... with this understanding the illiterate will begin to effect a change in his former attitude of passivity by discovering that he, as well as the literate person has a creative and re-creative impulse." (1974:47)

Other authors, such as Denis Goulet, writing about development from an ethical humanist perspective, argue that efforts to assist the poor must contribute to their overcoming a sense of hopelessness that often accompanies poverty and underdevelopment. This, he maintains, is only possible through the active participation of the poor in development efforts.

"The prevalent emotion of underdevelopment is in a sense of personal and societal impotence in the face of disease and death, of confusion and ignorance as one gropes to understand change, of servility towards men whose decisions govern the course of events, of hopelessness before hunger and natural catastrophe. Chronic poverty is a cruel kind of hell and one cannot understand how cruel that hell is merely by gazing upon poverty as an object." (1971:24)

Arguments that call for greater levels of popular participation in the development process go beyond the

psychological theories which predict involvement will lead to greater self-fulfillment and escape from feelings of impotence by the poor. What is inherent in these views is that participation is essential to freeing the creative spirit and energy of man, without which there will be no lasting, self-sustaining, self-reliant, development benefiting the poor.

Recognition of this fact led the ILO in 1978 to define participation as a basic human need. Their definition serves to illustrate clearly the important operative elements of participation: involvement, reflection, decision-making, action, and control.

"Participation is a process in which a group or groups exercise initiative in taking action, stimulated by their own thinking and decision-making, and over which they exercise specific controls It is through action generated by one's thinking and initiatives that men and women give expression to their creative faculties and develop them and thereby develop further human personalities. It is for this reason that participation is a basic human need." (1978:2)

The growing recognition of the importance of participation in development is evident in numerous research studies carried out over the past few years.

A series of investigations by UNICEF in 1981, examined the role of popular participation in UNICEF rural projects. Their report concluded:

"To reach the poor any new strategy must both cost less, and overcome the barrier of people's exclusion and disinterest. Community participation as the cornerstone of a development strategy meets

both of these criteria. It cuts costs because labor and other resources are mobilized; and at the same time these investments give people a stake in a project

The simple truth is that people are themselves not only the best judges of what their problems are, but also the most experienced and adept at solving them. The people's own creative ability to identify problems, take decisions, gain self-confidence, and assure control over their own lives is the control element of community participation. Through community participation, the poor and the powerless can strengthen their own ability to influence the direction and improve the conditions of their lives."
(Maggie Black, 1981, No.4:4)

A task force of the UN Economic and Social Council likewise concluded that participation of the rural poor is essential to the success of rural development programs.

Their report noted:

"A primary objective of rural development is to improve the quality of life of the rural poor. This implies the involvement of the rural poor in the development process and requires their participation in the decision making process and the implementation of those decisions. It presupposes that the rural poor will gain increased economic opportunities through productive and remunerative employment, increased access to resources and an equitable distribution of income and wealth. The mobilization of the energies and resources of the rural poor themselves emerges as the key factor in increasing both their productivity and their self-reliance." (1979:11)

A recent study by USAID of 36 rural assistance programs affecting small farmers, also found community participation to be a "vital element" in program success.
(UN Report, 1979:32)

A World Health Organization review of community involvement in its Primary Health Care programs found participation of the community members in the planning as well as the implementing stages of the programs, to be, "an important factor in strengthening community structures and mobilizing local resources for the programs". (UN Report, 1979:32)

With ever increasing evidence indicating the value and importance of popular participation, one might well ask why there has not been a greater emphasis given to involving the poor in the planning, implementing, and evaluating of development efforts. The answer lies primarily in two major obstacles to popular participation. The first obstacle arises from the distribution of political and economic power, and the second from the underlying philosophies, techniques, and practices of contemporary development programs.

Earlier in our discussion of the dynamics of dependent, centre/periphery relations, we noted a high concentration of political and economic power in the hands of those social elements most integrated with the international economic system. As discussed, a frequent consequence of this configuration is the marginalization of the poorer social elements, and their general exclusion from both the national and local development planning and decision-making processes. We also noted earlier in the paper, that development efforts of the 50's, 60's and 70's tended to be based on a modernization perspective which focused assistance on the more 'advanced' elites, regarding them as initiators and adopters of change,

who would most quickly advance the goals of modernization and development. Benefits to the poor, it was assumed, would eventually trickle-down as a country developed.

The vast majority of Western supported development efforts thus built upon existing social structures and operated through existing social and economic relations characterized by unequal distribution of power and wealth. But, without specific efforts to change the structurally maintained unequal distribution of power, development programs are in danger of increasing existing patterns of inequality. Examining this phenomenon as it relates to regional development strategies (regions being defined as specific geographic districts within a country), John Durston of the Social Development Division of the United Nations Secretariat has noted,

"A common problem is the concentration of regional wealth. The growth of the regional economy, without social structure change, is likely to result in a greater share of regional income remaining in the hands of those groups occupying the key positions of control over the regional subsystem of production and distribution. Even in situations in which less powerful social groups receive increases in absolute incomes as a result of general economic growth, there is a tendency for the original pattern of accumulation of a disproportional share of wealth and control by regional elite to intensify as regional growth proceeds In such situations the introduction of measures for the transformation of social structure in conformity with these goals (greater popular participation and more equitable income distribution) is a prerequisite of development, in general on the national level, and also a part of any programmes of regional development." (1975:7) (underlining mine)

Other development scholars focusing on means to advance the interests of the poorer stratas of society, suggest that at times there is no real alternative but to work within these existing structures. They argue that efforts aimed at promoting greater levels of popular participation within elite dominated social systems and institutions may prove useful in the long run since participation and self-management are learned processes. Although these skills may be acquired in an elite dominated setting they can later effectively be applied in more 'popular' systems that one hopes will arise.

"Historical experience shows that structural transformations are illusory unless the habits of self-management, self-reliance and institutional participation in relatively complicated administrative arrangements have been acquired and practised. This long-term learning process takes place in day-to-day struggle for authentic participation in deficient yet protective institutions. Where the masses have no opportunity to learn participatory organization, episodes of mass mobilization and revolutionary transformation may end by being submitted to new anti-participatory structures of exclusion. This may be an argument for not rejecting the deficient yet protective established organs of participation but using a daily struggle far within them for more authentic participation for the long-term process of political learning."
(A. Pearse & M. Stiefel, 1979:23)

The same authors also point out however, that if development efforts are to lead to substantial improvements in the lives of the poor in the long-term, there must eventually be fundamental changes in the distribution of power within third world societies. Involvement in organizations

and institutions that are dominated by interests of the status quo appears not to hold much promise for bringing about such change. Rather, as concluded by the UN Research Institute for Social Development, it seems more likely that collective action born out of shared objectives of groups composed of members of the poorer strata and controlled by them, has the greatest potential of serving the interests of the poorer classes.

"The study of poverty and the political economy of the production of wealth during the last few decades has shown convincingly that the generation of poverty is a function of the concentration of power and the monopolization of resources. It must be accepted, therefore, that the struggle for people's participation implies an attempted redistribution of both control of resources and of power in favor of those who live by their own productive labour." (A. Pearse & M. Stiefel, 1979:5)

The second major obstacle to incorporating high levels of popular participation in rural development efforts consists of what could be termed, the technical western biases of the development as modernization approach. Popular participation implies working with people at a level at which they can contribute and at a pace appropriate to their cultural practice. Given that western biases often accompanying many development programs, rapid accomplishment has often been valued more highly than high levels of popular involvement in planning and implementing programs. Goals of efficiency and effective technical execution are normally considered more important

than the political empowerment of local populations. Mechanisms to promote participation represent commitments of additional time, money, and personnel at both the planning and implementing stages. Few western development agencies and few LDC governments have been willing to make the commitments necessary to meet these costs. As John Durston has noted:

"A high level of popular participation in any context - local, regional or national - is likely to involve added economic costs through initial inefficiencies and increased administrative complexity. Representatives of popular organizations require training through experience in the rudiments of planning." (1975:9)

As well as requiring significant expenditures of funds, supporting a popular participation approach to rural development requires specialized personnel of which there appears to be a shortage. A study of Kenyan rural development programs carried out in 1973 discovered substantial biases against popular participation among program managers. Despite numerous verbal commitments to the goals of participation and equity, research revealed practices and attitudes which tended to work against the objectives of popular participation. The study observed:

"Equity and participation considerations tend to be included in official development plans and political party documents, but they tend to be neglected in the process of implementation. This is not totally due to a lack of motivation, but also to limited capabilities and the tendency to avoid risks by allocating resources to programmes where the returns are most assured. It is necessary to focus on the access to opportunities and amenities of the majority of people in rural areas in order to correct the inequalities between urban and rural dwellers, between geographic regions and between persons within a given rural community. When

development is directed by outside change agents these equity considerations are likely to be neglected. Since outside agencies are inclined to view the rural population as homogenous, they do not devise programs for specific sub groups, and the agents charged with carrying out development in the rural areas tend to communicate best with the wealthier, more sophisticated members of the population so that all too frequently their activities never penetrate to the broader strata of society." (P. Mdithi & C. Barnes, 1974:14)

This all too common characteristic of aid supported development programs is proving to be a significant Achilles heel serving to undercut long-term program success. There are countless examples of effectively and efficiently executed rural development programs that collapse as soon as external funding and management is withdrawn. Popular participation is as necessary for achieving long-term productivity goals as it is for achieving goals of greater equity and redistribution of power.

A recent study of peasant involvement in a multi million, dollar integrated rural development in Mexico by the World Bank (PIDER) concluded:

"Our findings have confirmed a significant correlation between project success and popular participation. The experience to date clearly shows that promoting peasant participation is a lengthy and slow process but one that can and must be initiated." (1979:68)

Such popular involvement is also increasingly acknowledged as essential to a good planning process as well as for optimum success in the implementation stage. Ford Foundation

fellow Robert Rothstein has observed:

"The only kind of detailed planning that is likely to be useful is decentralized local planning that responds to the needs and desires of the different groups within the society

Local planning scales down the resources needed to plan well and such plans are likely to be able to set proximate goals that can be satisfied in a reasonably short period. What evidence there is tends to indicate that the most successful plans in the LDC's have been local plans

Citizen participation at the local level must be joined to government counselling at the national level, for local planning without a national input will probably lead only to drift or inertia, but central planning without local efforts will probably lead only to conflict and failure." (1976, Vol.4, No.8:699)

E. Community Development

In so far as the CUSO Ghana program has chosen a community involvement approach as the major mechanism for supporting rural development efforts in that country, it is important to examine both some historical and current notions of what community development is in order to assess its potential to serve Ghana's development goals of self-reliance, improved levels of social and economic equality and higher standards of living. In this section we will therefore review the historical notion of community development as pursued by the British and probe the rationale of the community involvement approach as defined by the CUSO Ghana program. A detailed assessment of a specific CUSO Ghana community involvement activity will be undertaken in the case study of the Damongo Village Health Program.

The term community development is a somewhat historically ambiguous term that needs careful definition in order to be meaningful as an operational concept. First popularized by the British Colonial Office in the late 1940's as a focus for mass education and a means of promoting the development of local administration, the term community development at that time, implied a mechanism of public administration. (Hodge, 1970:66,67)

In Ghana, this model of community development was vigorously pursued in the early 1950's by the British Colonial administrators and was characterized by centrally coordinated

efforts to animate, monitor and control rural community development efforts. A 5-year nationally coordinated "community development" program focussing on mass literacy and mass education, was launched in 1951. It included funds for aiding self-help activities and made provisions for setting up a 'common-service' organization for agricultural, health, and literacy extension campaigns. (Mason, 1976)

Efforts were also being made at this time within the UN system to stimulate the 'internal' development of under-developed countries through the funding of 'community development' programs. Again however, their philosophy was development as modernization and the style of operation was characterized by direction coming from outside, acting inwardly on the community. One UN study made during that period described the prevalent view of community development as:

"having to do with getting backward people in the right frame of mind, for doing things. It also has to do with 'social disequilibrium, a sense of frustration, of inferiority and even persecution Politically, community development sets out to achieve a hopeful climate in which government and people may cooperate and human capacity can be developed." (Milburn, 1954-55:43) (my emphasis)

Another UN study which focussed on rural development efforts in Africa stressed the mechanistic aspects of community development overlooking the important element of participation. They defined it thus:

"Community development is a technique for improving the levels of living, particularly in underdeveloped areas, community development being interpreted as a process creating conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance upon the community initiative." (UN Report #26, 1958:21) (my emphasis)

Not all proponents of community development in the 50's however, viewed the concept in such paternalistic interventionist terms. Peter du Sautoy in his review of community development efforts undertaken in Ghana prior to 1958, pointed out some of the problems associated with this interventionist approach and emphasized the importance of self-help.

"The most important (factor) is self-help. The second is that the initiative should come from the people themselves and not be imposed from above. The third is that there must be a process of stimulation by the community development organization to break down apathy and to show people that what they want can be provided, if they are prepared to listen to new ideas and to help themselves." (1978:48)

These definitions point to a positive evolution in community development thinking that with de Sautoy, arrives at an understanding that recognizes the importance of local initiative and local control of community development efforts. But all these definitions are, in the view of this writer, somewhat flawed, for they are based on the overly simplistic notion that the problems of underdevelopment are primarily problems arising from a lack of motivation, and/or the absence of appropriate ideas on the part of community members. In short, it is a modernization/westernization approach to development

that views traditional ideas and values as 'problems' which need to be overcome with 'techniques' that motivate and bring about the acceptance of 'new ideas' in a climate of 'hopeful cooperation' with the government.

Such views of community development ignore the fact that frequently there is neither a shortage of innovative ideas nor a lack of motivation to work for improvement at the community level. In such cases lack of dynamism in the community results from economic, geographic, and political constraints which make the achievement of certain local initiatives difficult. As African scholar, Alpheus Manghezi points out:

"Community and social problems cannot be understood outside the central question of the existence of unequal access to the foci of political power and the decision-making institutions of the nation, by different groups of which society is composed." (1976:45)

As has been discussed earlier in this paper, much of the recent analysis of poverty, hunger, and underdevelopment stresses the importance of the structural characteristics of underdevelopment and calls for redistribution of both economic and political power directed towards improving levels of national and local self-reliance. Such self-reliance is seen as an essential means for promoting a more equitable development. Commentary in a recent publication by the International Development Research Centre (IDRC), affirms that position.

