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World Vision Relief Organization

ANNUAL REPORT

Covering Period of April 1975 to March 1976

to

The Agency for International Development
Department of State
United States of America

* * * * *

Development Program Grant
No. AID/pha-G-1087

April 1, 1976

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I. Introduction

World Vision Relief Organization, headquartered in Monrovia, California, and incorporated as a non-profit, charitable agency in the State of California, is a registered voluntary agency with the Advisory Committee on Voluntary Foreign Aid of the U.S. Agency for International Development. Since 1962 the organization has been engaged in relief activities in Asia, Africa, and Latin America. These activities frequently led to longer range programs which sought to raise the quality of life of the rural poor. In March of 1974, in recognition of WVRO's de facto entry into the development field, the World Vision Board mandated development as one of the recognized WVRO objectives. The focus of the mandate was on medium-range programs with initial pilot projects in Asia and Africa. The scope of the programs included the fields of Health/Nutrition/Family Planning; Agricultural Production; Land Regeneration; Income Generation; Vocational Training; and Literacy. What was required after this decision was the creation of an adequate development staff to meet the expanded scope of operations, training of the staff both in the headquarters and in the field, and the establishment of systems and procedures to ensure that projects are properly selected and monitored. As a result of the Development Program Grant reported on hereunder, progress towards these objectives was hastened not only by the application of funds toward the obvious expenses of such an endeavor, but also through close association with personnel of the agency who have advised and counseled WVRO in its efforts.

The first annual report of World Vision Relief Organization on its achievements under the auspices of the Development Program Grant will be

organized in the following sections: personnel, organization, training, regional surveys, country plans, and finance. Each section will commence with a statement of the specific objectives of the program relative to that area of concern. Thereafter the results obtained over the past twelve months will be described. Overall these results are judged to be good.

II. Personnel

In its grant proposal, WVRO committed itself to an expanded development staff consisting of (a) two regional directors, (b) three specialists--medical, agricultural, and educational, (c) a long-range planner/programmer, and (d) the addition of four persons to the clerical staff. At the end of Year 1, this expansion has been achieved with the exception of the agricultural and medical specialists and one clerical person. Biographical sketches of the professional personnel are given below. Those not supported by DPG funds are denoted by asterisks.

*Henry A. Barber III, Director (M.P.Sc.)

Colonel Barber's distinguished 30-year military career has provided an admirable background for his present management and leadership responsibilities. He has served in numerous overseas posts dealing with foreign governments; he directed vocational training for displaced persons in Europe; he directed nation-building efforts in seven provinces in Vietnam; he was professor of management and international relations; and he was Dean of the U.S. Army War College in Carlisle, Pennsylvania.

Robert S. Ash, Associate Director - Africa

A 22-year career as Vice President of Marketing for a division of McGraw Edison has given Mr. Ash an extraordinary capability in management and administration in both domestic and international affairs, and in government relations.

Carlyle C. Dewey, Associate Director - Planning/Programs (M.A., Ph.D.)

A former short term missionary who served with the Sudan Interior Mission in Ethiopia as Assistant Director of Relief and Rehabilitation, Dr. Dewey also has experience as a college professor and as a consultant to private colleges regarding long-range planning and cost analysis.

Rufino L. Macagba Jr., Associate Director - Health Care Delivery Systems (M.D., M.P.H.)

Dr. Macagba is an internationally known Filipino doctor with extensive experience in health care, hospital administration and

*Denotes persons funded by WVI rather than DPG/WVRO.

management. For 14 years he was director and chief surgeon of a private hospital which in 1970 was selected the most outstanding hospital in the Philippines.

Bryant L. Myers, Associate Director - Asia (Ph.D.)

A former college professor, Dr. Myers is uniquely experienced in property management and Asian cultures. His degree is in the field of chemistry.

*David Tam, Administrative Assistant

After 25 years as Executive Director and Manager of a large international travel and transportation organization, Mr. Tam has a wide knowledge of management and administration in both domestic and international affairs.

*Donald E. Warner, Director - Technical Operations and Procurement (Sc.D.)

Dr. Warner was formerly involved in space life sciences with the National Aeronautics and Space Administration and in management of scientific programs at General Electric Company for 13 years.

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III. Organization

World Vision Relief Organization is the Relief and Development arm of World Vision International. Because it is geographically located in the same building complex as World Vision International, it receives such services as publicity, resource development, financial accounting, and data processing from WVI. In the field, WVRO uses the field personnel of WVI with direct staff control over relief and development personnel in these offices.

WVRO has purchased certain services from Research and MARC* Division of WVI. The Information Services Department of this division houses not only a small reference collection but also a computer terminal. This terminal gives WVRO information retrieval access to a large volume of materials in educational, social science, and technical fields. A system for storing data about development projects has been created and all WVRO projects are being entered. This system possesses analytical as well as reportorial capabilities.

*Missions Advanced Research Center.

IV. TRAINING

The foundational training of new executive personnel has been guided by ten objectives which are largely attained by training in the job itself.

First, to provide a broad orientation on the overall operations and policies of World Vision, executives have been provided informational brochures; have been shown films and film strips; and given personal interviews with other executive staff including the President and Executive Vice President. They have been encouraged to associate on an informal basis, and within WVRO informal get-togethers with other executives. For example, a brown-bag lunch has provided an informal setting for the exchange of information.

Second, executives are challenged to learn and refine the parameters of their jobs. They are provided with job descriptions and given the latitude to suggest modifications either limiting or increasing their responsibilities. Pragmatically, if they overstep their bounds and encroach on another executive's prerogatives, they learn by the results of their encounter.

Third, they are given tasks which stretch their intellects requiring that they research problems, prepare solutions, coordinate with appropriate offices, and ultimately submit recommendations which they must defend in discussions with the Director. The ensuing conversation results in learning on both sides as experience interplays with innovation.

Fourth, managers are provided test situations in which to exercise their own judgment and initiative. Problems which come in from the field

are turned over to them for response. The success of their work is given immediate feedback by the reaction of the field.

Fifth, through the exercise of problem solving and the interreaction with the field, managers exercise their powers of communication. Not only are written papers brought into play, but also the skills involved in person-to-person encounter are exercised. Viewpoints are given and received which, in many cases, result in joint action.

Sixth, executives are plunged immediately into the participative management pattern. Weekly WVRO meetings are held with the purpose of both exchanging information and finding group solutions to particularly complex problems. During these meetings, views are sought and the executives must communicate as well as justify their ideas to a jury of their peers.

Seventh, they are initiated into the system of management by objectives as they undertake to fulfill goals already prepared by the Director or those they have had to devise. They have the opportunity of presenting new goals which they believe should be part of the organization's overall program and to critique those already extant. This procedure requires planning so that the executives, having once established where they would like to see their region be in the future, must now establish the patterns of activity which take them there. Concurrently, they are able to determine the value of diverse systems which can provide an orderly manner for repetitively carrying out their responsibilities.

Eighth, because prior to decisions open debate is encouraged, innovation is fostered. All ramifications of possible courses of action are subject to scrutiny.

Ninth, executives are dispatched into the field early in their service with the organization in order to learn the status of their projects through first-hand observation. They are confronted with the multifarious societies and cultures existing in their areas. Concurrently, they have the opportunity to learn the cause and effect relationships of their staff activities to field operations from the actual clientele. These on-the-spot periods of investigation and analysis heighten the executive's ability to observe, to judge evidence, to weigh the forces working in their areas, and to estimate the judgmental elements they must make concerning the raw information they receive from the field. Additionally, the executive has the chance to meet the field director in his home environment. He learns to assess the man and his operation to see what kinds of questions the field leader asks and what kind of rapport exists between project managers and field directors.

Tenth, upon returning from the field trips, executives must write regional or specialty surveys. This requirement enhances their skills of synthesis and analysis as well as written communication.

By undertaking tasks which are an integral part of the functioning of the organization, receiving immediate feedback in the form of dialogue or critiques, and by being permitted to escalate the quality and quantity of their involvement, executives learn their job, on the job.

Formal training is another facet of the overall program. During the first year of the Development Program Grant, most executives have attended at least one seminar directly pertaining to development. Two have attended the AID Evaluation Seminar in Washington, an opportunity which provided both the excellent tutelage of Herb Turner and the fellowship with a variety of individuals involved in development work, both governmentally

and in the private sector. The Director participated in a seminar sponsored by the College of Business Administration of Notre Dame and the Lutheran Church of America on "Technological Transfer in the Furtherance of Distributive Justice". The mixture of participants, governmental officials, academicians, representatives of multinational corporations, and voluntary agencies provided a most enlightening interchange of information and points of view. Additionally, he was an observer at the Expert Group Meeting on Approaches, Procedures and Methodology of Evaluation of UNIDO's activities. The complexities of evaluation within a United Nations agency were clearly displayed during the uninhibited discussion which was shared by 24 experts.

The Associate Director for Africa attended the Workshop on Food and Nutrition sponsored by the Overseas Development Council for voluntary agencies at Olmsted Mountain House, New Paltz, New York, November 16 - 19, 1975. The first day consisted of two planning sessions in which AID, Overseas Development Council, and Development Alternatives executives presented papers on development. The second day the forty participants broke up into four working groups to share their experience in international development and to make group recommendations. The third day the working groups presented their reports. This was followed by a general discussion and concluding remarks by the organizations represented.

The Associate Director for Health Care Delivery Systems attended the Conference on International Health in Washington in October, 1975. The major problems and the latest trends in health care in the international field and in developing countries were discussed. Experts from the U.S., the W.H.O., and the U.S.S.R. shared their views with the participants.

This was followed by a Conference on Population at the Department of State. The conference was attended by representatives of U.S. volunteer

agencies and was a sequel to the Bucharest World Population Conference in 1974. Problems and opportunities in the international family planning effort were presented and discussed.

He also attended the Symposium on New and Ancient Ways of Healing in San Francisco in January, 1976. The symposium provided a deeper insight into the healing methods and attitudes toward disease and healing in various developing countries. This is important to people who are involved in health care programs in developing countries.

The Associate Director for Planning/Programming found his participation in the AID Evaluation Seminar to be of meaningful significance to his responsibilities for the WVRO field reporting system, project design, and evaluation. It was helpful not only to learn about theory but also to hear about field application in other voluntary agency settings, as well as in AID programs.

In order to round out the first two elements of training, the organization has a reading program which covers areas not specifically touched on in the preceding two methods. The core materials of this program are listed in Appendix.

V. Regional Surveys

The Program Description that was provided to AID at the inception of this DPG specified the development of two regional plans and an annual field survey. The field survey is to provide an overview and broad evaluation of WVRO's activities in LDC's. The regional plans are to describe general development needs of each region, particular development needs in specific countries of WVRO interest, and potential development projects in these countries.

Movement toward the objectives described above is represented--at the end of Year 1--by two regional surveys. These regional surveys provide the informational data from which assessments on country progress can be made. Additionally, they provide input to planning documents at both country and regional level. The Asia survey has a medical as well as a general section. The Medical Specialist will visit Africa for the first time this spring.

A. Africa

prepared by
Robert S. Ash, Associate Director/Africa

The Gambia:

The Gambia, which is Africa's smallest state and is an enclave in Senegal, is essentially the valley of the navigable Gambia River. Except during the rainy season, which extends from July through October, the country has a savannah climate. The country is classified by the United Nations as one of the third world countries and is very poor, having a \$140 per capita GNP in 1972. There is very little all-weather road infrastructure. Subsistence farming, mainly millet and rice, characterizes the agriculture of The Gambia. The only cash crop of consequence is groundnuts.

During my visit to The Gambia, I met Mr. Michael G. Wygant, Charge d'Affairs and Mr. Douglas P. Broome, Attache, State Department officials. Our government maintains a very small office in The Gambia. Both Mr. Wygant and Mr. Broome expressed interest in our work. They will be good resource contacts for broadening our activities in this pro Muslim country. There was no opportunity to meet with officials of The Gambian government, nor was there time to meet with church leaders.

World Vision relief and development projects in this country are managed by the Worldwide Evangelization Crusade who have a mission station located on the outskirts of the capital, Banjul. Maria Robbelen is in charge of the WEC work. We visited GA-1001 Chicken Production and Distribution Programs located at Samba and GA-1002 and GA-1003, related medical and health training projects which are being carried on at the WEC health clinic in Sibanor. The foregoing projects are the total current World Vision relief and development program for The Gambia. Since the country is extremely poor and most of the people are subsistence farmers, agriculture and primary health care are being emphasized.

GA-1001 is managed by Tom Cosier, WEC missionary. This project is proceeding on schedule. The initial lot of chickens have been given to local farm people. The second lot of 500 chicks have been received from Germany. The incubator house is under construction. Cosier is resourceful and displays good initiative. At the same time, he has the patience to function under trying circumstances created by the West African environment. He is also conscious of his spiritual responsibilities to these people who are being helped. GA-1002 and GA-1003 are under the general supervision of Dr. Martha Ropp, WEC medical missionary. The former project involves the distribution of nonfat bulk milk, multi-vitamins, and iron supplement to combat malnutrition in children as well as adults. A start has been made on GA-1003, however, the curriculum for the three year training program has not been developed. A meeting was therefore held at the WEC headquarters with Anne Maria Hegnauer, who has the primary responsibility for this project.

Development work in The Gambia will be needed for many years. We should be considering projects in the areas of farming and literacy, especially non-formal learning and vocational training. Efforts should also

be made to work through local churches and other missionary agencies with development capability since all of our projects at the present are being managed by WEC.

Upper Volta:

The Republic of Upper Volta is a landlocked state of West Africa. The main ethnic groups are the Bobo in the southwest, and the Massai and Gourma in the north and east. There are extensive infertile areas in Upper Volta. Moreover, annual rainfall is only some 25 to 45 inches and comes in a rainy season of, at the most, five months. Water is therefore scarce. Upper Volta, in spite of the grim physical environment is overpopulated having as many people as Mali which is four times as large. The country is classified by the United Nations as one of the fourth world countries and is very poor, having a \$70 per capita, the lowest in West Africa, GNP in 1972. About 96% of the population is rural. Agriculture is almost entirely at subsistence level with millet and sorghum the principal cereal crops. Cash crops are very largely only the surplus of subsistence cultivation which is estimated to make up 90% of the cultivated area.