"It is a fallacious belief that one can reach the poor by enlarging a process controlled by the rich Rather than being left out

of the development process the poor and the powerless have been an integral part of the process both as a resource and victim. The poor have provided their labour, their products, and often their land. The challenge of genuine development then, is not to bring the poor into the development process but to enable the poor to achieve the power they need to direct a development process in their interests." (Lappé, Collins & Kinley, 1980:18-19)

Drawing upon the strategies for self-reliance and participation discussed earlier in this paper, and from numerous treatise on community development, it is possible to identify a number of criteria for promoting community development that leads to self-nourishing growth, promotes social justice, utilizes abundant local resources and engenders a spirit of public participation. These criteria guidelines are the following:

- 1) The community development approach must seek a deeper understanding of social relations of production, distribution and exchange within communities and contribute to positive changes in these relations rather than concentrate as it often does merely on the community's physical and cultural attributes. (Frank, 1969:248-266)
- 2) Community development programmes must adequately mobilize and assist peasants and other underprivileged classes to effectively confront landlords, merchants and other privileged classes which oppress them. This is the only way to ensure popular participation by the masses in the economic and political processes of the nation who have relatively little or no bargaining power vis-à-vis other groups in society. (Frank, 1969:248-266)
- 3) Rural marketing organizations must be formed and contain substantial representation from regional and local producers organizations in addition to public officials appointed from the nation's capital.

- 4) The evaluation of performance of community development programmes must not lie merely in the hands of local national or expatriot elites but should embody high levels of popular participation.
- 5) Community development programmes should be regarded as part of the total struggle whose major goal is not only the transformation of a small part but eventually the transformation of the entire socio-economic system. Understood this way "popular participation" becomes a dynamic process of an overall social and political mobilization. (Manghezi, 1976:62 - also see note #1)
- 6) External development assistance should lead to concrete gains in productivity, improved levels of health and literacy and more effective utilization of local factor endowments.

CHAPTER FIVE

POLITICAL ECONOMY OF GHANA

A. Historical Perspective

To understand some of the root causes of the current social and economic malaise in Ghana we must first look back to Ghana's colonial history and to 1957 when Ghana gained independence from Britain. At the time of independence, the political landscape was dominated by the Convention People's Party (CPP), which it should be noted, is the founding party of the recently deposed Ghana government party, the People's National Party.

Despite official claims of being a "working class vanguard party",

"the CPP has recently been assessed by historians as 'little more than an amalgam of heterogeneous social forces whose sole unifying bond was the bounty promised by the prospect of independence'." (Ninsin, 1979:94)

Even Nkrumah himself admitted this fact when several years after independence he bluntly stated that:

"The circumstances under which the CPP was formed resulted in it being a compromise organization composed of some genuine revolutionaries but contain many of those who were interested in independence only so as to better themselves and to take the place of the previous colonial traders and businessmen." (Ninsin, 1979a)

What occurred at the time of independence was that this heterogeneous mix of lawyers, journalists, teachers, workers, farmers, and traders took over the powerful British co-

lonial state apparatus, and as petty-bourgeoisie interests became more dominant within the party, the government used this apparatus to monopolize and consolidate the political and economic power of the state. At the same time this state apparatus was used to consolidate the personal, political and economic power of individual party members.

African scholar Guy Martin points out that at the time of independence in Ghana the indigenous bureaucratic bourgeoisie did not possess an infrastructure of economic power, thus it used the inherited colonial state apparatus not only as a newly won instrument of political control and domination, but also as a means to pursue economic policies consistent with their own class interests. (Kraus, 1980: 115-144)

Numerous other observers of Ghana's post colonial development have also pointed out contradictions between the CPP's convenient label of "socialism" and the interests of a growing petty-bourgeoisie class of bureaucrats and managers within state controlled enterprise. Kwame Ninsin writes:

"The nationalization of certain sectors of the economy with state participation in conjunction with private investors may thus be viewed simply as mechanisms for the consolidation of state capitalism rather than the socialization of the means of production. State capitalism afforded the CPP leadership an excellent opportunity to create a new class through the medium of the state. The state then became the creator of a new class of exploiters

The record of the (state run) United Ghana Farmers Cooperative Council (UGFCC) is a remarkable example of a popular administrative ethic that emphasized domination and exploitation of the majority rather than mass mobilization for social development. With their monopoly of both political and economic power of the state, this new class could effectively subordinate their opponents to their rule; and only military action could dislodge them from power." (Ninsin, 1979:129)

Nkrumah himself, it is often said in Ghana, was the only real socialist in his government. Possessing a religious zeal and a visionary commitment to Pan-Africanism he spent much of his time outside Africa where he did much to improve the stature of Africa on the world stage. Unfortunately however, he paid insufficient attention to the consequences that some of his economic and social policies were having in Ghana. The amalgam of interests that brought him to power were busy representing their own interests more than those of the country. Nkrumah's policies of infrastructure development aimed at import substitution were being undercut by corrupt implementation and by placing political partisanship ahead of economic feasibility. More serious however, was that his economic plan was based on the mistaken assumption that the structural deficiencies of the colonial economic system could be overcome by using foreign capital, an assumption that was to lead to both Nkrumah's overthrow and Ghana's decline.

At the time of independence in 1957 Ghana was in an apparently healthy economic position with substantial external reserves. By 1961 however, balance of payment deficits were over US \$130 million (New African Year Book, 1981-82:121) and by 1966 the external debt had climbed to US \$490 millions (Hutchful, 1981:50). Most of this debt was in the form of suppliers credit notes which had short pay back periods. As well, they tended to mature more or less at the same time resulting in a "bunching-up" of debt repayment. According to World Bank data 61 per cent of Ghana's roughly one half billion US dollars in debt came due between 1966-70 (Hutchful, 1981:15). This was obviously an overly vulnerable situation for a country that received between 60 and 70 per cent of its export earnings from one product - cocoa - and whose total export earnings barely reached one half billion US dollars annually (New African Yearbook).

The CPP must take the lions share of the blame for the economic squeeze they placed themselves in, but they clearly had help from abroad. As Tony Killick points out:

"Many of the (industrial development) projects undertaken during the Nkrumah era originated with fast talking salesmen backed by government insurance guarantees, and often involved marginal feasibility studies, excess capacity and capital intensiveness with few backward or forward linkages to the local economy."
(1978)

One of the most noteworthy failures among the development projects of the Nkrumah era was one which was intended to give Ghana a vertically integrated aluminum industry. What ultimately occurred however, was thousands of people were displaced to provide Ghana subsidized electricity to an American controlled aluminum smelting enclave industry.

The project involved construction of a dam and power station at Akasombo at a cost of over \$150 million, much of it in foreign exchange, and the majority of which Ghana paid for. In return for 'technical assistance' from USAID for the construction of the dam and power station, which was also to supply the city of Accra with power, Ghana signed an agreement with the US aluminum company Kaiser, permitting them to build an aluminum smelter near the port of Tema, using Akasombo power. The agreement however, carried significant costs to Ghana. Despite the presence of substantial reserves of bauxite in Ghana, the agreement allowed Kaiser to import alumina (partially refined bauxite) into Ghana duty free and despite promises to develop and use the local bauxite reserves, Kaiser has never done so.

In addition to the failure of this venture to promote a vertically integrated aluminum industry in Ghana, the guarantees of long-term power supply to Kaiser have tied-up over 60% of the dam's power output, which recently necessitated (1978) the construction of a second dam to meet the growing power needs of Accra. As well, the rates charged Kaiser have been so low that even when combined with Ghana's

share of the smelter operations revenues from taxes, they do not even cover the foreign exchange costs to Ghana for interest and loan repayments on the construction capital for the dam and power station facilities! (Economic Intelligence Unit report, 1981:13)

As for the estimated 80,000 people forced to move out of the area flooded by the Akasombo dam, many suffered serious dislocation losses for which they received little or no compensation as the project funds allocated for this were largely 'eaten-up' by dam construction cost over-runs. Some of these people have even been subjected to a second dislocation for the headwater creation necessary for the second dam, now constructed downstream of Akasombo.

B. Post Nkrumah Era

In 1965 Ghana faced a serious economic crisis when the price of cocoa on the world markets underwent a drastic decline. Faced with debt service and costs that totalled more than 19 percent of all export earnings in 1965 and 25 percent in 1966, Ghana was forced to negotiate debt rescheduling and an IMF standby credit. (Hutchful, 1981:18)

In an agreement reached at the end of 1965, the Soviet Union and Eastern European countries agreed without preconditions to grant a three-year moratorium on debt payments, to extend new credits and to increase purchases of Ghana's cocoa. Western creditors however, were more difficult,

and western governments seriously embarrassed by Nkrumah's militant anti-imperialism, solidarity with socialist countries, and support for the Congolese rebels, took a hard line. (Hutchful, 1981:17) In return for a new line of credit the IMF demanded substantial cutbacks in government expenditures, state farms were to be transformed into agricultural research stations or sold, central bank lending to the state and private sectors were to be sharply reduced and reliance on suppliers credits halted.

In February 1966 the Finance Minister announced that Ghana would not, "submit to the dictates of the Fund-Bank team". (Government of Ghana, Budget statement, 1966:22) Two days later the government was overthrown in a military coup.

In what must be a classic case of a dependent economy brought back into line, the government of Doctor Busia adopted wholesale, the stabilization measures program of the IMF. This included the measures rejected by Nkrumah and more. Completely re-orienting the Ghanaian economy as a liberal free market economy, Busia drastically reduced the public sector. Between February 1966 and August 1968, 66,148 workers - some 10 percent of the total wage labour force in Ghana, was dismissed from their employment. By 1970, unemployment was estimated by the Ghana government at 600,000 in a population of under 10 million. (Hutchful, 1981:24) The consequence of these policies has been summed up by one writer in the following way:

"While the poorer sections of the working class, particularly unskilled labour, were the main victims of stabilization, significant concessions were extended to large business. Large, mostly foreign companies benefitted from the restructuring of the tax system, the liberalisation of imported inputs and exchange controls, and a more liberal application of the Capital Investments Act. On the other hand small indigenous companies were often brought to the verge of bankruptcy by the credit squeeze... New economic privileges were extended to the bureaucracy and the military and.... existing social contradictions were intensified." (Hutchful, 1981:25)

Busia's bourgeois led Progress Party government was however relatively short-lived. In 1972 Colonel Acheampong cut their efforts off when, taking advantage of widespread opposition to the government's austerity measures and a 30 percent devaluation of the currency carried out in 1971, he seized control of the government in a military takeover.

Acheampong sought to legitimize his rule and stimulate development by reasserting the Nkrumah style policies of economic nationalism. He declared state majority ownership of all major mining (gold and diamonds) operations, insurance companies and banks. He reimposed strict state controls over the economy through import licensing, nationalized food distribution, and wage and price controls. In addition he repudiated past foreign debt which dramatically halted foreign capital inflows into Ghana, a move he was later forced to rescind. All these measures had potential

to serve the populist development that Acheampong claimed to champion, but being suspicious of the self-seeking petty-bourgeois civilian professional bureaucrat class of the CPP and the similarly bourgeois Progress Party (PP) stalwarts, and needing continued support from within the military, Acheampong turned over all the key leadership positions in the government to military officers. Filling all the key positions in the government and in the state corporations, proved to be both Acheampong's and Ghana's downfall, for the military quickly demonstrated that it was both too incompetent and self-serving to effectively run the government and corporate institutions. Succumbing to opportunities for personal enrichment, corruption was so blatantly public by the late 1970's that popular support was completely eroded for the Acheampong government. (Kraus, 1980)

Being so incompetently and corruptly implemented, Acheampong's policies failed to deliver benefits to the broad masses. His agriculture program, "Operation Feed Yourself", saw substantial amounts of state subsidies and bank credits go to inefficient, corrupted state organizations and to large private farmers. Small peasant producers were neglected and exploited as senior military and bureaucratic elites seized large quantities of land to become subsidized absentee landowners. ^{Production} Input distribution systems disproportionately served those willing to give kick-backs of goods or money. Nepotism reached new heights.

Writing in West Africa magazine, Andrew Shepherd points out that Acheampong's agricultural policies were doing little to help the poorer classes of farmers and in many respects were causing serious distortions that ran contrary to their interests.

"Peasant farmers have not in general benefited from the state subsidies and supports available to rice farmers (under the Operation Feed Yourself Program). Subsidies on agricultural machinery have reduced the value of both peasant farmers and their families land and labour. The intervention of foreign-owned banks with their relatively commercial lending principles has forced the Ghana Agricultural Development Bank to commercialize its own lending so as not to lose its best customers to the commercial banks. As a result it has become almost impossible for peasant farmers without collateral or influential contacts to acquire loans.... Although a few peasant farmers have become substantial rice farmers most have remained dependent on tractor owning farmers, and supplies of fertilizer. The terms of trade in this dependence have been controlled by the capitalist farmers and have largely worked to their benefit Consequently only a few families in the North have derived substantial and regular benefit. Economic and political inequalities have greatly increased and a new class of Northern capitalist (absentee landlords) has emerged dependent themselves on a southern dominated state for its existence and expansion."

Sustained protest against Acheampong and his government of military rulers began in early 1977. Students were joined by lawyers and other professional associations in a 19-day strike in June 1977. -(Kraus, 1980:129) This forced Acheampong to agree to a return to civilian rule, a promise which he later tried to go back on with a "union

government" proposal in which the role for the military in government was guaranteed. Popular rejection of this plan led to renewed strikes until Acheampong was removed at the instigation of medium rank officers in August 1978, and the Supreme Military Council II under General Fred Akuffo was established.

The SMC II tried to stabilize the political situation by promising a return to civilian rule by July 1979 and by removing senior military officers most closely associated with Acheampong (although none were held accountable for their activities through the courts). The SMC II also undertook drastic measures to stabilize Ghana's shattered economy. Conforming to measures prescribed by the International Monetary Fund, government spending was reduced, the currency was devalued to less than half its former value and national liquidity was reduced by approximately 30 percent in exchange for IMF loans. (Kraus, 1980:129)

These austerity measures brought further hardships, particularly to the lower economic classes. The change of currency was handled in such a way that the 30 percent reduction in liquidity was almost entirely contributed by those people who didn't keep their money in banks (which of course was primarily the lower income rural people). Inflation increased enormously, fueled by shortages and reduced imports due to a lack of foreign exchange. This in turn stepped up activities on the black market and levels of corruption and

under-the-table deals known as "kalabule" became widespread.

Into this scene entered the Armed Forces Revolutionary Council (AFRC) on June 4, 1979. Fearing that the scheduled military hand-over to civilian government would see those military leaders and others who had virtually looted the wealth of the economy get off scot-free and reacting to the SMC's decision to release Acheampong from confinement, the junior ranks of the military, mutinied and seized control of the government.

The AFRC led by Flight Lieutenant Jerry Rawlings, attempted to bring senior officers to justice and to generate a moral revitalization among Ghanaians. They mounted investigations into the activities of all public institutions and state corporations and exposed widespread abuses of power and illegal dealings. People's courts were set-up and harsh judgements were meted out including the executions of six former members of the Supreme Military Council. Properties were confiscated and long prison terms handed out.

These house-cleaning activities however, failed to attack the basic imbalances within Ghana's economic, social and political structure. When the AFRC followed through with a democratic election process as promised by the SMC II, the reincarnated CPP, re-named the People's National Party (PNP) was elected and the old civilian bureaucratic elite once again took power on September 24, 1979.

The resumption of rule by the old elites however proved to be shortlived. In January 1982, in response to rising inflation, lack of control of government expenditures, corruption and flagrant patronage, the junior military officers again mutinied and seized control of the government. With Jerry Rawlings as 'chairman' of the Provisional National Defence Council, a program of economic and political recovery is currently being drafted. In an effort to decentralize government control, People's Defence Committees (PDG's) have been set up in all places of work and in all towns and villages. Charged with the responsibility of monitoring management with an emphasis on corruption and ensuring the people's participation in major decisions, the PNDC is resolved to oversee a significant and long lasting change in Ghana.

C. Summary Overview

Over the past 25 years of Ghana's post colonial development, national authority has been predominantly wielded by a series of transnationally oriented self-seeking bourgeois elite. Under Nkrumah, the CPP amalgamated political and economic power in an expanded British colonial state apparatus through which CPP members carried on lucrative personal careers as gov't bureaucrats pursuing policies of state capitalism which for the most part were so poorly implemented that they failed to deliver any significant benefits to the broad mass of the population.

For a brief three-year period following Nkrumah's overthrow, the older established bourgeoisie and private national entrepreneurs enjoyed the power and support of Dr. Buŕia's Progress Party which promoted a return of economic power to the private sector. Even allowing for its short tenure of power, the approach of this government tended to further advantage the already better off economic classes and brought little improvement to the lives of the majority of Ghanaians.

Acheampong's military take-over installed a new ruling elite at the controls of the centralized state apparatus. Although rhetorically committed to greater national self-reliance and initially championing the poorer classes, this group ended up merely extending their power and influence throughout the economic and political spheres of the country in order to channel huge benefits to themselves at the expense of the entire country.

A short-lived assertion of the poorer classes' interests sponsored by the Armed Forces Revolutionary Council in 1979, gave many Ghanaians new hope for a more honest and perhaps more equitable running of the state apparatus and the national economy. This hope however, faded quickly in the shadow of the PNP government's inability to continue the process of adjustment as started by the AFRC, leading to a return to power of the more 'popular' elements of the military and the establishment of the PNDC in January of 1982.

The success that this new government will have largely depends on the political and social will of Ghanaians to rebuild a disciplined, self-reliant society that has the potential to distribute the benefits of development among the many and not merely for the enjoyment of the few.

The important thing to note about the contemporary economy of Ghana is that in a number of important ways it can be classified as a dependent periphery economy within the international division of labour. Interacting in a relationship of unequal exchange wherein Ghana, the 'periphery', is dependent upon the 'centre' for a significant degree of its economic dynamism, Ghana has seen its economic growth first slow^{down} then move in a negative direction over the past ten years. The negative impact of Ghana's substantial dependence for foreign exchange on a single primary commodity of declining relative value in international markets has been exacerbated in the recent past by the gross mis-management and corruption of the centralized government authority which has consistently skimmed off a significant (read disproportionate) share of the economic benefits associated with Ghana's international trade. In an economy highly dependent upon certain essential foreign inputs for the operation of its mining and small manufacturing sectors, together with significant equipment and material import dependencies for the running of the transport sector, timber and wood processing industry, as well as parts

of the fishing and agriculture sectors, misallocation of foreign exchange and import supplies on even a small scale can have a significant overall negative effect on domestic production. When that misallocation is great, the effect, as has been discovered in Ghana, is serious indeed. As table 5 - 1 shows both Ghana's real GDP and per capita GDP have experienced an overall decline during the 1970's, exhibiting both the vulnerability of an economy highly dependent on foreign earnings from a single export product and the consequences of corrupt and inefficient management within an overly centralized economic political system controlled by a group of elites who have placed a higher value on ostentatious living than the balanced equitable development of the country.

Ghana's GDP 1972 - 1977

Table 5 - 1

Gross Domestic Product (£m)	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
Constant 1975 prices	5341	5646	6033	5283	5097	5212
Real GDP per capita	589	603	627	535	494	490

Although not altogether an example of the classic "dualism" characteristic of some dependent economies, Ghana is bifurcated by a line on which one side stand those who have access to foreign exchange and imported inputs and on the other side those who do not.

The most notable feature of the economy of Ghana is its dependence on a single agricultural crop, namely cocoa, for close to 60% of the country's total export earnings. (World Bank, 1977) When receipts from the next three most important exports are included, (timber, gold and aluminum) over 80% of export earnings are accounted for. (1977)

The majority of Ghana's cocoa is produced by small farmers, many on holdings of less than five acres, but it is sold at a fixed, below world market price, to the government controlled Cocoa Marketing Board (CMB). This fact, together with the problems of corrupt CMB officials, inadequate agricultural extension services and declining demand for cocoa on world markets has led to a downward spiral in Ghana's cocoa production, (from 396,000 tons in 1976, to 271,000 tons in 1978 and an estimated 250,000 tons in 1982) with consequently reduced real returns to Ghana's cocoa farmer over this period. (EIU, 1982 b:15)

The CMB has in the past played an important role in the Ghanaian economy as both a source of government revenues and foreign exchange. However, during the latter years of the Acheampong period, the CMB revenues brought little benefit to Ghana's financial situation. Numerous accounts of embezzling, misuse of CMB funds and incompetent management led to the disappearance of literally millions of dollars in cocoa earnings.

A recently published review of the political history of Ghana between 1972 and 1979 makes this point quite

vividly:

- "The Archer Committee appointed after Acheampong's fall by SMC II to investigate the affairs of the CMB found that during the period when Commander Addo was in office as head of the CMB (1975-79) there were numerous shipments of cocoa not covered by any documents, made with the collusion of the officials, surplus money accruing therefrom was simply diverted into private pockets.... Actions were taken by Commander Addo without reference to the Board of Directors of the CMB. (To name only a few examples) One million cedis was paid to one school for construction of a science block. Ten thousand cedis was paid to the Ghana Broadcasting Corporation Fan Club. Other donations went to clubs, organizations, societies, purely by way of individual patronage, all geared at personal aggrandisement, glory or political gain. Almost whatever the CMB ordered, a deal was made out of it and individuals bagged staggeringly huge sums of money in both foreign and local currencies. By such deals millions of foreign exchange went into foreign accounts of military rulers and their associates." (M. Oquaye, 1972-1979:46)

The vulnerability and dependence of the Ghanaian economy on cocoa exports as its major engine of growth, is a direct contributory factor to the substantial underutilization of the industrial capacity throughout the country. Although most manufacturing establishments are small in size, they are significantly dependent upon foreign equipment and some essential material inputs for production. It has been estimated that in 1980, excluding the Kaiser aluminum operation, utilization of industrial capacity has only been between 20 and 30%. (EIU., 1981:13) Although internal mismanagement and corruption also plays a key role here, the recent decline in Ghana's GDP in manufacturing is in part a direct result of Ghana's dependency on declining cocoa export earnings to finance the rising import bill for petrol and industrial inputs.

Table 5 - 2

Gross Domestic Product by Industrial Origin

(¢ mn; constant 1975 prices)

	<u>1970</u>	<u>% of total</u>	<u>1976</u>	<u>% of total</u>
Agriculture	1,921	37.0	2,092	41.0
Forestry & fishing	285	5.5	384	7.5
Mining	116	2.2	100	2.0
Manufacturing	715	13.8	704	13.8
Electricity, gas & water	53	1.0	37	0.7
Construction	239	4.6	239	4.7
Commerce	629	12.1	595	11.7
Transport & Communications	214	4.1	168	3.3
Other services (including government)	1,016	19.6	778	15.3
Total	<u>5,188</u>	<u>100.0</u>	<u>5,097</u>	<u>100.0</u>

Sources: Economic Survey; Bank of Ghana Report; UN National Accounts Yearbook; IMF International Financial Statistics.

Another example of a more recent international economic linkage that has failed to bring the anticipated benefits of industrial growth and improved internal articulation within the Ghanaian economy, is the exploitation of oil reserves off the coast of Ghana, near Saltpond, by several US oil companies. Despite the fact that Ghana has an oil refinery, close to 100% of the Saltpond production has been exported as crude to the US. This has been explained as due to 'technical problems' which have kept the output of the oil wells to just below the level at which the agreement between the oil companies and the Ghana government allows export of the crude

as a means of amortizing the investment capital of the US companies. ("Ghana Hopeful Signs", The Courier, No. 66, March/April 1981:31)

Undoubtedly all of Ghana's woes cannot be blamed on a dependent economic structure. High levels of mismanagement and corruption in an extremely centralized system of economic and political control also contributed significantly to the overall decline in the Ghanaian economy. This in turn contributed to serious political upheavals which further disrupted the economy and plunged Ghana into its current malaise.

In such a context, what qualifies as appropriate development assistance? Are the objectives of the CUSO Ghana program indeed focussed on activities which can contribute to 'development' as defined earlier in this paper? We turn now to a general description of the CUSO Ghana program and a consideration of this question in an assessment of the CUSO Ghana program goals, objectives, activities and their rationales.

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CHAPTER SIX

CUSO GHANA PROGRAM - A FORMATIVE ASSESSMENT

A. Program Description

CUSO has operated a program of development assistance in Ghana since 1961. From a humble beginning of two cooperants working in the Ghana Education Service, CUSO has moved through a peak of 118 cooperants in 1968 to a total of 33 volunteers in 1981. (See Table I and Graph I)

Gradually narrowing its focus over the years, CUSO's program in 1980-81 concentrates its support on development efforts that attempt to bring benefits to some of the more disadvantaged groups in the society. Through the placement of skilled cooperants in the fields of agriculture, health, technical training, and formal education, along with providing funding and organizational support to self-help development efforts, CUSO is currently channelling assistance to approximately 30 geographic communities throughout Ghana, that are identified in the Matrix that follows.

The CUSO Ghana program operates within the framework of the CUSO development charter, and operating principles which are as follows:

The CUSO Development Charter

Whereas development includes the freeing of people, not just from the constraints of poverty, hunger and disease, but also from constraints which inhibit a person's control over his destiny, the pursuit of dignity and social equality and

Whereas CUSO aims to participate in the global struggle for justice, equitable development and human progress,

Therefore - individuals commit themselves to strive for the following:

1. To increase their awareness of the root causes of inequitable development in all countries of the world;
2. To utilize this increased awareness in programs designed to eliminate these inequities;
3. During their service overseas, by their lifestyles and work, to reflect their sensitivity and respect for the values and cultures of their hosts;
4. To recognize that involvement in the development process embraces both service overseas and action in Canada;
5. To recognize that their own country may be culpable in the continuing exploitation of one country by another;
6. To identify themselves actively with all people who seek to strengthen rights and responsibilities for their country's social development, consistent with the United Nations' Universal Declaration of Human Rights.

CUSO'S OPERATING PRINCIPLES

To direct its activities, and to emphasize and strengthen support for its overseas programs, CUSO will:

1. Respond according to its ability to the needs of disadvantaged groups working towards their self-reliance;
2. Promote activities leading to understanding of and action on the causes of inequitable development;
3. Promote positive change in Canadian development policies and practices;
4. Strive to increase its program autonomy;
5. Increase host-national participation in decision-making;
6. Ensure the maximum use of local resources in programs;
7. Promote co-operation with other groups with similar goals;
8. Assess the long-term implications of its plans and actions.

Relating CUSO operating principles to the environment of Ghana, CUSO has increasingly focussed its development support efforts on individual geographic communities in what they term a "community involvement approach". Through this approach CUSO identifies the following program goals:

- 1) Contribute to improvements in basic standards of living through training and action programmes that involve rural disadvantaged and underprivileged groups in their own socio-economic uplift.
- 2) Promote improved levels of economic equality.
- 3) Promote levels of internal accountability and cooperative action within and between communities.
- 4) Contribute to increasing levels of community and national self-reliance.
- 5) Contribute to an increased awareness and understanding of the cause of local, national and international economic and social inequalities and underdevelopment.

(CUSO Ghana Country Plan, 1981-82)

B. Program Rationales and Assumptions

The community involvement approach of the CUSO Ghana program is based on the rationale that it is at the community level where the greatest degree of local input and active participation of the target populations can be achieved. It is assumed that the local community is a predominant social horizon to a majority of people in Ghana and that community development will indeed contribute to the objectives and goals of the CUSO program. Taking into consideration the currently high levels of disintegration within the national and regional economic and political institutions throughout the country, a community based approach offers the advantage

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of working directly with the target populations. Given that it is the interests of the lower social/economic groups in rural communities that CUSO's program seeks to benefit, it is important that linkages between these communities and the regionally and nationally coordinated infrastructures be perceived and understood from the perspective of the rural communities.

CUSO's community involvement approach is in keeping with the rhetorical development priorities of the Government of Ghana. CUSO Ghana's goal of providing personnel and funding support to improve the quality of rural life and to support the development of local infrastructures, responds to President Limann's call in his Sessional Address of November 30, 1979, for a "rekindling of the self-help project tradition", and greater levels of "participatory democracy" at the local level. In his Sessional Address, President Limann outlined his government's commitment to promoting rural development, especially through self-help and locally controlled efforts.