My visit to Upper Volta was in the company of Pastor Samuel Yameogo, Director of Projects for Federation des Eglises et Missions en Haute Volta. World Vision development projects in this country are operated by this council of churches. There are seven projects consisting of three irrigation dams (UV-1001 through UV-1003), two agricultural improvement projects in conjunction with the dams (UV-1005 and UV-1006), a pig raising cooperative project (UV-1007) and the UV-1008 agricultural scholarship. There was no opportunity to meet with other church and government leaders.

The first project I visited was Sassa Dam (UV-1002) which is located near the village of Yako, some 107 km northwest of Ouagadougou, the capital of Upper Volta. The earthen dam which is about 1,000 feet long, and will impound water up to 2½ miles, has been completed except for the poured concrete spillway. When the dam is put in operation, which will be the coming rainy season beginning the latter part of May, 50 families will vegetable farm 25 hectares. The ultimate goal will be 200 families farming 100 hectares. All of the produce will be truck garden variety, especially kidney beans with cereals being grown below the dam during and right after the rainy season. The impounded water will also permit marginal farming adjacent to the 100 hectares of vegetables. It is estimated this will in effect double the acreage under cultivation. None of the dam water will be used for human and animal consumption as the village has a well and hand pump for these needs.

From Yako we drove 136 km south to Tita Dam (UV-1001). This dam, which is also under construction, is slightly longer than Sassa. The project has been temporarily delayed by adverse ground conditions. Water was encountered when the contractor excavated for the spillway footings. A portable pump is pumping down the water and the contractor expects to complete the dam before the next rainy season. The Tita Dam project is similar to the Sassa Dam project. Construction of the Sigili Dam (UV-1003).

which will be located 30 km northeast of Kindi, has been delayed. The hydrological survey has not been completed by the government. A new cost will probably have to be submitted after the survey has been made. It is unlikely the project cost prepared in 1975 will still apply because of the inflation that has taken place since the contractor bid the job.

A meeting was held the following morning in Pastor Samuel Yameogo's office with Joel Tapsoba, who is an agriculturalist. Previously, Mr. Tapsoba was with the Ministry of Agriculture and will now take charge of the agricultural programs, as well as the Pig Raising Cooperative project (UV-1005 through UV-1008). He outlined his program for the three dam projects which involves initially 50 farmers/dam with operating costs of 100,000 CFA francs or \$500/farmer to be repaid with interest or as a compensation or hedge for inflation over a five-year period. In addition to the vegetable farming, especially beans and okra, each farmer will donkey-plough three hectares during the rainy season to grow cereals. The vegetable crop will be largely a cash crop to provide income for a better life style, including health and literacy programs. Mr. Tapsoba was asked to reduce this plan to writing. The pig raising cooperative, which will be organized by him, was discussed primarily in terms of revised costs brought on by inflation. Although a Japanese truck of 9,000 kg capacity has been purchased for this project, work has not been started on the buildings. New costs will have to be submitted because of inflation that has taken place since costs were established. It may not be possible to cut back the scope of the project to keep the cost within the approved budget because of the commitment we have made to these people.

The projects that have been initiated in Upper Volta will occupy World Vision for several years, especially as we emphasize rural development starting with these agricultural projects as a base to reach out to health, nutrition, and family planning programs, followed by literacy, non-formal learning and vocational training in agriculture.

Kenya:

The Republic of Kenya which is bisected by the equator, has extensive erosional plains. The Great Rift Valley divides the country from north to south, and in the highlands is some 40 miles across. Although Kenya is on the equator, its range of altitude results in temperate conditions in the highlands, above 5,000 feet. Unfortunately, only 15% of Kenya can be expected to receive a reliable rainfall adequate for cultivation. The herds of cattle, goats, sheep, and camels of the dry plains to the north provide subsistence but are as yet of little commercial value. Kenya is classified by the United Nations as one of the fourth world countries with a \$170 per capita GNP in 1972. The rate of growth of population is estimated at over 3.3% making it one of the highest in Africa. Almost 90% of the people live in rural areas as subsistence farmers and pastoralists.

During my visit to Kenya, I met Lois C. Richards, USAID program officer, and her assistant, Michael A. Rugh, who informed me that the AID program in Kenya is directed at two sectors--food and nutrition, and population planning/health. Activities include rural access road and water development programs. Currently USAID is doing about \$17 million bilaterally

with the government of Kenya including a \$300,000 operational program grant with CARE on water development. GOK is furnishing the technical assistance including the well drilling. USAID is paying for the supplies with CARE operating the project. There was also opportunity to meet Frank Frew, Field Secretary, Africa Inland Mission. This missionary agency is very active in rural development. Several of the World Vision projects are operated by AIM. Both USAID and AIM will be good resource contacts for broadening our activities in Kenya.

There are seven approved projects in Kenya operated by Africa Inland Mission, Mennonite Central Committee, and the Anglican Church. Kenya covers 225,000 square miles with a road infrastructure limited to the major cities. Consequently, it was not possible to visit all of the projects. By private plane (Sight by Wings), I visited Lokichokio (KE-1005) located some 600 miles by secondary road northwest of Nairobi. Although the community development program for this area had been approved, the release of funds had been withheld pending more complete information from the field. The trip to Lokichokio made possible an on-the-site assessment of the project. There will be two project managers, Ross Alloway, and Wayne Herrod. Mr. Alloway has been an AIM missionary for over 15 years. He understands the Turkana people and has their confidence. Mr. Herrod, who is also an AIM missionary, has the initiative and the perseverance needed for the project.

The Kenya government has agreed to drill the wells. AIM has formed a technical services department headed by Dr. James Probst, who is experienced in water systems and rural community development work. Dr. Probst accompanied me on the trip to Lokichokio. I am satisfied this project can be successfully undertaken by World Vision. Wells will be drilled to meet human and animal needs. As the Turkana people use these wells, they will become more sedentary in their life style allowing the AIM people to introduce them to farming, health care and literacy programs. Our involvement in the project is limited to the first phase, namely dependable water supply at 10 locations.

Flying from Lokichokio 120 miles southeast to Kalokol located at Lake Turkana, I inspected the AIM 35-bed hospital which is the facility for a medical feeding program (KE-1004) where both in-patient and out-patient needs are being met. We then flew across the lake to Ileret, a police post located just south of the Ethiopian border. AIM has submitted a project proposal (KE-1010) for this area. It calls for a commercial fishing venture similar to the one established by AIM on the westside of the lake at Ferguson's Gulf near Kalokol. Since that one was well received by the Turkana people and has become self-sustaining, AIM is proposing this new project at Ileret. There are a number of nomadic people in the area, many of them living in a refugee camp next to the post. World Vision contribution to the project would be the water system. Tear Fund is undertaking the fish processing plant.

Last January, World Vision, through the African Inland Church, initiated an emergency relief project in the Machakos and Kitui Districts, which will continue through May. Normally, there are two rainy seasons each year in eastern Kenya that permit two dry land crop seasons. Usually,

the rain begins about the end of October and again about the end of March; however, rainfall has been inadequate for the past five seasons. Famine conditions developed as the Kamba people in these districts sold their cattle and other possessions during the prolonged drought to buy food. The area that is badly affected lies 100 miles east of the capital, Nairobi. The distribution of the famine relief supplies which began last January is being handled by the African Inland Church under the supervision of the African Inland Mission. There are approximately 28 distribution centers which, in reality, are AIC local churches with the distribution made by the local pastors. 700 bags of maize are distributed each month. The bags are 100 kg or 220 lbs in weight, which means 154,000 lbs are given to the people monthly. This represents 4 kg or 9 lbs/person as approximately 17,500 people are being kept from starving. The rations are given to the women who register with the local churches and give the number of people in their families. No one who is employed qualifies for assistance. The people receiving this aid are peasant farmers who cultivate from two to ten acres of land. The \$8,600 monthly money required to meet this famine need is used entirely for the purchase of maize in Nairobi and for transporting it to the distribution centers. None of the money is applied to administration expenses.

In northeast Kenya are some ten thousand Somali speaking people, in the Wajir and Garissa Districts. Probably less than 10% are literate. This is because no written materials are available in Somali. Furthermore, most of the people are nomadic. However, during the past decade, an increasing number of the Somalis have taken to agriculture along the Tana and Dana Rivers. Others are beginning to settle in the villages and town centers. RE-1006 is a program designed to teach literacy to these people. Dr. David W. Shenk is in charge of the work. Starting in March, literacy data will be collected. In June there will be a two week writing workshop in Garissa. By October 1, the literacy material should be ready for printing.

Many of the development projects that have been initiated in Kenya will occupy World Vision for several years, especially as they are used as a base to reach out to encompass the integrated rural development concept. There is a need to plan for the future that coherence might be stressed in the projects. We must address ourselves to the question whether we should use current projects as a means to total development or accept new projects in new areas. Perhaps a combination of the two approaches to development work would be the most effective.

Ethiopia:

Ethiopia, which stretches south and west from the Red Sea coast to form the hinterland of the Horn of Africa, is a land of escarpments and deep gorges making surface travel and communication slow and difficult. Although the country lies in the tropics, the wide range of altitude produces considerable variations in climate. The seasonal oscillation of the inter-tropical convergence zone over Ethiopia causes a main rainy season from June through August. Less than 12% of the area of the country has access to a road. More than 80% of the population relies for its livelihood on agriculture with most of these people engaged in subsistence

activities. Ethiopia is classified by the United Nations as one of the fourth world countries and is very poor, having a \$80 per capita GNP in 1972.

During my visit to Ethiopia, I met Jesse L. Snyder, Chief, Drought Relief Division, USAID, and James M. Shepard, who is under Mr. Snyder. The USAID head man, Dr. Withers, was out of the city. Since 1973, USAID assistance to Ethiopia totals thirty million dollars. In Mr. Snyder's opinion, the Ethiopian government's agricultural program in the Ogaden desert is to develop an equity in the land. That part of the country has become a disputed area with the Somali Republic. There was also opportunity to meet Don Stilwell, Relief and Rehabilitation Coordinator for the Sudan Interior Mission, and Harold Kurtz, Program Secretary for the American Mission. In 1974, which is the last reporting period for SIM, the relief, rehabilitation and development work, carried on by that mission was slightly over one million dollars (\$1,109,577). USAID and SIM will be good resource contacts for broadening our activities in Ethiopia. At a meeting conducted by the Relief and Rehabilitation Commission of Ethiopia, Major Daivet Georgis, Deputy Chief Commissioner, reported that 19,000 Somali refugees at the East Gashamo shelter in the Ogaden had disappeared sometime prior to their being moved to the Degahabur shelter, because the RRC could not continue transporting water from Degahabur to Gashamo.

A trip was made to Gode, 420 miles southeast of Addis. Gode is the site of ET-1006 relief program, ET-1009 resettlement program, and the southern terminal for ET-1010 trucking operation. At Meshkoke shelter approximately 10,000 Somali refugees are receiving general feeding, 300 people supplementary feeding, and 50 people intensive feeding. Medical assistance is being given to approximately 200 out-patients daily. Twenty-five hundred blankets have been distributed and cloth is being purchased to clothe the women. The refugees are fed once a day except the malnourished children between the ages of six and twelve, who are on supplementary feeding and children through five years who are on intensive feeding and are fed four times a day. The doctor and nurses said there was gastro-intestinal sickness, tuberculosis and malaria in the camp. Conditions were far from sanitary.

A tour was made of the irrigated farm lands that have been put into cultivation by the Ethiopian government with funding obtained from USAID. 1,000 hectares are under cultivation. Each family has two hectares on a communal basis. The crops are maize, grain sorghum, cotton, and sesame. This is a very modern farm. The land was cleared and leveled. Canals and open ditches have been dug with concrete diversionary boxes and metal gates. Water is distributed by furrows using syphons. Two crops are grown annually. Cultivation and harvesting are accomplished by hand. All other operations are done by machine. Water is pumped from the river by diesel driven centrifugal pumps and carried by aluminum main line sprinkler pipe. Rainfall in the area ranges from 200 to 350 mm annually.

Lunch was had at the Donald McClure compound where I met Joe and Sarah Blevins, missionaries for the Associated Reformed Presbyterian Church. According to the Blevins, the compound was begun in 1971 after Dr. McClure had retired from the United Presbyterian missionary work in Ethiopia. The

Blevins stated that the Somali refugees, who have been resettled, are regaining their strength and are showing a renewed interest in their traditional cultural patterns. The Blevins are of the opinion that after they receive the proceeds from the cash crops, they will buy cattle and take up their former nomadic ways. They also reported there is serious trouble in Bale Province with Somali guerrillas who have mined the roads. This may interfere with our resettlement program as Gode is on the Bale boarder. At present, the only safe way to reach El Kere is by plane.

I invited Robb McLaughlin and Harold Kurtz of the American Mission to dinner to learn about the Village Improvement Program, located in Ilubabo Province near Gambela on the Baro River. This is a five-year program. I have been invited to visit the area when there is water in the river and it is more easily reached. The two boats we provided for the project are in storage at Addis and will be taken to Gambela next month to be put in service on the river.

I met with Dick Wahl, project manager, and reviewed the status of the well drilling project proposed for Sidamo Province. The base camp will be set up at Moyale on the Kanyan border, 787 km south of Addis Ababa. The camp will be built by an outside contractor. Completion date is estimated to be April 30. The camp complex will consist of a house for the personnel, storage shed, and repair garage. The well project personnel is being trained in Addis. There are two two-man drilling crews and one three-man test pump crew. Design criteria for hand pump wells is two gpm and ten gpm for windmill wells. Six windmills, including two for BT-1002, have been received from Australia. Fuel will have to be trucked from Addis if it cannot be obtained in northern Kenya. Drilling water will have to be transported from distances as great as 100 km. A possible alternative will be to obtain water from hand dug water holes in the area. Casing requirements have been calculated on the basis that the 24 wells will average 100 meters in depth.

Development work in Ethiopia will be needed for many years. The present projects and programs can serve as a foundation for new projects that will round out rural development by adding literacy, primary health care, and vocational training to the base that is being established.

It was not possible to survey all of the relief and development projects in Africa on this trip.