"We will ensure that the needs of the rural population are given priority consideration in formulating our national development policies. Furthermore, we intend to rekindle the self-help project tradition and use it as a vehicle for promoting rapid modernization or rural areas.... In the field of Local Government we recognize the fact that up till now this area has lacked political direction and its effectiveness has been hampered by undue bureaucratic control from the centre.

This has led to the starvation of local initiatives and the absence of grass-root participation in actual local administration. The success of our policy of 'participatory democracy' shall depend on an efficient local government system involving everybody in matters effecting his or her welfare in the community."

C. Activity Plan

For FY 1981-82 CUSO Ghana revised downwards its cooperant placement objectives from those projected in the three year plan of 1980-84. This was due to a slower than anticipated rate of recovery from the social and economic disruptions that occurred in Ghana over the past several years. It is a fact that in some respects movement of both people and goods within the country and the procurement of basic goods and services was rather difficult throughout 1980. It is the view of the CUSO field staff and the CUSO Ghana local committee however, that with somewhat reduced placement objectives and a more direct relationship of cooperation with community groups through the community involvement approach CUSO can effectively pursue its program goals. It is also in this context that increased project funding is forecast and an adjustment in staff made from two FSO's and one projects officer to one FSO and two projects officers.

1981-82 Activity Plan

The major sectoral objectives are defined as follows:

Health:

- 1) To provide qualified personnel and resources for the extension of preventative health services in the currently deprived rural areas, especially the Northern and Upper Regions. Through counterpart training most community activities are targeted to become self-reliant within 5 years.
- 2) To provide qualified training personnel and assistance to indigenous training schemes until such time as Ghanaians become self-sufficient in this activity.
- 3) To provide qualified personnel and resources, e.g. doctors, nurses, medical technicians, drugs, etc. to rural hospitals, and clinics and out-reach programs until Ghanaian staff and support takes over.

Agriculture/Renewable Natural Resources

- 1) To provide qualified agricultural/home science personnel along with support services to various rural agricultural stations, while counterparts are being trained.
- 2) To provide qualified agricultural personnel and support to formal training establishments until Ghanaianization is possible.
- 3) To provide qualified agricultural staff to help manage agricultural research/development projects, where counterpart training is an integral objective.

- 4) To provide qualified agricultural and fisheries personnel along with project funding to communities committed to independently providing sufficient support for the improvement of agricultural and fishing production and marketing techniques.

Technical

- 1) To provide technical training personnel and resources to selected non-governmental training programs in both urban and rural areas, focusing on geographic regions and social groups with minimal training opportunities.
- 2) To provide qualified technical personnel to meet selected manpower shortages of the technical Division of the Ghana Education Service.

Literacy:

To provide material and organizational support to community based literacy development projects.

Formal Education:

- 1) To provide qualified teacher trainers in the chronically understaffed subject areas (math, science) in accordance with the terms and regulations of the Ghana Education Service
- 2) To provide secondary school teachers in chronically understaffed subject areas (math, sciences, French and

English) in needy areas, particularly Upper and Northern Regions, according to the terms and regulations of the Ghana Education Service.

- 3) To support and animate self-help community development efforts through extra-curricular involvement of educational cooperants in their communities.

D. Program Methodology

The most important elements of CUSO's community involvement approach are understanding and participation. Understanding must be mutual; both CUSO's understanding of how the community functions and its social and political environment, and the community's understanding of what CUSO has to offer. From this understanding proceeds a mutual participation by various community groups and CUSO, in the joint definition of programs and projects and their joint implementation.

Drawing upon its resource base of skilled cooperants and staff, CUSO's program aims to meet various needs within the five sectoral areas outlined above, in approximately 30 communities. Taking into consideration both the personnel and financial resource limits of CUSO, the following critical assumptions are identified as minimum conditions for CUSO's involvement in a community.

- 1) Accessibility of community by road.
- 2) CUSO's understanding of the district's social, economic and political circumstances.
- 3) The preparedness of the community to actively undertake self-help projects.
- 4) The capability of the community to provide physical and financial pre-requisites such as housing and salaries in the case of cooperant placements. (Sometimes almost 100% of financial resources may come from CUSO or another funding agency outside the community, but in most cases both a physical and financial stake in the program is shared by the community.)

As well, the following limits to CUSO's capabilities are listed as critical assumptions since the 'nature' of a cooperant is often a determining factor of the success or failure of an activity.

- 1) The potential of CUSO's involvement to assist in the overall mobilization of the energies and resources of the poorer groups in the community.
- 2) The potential of CUSO's involvement to contribute to increased productivity, self-reliance and improved levels of accountability and benefit distribution within the community.

- 3) CUSO's potential to effectively carry-out counterpart training of some individuals who will remain in the community and who can carry on the work of the various programs in a self-reliant manner.

The selection of the 30 target communities in which CUSO Ghana is currently focusing its support, has evolved as the CUSO program has shrunk in size from approximately 70 cooperants working in approximately 50 communities in 1978. On the basis of relationships that CUSO support has built-up over the past twenty years of placing cooperants in Ghana, and considering the factors as set out above, CUSO has gradually concentrated both cooperant and financial resources to its present levels.

Emphasis has been placed on broadening both the communities' and CUSO's understanding of local conditions and potentials and tailoring programs to suit these conditions thereby facilitating more appropriate and strategic inputs. Cooperant posting reports, increasingly detailed program planning, and participatory evaluations are three ways in which this objective is being pursued. Through workshops and conferences, CUSO also tries to promote a cross fertilization of ideas and methods among the Ghanaian leaders of community groups, CUSO cooperants and counterparts. Frequent visiting of projects and programs by CUSO field staff facilitates the development of an overview and promotes a greater sharing of ideas within the Ghana program.

CUSO's support to community groups frequently consists merely in helping these groups to discuss the nature of their problems and to provide technical advice on how to carry out self-help projects that use primarily local resources. At other times CUSO provides both a cooperator and project funding or in some cases, more than one cooperator. (see Matrix Summary) When this occurs there is a careful effort made to integrate the professional skills and specific objectives of one program with the work of the other, so that they complement one another and increased benefits can be realized.

Counterpart training lies at the core of CUSO's community involvement methodology. It is these individuals who will remain in the communities long after CUSO's support has finished. The realization of long-term benefits thus depends on the success of CUSO's counterpart training efforts and therefore emphasis is being placed on this aspect of CUSO's community involvement approach. Creating opportunities for counterparts and community leaders to become familiar with other communities' self-help development efforts is serving this objective, and has also been identified to receive a high priority in the coming years.

Community self-help actions by themselves, are recognized as being insufficient to solve the problems of poverty and underdevelopment. CUSO therefore also endeavours to broaden the understanding of both cooperants and

community groups of the nature and causes of inequitable development. This objective is pursued at workshops, meetings and conferences held by CUSO in Ghana and in the CUSO West Africa regional group. CUSO Ghana also seeks to support development education efforts in Canada through returned volunteer activities, and by channelling information and support to the development education efforts of Local Committees in Canada and the Ottawa Secretariat. As indicated in the CUSO development charter, it is a fundamental aim to bring to the attention of Canadians the grossly inequitable world order within which we live, and to point out the appallingly inadequate response of our societies to redress it.

E. Program Summary Matrix

CUSO GHANA PROGRAM SUMMARY MATRIX FY 1981-82

*on-going placement or project support
#projected new placement or project support

COMMUNITY	SECTORAL ACTIVITY							
	Health		Agriculture/RNR		Technical		Literacy	
	coop.	project	coop.	project	coop.	project	coop.	project
UPPER REGION								
BOLGATANGA							#math/ physics	
BONGO		#women's extens.	*agric. extens.	*integrated rural dev. coop.su.		#Bongo adult literacy		*Prim. school constr.
PUSICA							*englis (1)	
NANDOM			*agric(6) extens, *agr.(1) extens.				*# biology (1)	
JIRAPA	*doctor *# nurse(1) trainer					#feeder road constr.		
LAWRA							*# (1) biology *chem(1)	*sec. school mat.su.
NAVRONGO					*#(1) black- smith trainer		*# engl. (1)	

CUSO GHANA PROGRAM SUMMARY MATRIX FY 1981-82

*ongoing placement or project support
 #projected new placement or project support

COMMUNITY	SECTORAL ACTIVITY						
	Health	Agriculture/RNR	Technical	Literacy	Formal Education		
WESTERN REGION	coop. project	coop. project	coop. project	coop. project	coop. project		
DIXCOVE		*fisher- man's co-op					
ASHANTI REGION							
MANPONG		** Agr. Sc. instr. (2)			*english (1)		
KUMAMU					*english (1)		

CUSO GHANA PROGRAM SUMMARY MATRIX FY 1981-82

*ongoing placement or project support
#projected new placement or project support

COMMUNITY	SECTORAL ACTIVITY							
	Health	Agriculture/RNR		Technical		Literacy		Formal Education
CENTRAL REGION	coop.	project	coop.	project	coop.	project	coop.	project
BREMAN ASIKUMA							*chem. (1) *# biology (1)	
AJUMAKO			*agric. producers co-op					
BONG AHAFO REGION								
TECHIMAN							#biology (1) *#chem/physics (1)	*appropriate techn. sc. teach aids
KINTAMPO							*prim. (1) school t. *english (1)	

CUSO GHANA PROGRAM SUMMARY MATRIX FY 1981-82

*ongoing placement or project support
#projected new placement or project support

COMMUNITY	SECTORAL ACTIVITY							
	Health	Agriculture/RNR		Technical		Literacy		Formal education
<u>NORTHERN REGION</u>	coop.	project	coop.	project	coop.	project	coop.	project
DAMONGO	*publ. health nurse (2)	*village health care						
TAMALE							*biology (1)	
YENDI	*publ. health nurse (1)		*agric. extens. (1)					
TATALE	*women's extens. (anim.) (1)	*women's extens. support						
BUNKPURUGU	*women's extens. (nurse) (1)	*village health care	*agric. extens. (1)	*agric. coop support		*Bimoba literacy		
SUNSON		*village sanitation						
ZABZUGU			**agric. extens. (2)					
KARAGA			*Agr. extens. (1)					
CHERIPONI	*women's extens. (1)							

Figure 6.1

NUMBER OF VOLUNTEERS IN-COUNTRY
BY SECTOR AND AT YEAR END

Table 6.2
COOPERANTS IN-COUNTRY BY
SECTOR AND TOTAL (at year end)

	Agric	Education	Health	Technical	Total
1974	14	30	8	1	53
1975	14	36	7	2	59
1976	14	36	10	5	65
1977	14	39	15	6	74
1978	8	25	14	10	57
1979	12	19	13	9	53
1980	9	17	7	5	38
1981	7	12	10	4	33

- 5) To contribute to a process which would facilitate the VHP local staff in taking on greater responsibility in the planning and monitoring of the progress of the program.

Scheduled to take place during the period of the evaluation was a change-over of the CUSO cooperant personnel coordinating the program. Thus, an opportunity to assess the role of a participatory evaluation as a means of integrating new CUSO personnel into an existing program was also present. In the course of the research this became an important secondary objective of the study since the West Gonja VHP is representative of a number of community health support projects with which CUSO is currently involved throughout Northern Ghana. Several CUSO personnel changes were being anticipated, in these programs, when the evaluation was initiated.

The process of the evaluation took place according to the following schedule:

January 1980 - June 1980:

- Study of project environment and collection and study of background documents.
- Preliminary discussions concerning redefinition of the program with hospital administrators, villagers and VHP staff.
- Selection of new villages and promotion of Village Health Committees.
- Initial definition of new program priorities.

- 5) To contribute to a process which would facilitate the VHP local staff in taking on greater responsibility in the planning and monitoring of the progress of the program.

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- Preliminary discussions concerning redefinition of the program with hospital administrators, villagers and VHP staff.
- Selection of new villages and promotion of Village Health Committees.
- Initial definition of new program priorities.

June 1980 - September 1980:

- Continued animation of Village Health Committees and selection and training of Village Health Care Workers.

August 1980:

- Orientation and integration of replacement CUSO coordinator into program.

October 1980 - January 1981:

- Formal village interviews
- Further discussions with hospital administration and village health committees
- Program design revisions.

January 1981 - November 1981:

- Modification of on-going monitoring and data collection procedures.
- Write up of evaluation report by evaluation coordinator
- Feedback of evaluation findings to VHP
- Further participatory redefinition of the program.

B. Background

1. Initiation of the Village Health Program

The beginnings of the West Gonja Village Health project (W.G.V.H.P.) date back to 1972 when the German Volunteer Service (GVS) placed two German volunteer nurses at the West Gonja Hospital in Damongo, a government controlled but Catholic Church administered hospital run by expatriate nuns. The job of the volunteers was to operate a mobile clinic in the area. Equipped with a Landrover, two Ghanaian nurses drawn from the hospital, and two community health nurses employed by the Ministry of Health, the clinic serviced on a

rotating basis, twelve villages in the Damongo area: Fulfulso, Busunu, Murugu, Larto, Kananto, Kabampe, Grupe, Odomeabra, Jentilpe, Nyango, Yilpala and Konkombe Line.

Placing its priority on child welfare and curative treatment, the clinic administered first aid, gave several series of vaccinations, distributed Catholic Relief Services food aid and made hospital referrals. Between 1973 and 1976 the clinic recorded annual individual contacts of about 10,000 children under five, and 2,000 adults. (West Gonja Hospital, 1975:2) In 1974 when the clinic's vaccination program was at its peak, 23,368 vaccinations of BCG, cholera, measles, smallpox, DTP, TAB and tetanol were administered in the 12 villages and Damongo schools. (1975:2)

Towards the end of 1977 the clinic was forced to halt operations due to a lack of continued funding and the departure of the German volunteer nurses, who were not replaced by GVS. The landrover by this time was in poor condition and was continually breaking down, causing staff to be reluctant to travel to the outlying villages. Drug costs for the clinic had been rising dramatically as had the overall hospital costs. These problems combined with the vacuum created by the German volunteers departure, forced the clinic to close down.

2. CUSO's Involvement

In March of 1978 in response to a request for personnel from the West Gonja Hospital administration, a CUSO nurse was transferred from the Jirapa Hospital mobile clinic in the Upper Region of Ghana, to the Hospital in Damongo.

For the first three months this CUSO nurse worked in the Out-Patient Department of the hospital while waiting for the clinic landrover to be repaired so that she could resume operation of the clinic. During this period the CUSO nurse selected two ward assistants to work with her on the clinic along with two counterpart Ghanaian nurses. The two community health nurses who had previously worked on the clinic had by this time been reassigned by the Ministry, and were unavailable.

Building on the work of the previous clinic team and adopting some of the practices that the CUSO nurse had learned while on the Jirapa mobile clinic, she drew up a program plan in which she defined three major objectives for the West Gonja Mobile Health Clinic. (Duff, 1978) These were;

- 1) To improve medical care services to the villages.

in West Gonja Hospital District through the establishment of:

- a) Under five's clinic - to supervise the health of all children up to the age of five.
- b) Ante-natal clinic - to ensure and maintain the health of pregnant women and to facilitate uncomplicated delivery of healthy children
- c) General Out-Patients Clinic - to provide simple treatments of common diseases.

- 2) To ensure improved health for villagers in West Gonja Hospital District by establishing a preventative health care program involving:

- a) vaccinations for children and ante-natal women
 - b) basic health and hygiene talks and demonstrations
 - c) nutrition education with cooking demonstrations
 - d) home visiting.
- 3) To train Ghanaian personnel in the management of the Mobile Clinic for subsequent Ghanaianization of the program by:
- a) training an enrolled or registered nurse for the in-charge position which includes consulting of patients and ordering medicine;
 - b) training clinic helpers in capacities of weighers, recorders, and dispensers of medicine;
 - c) training all clinic personnel in the capacity of teachers of good health.*

To achieve these objectives the clinic began a schedule of staff training sessions, regularly visited five villages, and carried out a polio vaccination program throughout the area.

* Although this definition of program objectives confuses activities and objectives, it does define the general goals of the program and identifies some of the planned activities/inputs. Basic rationales and the internal logic of the program however, are not explained. This weakness of the program plan has led to some confusion of priorities within the program and some inconsistencies. This evaluation therefore placed considerable emphasis on the improvement of the program plan and assessing the validity of the critical assumptions and rationales of the program.

The villagers however, failed to respond positively to the clinics. Often they neglected to provide the previously agreed to tables, chairs, and water each time the clinic visited the village. None of the villages supplied a person to help with the setting-up and conducting of the clinic in their village. Interpreting this as apathy and non-cooperative behaviour the CUSO nurse would sometimes refuse to hold the clinic and would return to the hospital without offering any services in an efforts to change the villagers' behaviour. (Duff, 1978:3)

In addition to the lack of support from the villagers, the clinic assistants, whose jobs it was to give talks in the local languages on various health subjects, remained uninterested in this activity and continually pressed the CUSO nurse for the clinic to focus exclusively on the treatment side of the work, which they considered a higher priority. A dishonest drug dispenser and chronic breakdown of the vehicle further disrupted and obstructed the operations of the clinic. In August of 1978 the contract of the CUSO nurse was completed and she returned to Canada. Again the clinic program was closed.

By October 1978 it was agreed with the hospital administration that CUSO would supply another nurse on the conditions that a new clinic vehicle was acquired, that new Ghanaian staff be assigned, and that a revised program, embodying greater village involvement with increased emphasis

on public health education be developed. These conditions were agreed to by the hospital administration and in January 1979 a new CUSO volunteer nurse was posted.

2. A Second CUSO Beginning

When the new CUSO nurse arrived in January 1979 she was faced with the same difficulties of transportation and staff that her CUSO predecessor had labored under. The promised new vehicle was not yet available and the previous Ghanaian medical personnel had been reassigned to other duties in the hospital and were not released for service on the mobile clinic. The surrounding villagers held the view that the clinic was a 100% planned and operated hospital service over which they had no control or influence, consequently, they were distant and unsupportive of both the clinic's activities and its new expatriate CUSO cooperant. As well, the senior levels of the hospital administration had come to regard the clinic program as a low priority due to staff pressures at the hospital and their bias towards curative medicine, particularly in view of the rather limited success of the mobile clinic in the past.

By May the promised vehicle had arrived and a staff of one nursing aide, a translator and a driver had been assembled, but operations were restricted due to a low allocation of petrol from the hospital. Three villages were chosen in which to restart the program: Bonyanto, Solcpe and Larabanga.

In August a Dutch doctor working for a church-based Dutch international development assistance organization arrived at the hospital to take up his appointment as the District Medical Officer of West Gonja District. With his assistance and strong support for a preventative medicine, public health education approach for the mobile clinic's program, the clinic began to receive increased logistical support and more regular operations were possible. Placing greater emphasis on the preventative teaching than had been done in the past, the new clinic team slowly gained experience and developed a competence in communicating appropriate health knowledge to the villagers, using visual aids in pre-clinic weekly education classes. The chiefs of the three villages were visited and asked to oversee the establishment of village health committees, which in turn were to select a volunteer village health care worker to directly liaise with the clinic staff.

In January 1980 a Ghanaian nurse was appointed to the clinic by the hospital administration as the local counterpart to the CUSO coordinator. Bringing both enthusiasm and a strong health education focus to the program, discussions were opened with several new villages in order to expand the operations of the clinic and to establish additional village health committees. As it happened, the CUSO evaluation research process was also getting underway at this time thus the need for the VHP to redefine its program and CUSO's promotion of an enhanced planning and evaluation approach to community involvement coin-

cided. The result was an enthusiastic participation of the VHP in the formative assessment aspects of the evaluation study, as they related to the West Gonja Village Health Project.

C. Participatory Formative Assessment Process

As a first step in the evaluation process, documentation on the previous mobile clinic programs was collected and studied collectively by the evaluation coordinator and the VHP staff. From this emerged the history, summarized in the previous pages, of a start, stop, start, discontinuous health service program in up to 12 villages in the Damongo area over the previous 8 years. At times the services had focussed upon giving vaccinations and first aid treatments. At other times the program had attempted to emphasize public health education. As a result of this inconsistent and unsustained focus on a range of village health problems, there was confusion on the part of the villagers as to exactly what services the clinic offered. Initial evaluation visits to the villages and interviews with the local chiefs and their councils revealed that there was also a feeling of powerlessness and a degree of resignation towards accepting whatever services the goodwill of the hospital administrators provided. When asked what services the villagers felt were most important, a majority of the chiefs expressed a desire for the clinic to provide both treatment services and

public health education, particularly in the area of child care.

These initial village discussions, in April and May 1980, some of which were carried out with the evaluation coordinator and some of which were done independently by the VHP staff, also illuminated the fact that in the three villages where the clinic program had recently attempted to establish village health and development committees there was considerable confusion as to what the focus and responsibilities of these committees should be. This confusion originated primarily from recent attempts of the VHP to channel money donated from abroad to the religious order that ran the West Gonja Hospital administration, into small agricultural projects in the West Gonja District. Rationalizing that the funds could be used to promote community farms to boost crops such as groundnuts and thereby alleviate problems of protein deficiency in the diets of some members of the population, the CUSO cooperant coordinator of the VHP had supported the initial creation of the village health and development committees in early 1980 with funds to start small community farms. Without adequate discussion and response to the priorities of the villagers in establishing an action plan for the committees, the result was the perception by the villagers that the village committees were merely bodies established to oversee the operation of community farms. As a consequence the potentialities of the committees

to deal with broader community health responsibilities were being overlooked by the villagers.

Due to these initial evaluation discussions, it was recognized that a new strategy for supporting the establishment of health committees in other villages, based on more extensive dialogue with the villagers, needed to be adopted. This necessitated negotiations with the hospital administration and the securing of an agreement that less time would be devoted to some of the medical treatment elements of the clinic's operations and more time to the community liaison and public health education activities. In other words, a redefinition of the clinic's program was required.

It was at this point that the evaluative process proved to be particularly useful in facilitating the reorientation of the program. Despite the personal biases of some of the senior administrators to have the clinic focus primarily on hospital referrals and curative medical services, it was agreed that more time would be set aside for extended discussions with the villagers about the type of services they desired, and that as a precondition to establishing clinic services in any new villages a village health committee would have to be formed first.

The evaluation process at this stage also brought about an increased level of responsibility being given to the Ghanaian members of the VHP staff in the planning and day-to-day operation of the clinic program. With an increased

priority attached to the establishment of village health committees and the need for increased dialogue with the villagers, the local language skills and the greater cultural understanding of local customs by the Ghanaian staff of the VHP gave them greater importance to the program. As the somewhat paternalistic and at times discriminating attitudes of some of the white missionary administrators of the hospital had mitigated against the development of a Ghanaian management capacity within the VHP over the past few years, this enhanced role for the Ghanaian staff in the program was an important development, for it moved the program closer to satisfying its long-term objective of becoming wholly staffed by Ghanaians.

Between the period of March 1980 and September 1980 additional meetings were held by the VHP staff with the village chiefs, their local councils and groups of villagers. While continuing to offer some treatment and hospital referral services, a program giving greater emphasis to health education talks and providing support to the village health committees was slowly developed. Through the attendance of VHP staff to village health committee meetings and through the provision of basic medicines to the village health care workers that the villagers themselves selected during this period, the strength of the village health committees as locally controlled social institutions grew. Over this period, village health committees were established by five

additional villages, Atichiliyo, Kabanpe, Kananto, Kukunde and Busunu, making a total of seven villages actively involved in the program. Larabanga which showed no interest in maintaining a viable health committee was dropped from the regular weekly VHP team visit schedule, although the door was left open to ^{future/}involvement. Of these seven villages four of them had identified a village health care worker to receive special training by the VHP team and to be responsible for liaison between the VHP and the health committee.

It was also during this period that the evaluation exercise assisted this formative assessment process by providing the VHP staff with a planning format through which they could develop and refine their new program plan. Using a summary matrix table that facilitated a logical consideration of the inter-relationship and priorities of the various activities, their rationales, underlying development hypothesis and assumptions, a series of program models were produced. Using these descriptive program models as a basis for discussions within the VHP staff, with the hospital administration, and with the CUSO field staff, a consensus was reached on what activities should be included in the new program and what their operational priorities should be.

The summary matrix attached in Appendix I is the cumulative result of several versions of the matrix summaries that were produced cooperatively by the VHP staff and the evaluation coordinator between June 1980 and October 1981. As such, the matrix summary in the appendix is the most re-

fined version of the VHP plan that was produced during the course of the formative assessment. This matrix summary is, however, by no means a final program definition. The very nature of the VHP program and the on-going participatory planning process inherent in it guarantees that the program activities will continue to change as the program evolves. This can be considered to be an important benefit of the evaluation exercise for as M.A. Byram has pointed out, the value of a participatory approach at the planning level goes beyond the production of clearly articulated, logically consistent planning documents and rests with the learning that surrounds their production. Common perspectives are shared and developed which can ultimately contribute to village mobilization and program success. (1978:23)

In order to understand how the production of the matrix summaries actually assisted in the development of the VHP and contributed to the design and establishment of on-going data collection and participatory planning and assessment systems, we will examine in some detail the process behind the production of a part of the matrix summary. Looking at the activities described as category III, Community Liaison Activities, we see four specific activities identified. These are:

- 1) Training of village health workers;
- 2) Working with traditional birth attendants in the villages;

- 3) Establishing a good liaison between village health workers, herbalists and traditional birth attendants;
- 4) Providing material and personnel support to community activities related to health improvement undertaken by the village health committees.

All of these activities are related to the general program objective or purpose of assisting the villagers to build up and maintain a self-reliant capacity within their village to meet some of their own health care needs. Prior to the evaluation undertaking this had been an objective of the VHP that had been pursued solely by conducting health education talks at the end of the weekly clinic visits to the village. As a result of the participatory approach that the formative assessment had taken in holding a series of meetings and discussions with the village chiefs and village councils, it emerged that a number of influential traditional healers in several of the villages were threatened by the clinic's activities and were in some instances opposed to the VHP program. Whereas in the past their medical wisdom was generally unchallenged, the operation of the mobile clinic was bringing different and sometimes contradictory teachings and practices to the village and undercutting their positions. Recognizing that the best way to promote the development of an indigenous health care capacity within the villages was to build on already existing institutions and individuals, the new VHP plan identified these four community liaison

activities as means to establishing cooperative links between the traditional healers and the VHP as well as supporting the development of the village health committees.

Through these village health committees and the village health workers it was hoped that the old and new approaches to village health care could be integrated in a positive and cooperative way.

Inherent in this strategy was a series of assumptions that needed to be tested and proven in order to justify the adoption of this approach and whose consideration would help shape the implementation plans of this activity. In order to make an informed consideration the participation of the traditional birth attendants, herbalists and the villagers who were involved with the village health committees had to be sought by the VHP staff. This led to the design of a four stage process for the promotion of village health committees and the selection of the village health care workers. These four steps were:

- 1) The health committee concept was explained to the chief and his council and with his approval, at a number of village meetings called for that purpose.
- 2) Once a committee had been formed a number of possible functions of the committee were discussed with job descriptions being developed for a village health care worker and the executives of the committee.
- 3) The committee then selected a village health care

worker and an executive with the only criteria established by the VHP being the VHW had to be able to read and write.

4) Training of the VHW then proceeded.

During the course of the village meetings, informal interviews and discussions conducted by the Ghanaian staff of the VHP at the weekly village clinic, and through a series of formal pilot interviews conducted in January 1981 (see Appendix II) these and other assumptions were tested and the program operations shaped by their findings. Although in the case of the pilot interviews the lack of methodological rigour and the poor design of the research instruments undercut somewhat the scientific reliability of the information generated, it nevertheless served to give some measure of feedback on the attitudes and reactions of the villagers to the VHP staff. In addition, the staff gained experience and learned lessons both in the design of research instruments and in the analysis of the data that were generated. Such experience contributed to an increased managerial capacity among the Ghanaian members of the VHP staff which ultimately contributes to the achievement of a wholly Ghanaian run program.