B. Asia

Annual Field Survey
1975 - 1976

prepared by

Dr. Bryant L. Myers, Associate Director - Asia
World Vision Relief Organization

Bangladesh:

1. World Vision of Bangladesh Office Situation

Meetings were held with B.E. Fernando, Field Director of World Vision of Bangladesh. It became immediately apparent that the primary need in Bangladesh was the recruiting and hiring of a competent Relief and Development Coordinator.

2. Meetings

Meetings were also held with Dr. Herbert Coddington, a lung disease specialist for the Southern Presbyterians, who provides the sole medical assistance at the Tongi Refugee Camp. I also met with Major Eva Hartog of the Salvation Army.

3. Organizational Contacts: none.

4. Projects in Progress

a. BA-1002 Demra Refugee Camp

A trip to WVRO's relief project, Demra Refugee Camp, led to the following observations:

- (1) The camp's location on an island makes logistics a serious limitation and prevents electrification.
- (2) WVRO must assume virtually total responsibility for any resettlement program.
- (3) Rehabilitation at the present geographical location does not appear to be possible.
- (4) Limited medical assistance is being provided by WVRO and a preventive medicine program is planned.
- (5) Planning for rehabilitation must be encouraged.
- (6) Purely relief efforts become addicting to the recipients and thus inhibit motivation for development.

b. BA-1003 Dacca Shishu (Children's) Hospital

A visit to the Dacca Shishu (Children's) Hospital (WVRO project) led to the following conclusions:

- (1) Technical expertise in the form of WVRO Health Care Delivery Systems specialist (Dr. Ruffi Macagba) is essential to implement medical upgrade.
- (2) Contract between World Vision of Bangladesh and the government of Bangladesh concerning our support for this hospital has greatly enhanced our working relationship with the government.
- (3) Planning and design of a medical outreach capability directed at the surrounding communities is necessary to warrant our support of a capital-intensive medical unit.

India:

1. World Vision of India Office Situation

A new Executive Director has been named, Rev. Baskhar Sojwal from Calcutta. The present acting Director, Mr. John Wilfred, will continue to smooth the changeover during the coming year. Dr. D. Daniel Sundararaj was confirmed as R&D Coordinator, a role he has been carrying out for the past six months.

The R&D Coordinator will act through project supervisors who are generally pastors at the diocese level. These supervisors in turn will oversee the project managers who are responsible for the day-to-day management of the project.

2. Meetings

- a. Mr. John Wilfred, acting Executive Director, WV India.
Dr. D. Daniel Sundararaj, R&D Coordinator, WV India.
February 18, 1976 - Madras.

- (1) That assistance for Dr. Sundararaj be authorized and recruited.
- (2) That the projects be deliberately designed as being small, then building up over a number of years.
- (3) That the India R&D program be limited for the present time to Andhra Pradesh and Gujarat.
- (4) That all projects having model or demonstration farms be firmly and deliberately focused at the villager and his being appropriately trained.

Dr. Sundararaj outlined his present project appraisal methods and they seem sound.

It was requested that canned foods and sustacal no longer be shipped as relief goods; Civil Defense Biscuits and bulk food are desired.

- b. Rev. P. Jeya Kumar, Project Secretary for the Krishna-Godavari diocese of Andhra Pradesh.
Dr. D. Daniel Sundararaj.
February 19, 1976 - Vijayawada.

Rev. Jeya Kumar is responsible for all development projects under the Bishop of the Krishna-Godavari diocese. He agreed to serve as project supervisor for our proposed projects at Vidyanagar and Vegiwada. He will also help set up a local committee to supply local leadership for the projects.

- c. Rt. Rev. Bishop Ananda Rao Samuel, Bishop of Krishna-Godavari diocese, Moderator of World Vision of India Board.
Major P. Samson, Assistant to the Bishop.
Rev. Jeya Kumar.
Dr. D. Daniel Sundararaj.
February 19, 1976 - Eluru.

Exchanged pleasantries and informed the Bishop of Rev. Jeya Kumar's role as project supervisor and need to set up local project committee. He agreed.

Major Samson agreed to act as technical consultant to the poultry work at Vegiwada.

- d. Rev. N. Benjamin, Vice President Nandyal diocese.
Dr. V. Ranga Reddy, Medical Superintendent, St. Raphael's Hospital, Giddalur.
Dr. D. Daniel Sundararaj.
February 20, 1976 - Giddalur, Andhra Pradesh.

Viewed Giddalur church compound where proposed vocational training was suggested. It was agreed that the buildings should undergo repair first.

Viewed the St. Raphael's 40 bed hospital and discussed a rural outreach program of simple preventative health-care, nutrition education, and family planning with Dr. Reddy. He was very open and this option will be explored further.

Viewed a KNH (Kinder Nott Hilfe) hostel that has some existing acreage under cultivation and some land that could be reclaimed. This will be discussed further under Section 5.

- e. Rev. P. Benjamin, Vice President, Nandyal diocese.
Dr. P.S.J. Raju, Medical Superintendent, St. Werburgh's General Hospital, Nandyal.
Dr. D. Daniel Sundararaj.
February 20, 1976 - Nandyal.

Discussed the possibility of a rural outreach health care project based on Dr. Raju's hospital. Received project proposal which will be followed up by Dr. Ruffi Macagba, Associate Director of Health-Care Delivery, WVRO.

- f. Rev. Y. Isiah, Pastor of Kamalapuram Church.
Rev. K. Basi Reddy, Chairman of the Socio-Economic Development Board of the Andhra Pradesh Christian Council.
Mrs. Peggy Hawkings, Missionary at Kamalapuram for the Council of World Mission (Congregational Reformed).
February 20, 1976 - Cuddapah.

Viewed Kamalapuram project that involves reclaiming church lands (more details in Section 5).

It was agreed that Mrs. Peggy Hawkings and Rev. Y. Isiah would serve as joint project managers.

- g. Miss Dorothy Shannon, Missionary for Irish Presbyterian Mission at Prantij.
Mr. Saul Christie, Member of World Vision of India Board, General Secretary of Gujarat Christian Agency for Relief.
Dr. D. Daniel Sundararaj.
February 21, 1976 - Prantij, Gujarat.

Met to view and discuss Jiwan Dwar Leprosy Rehabilitation Project, Prantij. It was agreed that Miss Shannon would act as project supervisor, that Rev. Carpenter (who was not present) had agreed to act as project manager, and that Saul Christie would serve as consultant role as the WV representative in the area.

- h. Major Nanjibhai Dhula, Officer-in-charge, Muktipur Farm Colony.
Lt. Col. J. Makanji, Chief Secretary, Salvation Army, Bombay.
Rev. Davdatt Christian, Chairman of Gujarat Christian Service Council.
Mr. Saul Christie, Member of World Vision of India Board, General Secretary of Gujarat Christian Agency for Relief.
February 22, 1976 - Muktipur, Gujarat.

Viewed Muktipur Farm Colony and reviewed details of well boring. A local committee chaired by Major Nanjibhai was formed to direct the project. Lt. Col. Makanji agreed to act as project supervisor and Mr. Christie will act in consultive role as WV India representative

- i. Dr. J. P. Lazarus, Medical Superintendent, Roberts Hospital Borsad.
Rev. Davdatt Christian, Chairman of Gujarat Christian Service Council.
Mr. Saul Christie, Member of WV Board and General Secretary of Gujarat Christian Agency of Relief.
February 22, 1976 - Borsad, Gujarat.

Met to discuss Borsad project (details section 5) and possible medical outreach to the rural poor. Dr. Lazarus agreed to act as project supervisor and it was agreed that a project manager must be located.

- j. John Richards, Executive Secretary of the Evangelical Fellowship of India.
M.M. Das, Treasurer of Committee on Relief (EFICOR).
Lt. Col. Mathews, Director of EFICOR.

Met to cement relations between our two organizations.

3. Organizational Contacts

- a. Action for Food Production (AFPRO), C-52 N.D., South Extension-II, New Delhi - 110049.

AFPRO is a non-profit, joint service agency that was established to coordinate, establish, support, evaluate, and give technical guidance to food production development projects. Met Dr. D. D. Isaac, who is the expert on poultry raising. This may be a good source for a variety of consultants.

- b. Evangelical Fellowship of India, Committee on Relief (EFICOR), EFI House, M-96, Greater Kailash-I, New Delhi - 110048.

This relief committee has purchased a deep-bore, well digging rig for use in rural communities with limited water supplies. They have offered use of the rig to World Vision of India at cost.

Projects in Progress

- a. IN-1002 Muktipur Farm Colony

The local administering committee has been formed with Major Nanjibhai of the Salvation Army assuming the leadership role. Lt. Col. Makanji of the Salvation Army has agreed to act as project supervisor and Mr. Saul Christie, a World Vision of India Board member, has agreed to act as a consultant. A qualified agriculturalist with experience in extension work is being recruited.

The first well is producing enough water to irrigate 100-150 acres. The additional well sites have been selected and bids are being received. The land on which the wells have been dug has been pledged to the administering committee.

The second part of this project (as yet unapproved) was discussed. It was agreed that an agricultural inputs center and revolving credit fund should be set up on a small scale and then gradually increased as project goals are met.

- b. IN-1003 Jiwan Dwar Leprosy Rehabilitation

Rev. Carpenter has accepted the role of project manager and Miss Dorothy Shannon (Irish Presbyterian Trust) has agreed to be the project supervisor. Saul Christie, a World Vision of India Board member, has agreed to act as consultant.

The land area is small and an effort is being made to regain an additional 15 acres that are in danger of being lost under the India Tenancy Act.

The well has been deep bored and an electric pump set installed. This has provided enough water to irrigate all the presently available land. The housing for lepers has been renovated, two poultry houses have been set up, and the use of two buffaloes has allowed cultivation on all available land, producing enough milk to enable some sharing with local villagers. An excellent wheat and vegetable crop was within several weeks of harvest.

The project's goal of rehabilitation appears realistic. Eleven negative lepers are presently working and have remained in spite of the fact that begging would be more lucrative.

5. Potential Projects

a. IN-1004 Borsad Development Project

A local administration committee has been formed under Dr. J. P. Lazarus, Medical Superintendent of the Roberts Hospital, Borsad. They were made aware of WVRO's policies on development and are going to begin the process of detailed project design.

The need for agricultural expertise and for developing an extension capability was agreed on and has become part of the project design.

b. IN-1006 Vidyanagar Model Farm

The project was visited with Rev. P. Jeya Kumar, Project Secretary for the Krishna-Godavari diocese, who has agreed to act as project supervisor. Forty-five acres of unused church lands are to be reclaimed to serve as a model farm--agricultural extension project involving dry-land farming, wet farming, dairy, and poultry.

A project manager with solid agricultural experience in farm management is being recruited as the project design is being developed.

A clinic that has a full-time compounder and nurse and which is visited by a doctor once a week is across the road from the clinic and could serve as the base of a health-care, nutritional education, and family planning project.

There is a State Rural Development Bank within ten miles (2% of all deposits received by federal banks must be used for rural development). This will be explored as an alternative to a revolving credit fund.

There are three existing buildings in good repair that are in use as part of a blind children's home which will move to another village in

two months. These buildings would be available for the use of the project manager and as a possible vocational training site.

There are five villages (25,000 people) within three miles and they are used to coming to Vidyanagar for the clinic and for schooling.

c. IN-1007 Vegiwada Poultry Extension

This project was visited with Rev. P. Jeya Kumar who has agreed to act as project supervisor and with Major P. Samson who has agreed to supply the technical expertise on poultry raising.

This project consists of a 1½ acre site adjacent to the Vegiwada church where the poultry raising will be done and a four acre field a quarter of a mile distant where the appropriate chicken feed will be raised.

A full-time extension worker is being recruited to run the poultry distribution and villager training work.

A local administration committee is in the process of being formed after which detailed project design will begin.

d. IN-1008 Giddulur Agricultural Project

Toured the project site with Rev. N. Benjamin, Vice-President of the Nandyal diocese who has agreed to act as the project supervisor. Because of the paucity of local management capability it was determined that the project would start very slowly and progress at a rate that would be consistent with on-the-job training of a project manager.

During the first stages the project will serve to produce enough food for the 75 children in the KNH hostel that shares this church-owned land. The children in the hospital will be trained in a nutritionally balanced vegetable growing project.

Dr. V. Ranga Reddy, Medical Superintendent of the local St. Raphael's Hospital, showed a strong interest in a rural outreach health care/nutrition/family planning overlay to the agricultural project.

e. IN-1009 Kamalapuram Agricultural Project

Visited the project site with Rev. Y. Isiah, Pastor in charge of the Cuddapah District who will act as the project manager; Rev. K. Basi Reddy, Chairman of the Socio-economic Development Board of the Andhra Pradesh Christian Council, who will act as co-project supervisor with Miss Peggy Hawkings, a missionary of the Council for World Mission (Congregational Reformed).

These people have already reclaimed five acres of land to produce fodder for the buffaloes they distribute to each child that graduates from the local CSI school.

There are two agriculturalists on the premises now; Rev. Isiah looks good as project manager.

f. R&D Training Project

The need is felt to provide periodic training for all development project managers. It was agreed to begin planning and design of a project that would bring project managers together on a quarterly basis for training in project management, simple accounting, how to design a project for self-sufficiency, reporting, and evaluation.

6. WVRO Field Managerial Capability

Dr. D. Daniel Sundararaj, World Vision of India Relief and Development Coordinator, is a plain speaking man who is very competent in agriculturally related areas. He shows good attention to detail and is open to suggestions and guidance. He is firm when necessary and uniformly commands respect; his advice is actively sought at the project level.

John Wilfred, acting Executive Director, World Vision of India, is a good man who is solidly in-charge. He has good instincts for development and sees to it that details are taken care of. He and Dr. Sundararaj have a good working rapport.

There is a need for regional R&D men; one for Andhra Pradesh and another for Gujarat. Job descriptions and final approval for recruitment are underway.

Indonesia:

Isack Malino, WVRO's Indonesian Relief and Development Coordinator, hosted the survey of projects in Kalimantan. His managerial abilities and attitudes toward development were encouraging. His limitations are in the area of experience, systematic project design, and planning. It is hoped that Tod Lemons, who is Isack Malino's expatriate counterpart, will provide the elements that Isack lacks to our relief and development program.