The production of the summary matrices also focused attention on the need for an on-going progress monitoring system for the program. In response to the need to monitor the attitudes of the villagers and to feed their ideas into

the program there was a need to be able to demonstrate effective program performance to the hospital administration and to CUSO for continued support of the program. The VHP staff therefore included in the matrix two headings for, "indicators that would demonstrate achievement of purpose" and "indicators that would demonstrate achievement of goals". Under these headings were listed hypothetical evidence that was thought would demonstrate such achievement. Under a separate heading, data collection systems available to the program which were thought capable of collecting this type of evidence were identified. In those cases where there already existed evidence of effective program operations, the heading was modified to read, "indicators that demonstrate achievement of purpose (and goals where applicable)".

In the case of our example of the Community Liaison Activities, two of the four activities were thought to have already attained a certain degree of achievement in meeting their purposes by the beginning of 1981. Two village health care workers had been selected by their village committees and had received some training from the VHP by this time and therefore indicators of achievement of purpose were listed under activity I, Training of Village Health Care Workers. A field assessment carried out by the District Medical Officer in May 1980 and a review of clinic treatment records indicated that the VHW was properly administering first aid, was actively giving accurate information

on the prevention of guinea worm, proper infant nutrition and good sanitation practises to the villagers. As well, it was found that the VHW had established an effective liaison with some of the traditional healers and the traditional birth attendants in the village and the weekly clinic education talks were well attended, suggesting that the VHW was also helping to maintain a positive attitude in the village towards the overall VHP. All of these things, it was assessed, were contributing factors to the achievement of the goal pursued i.e. "an improvement in the overall standards of health in the village". Clinic records indicated a lower incidence of illness and the general observations of the VHP medical staff together with those of the District Medical Officer indicated positive results were being achieved and therefore this was cited as evidence of achievement of goal.

Such improvements could perhaps be attributed to other factors and in the absence of rigorous scientific controls it is difficult to assert that the supportive evidence cited above conclusively established that the actions of the VHW brought about the improvements in the standards of health observed. Nevertheless, within the realm of the reasonable it appeared that progress was indeed being achieved through the successful efforts of the VHP and the village health worker and these elements of the program continued to be emphasized.

Activity number four, "provision of support to community activities related to health improvements", was also assessed in mid 1980 as having achieved some measure of success. Four village health committees had prepared roughly $\frac{1}{4}$ of an acre each for the collective cultivation of groundnuts planted with seeds provided by the VHP. The VHP staff however, had by this time become aware of the confusion that these farms had created in the minds of some villagers vis à vis the purpose of the village health committees and as no accomplishments indicating these food crop cultivation projects were contributing to the achievement of the broad goals of improving the overall health environment, no 'success' was claimed at the goal level. Indeed, continued monitoring of this particular community project eventually led to the program's discontinuance of support to community farms.

Even in the context of failure however, the evaluation process proved to be instructive. The lessons learned through careful monitoring of this situation were shared with the village health committees. The reasoning through of the linkages between the development hypothesis assumptions and actual results achieved through this activity and the participation of the villagers in this process via discussions at the village health committee meetings helped the VHP staff to strengthen both their commitment to an ongoing evaluation process and assist them in a participatory assessment and planning of the program with the villagers.

CHAPTER EIGHT

CONCLUSIONS

At the outset of the evaluation research undertaken for this thesis, the value of evaluation was thought by the researcher to lie predominantly in the formulation of substantiated conclusions that would, if properly received by program planners and managers, result in changes and hopefully improvements in program directions and operations of an evaluated program. During the background research on evaluation methods reviewed in Chapter III however, it became evident that certain types of evaluation were in fact important elements of an ongoing planning process. Called formative assessment, this aspect of evaluation became the central focus of the research because first of all the level of program definition that existed within the CUSO Ghana program necessitated some formative assessment and secondly a participatory formative assessment process presented the opportunity to participate together with other people involved in the CUSO Ghana program, in a collective process of study, reflection, and redefinition of project and program plans that led immediately to improvements in some of the individual projects and to a reorientation of the overall CUSO Ghana program. This is seen as particularly worthwhile from the point of view that the process of participatory formative research served to solve some im-

mediate problems and brought about improvements in the CUSO Ghana program. Some of these problems had been detected prior to the research, from the perspective of the CUSO field staff officer, a position which the author held in Ghana during the two and a half years prior to undertaking this evaluation research. The evaluation research however, provided an opportunity to assess these problems in greater detail and to cooperatively formulate solutions with the people involved.

Having discussed the theoretical basis for this approach in Chapters III and IV, and having illustrated some of its positive consequences in the redefinition of both the overall CUSO Ghana program and the West Gonja Village Health Project, I offer the conclusion that a participatory formative assessment of both the components and the overall CUSO Ghana program, led to improvements in program design and program operations. This is to suggest that this particular approach to on-going program design and modification is an appropriate methodology for CUSO programs throughout West Africa, that have a community involvement component.

If one is to look for the specific benefits of the evaluation process followed in Ghana, they can be found in several areas. Firstly, the evaluation research brought about an improved project and program planning process within the CUSO Ghana program. This was achieved not only in the West Gonja Village Health Project but also in the Bimoba Literacy

Project, the Bongo Community Development Project and the Nandom Agricultural program. This improved process not only led to more thorough assessment of the project environment, more rigorous testing of rationales and assumptions but also facilitated a planning process which brought about significantly higher levels of local participation in the assessment and planning of these program activities than had been the case prior to the evaluation research. Given the importance attached by some development theorists to the participation of local people in the assessing and planning of development assistance interventions that seek to serve their interests, such an evaluation methodology is deserving of further application and further study within the context of CUSO's programs and perhaps even in other development assistance agencies which seek to achieve similar goals.

Secondly, the evaluation research helped to bring about a redefinition of the overall CUSO Ghana program plan. Articulating rationales based on the development theories reviewed in Chapter IV and formulating a program in the context of the political economic and social environment of Ghana as defined in Chapter V, the 1981-82 CUSO Ghana program plan sought to move away from certain previous program practices of simply providing CUSO personnel to work in various national institutions that did not in any coherent sense, respond to the needs of the most disadvantaged groups which CUSO, through its Development Charter, claimed it was seeking to serve. By identifying and providing strategic support

to important local initiatives in specific target communities the CUSO Ghana program took a step away from operating primarily a volunteer placement agency to an operation based more on cooperation with local groups to meet specific local development needs of "the most disadvantaged".

The evaluation research process and the methodology employed were not without their shortcomings. Participation per se is no guarantee that evaluation results will be accurate or generative of appropriate recommendations. Participation by people who sometimes understand very little beyond the context of their village or local area have limited contributions to make when it comes to considering strategies and priorities that extend beyond their consciousness. However, where local participation is genuinely sought, capacities and knowledge can usually be found, if even in only a few individuals, to extend up to and often beyond that of the often culturally illiterate foreign expert.

One must also remember that high levels of local participation may not always be appropriate. Zealously arguing that we want them to participate and therefore they should because it is good for them, is a trap we should be aware of for it denies the right of people not to be involved.

Finally, it is acknowledged that there are very real limits to what popular research and participatory evaluation can achieve when it comes to establishing with a

maximum of certainly, just how much has been accomplished and what factors were most critical to success. There is indeed a role for the trained and disciplined expert to design and carry out both qualitative and quantitative performance assessments of effectiveness and impact. Although the evaluation field research undertaken in Ghana discussed in this thesis did not make any rigorous attempt to measure the levels of accomplishment achieved in the activities discussed, such evaluation is necessary and important to the on-going improvement of the CUSO program. Such assessments were found to be somewhat premature in most of the activities examined in the Ghana field research but as discussed in Chapter III such evaluation undertakings could contribute much to the accumulation of knowledge and the further refinement of programs. Some of the newly established on-going monitoring and data collection systems established as a result of the current evaluation research, together with the more precise program planning, has helped to set the stage for subsequent performance and impact evaluations.

As a final conclusion to this thesis, it is considered worthwhile to point out a number of programming constraints which were identified during the course of the evaluation research which are perceived of as being under the control of CUSO as an organization responsible to itself for the allocation of its global budget. These constraints concern the organizational structure that defines the role

that a CUSO field staff officer is given to play within the constraints of available time and his/her administrative budget. There is a need for a greater degree of supportive supervision of many of the on-going program activities in the CUSO programs in West Africa. Many CUSO cooperants have little experience in program planning, personnel supervision and program administration yet many of them are called upon to perform these functions in the course of their jobs. Without adequate numbers of field staff and project officers to provide supportive supervision of these functions the quality of work can and sometimes does fall below desirable levels. CUSO should therefore either rationalize its programs somewhat and do fewer things better or hire more program staff to provide a better level of supervision.

CUSO should also seek to enhance its capacity to fully fund its cooperants. While the theory that payment of CUSO salaries by host agencies ensures the relevance and sometimes control of the work of cooperants expresses a laudable sentiment, for a program such as exists in Ghana this approach is detrimental to the overall achievement of program goals and necessitates a practice of 'dumping' or 'piggy-backing' cooperants into positions that have salaries and other support mechanisms provided, but which meet lower priority development needs. Just as CUSO has made a commitment in its rhetoric to support the most disadvantaged, it

needs to make this commitment real through the provision of sufficient independent funding to be able to carry through this aim more fully in its programs.

Appendix ISummary Matrix for West Gonja Village Health ProjectActivity Category I - Health Education Talks

This category of activity covers all efforts of the VHP aimed at increasing the knowledge of the villagers in the areas of basic nutrition, first-aid, and personal health care practices. In addition, the health education program was aimed at convincing villagers of the importance of vaccine in the controlling of communicable diseases such as measles, tetanus and polio. This was intended to increase the effectiveness of a vaccine program also carried out by the VHP.

The health talks were held during the first hour of the weekly VHP staff team visit to each village. Considerable field experimentation eventually led to a general lecture on only one topic each week with a question and answer period at the end of the talk. Follow-up testing by the VHP staff, randomly interviewing villagers sought to establish the level of comprehension and acceptance of the lessons. A curriculum of seven major topics was followed on a seven week schedule, each topic being explained in a slightly different way each time it came up. Although an effort was made to keep all the villages on the same topic at any given week, cancelled village visits and special topics that came up in some villages from time to time, prevented this.

As the committees become more established, it is

hoped that they will prove capable of serving as a focal point for these education efforts. The possibility of combining basic health care education with functional literacy training that is going on in the area, is currently being explored.

Activity 1

To conduct in all the target villages public health education classes on the function and importance of vaccines in preventing communicable diseases.

Purpose:

- a) to create an awareness of the importance and methods of a vaccination program
- b) to increase the number of people that come forward to receive vaccine.

Goal:

To reduce the incidence of diseases preventable by vaccine, thereby improving the general level of health.

Critical Assumptions and Development Hypothesis:

- people will attend the health talks and will learn (A)
- with an appreciation of the importance of vaccinations, villagers will come forward and receive vaccinations. (A)
- mass inoculations given in the correct way will reduce the incidence of disease (DH)

Inputs:

- teaching aids (flannelgraph)
- transport to the villages
- clinic personnel for lectures.

Targets (at purpose and activity level):

All age groups in seven villages, with special emphasis on women of child bearing age.

Indicators that would demonstrate Achievement:

- a) Increased knowledge and understanding among the village population and improved attitudes toward the importance of health education evidenced by increasing turn-outs to education talks and correct responses to testing questions at talks and at clinics.
- b) Increase in the number of people coming forward for vaccinations.
- c) Reduction of the incidence of communicable diseases.

Data Collection Procedures:

- record keeping of attendance at clinic classes
- records of vaccines given and clinical studies of incidence of diseases
- records of population under 5 years of age. (for polio vaccine)
- interviews during clinics by staff, testing levels of local understanding of talks
- village surveys to calculate the percentage of population that has been vaccinated.

Respondents and Data Sources:

- Clinic and Hospital records
- Interviews with village health program staff
- Village surveys.

Reflections:

This education activity needs greater emphasis as a significant number of people who came for the first inoculation, in a 3-shot polio program, did not come for the follow-up shots, thereby minimizing the vaccine's effectiveness. A solution would be to emphasize more strongly the importance of taking all the shots in a multiple dose vaccine during the health talks on vaccines. Also, a charge of ₦10 (cedis) could be made for the first shot with a subsequent refund of ₦5 for each of the remaining two shots.

The program also needs to be adjusted to better suit the local time schedules of villagers. Most people do not have time to attend the clinic or health talks in the day time during planting and harvest seasons. At these times of the year the clinic and talks should be held in late afternoon when farmers have returned from the fields.

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Activity 2

To promote family planning education talks through a regular teaching program.

Purpose:

To provide information on family planning in order to allow people to better plan family size, appropriate to the values and means of the family.

Goal:

To improve the overall level of health of mothers and infants.

Assumptions

- if family size matches family resources, nutrition levels for everyone will be better than in families where resources are stretched.
- improved information can help effective family planning.
- there will be a 'rational' distribution of family income, food/drink/tobacco, i.e. more money=more food, not drink.
- some parents wish to control family size.
- that the customs and traditions of the people will not be infringed upon by the teaching of family planning.
- a longer time interval between pregnancies will improve both child's and mother's health.

Inputs:

- teaching aids
- information booklets for the literate health workers
- village health program staff
- transport.

Targets:

To make family planning information available to all people in the seven villages of the village health program, who want it.

Indicators of achieving purpose:

- a) successful avoidance of unwanted pregnancies reported to the village health program staff.
- b) more 'spacing' in between pregnancies has been achieved in some cases.

Indicators that would demonstrate achievement of goal:

Reduced incidence of child malnutrition.

Data collection procedures:

- clinic record keeping and periodic studies
- village surveys measuring any changes in average time between pregnancies

Respondents and data sources:

- clinic records
- clinic staff interviews
- village surveys

Reflections:

- There is both a lack of contraceptives and teaching aids for this activity. Efforts should be made to improve the supply of both. The carrying on of this activity under the jurisdiction of a Catholic hospital has presented some limitations but negotiations by the VHP staff have been well handled.

Activity 3

- To conduct regular nutrition education talks (one topic per month, per village, repeat topic 4 x per year)
- To give nutrition advice during clinic consultations.

Purpose:

- to increase people's understanding of the relationship between nutrition and health
- to get people to take action to improve family diets, this may require some changes in the current crop cultivation patterns.

Goal:

To improve overall levels of health.

Assumptions and Development Hypothesis:

- Improved diet contributes to better health (DH)
- Better use of available foodstuffs can produce an improved diet and crop cultivation patterns can change (A)
- local food taboos and customs concerning the feeding of infants, which contribute to poor child nutrition, can be overcome. (A)

Inputs:

- teaching aids (puppets, flannelgraph)
- transport
- village health program staff.

Targets:

- to give talks once a month in 6 villages (excluded Langanfire)
- to bring about attitude change and adoption of recommended practices, particularly in the area of infant nutrition

Indicators that would demonstrate Achievement:

- decreased levels of protein deficiency in diets
- improved growth rate for infants according to standard age and weight charts.

Data collection procedures:

- clinic records
- observations by village health program staff
- village surveys.

Respondents and Data sources:

- clinic records
- clinic staff interviews
- village surveys.

Reflections:

The issue of diets and nutritional levels is subject to influence by a broad range of factors. One of the most important is economics; crop production patterns are much more susceptible to market forces than to nutritional advice from the VHP. This is not to say that such information is not important but limits of its influence should be appreciated.

Activity 4

To conduct education talks and make demonstration visits to all village compounds, reviewing sanitation principles and procedures.

Purpose:

To increase people's understanding of the relationship between sanitation and health and to promote improved sanitation practices in the villages, thereby reducing the spread of certain communicable diseases and other health problems caused by poor sanitation practices.

Goal:

To improve the overall levels of health.

Assumptions and Development Hypothesis:

- Increased understanding will lead to improved public and personal cleanliness which will reduce the incidence of fecal-oral transmitted diseases. (DE)
- Villagers will attend the talks and learn. (A)

Inputs:

- teaching aids
- village health program personnel
- transport

Targets:

To positively influence the levels of understanding and practice of two or more individuals of each compound in the seven villages, over the next 12 months.

Indicators that would demonstrate achievement:

- absence of human and/or animal waste around compounds and around wells.
- improved personal hygiene.

Indicators of achieving goal:

Based on a review of clinic records there has been a drop in the recorded incidence of dysentery and other fecal-oral transmitted diseases from before the start of the program in June 1979 to June 1980, indicating there has been a positive impact of this activity.

Data collection procedures:

- clinic records
- village health program personnel observations in the villages.

Respondents and data sources:

- interviews with village health program personnel
- observation in villages
- clinic records.

Reflections:

CUSO small project funds might be creatively employed through the Village Health Committees to achieve improvements in sanitation infrastructures

Activity 5

To conduct education talks on waterborne diseases such as guinea worm, diarrhea, typhoid, hepatitis, in the seven villages.

Purpose:

- to increase the level of understanding of the causes of waterborne diseases and how to prevent them;
- to improve water handling procedures and dispel inaccurate traditional beliefs concerning the causes of some waterborne diseases.

Goal:

To improve overall levels of health.

Assumptions and Development Hypothesis:

- prevention of many waterborne diseases is possible by improved water handling and treatment procedures; (DE)
- villagers will adopt improved procedures of water handling within their means when they understand the importance of such procedures. (A)

Inputs:

- teaching aids
- village health program personnel
- transport

Targets:

- Raise levels of understanding to the point where water handling practices improve;
- reduce incidence of waterborne diseases in the seven villages.

Indicators that would demonstrate achievement of purpose:

- increase in the number of people straining water for guinea worm cyclops;
- the designing and production of well covers;
- the regular cleaning of wells with the village health committee establishing and supervising a regular time table;
- digging of new wells in sanitary locations.

Indicators that would demonstrate achievement of goal:

Decrease in the incidence of waterborne diseases.

Data collection procedures:

- clinic records of incidence of waterborne diseases before and after initiation of program;
- village health program personnel;
- village surveys.

Respondents and data sources:

- interviews with village health program personnel
- village surveys
- clinic records.

Reflections:

CUSO small project funds might be creatively used through the Village Health Committees to support the purposes here.

Activity 6

To teach basic child and infant care (sick and well).

Purpose:

To improve levels of health and nutrition of children and infants through more effective mother care.

Goal:

To improve life expectancy for the children i.e. reduced infant mortality and morbidity.

Assumptions and Development Hypothesis:

- adequate and appropriate food stuffs are available (A)
- soap and adequate water is available for bathing etc. (A)
- improved child health is important to the parents (A)
- where content is conflicting with traditional beliefs ways can be found to both satisfy traditions and improve practice; (A)
- through better child and infant care, an improved standard of health will be reached. (DH)

Inputs:

- teaching aids
- village health program personnel
- transport.

Targets:

To have exposed 99% of all mothers in each of the seven villages to this topic at least four times by the end of 1981.

Indicators that would demonstrate achievement of purpose:

- improvement in diets and levels of nutrition of the village children
- improved personal hygiene and sanitation practices in the village
- weight charts set up for all infants and children.

Indicators that would demonstrate achievement of goal:

- reduced incidence of child mortality
- reduced incidence of disease in children.

Data collection procedures:

- records of class and clinic attendance
- knowledge tests on course material
- records of child mortality before and after initiation of program
- weight charts opened for all children
- clinic observations by staff.

Respondents and data sources:

- interviews with village health program personnel
- hospital records of incidence of preventable disease in target population
- village surveys.

Activity 7

To conduct education talks on pre- and post-natal health.

Purpose:

To reduce the incidence of complications during and following pregnancy.

Goal:

To improve overall levels of health.

Development Hypothesis:

Better care during and after pregnancy will contribute to improved health of mother and child.

Inputs:

- teaching aids
- village health program personnel
- transport

Targets:

To have exposed one or two women from 99% of the family-households to this health information in all seven villages through classes and individual compound visits over the next 12 months.

Indicators that would demonstrate achievement of purpose:

- better balanced diets and improved levels of self-care by the village women during and after pregnancy
- improved hygiene practices
- fewer post-partum complications

- fewer labour and delivery complications
- fewer prenatal complications (toxaemia, anemia, miscarriages, bleeding)
- fewer neonatal complications
- attendance at hospital antenatal clinic in earlier stages of pregnancy

Indicators that would demonstrate achievement of goal:

- reduced incidence of complications during and after pregnancy.

Data collection procedure:

- records of class attendance and individual compound visits
- village health clinic and hospital records on the incidence of complications and/or death during and after pregnancy from before and after initiation of program.

Respondents and data sources:

- interviews with village health program personnel
- village surveys
- Ministry of Health hospital records.

Activity Category II - Clinic Operations

The activities in this category include all the curative services rendered by the VHP. Designed as a first level of 'medical problem' detection and treatment, the clinic operations of the VHP supplement the out-patient services of the West Gonja Hospital. Simple cases are diagnosed and treated in the village by the VHP staff, more difficult ones are referred to the hospital.

Activity 1

To carry out a vaccination program in the seven target villages of VHP for a selected number of common diseases.

Purpose:

Reduce the incidence of measles, polio, and tetanus in the treatment area.

Goal:

Improve general levels of health in the Damongo area.

Assumptions:

- vaccines are available on a continuous basis, i.e. to complete a series;
- vaccines are reliable and have been sent through, and are maintained in a proper cold chain;
- the mothers are aware of/or can be taught through the pre-vaccination education program the value of the vaccination program, so that they will bring their

children for all the injections to complete the set at the appropriate times;

- availability of transport to villages.

Inputs:

- vaccines, general supplies (i.e. vaccine, needles, swabs, etc.)
- records for vaccines given
- transport
- clinic personnel (4)

Targets:

To vaccinate all children under 5 for polio, and their mothers for tetanus in the seven target villages.

Indicators for achieving purpose:

Records kept over the period June 1979-June 1980, indicate a reduction in the occurrence of some of the diseases vaccinated against. However, variables such as the frequent unavailability of various sanitation supplies such as soap and water, as well as the interruption in the supply of multiple shot vaccines, such as polio, have made it difficult, if not impossible, to determine the effects of such a short-term vaccination program. Long-term statistics on the vaccination program and the incidence of diseases need to be compiled.

Indicators that would demonstrate achievement of goal:

Since no baseline data were available at the start of program, there is no primary data indication of a po-

sitive result. Current record keeping and data collection will form the basis for evaluating progress towards program goals in the future. The polio vaccine program has been suspended at present, awaiting new vaccine supply and an improved cold chain. As well, a more effective education program stressing the need to take all three shots in a course is planned. (See vaccine education talks activity)

Data collection procedures:

- clinic records
- reported cases of diseases through clinic and hospital

Respondents and data sources:

- clinic records
- village health program personnel
- village surveys.

Reflections:

- need to improve reliability of vaccine supply and the cold chain;
- need to establish a more effective education program
- add monetary incentive for taking full vaccine series i.e. deposit a sum of money for 1st vaccination, refund 1/2 of sum for each of 2nd and 3rd shots.
- a better information data collection system should be devised i.e. village health staff keeping records

- effectiveness of education talks on vaccines should be monitored more closely. Where lessons are not getting through, revise the approach.

Activity 2

Administer first aid and treatment, 1 x per week,
and make hospital referrals for more serious cases.

Purpose:

- to early treat simple health problems in the village in order to prevent complications
- to identify individuals for hospital referral in early stages of health problem in order to facilitate early treatment.

Goal:

To improve standards of health.

Assumptions and Development Hypothesis:

- through improved early first aid at the village there will be a reduction in the incidence of health problem complications (DH)
- villagers will learn basic principles of first aid and will improve their own capabilities to administer first aid. (A)

Inputs:

- dressings, bandages;
- book (Where There Is No Doctor) for village health worker;
- book and pen for village health worker for record keeping;
- village health program personnel;
- transport.

Targets:

- visit each village 1 x per week to pay attention

to first aid of wounds and infections with follow-up treatment on subsequent visit, hospital referrals for serious cases;

- referrals from village health worker.

Indicators that would demonstrate achievement of purpose:

- reduced incidence of serious infection and ulcers
- improved care for ulcers and wound dressings
- shorter healing time of minor wounds
- less use of adverse native treatment (i.e. manure on burns, enema for diarrhea).

Indicators that would demonstrate achievement of goal:

- increased self-treatment of minor ailments
- reduction in the incidence of serious infections.

Data collection procedures:

- records of incidence of infected wounds and dehydration before and after initiation of the program;
- records from village health workers.

Respondents and data sources:

- interviews with village health program personnel
- Ministry of Health, hospital records
- village surveys.

Activity 3

Give consultation and treatment in the villages
once per week via mobile clinic.

Purpose:

To increase the availability of diagnostic and treatment services at the village level.

Goal:

To improve standards of health.

Assumptions:

- due to poor transportation situation in the area, many sick people are not able to come to the hospital
- at certain times of the year (especially planting and harvest time) many people are very busy and refuse to come to the hospital. This allows for minor problems to develop preventable complications.
- for many people in the villages it is impossible to travel due to illness i.e. a) blindness; b) crippled; c) old age; d) no one to care for them while in hospital; e) many mothers who are ill, or have an ill child, also have other children at home who need to be cared for and cannot spend a long time away from home.

Inputs:

- medicines and dressings
- village health program personnel
- transport

Targets:

Visit each of seven selected villages once a week to provide medical care. Training village health workers in the village to provide care on a regular basis.

To provide consultation, treatment and/or hospital referral to all cases that come to the weekly clinic.

To provide a practical training opportunity to the village health workers by allowing them to attend/study diagnosis and treatment prescribed to each patient in his/her village

Indicators that would demonstrate achievement of purpose:

- effective treatment of diseases in villages i.e. malaria, malnutrition, pneumonia, etc.
- referrals of complicated health problems to hospital before patients become critically ill
- daily treatments done by village health worker of sores and other first aid problems which prevent more serious problems

Indicators that would demonstrate achievement of goal:

and

Reduced incidence of illness/complications.

Data collection procedures:

- records from clinic indicating number of consultations, treatments, and referrals with specification of diagnosis
- village surveys
- Ministry of Health hospital records

Respondents and data sources:

- interviews with village health program personnel
- villagers
- Ministry of Health.

Activity Category III - Community Liaison

Activities in this category relate most significantly to an important overall aim of the VHP, which is to increase the levels of health in the West Gonja area by means which do not increase the dependency of the people on outside agents, but rather contribute to their capacities of self-reliant development. Linked with the health education activities of category I, 'community liaison' activities cover the VHP efforts directed towards enhancing the villagers' abilities to absorb and use the information and knowledge the VHP program provides. Through the training of Village Health Workers (VHW), and the promotion of a village health committee, the VHP seeks to help the seven program villages establish their own community health infrastructure.

Unfortunately, in the early stages of this part of the program there was confused and inconsistent support of 'community liaison' activities. This was primarily due to somewhat contradictory concepts of the role of the village health committees held by: the VHP staff, the West Gonja Hospital administrators, the villagers, and the village health care workers. Due to funds being made available to the hospital through the Catholic church, efforts were made to create/promote village 'health' committees

capable of executing small scale agricultural projects. Without adequate planning or preparation, several small projects were undertaken and subsequently failed, whereupon the hospital administration rejected the notion that village health committees were viable community organizations.

This obviously has had a negative impact on the efforts of the VHP to promote the Village Health Committees as potentially effective channels for village level health services and therefore deserving of both material and personnel training support. However, through the efforts of this evaluation and especially those of the CUSO cooperant Denise Werrett, some recognition of the potentially important role which strong village health committees can play, has been acknowledged by the hospital administration. The task is now to support conjointly, together with the villagers, the development of this potentially useful community infrastructure. The commitment of all the staff of the VHP to this goal will no doubt be tested in numerous ways over the next several years as this aspect of the program is pursued. The key to success in this activity is to patiently seek the involvement of the full community in building genuinely 'community controlled' village health committees. With strong backing from traditional leaders the regional health authorities

will be forced to respond to what is regarded by many health experts as a fundamental building block of an effective rural health system in West Africa. (Ross:1979)

Activity 1

Training of Village Health Workers.

Purpose:

- a) to assist in establishing a continuous source of basic medical information/treatment in the villages (first aid, malaria treatment)
- b) to maintain a village contact person between the VHP and villagers;
- c) set up a clinic referral system so priority cases are sure to be seen by the VHP on visiting days;
- d) establish and maintain a liaison between traditional medical services and VHP staff, including the VHW, village herbalists and traditional birth attendants;
- e) establish and maintain a medical records system at the village level to build up comprehensive baseline health data in the area.