While in Kalimantan, three transmigration projects were visited and the following conclusions were made:

1. That WVRO limit its projects geographically to those areas that permit relative ease of access and where the potential exists for a fully integrated development program at a community level.
2. That the development of competent, responsible, local project managers must be a criteria in the project selection process.
3. That criteria in the form of a Country Plan are essential to initiate a focus in our development program.

WVRO's use of an Indonesian face (LEPKI = Christian Service Institution of Indonesia) has resulted in excellent support by the government of Indonesia. LEPKI is registered by three important government ministries.

Philippines:

1. World Vision of the Philippines Office Situation

Mr. Russell Kerr, a New Zealand agriculturalist, has recently joined the office staff as R&D Coordinator. He is working in a team-relationship with Mr. Samuel Umandap.

Field Director, Mel Van Peurse, has turned over the existing R&D program to Mr. Kerr and Mr. Umandap for restructuring and direction.

2. Meetings

- a. Russell Kerr, R&D Coordinator.
March 1, 1976 - Manila.

An analysis of the existing development work was performed. A thorough discussion of WVRO development policy, procedures, and forms helped to provide a framework within which the program was given new directions and substance.

- b. Dr. and Dra. Domandan, Chiefs of Staff of Manila Sanatorium Hospital and Executive Directors of the Medical Aviation Program.

The rural medical outreach program of Dr. Rufino Macagba, WVRO's health-care delivery systems specialist, was introduced and enthusiastically received. The Medical Aviation Program people were encouraged to submit projects to World Vision of the Philippines.

3. Organizational Contacts

Medical Aviation Program (see Section 2.b.).

4. Projects in Progress

- a. PH-1001 Bilibid Prison Rehabilitation.

Mrs. Olga Robertson will serve as project manager and will operate directly under Mr. Kerr.

The Chapel construction is just beginning. Getting bids proved difficult and the Director of the Prison has been making it difficult for prisoners to get outside to do the work. This appears to be resolved.

The half-way house is indefinitely delayed. The man who was to donate the land has died. Alternative sources are being explored

5. Potential Projects

Three general areas of potential development work have been investigated by Mr. Kerr and Mr. Umandap. A tour was made of some representative areas.

a. Rural rehabilitation - Pantabangan

18,000 people who used to live in the valley now filled by the waters of the Pantabangan dam are now clustered on the surrounding hillsides. They have built houses on credit, are too far from any city where work could be found, are forbidden from cultivating the hillsides because of erosion hazards, and are not allowed to fish in the lake.

b. Urban resettlement

Squatters from Manila are being forcibly resettled in communities of 18-20,000 in outlying rural areas. Each family is given a loan to build a house and 100 square meters of land. Education is provided but there is no provision for income generation.

c. Barrio development

These are small rural communities (100-500 families) of predominately landless farmers. Water and undeveloped barrio lands are their primary problems.

It was determined that only the barrio development would be a source of potentially-integratable, community-based development of WVRO size. Therefore, it was agreed that barrio development should serve as our primary focus.

6. WVRO Field Managerial Capability

Mr. Russell Kerr is a well-qualified practical agriculturalist. He works well in a cross-cultural setting and is willing to get into the local setting for his fact collecting. He shows good managerial capabilities.

Mr. Umandap is a young, bright Filipino with a good working knowledge of rural and urban needs. He has little working experience in development work but has showed an ability to learn quickly.

The skills at the project manager's level are sketchy and a systematic training program was discussed and planning has begun.

Thailand:

1. World Vision of Thailand Office Situation

There was a change in leadership at the first of the year that has resulted in a major office reorganization. The R&D program is being evaluated in detail and, as a consequence, is in a state of change. This has been further exacerbated by the local political situation.

2. Meetings

- a. Don Scott, Field Director, World Vision of Thailand.
Dr. P. Somdee, Assistant to the Director.
Mr. Chalermchai, Head of the R&D Department.
Mr. Sukete, R&D Planning and Evaluation.
February 24, 1976 - Bangkok.

The restructuring of the R&D program in Thailand was discussed in light of the deteriorating political situation in the northeast (where a lot of our prior development work is) and the need to reorganize the office R&D staff and develop appropriate baselines on existing projects.

It was concluded that WVRO should phase-out its work in the northeast that requires WVRO presence. The vocational training will be upgraded and maintained using non-World Vision Thailand staffing.

Future work would be located in the North around Chiang Mai and Bangkok.

- b. Mr. N. Sombat, Head of Social Welfare for Nong Khai Province.
Dr. P. Somdee, Assistant to the Director of World Vision Thailand.
February 25, 1976 - Nong Khai.

Visited the Meo and Thai Dam refugee camps east of Nong Khai. Conditions were not too good but both groups are due to be moved to the newly constructed Center for Displaced Persons where World Vision of Thailand has installed a water delivery system.

Mr. Sombat claims that the refugees will be permanently resettled here although there is no room for food production and each long house will be asked to house 200 people.

- c. Eugene and Robert Morse and families, independent missionaries, Chiang Mai.
Don Scott, Field Director, World Vision of Thailand.
February 27, 1976 - Chiang Mai.

The Morse families have been working with Lisu tribespeople for 21 years in Burma and now in Thailand. They have had a successful village resettlement of these nomadic hill people in Burma and are

interested in doing the same for the 20,000 Lisu that are located in six provinces in northern Thailand.

They were encouraged to design and submit a project for a resettlement village about 40 miles north of Chiang Mai.

3. Organizational Contacts: none.

4. Projects in Progress

a. TH-1001 Rice Tractor Project

Mr. Chalermchai is acting as the project supervisor and the local village pastor oversees the use of the tractor in his communities. Fifteen tractors have been distributed in fifteen villages.

There is an eight month dry season and the soil is so sandy that rubber tires are required to replace the rice tires. It was decided to supply all of the tractors with rubber tires.

Because of the political situation in the north-east and the high visibility of World Vision of Thailand in this project, it was suggested that this project be phased out over the next six months.

For the already distributed tractors, a small fund for maintenance should be set up and adequate baselines determined to provide the basis for evaluation.

b. TH-1002 Vocational Training

One representative center was visited which had a local seamstress as the project manager. Four machines were in use and five girls are being trained in a three month course. Seven girls have graduated from a six month pre-employment course and all are presently employed.

It was determined that the project managers of these vocational training projects need to have a training program that will teach them how to measure baselines, measure the local job markets, simple accounting and savings methods that will allow for ultimate self-sufficiency, etc.

c. TH-1003 Ubon Training Center

Mr. Chalermchai is the project supervisor and the local pastor's wife acts as the project manager.

This project has been going for two years and has 18 sewing machines and four beauticians chairs. 37 girls are presently being trained.

Twenty-five have graduated from the seven-month pre-employment sewing course and 80% are employed at the present time. 28 girls

have graduated from the beauticians school and 75% are presently employed.

The project manager should be included in the training program described as part of project TH-1002.

d. TH-1004 Development Silk Industry, Roi-et

195 families are involved in tending to 45 rai of government owned mulberry trees. Each family is responsible for ten rows of trees and uses the leaves to feed silkworms provided, free of charge, by the government.

Mr. Chalermchai is acting as the project supervisor, and was encouraged to determine some economic baselines and establish some measurable goals.

The present need is to aid the people in improving the quality of the silk produced and Mr. Chalermchai was encouraged to redesign the project to include this.

5. Potential Projects

a. Lisu Resettlement Village

Robert and Eugene Morse will act as project managers directly under Mr. Chalermchai's supervision.

The purpose of this project is to establish a small village in the hills north of Chiang Mai for some Lisu mountain people and establish a small school. As the village life gains acceptability, agricultural, vocational training, and health-care/family planning, nutrition elements will be added.

Project design was discussed, and Robert and John Morse will go to Bangkok to plan the project with Don Scott.

b. R&D Training Project of Vocational Training Managers

It was agreed that World Vision of Thailand should investigate the possibility of having a series of training workshops for those responsible for the vocational training centers. The training would include simple bookkeeping, reporting, how to perform job surveys, demonstration methods, etc.

6. WVRO Managerial Capability

Project level managers will require systematic training in simple accounting, reporting, baseline determination, and evaluation.

The national R&D workers have good individual skills, but require seasoning. It will be necessary to train them in project management,

design, and evaluation, and to carry out periodic evaluations of their performance to determine the workability of the concept of a three-man team.

7. Items Communicated to the Field

The following items were discussed and illustrated:

- a. Concept of measurable goals and milestones.
- b. What a baseline is and how to establish one.
- c. Design of a project in terms of goals.
- d. Evaluation based upon project goals.
- e. Roles of assumptions in project planning and the need to periodically evaluate their validity.
- f. The WVRO requirement that projects have the potential of integration at the community level.
- g. WVRO policy, procedures, and forms.

C. Medical Survey, Asia

report on Asia trip of

Rufino L. Macagba, Jr., M.D.
Associate Director
Health Care Delivery Systems
World Vision Relief Organization
November 2-29, 1975

1. Singapore - November 4-9

Dr. Macagba attended the Fifth International Congress of Christian Physicians at the Apollo Hotel. This was a good opportunity to meet medical leaders from countries with World Vision projects. Of the 600 delegates from about 30 countries, 150 came from the U.S. and Canada. World Vision was among seven organizations which presented exhibits on medical and health care projects undertaken in developing countries. Dr. Macagba served as one of the group rapporteurs.

Dr. Macagba met the leaders of the Christian Medical Association of India (CMAI). Their 400 member-institutions compose the most influential health care group in India. They could provide valuable assistance in the development and delivery of health care aspects of our projects in India. The general secretary, Dr. D. Isaac, introduced Dr. Macagba to key members of their delegation. His address is Christian Council Lodge, Nagpur 440-001, Maharashtra, India.

Another valuable contact was Dr. Lukas Hendratta from Jakarta, Indonesia. His address is Jl. Dempo 3 Jakarta-Pusat, Indonesia.

2. Delhi, India - November 9-11

Briefing with Richard Herr, head of the program division, USAID to India, assisted by his program analyst, Mr. P. E. Balakrishnan. AID programs were stopped in India in 1972. Reestablishment is being considered. India is currently very cautious in accepting foreign aid. Many Indians feel that too many pilot projects have been carried out without significant results. There are a large number of professionals and scientists in India. They feel that they know the problems and their solutions. Health projects are usually regarded as politically influenced unless they are from the private sector. The people are more responsive to efforts by the Christian health organizations.

Dr. Macagba spent one morning with Dr. Dutt Mullick, Secretary of the Family Planning Association of India. He mentioned that India has had ten years of experience with its national family planning programs and has learned a lot from this experience. He indicated his availability to share this experience with interested groups in India or elsewhere.

3. Dacca, Bangladesh - November 11-14

Dr. Macagba spent a full day at the Demra Refugee Camp and another day at the Dacca Shishu (Children's) Hospital.

a. Dacca Shishu Hospital:

This cooperative venture with the Bangladesh government could help cut difficult red tape on other World Vision projects in that country. This is the only pediatric hospital in the country and child health is a major problem among the people.

It is too early to evaluate performance at this time. The present administrator took over this dying hospital only last August 1975.

The active pediatric medical staff leadership is apparently well qualified for the medical work but the administration needs help and guidance. Specific suggestions were made on the spot. A detailed set of recommendations through channels were made on his return to the United States.

A major problem is that the building is rented property and the owner is asking that the premises be vacated in six to twelve months. The government has donated a large piece of land. The problem is a building and improved facilities.

The leadership of the hospital seems quite determined to make it into a voluntary hospital with outreach services--a center of pediatric health care in the country.

Dr. Macagba believes this hospital is worth helping. The leadership seems to be responsive to guidance. The potential for success is there because they have the determination, the right connections in the country, and a vision of a center for service to the children of the nation.

b. Demra Refugee Camp:

This is one of the three major refugee camps in or near Dacca. It has the highest elevation among the three, and has 30,000 people in it. This is an excellent project for comprehensive relief and development, and has great potential.

Mary Campbell, the New Zealand nurse, is doing excellent clinic work in the camp five days a week. Dr. Macagba gave specific suggestions on how to add a public health aspect to the work in the camp. It was basically the setting aside of one day per week for this purpose.

He also made specific suggestions to World Vision Director, B.E. Fernando, on how to improve the nutrition program in the camp through

seedling distribution of four basic plants and a health education program for the people, utilizing available resources.

4. Madras, India - November 14-16

Dr. Macagba was taken around by Rev. Cornelius, the Childcare Director, and Dr. Sundararaj, the Relief and Development Coordinator. They visited the Rainy Hospital and its very interesting outreach projects into the slums and into the countryside.

Dr. Macagba met with Acting World Vision Director of India, John Wilfred, and the World Vision business manager, Raja Rhenius. He visited the Madras Christian College and its village health work. This latter visit was arranged by General Secretary Dr. D. Isaac, of the Christian Medical Association of India (CMAI), with the World Vision office in Madras.

The India World Vision leadership seemed quite receptive to integrating health care into their agricultural and development projects, and were willing to work with the CMAI in this aspect.

5. Philippines - November 17-23

Dr. Macagba spent the first three days visiting World Vision childcare Family to Family projects both in the city and the rural villages. He was impressed by the comprehensive approach used with help to the children utilized for a program for all the families involved--with educational, cultural, health and nutrition, vocational training, and community resources components.

He introduced Director Mel Van Peurseem to key leaders in the health care and family planning fields. Mel has an excellent childcare assistant, Mrs. Israel, who has both excellent professional education and experience behind her.

6. Taiwan - November 23-26

The World Vision general secretary for Taiwan, Paul Wei, was with Dr. Macagba throughout his stay in the country.

They spent one day in the Puli Christian Hospital, which has been helped by World Vision in a major way since the 1950's. Dr. Macagba was asked to evaluate the performance of the hospital and to make a set of recommendations regarding its future. This was done.

The Bethany Polio Home in Ping Tung and the mountain children's home about 1½ hours away were also visited as World Vision assisted successful projects.