Goal:

To improve overall standards of health in the villages.

Assumptions:

- a) it is possible to identify a capable person in the village to accomplish this work, who the villagers will accept;

- b) that the person will do the work without any outside pay;
- c) that the village people are willing to provide some compensation for the service to the VHW;
- d) that the people (patients, herbalists and traditional birth attendants) will accept the VHW as both their health representative and the go-between with the mobile clinic staff.

Inputs:

- dressings, ASA, syrups
- book: "Where There Is No Doctor"
- exercise books and pen for record keeping
- transport for VHP staff
- village health program personnel.

Targets:

Train one village health worker in each of the seven villages by the end of 1981.

Indicators of achieving purpose:

Between the period of June 1979 and November 1980 two village health workers were trained and are working in Bonyanto/Solepe and Kukunde. One village health worker is currently in training (Busunur) and one potential village health worker was identified in October 1980 for Langantere, training is pending. Field evaluation of Bonyanto/Solepe village health work performance, May 25, by village health program staff revealed the following:

- a) dressings are being properly applied;
home visits and consultations are taking place;
personal teachings on guinea worm, nutrition,
sanitation and first aid care is satisfactory;
- b) clinic/village liaison good;
 - tables and benches are ready for the clinic
 - people assemble promptly for education talks;
 - in both villages referrals made to hospital were appropriate; no favoritism perceived in treatments.
- c) Village health worker establishing a solid reputation.

Indicators of achieving goal:

- a) Field observations by district medical officer
(Dr. Wauters) of improvements in health problems in
the villages
- b) Field observations by village health program personnel and clinic records indicate improved health levels (over the past 12 months) in villages with an active VHW.

Data collection procedures:

- Field assessment by District Medical Officer
- records of VHW's effectiveness in their village by village health program personnel observations
- examination of clinic records.

Respondents and data sources:

- interviews with VHP personnel
- villagers/District Medical Officer
- clinic records.

Activity 2

Working with traditional birth attendants in the villages and teaching them improved procedures and basic health knowledge and studying their methods.

Purpose:

- a) the exchange of knowledge
- b) to improve practices of hygiene and care of infants at birth.

Goal:

To improve overall standards of health.

Assumptions:

- traditional birth attendant will be willing to share knowledge with VHP personnel
- shared knowledge will be incorporated into the work done by the traditional birth attendant and by VHP personnel
- a smoother integration of modern and traditional medicine will increase the quality of health care antenatally, during delivery, and post partum.

Inputs:

- "delivery" kits
- teaching aids
- VHP personnel
- transport

Targets:

To establish contact with all TBA's in the seven target villages within 6 months and improve practices within 12 months

Indicators that would demonstrate achievement of purpose:

- improved hygiene at birth
- improved care for mother and child at birth
- identification of appropriate procedures, not previously generally known
- fewer complications from poor techniques, hygiene, etc.

Indicators that would demonstrate achievement of goal:

A fall in the incidence of complications and/or death of mother and/or child at birth.

Data collection procedures:

- records from clinic regarding complications at birth
- VHP personnel observations
- village surveys

Respondents and data sources:

- clinic records
- VHP personnel and traditional birth attendants
- villagers.

Activity 3

Establish a good liaison between village health workers, herbalists and traditional birth attendants in the villages.

Purpose:

- to exchange knowledge
- to gain access to traditional medicine and treatments
- to evaluate the effectiveness of traditional practises
- to prevent obstruction of VHP activities by traditional healers.

Goal:

To improve the overall standards of health in the area.

Assumptions:

- a) the herbalist and traditional birth attendants are willing to meet with VHW and share knowledge
- b) the herbalist and traditional birth attendant are interested in learning about western medicines and treatments
- c) the VHW is willing to exchange ideas and work with both traditional healers and VHP staff.
- d) the customs and traditions of the tribe allow such an exchange of information.

Inputs:

- village health worker
- hospitality funds
- medicines

Conclusions:

This indicates that most people feel the present clinic work could be expanded, with an encouraging number wanting the expansion to be in the preventative field.

Question 4 & 5: of the four villages that do not have a V.H.W. associated with the clinic, all respondents answered "no".

In the two villages who do have VHW associated with the clinic, the results were split. In Kukunde, 2 women replied "no" and 2 replied "yes". 3 Men said "no", and one man said "yes". Of those answering "yes" (3 out of 8) 100% stated the function of the VHW was "to do dressings" (answer to question 5).

In Bonyanto, 3 women said "yes" and one woman said "no". 3 Men said "yes" and one man "no". Of those answering "yes", to question 4 (6 out of 8), 100% said the VHW "did dressings".

Conclusions:

This indicates that one village has a low degree of awareness of the VHW while the other one seems quite aware that they have a VHW. This further indicates that more effort needs to be put into increasing the villagers awareness, that they have a person in their village capable of some basic first aid and health care. This would best be done by further animation of village health committees. Also, effort needs to

Activity 4

To provide material and personnel support to community activities related to health improvement undertaken by the Village Health Committees.

Purpose:

- a) the establishment of a popularly controlled community active Village Health Committee;
- b) to encourage and assist people to study problems that concern the village and to help them define action programs to solve these problems;
- c) to raise the consciousness of the entire community on matters of health;
- d) Depending on the activities supported, specific purposes will likely include such things as increased production of high protein crops, well-digging, sanitary facilities improvements, etc.

Goal:

To improve the overall health environment through community action.

Assumptions:

- a) the people are willing to work together as a group
- b) the people will see the need for a committee and community action programs and will both initiate and support them.

Inputs:

- village health program personnel with sufficient time for animation of Village Health Committees and small

project support funds (approximately \$5,000 to \$10,000 per village per year.

Targets:

Preliminary project planning meetings in all seven villages by February 1981.

Indicators of achieving purpose:

- Village Health Committees set up in 4 villages as of July 1980, i.e. in Bonyanto, Atchibyo, Kukunde and Busunu.
- Community projects undertaken in three villages as of July 1980:
 - Bonyanto - community farm, 4 acres groundnuts - planted June 1980;
 - Atchibyo - community farm, 4 acres groundnuts - planted June 1980;
 - Kukunde - community farm, 4 acres groundnuts - planted June 1980;
 - Busunu - no project at present.

Indicators that would demonstrate achievement of goal:

Actions leading to a reduction in the level of controllable health hazards in the village environment.

Data collection procedures:

- minutes from village health committee meetings
- projects undertaken with follow-up, assessments of success and failure rate and explanations as to why.

Respondents and data sources:

- records from clinic
- interviews with village health program personnel and village health committee members.

Appendix II

Pilot Village Interviews

Introduction:

Although most of the information collection during the course of the formative assessment carried out in the West Gonja Village Health Project was carried out through meetings and informal discussions, a formal interview schedule was designed cooperatively by the VHP staff and the evaluation coordinator in December 1980 to probe the attitudes and perceptions of the villagers towards the new modus operandi of the program. Although the interview design lacked sufficient rigour to generate generalizable results, it was considered worthwhile for the following reasons:

- 1) An initial 'survey', no matter how imperfect, would contribute to the experience of the VHP staff in data collection and analysis;
- 2) The design of the interview questionnaire was done collectively with the VHP staff and the evaluation coordinator thereby promoting internally within the VHP program staff, a participatory approach to the research;
- 3) The interviews provided an opportunity for the newly arrived CUSO cooperant to discover first hand for herself some of the village attitudes and beliefs about the VHP;

- 4) The village interviews were overseen by the Ghanaian counterpart coordinator and the translator, thereby providing the program with an opportunity to enhance the authority and prestige of the Ghanaian counterpart coordinator and translator, particularly in the eyes of the hospital administration. This was perceived as a step towards achieving the objective of the eventual complete Ghanaianization of the VHP.

1. Preamble

The interviews were carried out in the six villages that were being regularly visited by the Mobile Clinic at that time. These villages were: Busunu, Kukunde, Atchibyo, Bonyanto, Kabama, and Kananto, all six of which are headed by a Gonja chief. Most of the men are farmers and hunters and the women are housewives and farmers.

Three villages, Bonyanto, Atchibyo, and Kukunde started community farms in 1980, organized under village health and development committees. These were initiated at the suggestion of the VHP staff, in order to grow protein foods which were lacking in many of the villagers' diets. Two of these villages, Bonyanto and Kukunde, at the time of the interview had literate village health care workers who were assisting the clinic staff, interpreting, case finding, and providing some first aid in the village. The training given these two men has been "on the job".

The main objectives of the survey as explained to the villagers by the VHP staff, were to obtain information on the expressed health needs of the villagers, to determine the general level of awareness of services then being offered by the VHP, and to get some indication as to how the program was perceived and in what direction it might expand its services.

The survey was conducted on Thursday, January 22, 1981, in all six villages. Most villagers were expected to be home that day, preparing for the Damba festival (a Gonja Dagomba festival) to take place the next day. Mr. David Bangun, the clinic interpreter, conducted the survey. He is well known to the villagers, as he has worked in the area for many years. He is also a Gonja.

The chief of each village was interviewed first, in order to comply with the local custom of clearing all 'outsider' activities first with the chief. This it was felt, would allow the respondents to speak more freely as they could be told the chief had requested their cooperation.

The sample also included 3 other men and 4 women who were selected on the basis of two men and two women who had spent some portion of their time recently outside the village working on their farms and thus would have second hand information on the VHP and two men and two men and two women who had most recently been living in the village and thus would have first hand impressions about the VHP. By

such a sampling, it was hoped to pick up a reading on the general perceptions about the VHP that the villagers had.

Following the interviews the VHP staff discussed the results and prepared an analysis report which is here following the questionnaire.

Village Interview Questionnaire

2. Questions:

1. Does the West Gonja Hospital Mobile Clinic come to your village?
2. What services do they provide for you?
3. What else would you like to see them do?
4. Does your village have a village health worker?
5. If yes, what things does he do for your village?
6. What do you feel are the main problems in your village?
7. Does your village have a village health committee?
8. If yes, what does this committee do?
9. Have you been to any of the committee meetings?
10. Would you be willing to contribute money to a health committee in your village?
11. If yes, how much per year?
 - 1 - 10 Cedis
 - 11 - 20 Cedis
 - 21 - 50 Cedis
 - 50 or more Cedis.

3. Interview Analysis

Question 1: 100% of respondents said "yes".

Question 2: All respondents answered "to treat".
5 out of 48 also said the clinic "gave advice" on health matters. 3 of the 5 were men, 2 were women. Only one was from a village with a V.H.W.

Conclusions:

This would indicate that people see treatment as the main function presently performed by the clinic, with only a small percentage recognizing the teaching aspect of clinic work.

Question 3:

- 16 people replied that they wished to have a village health worker, or "someone to be here in the village to treat all the time".
- 10 people thought the clinic staff should do more teaching on prevention and treatment of such things as guineaworm.
- 10 respondents felt the staff should help improve community farms and 7 had other concerns such as helping with water supplies, providing vaccines, and providing commodities. 5 People did not reply.

Conclusions:

This indicates that most people feel the present clinic work could be expanded, with an encouraging number wanting the expansion to be in the preventative field.

Question 4 & 5: of the four villages that do not have a

V.H.W. associated with the clinic, all respondents answered "no".

In the two villages who do have VHW associated with the clinic, the results were split. In Kukunde, 2 women replied "no" and 2 replied "yes". 3 Men said "no", and one man said "yes". Of those answering "yes" (3 out of 8) 100% stated the function of the VHW was "to do dressings" (answer to question 5).

In Bonyanto, 3 women said "yes" and one woman said "no". 3 Men said "yes" and one man "no". Of those answering "yes", to question 4 (6 out of 8), 100% said the VHW "did dressings".

Conclusions:

This indicates that one village has a low degree of awareness of the VHW while the other one seems quite aware that they have a VHW. This further indicates that more effort needs to be put into increasing the villagers awareness, that they have a person in their village capable of some basic first aid and health care. This would best be done by further animation of village health committees. Also, effort needs to

be put into expanding the role of the VHW. Many people expressed the need for someone to teach about "how not to get sick". The logical person to do this would be the VHW, supported by teaching programs carried on during clinic hours also.

People are expressing their needs. Now they just need help to organize themselves to start meeting some of those needs i.e. formation and animation of village health committees and village health workers in all 6 villages.

Question 6: - 24 People (50%) stated that obtaining water was the biggest problem in their villages
 - 13 people said that guineaworm was their major problem, and 11 people stated other problems such as needing a village latrine, needing to improve community farms, etc.

Question 7 & 8: Of the 3 villages having village health committees associated with the mobile clinic, the results were:

- 1) Bonyanto - 7 out of 8 replied "yes"
 - 1 out of 8 replied "no"

Of these 7 answering "yes", 6 replied that the function of the Committee (question 8) was to clean around the village. 1 said it was to operate the community farms.

2) Kukunde - 2 out of 8 said "yes"

- 3 out of 8 said "no"

Of the 2 answering "yes", one stated that the function of the committee (question 8) was to clean around the village and one said it was to operate the community farm.

3) Atchibye - 5 out of 8 said "yes"

- 3 out of 8 said "no"

Of the 5 answering "yes", 100% stated that the function of the committee (question 8) was to clean around the village.

Conclusions:

These results are probably due to the term "village health committee" used in the survey. From analyzing question 3, it is apparent that some villagers who stated they did not have a village health committee, were aware that the village had a community farm. This has been the major activity of the committees so far. However, as the activity of the committee increases, it is hoped that people will become aware of the committees as more than "community farm".

In the remaining villages, 7 out of 24 respondents said their village had a health committee. All 7 stated that the purpose of the committee was to clean around the village.

Question 9: Of the 21 people stating their village had a health committee, 13 said they had attended a committee meeting; of these 13, 11 were men.

Question 10: 100% of the people surveyed stated they would be willing to contribute money to a village health committee. This would indicate that people are serious about wanting a village health committee, and are willing to back it up with tangible support.

Question 11: The breakdown of money people would contribute

1 - 10 Cedis	-	40 people
11 - 20 Cedis	-	5 people
21 - 50 Cedis	-	2 people
50 or more Cedis		1 person

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