7. Korea - November 26-29

Dr. Macagba visited the WV Special Skin Clinic and the Kimpo Children's Hospital in Seoul. He had a talk with Dr. Myung Ho Kim, Professor of Preventive Medicine and Vice-President of the Korean Public Health Association. He visited the Taegu Presbyterian Hospital and its World Vision annex. He visited the Sung Boo Crippled Children's Home and the Tae Sung Baby Home, also in Taegu. These are successful World Vision assisted projects.

a. The World Vision Special Skin Clinic:

Leprosy patients are traditionally severely ostracized in Korea. Dr. Joon Lew really did a great service to his country with his three-pronged approach to the disease: spiritual, physical, and economic. Dr. Lew is a microbiologist. He started his work on leprosy in 1947. World Vision started helping him in 1959, with funds to buy land and a building, and yearly support which has continued up to now.

Dr. Lew's efforts resulted in successful resettlement projects for leprosy patients and their families. There are now 90 resettlement villages with over 11,000 lepers - 20,000 including families and visitors. Public opinion has changed and a cruel law against leprosy patients was amended.

Dr. Lew received the highest award for a civilian from his government a few years ago. He continues his "Vision Magazine" for public information on leprosy.

The World Vision Special Skin Clinic continues to be a referral center for leprosy patients in Korea.

b. The Kimpo Children's Hospital:

Located in the beautiful and spacious World Vision office, Kimpo is at the outskirts of Seoul. It has 20 beds and serves 3,600 orphan children in the Seoul area. The administrator is Mr. Youm Soon Sou.

c. Orphanages:

There are three major centers for medical care of the children:

- (1) The Kimpo Hospital for the Seoul area.
- (2) The World Vision Children's Annex of the Taegu Presbyterian Medical Center for the Taegu area.
- (3) The Tae Jon Hospital now rented out to a Christian doctor who gives almost free services to WV children.

The problem is in the homes far from these centers. Dr. Macagba suggested the possibility of arranging prepayments or discounts with local doctors.

For Korea, he suggested the formation of a small voluntary medical advisory group to give advice on health care for the children. He also suggested the hiring of one in-country external evaluator to visit a random sample of homes once a year and evaluate the work against minimum standards which he will propose. The evaluator will be alternately a public health expert and a pediatrician. A yearly award to outstanding homes was also suggested.

8. Conclusion

Dr. Macagba feels that World Vision is contributing in a major way toward uplifting the quality of life of people in Asia among the poorest 40%. This trip has reinforced the following recommendations:

- a. In areas where the political situation is unstable, the most important objective in giving aid is to give the people practical knowledge which they can use not only for survival but also for elevation of their quality of life. Giving them the tools to enable them to apply their new knowledge and skills is also important, but these must be portable and light enough to be easily brought with them when they have to move elsewhere.
- b. The development of leadership, management, and technical skills among nationals, especially those involved in our projects abroad is extremely important. This insures that there will be trained nationals who can help their own people better, even after withdrawal of foreign support. This should be the most important task of expatriates whose tenure is usually, at best, temporary.
- c. Development is a process of elevation of the quality of life of a group of people from their present state to the next higher level.
- d. Evaluation of projects should be made not only in comparison with predetermined objectives, but also must take into consideration the general situation in the country. This includes their history, their level of development in that field, their culture, their values, and their priorities. It is not appropriate to judge projects primarily according to standards and values in developed countries like the United States.

VI. Country Plans

"Country Plans will describe in detail development needs in a country, identify specific projects and programs, assess WVRO capability to respond to these needs, describe other in-country agencies performing development work, suggest schedule, budget and implementation, as well as reflect consistency of described projects with stated WVRO philosophy and guidelines." This is the projection of what country plans will contain at the end of the DPG.

Three country plans are included in this Annual Report, although only two were scheduled by this time. These plans were developed by field personnel with the assistance of the Associate Directors for Africa and Asia. They represent the current "state of the Art" within WVRO at this time. The documents fall short of the goals described in the previous paragraph, especially with respect to budget and schedule dimensions. However, they represent a major advance in our capability to control, in advance, the course of country relief and development strategy.

A. Ethiopia Country Plan

Prepared by

Dr. Ken Tracey, Director, World Vision of Africa
Robert S. Ash, Associate Director/Africa

1. Rationale for World Vision Relief Organization Involvement

It is the stated policy of the WVRO that it involves itself in helping needy people become self sufficient in earning income, producing food and creating a community life resulting in long term survival and growth.

2. General Overview

a. Geography and Climate:

Ethiopia is a country of 1,184,320 square kilometers situated in the northeast corner of Africa. It is bounded on the north and west by the Sudan, on the east by the Red Sea and Somalia, and on the south by Kenya.

The geography is typified by the high central massif averaging some 2,150-2,500 meters (7,000-8,000 feet) with Ras Dejen in the north rising to more than 4,250 meters (14,000 feet). The plateau is broken up by deep river gorges and slashed from north to south by the Great Rift Valley.

Major life-giving rivers which carry rich silt during the rainy season are the Blue Nile, the Wabe Shebelli, and the Awash. Egypt depends on the wash of these river systems.

b. Political:

Up until September, 1974, Ethiopia's government was a hereditary constitutional monarchy. However, the uprising of the masses backed by the military at large in early 1974 to change the style of government was successful to the extent that Emperor Haile Sellassie, who ruled Ethiopia for over 40 years, was deposed together with the prime minister and many other higher officials.

The ruling body in the present government known as the Provisional Military Government of Socialist Ethiopia is called the "Derg" or "the Commission" and consists of over 100 selected military personnel headed by a chairman and two vice chairmen.

The change from constitutional monarchy to socialism was carried out fast and radically. Farmers who were tenants to land lords before are now owners of the land they till. Nationalization, both rural and urban land, were among the major changes carried out successfully by the new military government.

c. Population:

The total population is estimated to be 27.0 million. Using a definition of a town as a locality with more than 2,000 inhabitants, the population is 9.4% urban.

The yearly growth rate is 2.1% which gives an anticipated 35.7 million inhabitants by 1985.

Fifty-six per cent of the population is less than 20 years of age, and 44% is less than 15.

Addis Ababa is the largest city, with approximately 800,000 inhabitants, followed by Asmara with 200,000, and Dire Dawa with 61,000.

d. Government Development Plans:

The developmental action of the Relief and Rehabilitation Commission (RRC) and other concerned ministries such as Ministry of Agriculture, fall into the following areas:

- (1) Short term relief work in countering the drastic effects of the drought by establishing (a) relief shelters such as in the Ogaden, and (b) transport facilities such as air and trucking for grain and medicines.
- (2) Long term developmental use of the land such as the Wabi Shebelle irrigation resettlement.

These plans are projected five to twenty-five years for the best use of the natural resources of the country.

e. Other Voluntary Agencies:

Numerous international and local voluntary organizations participate in the above two fold program of the government at varying levels of input. The total strategy and administration is under the control of the government body. Some of the voluntary agencies are listed below:

UNDP
FAO
WHO
UNICEF
OXFAM
CONCERN
Catholic Relief Service (CRS)
Seventh Day Adventist World Service
US AID
SIM
American Presbyterian Mission.

f. Other Aspects influencing World Vision Activities:

- (1) Lack of effective rainfall places dependance upon irrigation sources.
- (2) The diversity and immensity of unproductive areas calls for immense managerial control of certain areas being developed.

3. General Development Needs

a. General Needs

(1) Agriculture

- (a) 90% of the total population is involved in rural industry. Assistance must continue to be input at a low mechanization, high labor level.
- (b) Drought has caused a disorientation by the loss of farm assets, i.e. cattle, goats, and beasts of burden.
- (c) Although changing, the majority of the rural residents involved in agriculture still depend on seasonal rains.
- (d) Effective "government run farms" have resettled nomads producing an above average output per hectare of crop.

(2) Health/Nutrition/Family Planning

The main prevalent diseases are gastro intestinal diseases, eye diseases, leprosy, respiratory infections, etc. Life expectancy on the average is roughly 55 years and the birth rate about 2 per 100.

(3) Education Training

Approximately 5-10% of the population of Ethiopia is literate. School facilities are available for only 15 to 20% of the school-age children.

Amharic is the official language, spoken by 60% of the people. Tigrinya, Arabic, Harari, Galla, Sidamo, Agau, Beja, and Somali are spoken by large ethnic groups. Other languages number about 60 spoken by smaller units.

(4) Income Generation

Income generation per capital income is about \$80 per year.

- (a) Labor intensive farming with instruction in use of irrigation systems.
- (b) Steady local markets for hand craft products and large overseas markets developed for primary products.
- (c) A culture orientated trend of improved technology in urban areas.

b. Specific Needs

(From perceived needs and specific requests for assistance)

(1) Agriculture Improvement

- (a) Land development for crop and animal farming.
- (b) Resettlement of nomads in low rainfall area beside potential source of irrigation.
- (c) Animal husbandry and disease eradication.
- (d) Assistance (other than financial) to small scale farmer in resettlement project.

4. World Vision Development Strategy

The WVRO developmental strategy in Ethiopia calls for improving the quality of life of the poor through programs defined by the following criteria:

- a. That they be self help programs leading to self sufficiency and not allow the recipient to become dependent upon the assistance.
- b. In development projects the assistance given would raise needy people to a level they are able to maintain unaided in later years.
- c. That community and culture be held in view at all times.

5. Limitations

- a. The vast area of dry arid land without potential water or rainfall resources.
- b. Management ability and operation to sufficiently understand and implement development projects in this area.

6. Development Action

Existing World Vision of Ethiopia Projects:

- a. ET-1001 Water Drilling

This activity consists of the drilling of 24 medium depth bore holes principally within existing population centers of Sidamo Province for the purpose of increasing the available supply of potable water for human consumption purposes.

b. ET-1002 Two Windmills to SIM

World Vision has provided SIM with two Southern Cross 21 foot windmills for installation in Tigre Province.

c. ET-1004 Medhane Alem Rehabilitation Centre

Support is given for the rehabilitation of leprosy patients.

d. ET-1005 Windmill Installation

This program is carried out in close association with the water drilling. The purpose is to service small municipalities whose populous has formerly depended upon carried contaminated stream water.

e. ET-1006 Gode Relief

The assistance of famine victims in the provision of blankets, medical care, and some supplementary feeding.

f. ET-1007 Village Improvement Program

Situated in the Gambella area, this project is designed to make it possible for people in village beyond reach of normal services, e.g. education and health, to help themselves.

g. ET-1008 Fistula Clinic

A clinic established in Addis Ababa by Drs. Hamlin to effect major surgery on young mothers suffering serious child birth injuries.

h. ET-1009 Ogaden Resettlement

The resettlement of 400 nomadic families on 400 hectares in one year in the Ogaden area as part of the RRC development on the Wabi Shebelle.

i. ET-1010 Dire Dawa Trucking

The provision of Mercedes trucks by World Vision to the RRC for the transport of grain from the stores to the relief shelters.

j. ET-1012 Asmara Relief

The distribution of grain and blankets to needy people by the Middle East General Mission.

k. ET-1013 Kambatta

The supply of grain to families affected by severe hail storms in late 1975.

l. ET - SIM Agricultural Consultant

The provision of one landrover and six months running expenses.

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46 ARE MISSING

- (a) Vocational training (tailoring, weaving, secretarial, and carpentry).
 - (b) Functional literacy (how to read seed packets, fertilizer instructions, loan promises).
 - (c) Community development (leadership training and experience).
- (3) Income generation
- (a) Development of handicrafts for export.
 - (b) Development of individual vocational skills (weaving, tapemaking, mat weaving, wicker work, brick making, sewing, carpentry).
 - (c) Development of animal husbandry in agricultural areas depending upon seasonal rainfall.
- (4) Health Care using the existing medical infrastructure
- (a) Nutrition education.
 - (b) Family planning motivation.
 - (c) Basic health care training (village health assistants).

4. World Vision Relief Organization Strategy

The World Vision Relief Organization's development strategy in India calls for improving the quality of life of the rural poor through projects/programs defined by the following criteria:

- a. That they be directed at the lowest 40% of the economic spectrum.
- b. That they be limited to geographical areas where World Vision of India has:
 - (1) A capability for local managerial oversight.
 - (2) A historically viable involvement with a local indigenous organization; namely, the states of Gujarat and Andhra Pradesh.
- c. That they be part of an integrated development program deliberately designed for self-sufficiency.
- d. That they be susceptible to community involvement.
- e. That they be consistent with World Vision Relief Organization development policy.

5. Limitations

- a. Managerial and Personnel--location of suitably trained, multilingual relief and development program coordinators.
- b. Logistics--the large size of India restricts the direct managerial oversight role of the relief and development coordinator.
- c. Financial--the size of the World Vision of India budget and the on-going inflation.

6. Development Action

a. Existing World Vision of India development projects

(1) IN-1002 Muktipur Farm Colony, Gujarat

Creation of a farming cooperative for 175 families (700 people) by providing financial support to supply water for irrigation, to establish integrated farming practices, and to establish an agricultural services center and revolving credit fund.

(2) IN-1004 Borsad Development Project, Gujarat

To clear, prepare, irrigate, and plant ten acres of unused land for food production and to teach vegetable/fruit cultivation and poultry/dairy farming to teacher-trainees and children.

(3) IN-1006 Vidyanagar Model Farm, Andhra Pradesh

To increase the food production and income of the small farmer by:

- (a) Developing church owned land as a center for agricultural extension.
- (b) Providing agricultural training for the local villager.
- (c) Setting up a livestock unit including dairy animals, poultry, sheep, and goats.
- (d) Assuring an adequate water supply by digging five wells.

(4) IN-1007 Vegiwada Poultry Extension Project, Andhra Pradesh

To increase the food production and income of the small farmer by:

- (a) Reclamation of four acres of land.
- (b) Installing a poultry project including fencing and electrification for 1,000 chicks.

- (c) Training local villagers in poultry raising and marketing.
- (5) IN-1008 Kamalapuram Model Farm, Andhra Pradesh

To increase the food production and income of the small farmer by:

- (a) Reclaiming 37 acres of land.
- (b) Implementing improved methods of agriculture as the land goes under cultivation.
- (c) Setting up a livestock raising center with poultry, dairy animals, and bee-keeping.
- (d) Providing adequate irrigation by digging two irrigation wells.

The above projects generally cover the following areas: water/wells, livestock, land regeneration and cultivation. There are isolated elements of credit/banking, provision of mechanical farm equipment, and agricultural training. The elements that could be added for the purposes of integrating the projects are nutrition, basic family planning, health care education, leadership training, vocational training, literacy, and extension work.

b. Proposed Actions

- (1) To overlay on all development projects simple health-care education, nutrition education, and family planning using existing health care facilities.
- (2) To implement a training program (as a separate, approved, and funded project) that has as its goals the training of local indigenous personnel in the areas of practical agriculture; simple project management; and simple health care, nutrition, and family planning. This program would consist of two parts.
 - (a) Scholarship fund to send students and/or World Vision of India personnel to school in agriculture, social work, and public health on a we-will-pay and you-will-work-in-the-field-for-us basis.
 - (b) In-house training seminars for project managers and village leaders. These would be run by World Vision of India and/or WVRO specialists in health care, education, and agriculture.

General Overview Attachment
India

Prepared by

Dr. D. Daniel Sundararaj

1. Geography

Geographically, India occupies a strategic position in South Asia looking across the sea to Arabia and Africa on the west and to Burma, Malaysia, and the Indonesian archipelago on the east. It is separated from the rest of Asia by the towering Himalayas which form an irregular crescent in the north.

India lies to the north of the equator, between $8^{\circ} 4'$ to $37^{\circ} 6'$ north latitude and $68^{\circ} 7'$ to $97^{\circ} 25'$ east longitude. It is bounded on the southwest by the Arabian Sea and on the southeast by the Bay of Bengal.

On the western border lies Pakistan and in the east Bangladesh and Burma. The northern boundary is made up of the Sinkiang Province of China, Tibet, Nepal, Bhutan, and Sikkim. The Southern tip of the peninsula is washed by the Indian Ocean.

India measures about 3,219 km from north to south and about 2,977 km from the east to the west, with a total land area of 3,268,090 sq. km. It has a land frontier of 15,168 km and a coast line of 5,689 km.

The Himalayan System lies between the plateau of Tibet and the Indo-Gangetic Plain and consists of a series of mountains arranged in more or less parallel ranges which now combine in a mountain knot, then divide to leave room for inter-mountain valleys like those of Kashmir and Kulu. The Great Himalayas consist of a whole series of peaks separated by deep canyons. This mountain chain is crossed by high passes over which run the immemorial trade routes between India, Tibet, and China. The easternmost end of the Himalayas is breached by a spectacular gorge formed by the Brahmaputra River.

The Indo-Gangetic Plain occupies which was once a hollow between the Himalayas and the old rock plateau of the peninsula; a hollow that has been in-filled by alluvium brought down by the great Himalayan rivers. The plain is over 2,400 km long and generally 200-300 km wide. The gradual transition is from the dune-covered, desert-plain of Rajasthan; through the rich, cultivated alluvium of Uttar Pradesh; to the swampy Sundarbans along the seaward edge of the Bengal delta.

Peninsular India or the Deccan Plain is the dominant land form. The great stretch of rolling country is at some considerable elevation above sea level. India's mineral wealth lies in this area, especially iron and manganese ore with coal in basins in the northeast Deccan. In Maharashtra there is a great outpouring of basalt which overlies a crystalline base and gives rise to characteristic steep land forms.

Across the plateau flow the great east-flowing rivers: Mahanadi, Godavari, Krishna, and Cauveri. Each forms a notable delta where it reaches the sea. The Narmada and Tapti, on the other hand, flow westward.

2. Weather

A wide range of climates are found in India; the desert of Rajasthan contrasts with the humidity of Bengal. The winter snows of the Himalayas contrast with the nearby equatorial heat of Kerala, Tamil Nadu, and Andhra Pradesh which contrast with each other: Kerala being wet with a short dry season, Tamil Nadu is dry with a long dry season.

For most of India, except Tamil Nadu, the southwest monsoon of about June to September is a period of rain. It is very heavy in Bombay and Calcutta; torrentially heavy in Meghalaya (where Cherrapunji has the reputation of being the earth's wettest spot); light by the time Delhi is reached; even lighter and highly variable in the desert.

The northeast monsoon is a period of dry weather over most of India, except Tamil Nadu, which then has its rainy season.

Summer months:

June - September	73.7% of total rainfall
October - December	13.3% of total rainfall
December - February	2.6% of total rainfall
March - May	10.4% of total rainfall.

3. Government

India received its independence on August 15, 1947, and became a sovereign Democratic Republic on January 26, 1950. India, also called Bharat, is a Union of states. The Union is quasi-federal in character embracing the Union of Central Government and Government of the States. India is a democracy in which the political party with majority support from the people is in charge of the government. The Central Government has the overall responsibility for the whole country. There is a Parliament consisting of the President and two Houses: the Council of States (Rajya Sabha) and the House of the People (Lok Sabha). There is a Council of Ministers with the Prime Minister at the head. Under the parliamentary system, the executive is under the Legislature; the Judiciary alone functions as an independent branch.

There are twenty-one states within the Indian Union and each state has the majority party forming the state Government. The Governor of a state, nominated and appointed by the President of India, is the Executive head of the State Government. He is assisted by a council of ministers with the Chief Minister at the head.

The Constitution of India lays down the main principles on which the Republic is founded:

- a. Justice, social, economic, and political.
- b. Liberty of thought, expression, belief, faith, and worship.
- c. Equality of status and of opportunity.
- d. Fraternity, among all, assuring the dignity of the individual and the unity of the nation.

4. Population, Religion, and Language (as per 1971 census)

- a. Males 284 million.
Females 264 million.
Total: 548 million.

b. Density of population = 178 persons per square km.

c. Proportion of urban to total population - 19.91%.

d. Age: Percent of Population:

0-14 years	42.02%
15-59 years	51.99%
60 years	5.97%

e. Religion: Percent of the Total:

Hindus	82.72%
Muslims	11.21%
Christians	2.60%
Sikhs	1.89%
Buddhists	0.70%
Jains	0.47%
Others	0.40%
Religions not stated	0.01%

f. Language: Percent of the Total Population:

Assamese	1.63%
Bengali	8.17%
Gujarathi	4.72%
Hindi	29.67%
Kannada	3.96%
Kashmiri	0.44%
Malayalam	4.00%
Marathi	7.71%
Oriya	3.62%
Punjabi	3.00%
Sanskrit	nil
Sindhi	0.31%
Tamil	8.88%
Telugu	8.17%
Urdu	5.22%

5. Government Development Plans

After independence was granted to India, a planned program of development was initiated by setting up a Planning Commission of India to prepare a plan for the most effective and balanced utilization of the country's resources. It could be said that the Planning Commission has been functioning as the linchpin of national development. The present period is in the fifth stage.

First Plan	(1951-56)	Emphasis on agriculture, irrigation, power, and transport. Though the plan was fragmentary due to lack of reliable statistics, it turned out to be a success due to two years of good harvests in 1954 and 1955.
Second Plan	(1956-61)	Emphasis on heavy industries. Agriculture and small scale industries remained sluggish. Inflationary pressures rose sharply and the plan ended up with far greater deficit financing.
Third Plan	(1961-66)	Attempt to create a self-sustaining economy.
Annual Plans	(1966-69)	Third plan having gone awry, planning became discredited; however, annual plans were drawn.
Fourth Plan	(1969-74)	Growth with stability was the main objective. Agriculture was given emphasis again and expected a growth of 5% per annum; industry was also set up for growth at 9% per annum.
Fifth Plan	(1974-79)	"A massive plan".

Besides the Country Plan prepared by the Planning Commission of India, some of the leading states have taken to detailed planning for each of the states with their own State Planning Commission; each technical department has its planning cell.

6. Other Voluntary Organizations and Indigenous Organizations

The following are a few of the organizations which are working toward socio-economic development in India either directly or through Indian based organizations:

- a. AFPRO - Action for Food Production.
- b. Australian Catholic Relief (Sydney).
- c. AVARD - Association of Voluntary Agencies in Rural Development.
- d. BAVA - Bihar Association of Voluntary Agencies.
- e. Bread for the World (Stuttgart).
- f. BTLDS - Badvel Taluk Land Development Society, Cuddappah.
- g. BUILD - Bombay Urban Industrial League for Development.
- h. CARITAS - India.
- i. CASA - Church's Auxiliary for Social Action.
- j. Central Agency (Bonn, West Germany).
- k. Christian Aid (London).
- l. CIDA - Canadian International Development Agency.
- m. Community Aid Abroad - Melbourne.
- n. Coordinating Agency for Health Planning.
- o. CORSO (Wellington).
- p. CRS - Catholic Relief Services.
- q. CWS - Church World Service.
- r. Division of World Outreach (United Church of Canada).
- s. EFJCOR - Evangelical Fellowship of India Committee on Relief.
- t. Food for the Hungry.
- u. Guild of Social Services - Madras.
- v. Heifer Project International.
- w. IGSSS - Indo-German Social Service Society.
- x. Indian Freedom for Hunger Campaign.
- y. ISI - Indian Social Institute.
- z. LWF - Lutheran World Federation.
- aa. MISEREOR (Aachen).
- bb. CNFAM.
- cc. PADI - People Action for Development in India.
- dd. Society for Developing Gramdams.
- ee. UVCOR - United Methodist Committee for Overseas Relief (New York)
- ff. USCC - US Catholic Council.
- gg. World Council of Churches (Geneva).

C. Indonesia Country Plan

Prepared by

Isack Malino, R&D Coordinator, World Vision of Indonesia
Gene Daniels, Director, World Vision of Indonesia
Dr. Bryant L. Myers, Associate Director/Asia
World Vision Relief Organization

1. Rationale for World Vision Relief Organization Involvement

It is the stated policy of the World Vision Relief Organization (WVRO) that it involve itself in helping people in the poorest sections of developing nations to produce adequate food, earn income, and create a community life that will enhance and encourage long-term survival and growth.

2. General Overview (see Attachment to this section)

Of the factors enumerated and discussed in the Attachment to this section, the following will directly influence development work in Indonesia:

- a. The widely-spread territories and relative inaccessibility of many regions, create demands for costly and extensive travel.
- b. The multiplicity of languages and dialects.
- c. The strong reluctance by some cultural sub-groups or tribes to have relations with other cultures.

3. Development needs

a. General Development Needs:

(1) Agriculture

- (a) Food production of adequate quality and quantity. Present production does not meet the needs of the population.
- (b) Utilization of potentially productive land in the outer islands. There is land that is unused but both labor and capital are lacking.
- (c) Irrigation and water management related to food production.
- (d) Education in improved agricultural techniques. Present agriculture practice is traditional; the use of improved seeds, fertilizer, and pesticides is not generally known or understood.

- (e) Introduction of new nutrition sources.
 - (f) Income generation--avenues for generating cash income at the village level are severely limited.
- (2) Health/Nutrition/Family Planning:
- (a) Adequate nutrition. Intake of protein is 66% of the World Health Organization's recommended level. The caloric intake is 76% of recommended levels of the average.
 - (b) Health care delivery systems. The life expectancy is 48 years; infant mortality is 125 per thousand.
 - (c) Family planning. The birth rate is 48.3 per thousand; the death rate is 19.4 per thousand.
- (3) Education/Literacy/Training:
- (a) Literacy. The literacy rate is 50% and the preponderance of illiterates are found in rural areas and among women.
 - (b) Vocational training. As a means of producing a cash income and as a method of reaching and helping the uneducated and/or illiterate adult.
 - (c) Community leadership development. To fill the need for village-level project management. The rural farmer is routinely exploited by middle men; training in simple marketing is needed.
- (4) Income Generation. The per capita income is \$100/year.
- (a) Cash income. Avenues for generating cash income at the village level are severely limited.
 - (b) Development of individual vocational skills.
- b. Specific Development Needs (from perceived needs and specific requests for assistance):
- (1) Agriculture
- (a) Open new areas containing virgin agricultural land in the outer islands.
 - (b) Skilled people in agriculture and project management (including simple marketing) are needed to serve as part of an extension service for agricultural projects.
 - (c) Insuring the water supply for irrigation (irrigation channels, wells, locks, catch basins, etc.).

- (d) Increase vegetable production and introduce new or underused foods such as fish and sorghum as improved nutrition sources.
 - (e) Increase rice and corn yields by the introduction of improved seeds, fertilizers, and pesticides.
 - (f) Introduce solution to agricultural problems of growing foods in brackish water caused by tidal action.
 - (g) Livestock for food production/income generation (ducks, pigs, buffaloes).
 - (h) Providing capital for the small farmer (revolving funds, loan reduction).
- (2) Education/Training/Literacy
- (a) Functional literacy. Literacy training is necessary within the framework of the goals of the development project/program.
 - (b) Provide teachers from Java for literacy and educational work in the outer islands.
 - (c) Provide training for indigenous people in agriculture, animal husbandry, and vocational training along the lines of an outreach program.
 - (d) Build primary schools in transmigration areas.
- (3) Income Generation (carpentry and handicrafts).
- (4) Health Care using existing medical infrastructure.
- (a) Nutrition education including introduction of nutritionally sound food stuffs.
 - (b) Family Planning motivation.
 - (c) Motivating people to move from traditional, unsanitary housing into cleaner, better housing.
 - (d) Basic health care training.

4. World Vision Relief Organization Strategy

The World Vision Relief Organization's Indonesian development strategy calls for improving the quality of life of the rural poor through projects/programs defined by the following criteria:

- a. That they be directed as the lowest 40% of the economic spectrum.

- b. That they be limited to geographical locations where World Vision of Indonesia has:
 - (1) Technically competent, experienced local managerial oversight.
 - (2) A historically viable involvement with a local, indigenous organization.
- c. That they be part of an integrated development program deliberately designed for self-sufficiency.
- d. That they be susceptible to community participation.
- e. That they be consistent with World Vision Relief Organization's development policy.

5. Limitation

- a. Management and Personnel:
 - (1) Difficulty in locating and identifying project managers with adequate experience and technical/managerial skills.
 - (2) Top divisional leadership is in the process of being trained.
 - (3) Difficulty in locating and identifying trained local village leadership.
 - (4) Difficulty in locating and identifying experienced technical experts in the fields of health care, agriculture, family planning, etc.
- b. Logistics - the time required for communications and/or travel to the other islands affects project cost and scheduling.
- c. Financial - the size of the World Vision of Indonesia budget and ongoing inflation are limiting factors.
- d. Other Agencies:
 - (1) The government of Indonesia has approval/disapproval authority over when and what work can be done in the outer islands.
 - (2) The Indonesian Council of Churches, which has influence with the government, presses WVRO to work through them.

6. Development Action

- a. Existing World Vision of Indonesia Projects:
 - (1) IA-1001 Loksado Pioneer Development Program

To improve the quality of life of 2,000 Hulu Banyu Dyaks by teaching them agriculture, improved health by establishing new housing, new skills, and nutrition education. In the first year, sixty-nine families will be resettled in a pilot village; 10 carpenters will be trained; 150 adults will obtain literacy certificates; 20 hectares of land will come under cultivation; 70 ducks will be part of a demonstration project and will provide a new protein source; several fish ponds will be dug and stocked; and 8 wells will be dug and enclosed.

(2) IA-1002 Central Kalimantan Transmigration

To improve the quality of life of 6,000 transmigration villagers by providing literacy training, elementary education, and agricultural improvement. In the first year, five new classrooms will be completed and equipped; 70 ducks will be part of a demonstration project and will provide a new protein source; a pilot cassava and rice project will be initiated; and 225 adults will receive literacy certificates.

(3) IA-1003 West Kalimantan Development Project

To improve the quality of life of 1,500 Dyaks in West Kalimantan by health care education, agricultural extension, and literacy training. In the first year, five public bath houses will be built; six public toilets will be constructed; two community wells will be constructed and enclosed; 400 adults will receive literacy certificates; and an agricultural extension service will be provided to 25 families.

(4) IA-1005 Nyaduman Development Program

To improve the quality of life of 500 Javanese villagers by providing a school for children in the area, literacy training, and vocational training. In the first year, four room building with office and toilets will be built to local standards; 500 adults will receive literacy certificates; ten families will each be provided with a pair of pigs; 45 mothers will go through homemaking workshops that include health care and nutrition education; and plans will be completed for a farmers cooperative.

(5) IA-1006 Tator Assistance Program

To improve the quality of life of 1,500 villagers near Rantepao in South Sulawesi by improving food production, health care, one road, and vocational training for widows. In the first year, the irrigation system for 20 hectares will be improved; a community health clinic for family planning and elementary health care will be started; 10 wells will be dug along with bath and washing facilities; and 10 widows will each receive a pair of pigs.

(6) IA-1007 Mentaren Primary School

To provide quality, low-cost education to children of transmigration villages and to establish sufficient infrastructure to enable the school to become self-supporting. In the first year, a three-classroom school house with an all-purpose hall and teacher's housing will be built.

b. Proposed Actions:

- (1) To overlay on all development projects simple health-care education, nutrition education, and family planning using existing health care facilities.
- (2) To implement a training program (as a separate, approved, and funded project) that has as its goals the training of local, indigenous personnel in the areas of practical agriculture; simple project management; and simple health care, nutrition, and family planning. This program would consist of two parts.
 - (a) Scholarship fund to send students and/or World Vision of Indonesia personnel to school in agriculture, social work, and public health on a we-will-pay and you-will-work-in-the-field-for-us basis.
 - (b) In-house training seminars for project managers and village leaders. These would be run by World Vision of Indonesia and/or WVRO specialists in health care, education, and agriculture.

General Overview Attachment
Indonesia

1. Geography

Indonesia consists of 13,667 islands of which 992 are inhabited. These islands cover 3,500 miles east to west and 1,000 miles north to south.

2. Religion

Indonesia is predominantly Muslim (94%) and this influence is becoming more militant in the following areas: north and west Sumatra, south Kalimantan, south Sulawesi, Sumbawa, west Lombok, west Java, Madura, and the northern Moluccas.

3. Government

The government of Indonesia does recognize that non-governmental voluntary agencies have a legitimate role in nation-building.

The government recognizes LEPKI (Christian Service Institution of Indonesia) as the Indonesian face of WVRO. It is accepted and registered with the Ministries of the Interior, Social Welfare, and Religion.

4. Population

With a total of 136,000,000 people, Indonesia ranks as the fifth most populous nation in the world. So large a population over so vast and fragmented a territory presents a wide range of ethnic types, religions, and languages.

The islands of Java and Bali are seriously overpopulated and the government has an official policy of resettlement to the outer islands which is termed "Transmigration".

Eighty-five per cent of the people live in rural villages. This is likely to remain the case as family planning has historically only had its effect in the urban centers.

5. Communication/Transportation

Communications and transportation tend to be problematical as a result of the geographical fragmentation. Every province capital is accessible by air and sea but not always by ground transportation; thus, scheduling is difficult and the costs are high.

In some areas WVRO can use Mission Aviation Fellowship as a carrier at a reasonable cost. (Irian Jaya; Nusa Tenggara Timor, east and west Kalimantan.)

Sumatra, Java, and Bali possess a good network of roads and surface communications are good.

6. Government Development Plans

Indonesia is in the midst of a Second Development Plan whose term is 1974-1978. This First Development Plan (1969-74) emphasized the creation of a development infrastructure (harbors, roads, bridges, ferries, interisland shipping, communications) and stimulating the country's agricultural potential with a focus on the villages.

The Second Development Plan continues the programs of the first plan with the addition of programs to stimulate a consumer products industry relying on foreign capital.

In both plans the government is giving prominent attention to transmigration, family planning, and improvement of the quality of life (health care, religion, and social welfare).

The primary goal for these plans is for Indonesia to attain a standard of living equivalent to other Asian countries within twenty years. The government gives priorities to education, the economy, and communications.

The government also plans to build a sufficient number of clinics and hospitals for proper medical care and produce 85% of the needed medicines within that twenty-year span.

D. Kenya Country Plan

Prepared by

Dr. Ken Tracey, Director, World Vision of Africa
Robert S. Ash, Associate Director/Africa

1. Rationale for World Vision Relief Organization Involvement

It is the stated policy of the WVRO that it involves itself in helping needy people become self sufficient in earning income, producing food and creating a community life resulting in long term survival and growth.

2. General Overview

a. Geography:

Kenya is a country of an area of 224,961 square miles or 219,788 square miles excluding inland waters. It is bisected by the equator and extends from approximately 4°N to 4°S and 34°E to 41°E. To the north of Kenya lies Ethiopia. North and a little to the west is Sudan with Uganda and Lake Victoria directly to the west. At the northern part of western boundary is Somali. The Indian Ocean is southeast of Kenya with Mombasa being the port and main city on the coast. Directly south is Tanzania.

The altitude rises from sea level at the coast up to the highlands and a few mountains inland. The highlands have their base at about 5,000 feet. There are plateaus at 8-10,000 feet with isolated extinct volcanoes yet higher: Mt. Kenya (17,058 feet) and Mt. Elgon (14,178 feet). The Great Rift Valley bisects the country from north to south and is most spectacular in the highlands, where there is some 40 miles across and bounded by escarpments 2-3,000 feet high. The trough is dotted with lakes and volcanoes which are inactive but generally associated with steam vents and hot springs. Westward the plains incline beneath the waters of Lake Victoria, and eastwards they have been down-warped beneath a sediment-filled basin. The northern three-fifths is arid and almost waterless.

Kenya is three hours ahead of Greenwich time.

b. Weather:

Although Kenya is on the equator, its range of altitude results in temperate conditions in the highlands above 5,000 feet with temperatures which become limiting to cultivation at about 9,000 feet while Mt. Kenya supports small glaciers. Average temperatures may be roughly calculated by taking a sea-level mean of 80°F and deducting 3°F for each thousand feet of altitude. For most of the country, however, rainfall is more critical than temperature. In the west of the country, near Lake Victoria and in the highlands

west of the Rift Valley, rainfall is generally adequate for cultivation and falls in one long rainy season. East of the Rift Valley there are two distinct seasons: the long rains (March - May) and the short rains (September - October). Rainfall is greatest at the coast and in the highlands, but the extensive plains below 4,000 feet are arid or semi-arid. In the highlands rain is greatest on the easterly or southerly aspects. Only 15 percent of the area of Kenya can be expected to receive a reliable rainfall adequate for cultivation (30 inches in four years out of five).

c. Political and Government:

Kenya became independent on December 12, 1963, after 75 years of British rule. It became a republic within the Commonwealth a year later, and the Prime Minister, Jomo Kenyatta, became President, with Oginga Odinga as Vice-President. Before independence, the main political parties were the Kenya African National Union (KANU), led by Jomo Kenyatta, and the Kenya African Democratic Union (KADU), led by Ronald Ngala.

With KADU voluntarily dissolving in 1964 and another party, KPU, being banned in 1969, Kenya politics became a one party system.

The President is elected by the National Assembly to serve a five year term and he then appoints the members of the Cabinet from among those elected to the Assembly.

The National Assembly consists of 158 members elected to a term of up to five years plus twelve who are chosen by the elected members. In addition, the Attorney General is an ex-officio member of the National Assembly.

The basic local administrative divisions are the 40 rural districts, each headed by a commissioner appointed by the President. The districts are joined together to form eight rural provinces. The administration of districts and provinces is closely supervised by the Central Government.

d. Population:

The final results of the 1969 census give a total population of 10,942,705. The 1975 estimate is 13.4 million. The density of 50-60 per square mile is near the average for Africa, but since the nation is so dependent upon the land and only a small proportion of it is cultivable, very high densities (reaching to over a thousand per square mile) have resulted in the favored areas. Approximately 75 percent of the population is contained on only ten percent of the area. With such pressure on cultivable land, the high rate of population increase is causing concern. By rough regional groupings, 8.5 million people may be said to live in the southwest corner of the country (Lake, 3.5 million; Eastern Highlands, 3.5 million; Central and Western Highlands 1.5 million) with another million concentrated along the coast. Less than ten

percent of the population live in cities or towns with a population exceeding 3,000, and most of these are in Nairobi (509,000) and Mombasa (247,000).

Kenya has been a meeting place of major population movements in the past and on a linguistic and cultural basis the people have been divided into Bantu, Nilotic, Nilo-Hamitic (Paranilotic), and Cushitic groups. Persian and Arab influence at the coast is seen in the Islamic culture and the Swahili language, which has become a lingua franca, although English is widely used.

The principal ethnic origins of the African population are Kikuyu (20 percent of the total), Luo (14 percent), Baluhya (13 percent), Kamba (11 percent), Kisii (6 percent), and Meru (5 percent). The overwhelming majority of the Africans are farmers; most do some cash cropping as well as subsistence agriculture.

The estimated 272,000 non-Africans in Kenya are Asian, Europeans, and Arabs. The Asians are engaged primarily in marketing, distribution, and transportation; most Europeans are in large-scale farming, business, the professions, and public services.

Religions of the African population is estimated to be 37 percent Protestant, 22 percent Roman Catholic, and about 3 percent Muslim. The remaining 38 percent were largely followers of traditional religions or subscribers to no organized system of religious beliefs. Although English is the official language, most Kenyans speak Swahili, along with numerous other African languages.

The literacy rate is 40 percent.

The annual growth rate is about 3.5 percent.

e. Government Development Plan:

The government is now working on its third five year development plan. It includes the years 1974-1978 and is contained in two volumes. The government's development plan takes into consideration the plans from all ministries of the government and therefore affects every aspect of life. With inflation and the high price of petroleum there is a pessimistic view as to the chances of Kenya achieving its goal of 7.4 percent growth rate per year as set forth in the current plan.

f. Other Voluntary Agencies:

Many agencies are represented in Kenya of both International and National status. Each is involved, of course, in its own area of interest and speciality. A partial list of the different agencies with offices in Kenya is included below:

UNHCR - United Nations High Commission for Refugees,
UNESCO - United Nations Education Scientific and Cultural
Organization.

UNEP - United Nations Environmental Program.
UNICEF - United Nations Childrens Fund.
WHO - World Health Organization.
UNDP - United Nations Development Program.
World Bank.
FAO - Food and Agriculture Organization.
CARE - Cooperative for American Relief Everywhere.
CRS - Catholic Relief Services.
CCF - Christian Childrens Fund.
AIM - Africa Inland Mission.
CMS - Church Missionary Service.
Food for the Hungry.
MCC - Mennonite Central Committee.
Freedom from Hunger Foundation.
NCCCK - National Christian Council of Kenya.
Catholic Secretariat.
Ford Foundation.
Population Services International.
Friends United Meeting.
World Neighbors.
Salvation Army.
And others.

g. Other Aspects Influencing World Vision Activities:

World Vision set up an Africa regional office in Nairobi, Kenya, due to its political and economic stability as well as the excellent communications available within and to Nairobi. World Vision's work in Africa is predominately being carried out by organizations on the ground in most cases and in many areas by indigenous organizations.

3. General Development Needs

a. General:

(1) Agriculture

Kenya depends principally on agriculture, which employs 90 percent of its population and contributes 70 percent to its exports. Marketed agricultural produce, although important, generates a share of the G.D.P. which is relatively low for a country of Kenya's income level. On the other hand, the service and manufacturing sectors are substantially more important than would normally be expected.

More than half of the agricultural output is subsistence production. With all of this in mind it is interesting to note that only about 10 percent of the total land area is considered to have a high agricultural potential. Another 5.5 percent has medium potential, mostly for stock-raising.

- (a) Agriculture output is greatly dependent upon the weather. A drought in 1971 and the current drought in some areas has caused many hardships through loss of herds and lack of seeds/foods to plant/eat.
- (b) The majority of Kenyan farmers are peasants and because modern farming methods need capital to buy tools, fertilizers and labor, most of the farmers are still farming by hand as they cannot afford these items.
- (c) The economy and agricultural sector have been so geared to export crops that farmers are not encouraged nor given much for their own food production.
- (d) The herds of cattle, goats, sheep, and camels are very dependent on rain and water. These herds oft times are too many and this causes overgrazing and eventual starvation in a bad year. This involves the culture and tradition as animals, to the pastoralists, are their life and wealth and therefore they think 'the more the better'! What is needed partially is range management and development.
- (e) The government is continuing to resettle large numbers of farmers on unused or mismanaged land.

(2) Health/Nutrition/Family Planning

Life expectancy on the average is 51 years of age. There is a hospital bed population ratio of .76 per thousand. 30 percent of all hospital beds are provided by church organizations.

- (a) Family Planning - the average growth rate is 3.5 percent. The average birth rate is 47.8 per thousand.
- (b) Shortage of medical personnel especially in rural areas.
- (c) There is an inadequate supply of basic water and safe water for human consumption.

(3) Education/Training/Literacy

- (a) Literacy - the literacy rate is 40 percent.
- (b) Today there are 2.9 million children in primary schools compared with 1.8 million in 1973. They are being taught by 85,000 teachers; 45,000 of whom are unqualified.

- (c) 82 percent of primary school pupils fail to qualify for state secondary education. There is a need for vocational training for those who do not get into secondary school.

(4) Land Regeneration

As at least 60 percent of Kenya is semi-arid, much needs to be done in settling people and helping them in farming. Adequate water supplies both for human consumption and irrigation (in some cases) needs to be developed.

A development and study of improved livelihood for those in marginal and semi-arid lands, i.e. cooperatives and fishing around Lake Turkana, farming in NE and NW Kenya, etc.

(5) Income Generation

Per capita GDP is about \$155 per year.

- (a) Development of cottage industries and small scale handicrafts for local use and exportation.
- (b) Development of individual, rural, and vocational skills.

b. Specific Development Needs:

(1) Agriculture

- (a) Water for human and animal consumption in semi-arid areas (catch basins, wells, dams, piping from springs, etc.).
- (b) Training small, peasant farmers in improved farming methods.
- (c) Providing tools, oxen (in some cases) and other appropriate machinery to small farmers.
- (d) Teach animal husbandry and range management to pastoralists.
- (e) Introduce agriculture and farming to pastoralists. This would involve small experiential plots.
- (f) Develop irrigation schemes where possible.

(2) Health/Nutrition/Family Planning

Through the expansion of existing medical services and infrastructure; integrated into World Vision child care program as well as separate development.

- (a) Family Planning teaching and motivation
- (b) Basic health care (i.e. boiling water, washing hands, etc.).
- (c) Nutrition education.
- (d) Aid in medicines for preventive medicine (i.e. vaccines, anti-malarials, etc.).

(3) Education/Training/Literacy

- (a) Literacy - especially to those in semi-arid land.
- (b) Vocational training for school leavers, unable to qualify for secondary school. Village polytechnics majoring in agricultural training and extension.
- (c) Informal training in skills for handicrafts, etc. on small scale.

(4) Land Regeneration

- (a) Cottage industries.
- (b) Involving people in cooperatives in fishing and farming who are pastoralists.

4. World Vision Development Strategy

The World Vision International development strategy is aimed at the rural poor.

- a. Through childcare sponsorship, help families become involved in nutrition, health care, literacy, etc. and develop into a totally integrative program of development.
- b. Help the peasant farmer through training, extension, and improved tools.
- c. Work through existing Christian organizations using their management and expertise.
- d. Work in the semi-arid areas of Kenya.
- e. Do integrated projects where possible involving all aspects of development.

5. Limitations

a. Management and Personnel:

- (1) Due to the fact that we are working through other organizations, we do not have direct control.

- (2) In many instances qualified personnel are very few and most are already employed by the government, therefore requiring many projects to be done by expatriates.

b. Logistics:

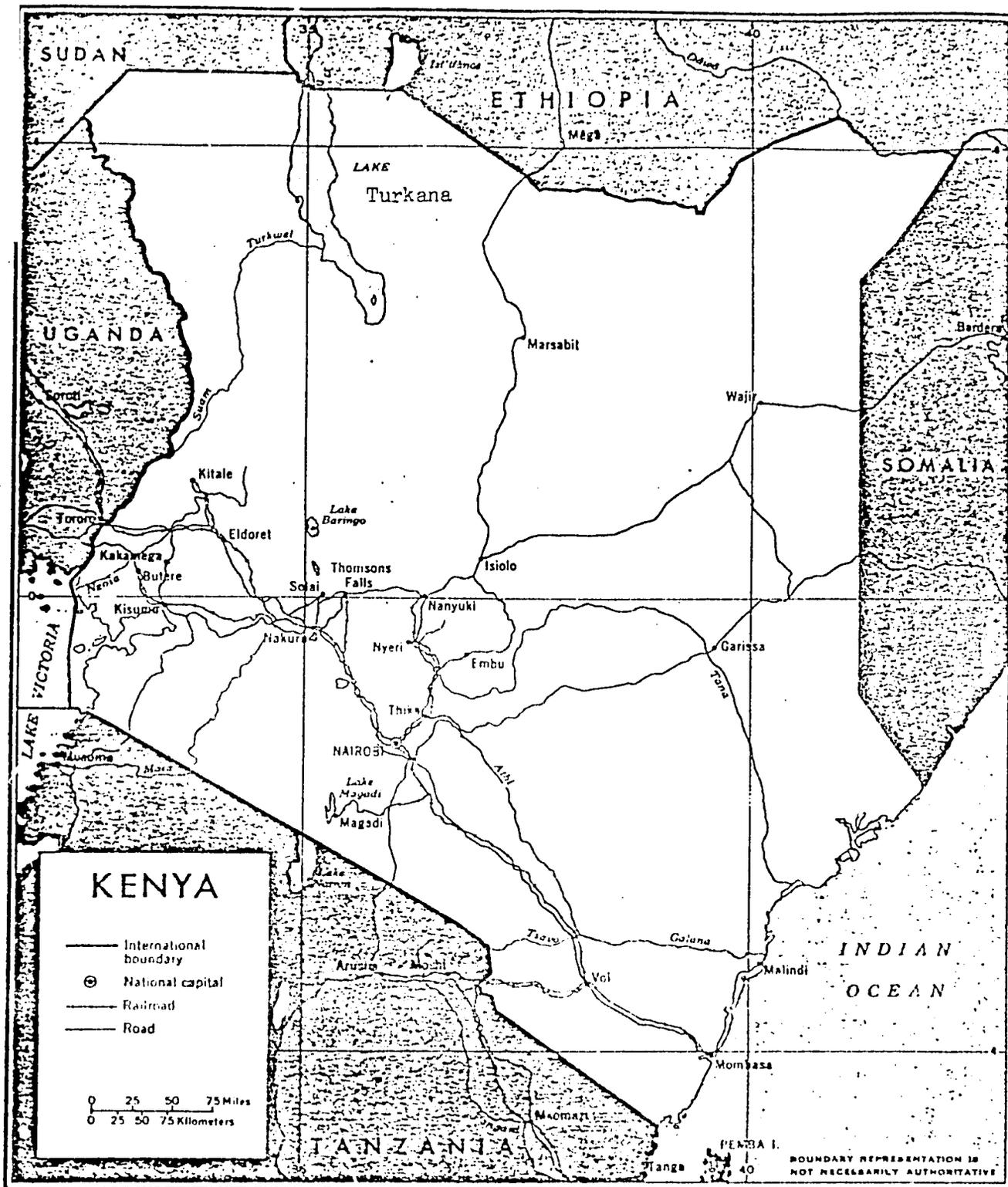
Travel in the semi-arid parts of Kenya can be very difficult and virtually impossible during the rains. Supplies for projects therefore sometimes take longer to transport than anticipated.

6. Development Action

a. Existing World Vision Projects:

- (1) KE-1001 - Kalokol School Feeding - Africa Inland Church Boarding schools are being fed in northwestern Kenya. A total of about 500 children.
- (2) KE-1003 - Christian Rural Service - Anglican Church - Diocese of Maseno North in Western Kenya. Training in oxen ploughing, experimental plots and improved agriculture through extension for farmers in this area.
- (3) KE-1004 - Kalokol Hospital Feeding - Africa Inland Mission Hospital in Kalokol - Fergusons Gulf - Lake Turkana. Feeding at a small hospital for outpatients and inpatients. Especially geared to help outpatient children to improve their nutritional intake.
- (4) KE-1005 - Lokkochoggio Community Development - Africa Inland Church/Mission - Northwestern Kenya. An integrated development project involving water development, agricultural experimental plots, medical dispensaries, and primary education.
- (5) KE-1006 - Literacy Program - Mennonite Board of East Africa in conjunction with Kenya Government. Program to develop literacy materials for Somali peoples of Northeast Kenya. Once materials developed, implementation of program will be continuation of project.
- (6) KE-1007 - Maasai Improvement Program - Maasai Action for Self Improvement - providing water for Manyattas, building dams, experimental plots, and irrigation.
- (7) KE-1008 - Emergency Relief - Kitui and Machakos area - Africa Inland Church. Provide food for relief due to extended drought conditions in Eastern Kenya. Food for 17,000 people for five months.
- (8) KE-1010 - Ileret Fishing Project - Africa Inland Church/Mission Water aspect to fishing cooperative, policepost and village. New cooperative. Project of AIC and Kenya Government.

- (9) KE-1011 - Maridadi Fabrics - St. John's Community Center Anglican Church - Grant to equipment building. Maridadi is an excellent example of a successful cottage industry. The workers qualify to work there by being the poorest in the area and the profits go to the program of St. John's Community Center.
 - (10) KE-1012 - Village Polytechnic Program - Salvation Army - Three polytechnics with emphasis on agriculture for students unable to qualify for secondary school.
 - (11) KE-1013 - Community Health Program - Mennonite Board of East Africa. Provide nutrition and health training equipment and materials for preventive medicine and health teaching project.
 - (12) KE-1014 - Nairobi Parking Boys Project - St. Andrew's Presbyterian Church in cooperation with Father Grol of St. Paul's Catholic Church - Provide food for Nairobi Parking boys noon meal for three months and purchase books for school for these boys.
- b. Proposed Action:
- (1) Become involved in developing water resources in Eastern Kenya where there has been a drought.
 - (2) Irrigation project in Eastern Kenya.



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VII. Finance

The World Vision Relief Organization DPG budget was revised in the months just prior to the completion of this report. Year I was completed on March 31, 1976.

World Vision Relief Organization
Grant No. AID/pha-G-1087
Revised Budget

<u>Item</u>	<u>Year I</u>	<u>Year II</u>	<u>Year III</u>	<u>Total</u>
Salaries	\$ 46,388	\$138,000	\$147,600	\$331,988
Office Equipment & Repair	11,661	8,000	2,274	21,935
Photo Service	327	500	500	1,327
E.D.P.	1,350	5,000	5,000	11,350
Research Service	5,665	10,000	10,000	25,665
Training	2,007	6,000	2,000	10,007
Travel	23,110	64,735	47,630	135,475
Consultants	3,580	21,600	10,800	35,980
Other Direct Costs	<u>7,980</u>	<u>10,000</u>	<u>10,000</u>	<u>27,980</u>
TOTAL:	\$102,068	\$263,835	\$235,804	\$601,707



WORLD VISION RELIEF ORGANIZATION
HENRY A. BARBER III, DIRECTOR

April 22, 1976

Periodic Grant Disbursement Report
March 1976 (12th Month of the 1st year of this program)
Grant No. AID/pha-G-1087
(PIO/T No. 932-13-950-059-73-32-59027)

Amount of the Grant	\$164,366.00
Expended this period	\$ 18,398.14
Expended todate	\$100,684.06
Advances outstanding to Subgrantees	---
Anticipated expenditures next month - April 1976 (see separate report for 2nd year of this program).	---
Cash received todate	\$ 97,667.00
Cash required to complete the account of expenditures for the 1st year of this program.	\$ 3,017.06

The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant and (4) that any interest accrued on the funds made available herein will be refunded to AID.

By Henry A. Barber III
Henry A. Barber III

Title: Director

Date: April 22, 1976

WORLD VISION RELIEF ORGANIZATION
 DPC - BREAKDOWN OF EXPENDITURES
 1st Year - 1975-1976

	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	TOTAL BY CATEGORIES	BUDGETED AMOUNT
SALARIES	\$1,454.03	\$954.66	\$502.79	\$1,231.00	\$1,724.99	\$2,068.94	\$5,453.44	\$5,251.41	\$6,747.16	\$7,058.59	\$7,073.66	\$6,894.46	\$46,415.13	\$46,338.00
OFFICE EQUIPMENT & REPAIR	1,303.00	114.19		590.00		1,861.00				4,412.50	781.00	1,711.50	10,773.19	11,641.00
PHOTO	67.16		10.00				70.00	30.00		130.27	(46.32)	82.50	343.63	327.00
E.D.P.		100.00		100.00	50.00	50.00	50.00	50.00	50.00	50.00	287.71	194.06	981.77	1,350.00
RESEARCH		947.10	50.60	488.00	44.00	656.70	334.80	27.00	117.00	307.80		225.00	3,198.00	5,665.00
TRAINING						160.58	145.36		200.69	24.84	66.65	59.45	657.57	2,007.00
CONSULTANTS									580.00	336.00	189.00	123.64	1,228.64	3,550.00
TRAVEL	1,079.03	863.82	202.88	870.00	130.47	2,706.90	1,644.22	824.23	2,788.30	5,259.42	1,967.22	8,315.27	26,651.76	23,110.00
OTHER DIRECT COSTS	478.70	516.26	558.41	563.00	569.81	1,068.44	1,263.86	848.41	1,405.38	1,025.05	1,344.79	792.26	10,434.37	7,980.00
TOTAL MONTHLY	\$4,381.94	\$3,496.03	\$1,324.68	\$3,842.00	\$2,519.27	\$8,572.56	\$8,961.65	\$7,031.05	\$11,888.53	\$18,604.47	\$11,663.71	\$18,398.14	\$100,684.06 (Total per year)	\$102,068.00 (Under Budget \$1,383.94)

VIII. Concluding Statement

The Director of World Vision Relief Organization and his associates realize that they are still in the process of building their own capability but are pleased with the progress that has been achieved.

The Regional Surveys in the 1976-77 Annual Report will undoubtedly be more thorough as the Associate Directors/Africa and Asia gain a deeper understanding of their areas of operation.

Several members of the WVRO Monrovia office will be visiting the field in the coming months. Through a variety of contacts, cooperatively and individually, they will be working to improve the competence of Country Coordinators in the areas of project selection, design, planning, and evaluation as well as program planning. One result of these efforts should be an upgrading of the Country Plans for the 1976-77 Annual Report.

IX. Appendix: Basic Development Bibliography

There are many books, articles, pamphlets, reports, and films that present some aspect of hunger and human need. The sources that follow are a few that are generally available and are nontechnical.

- AMERICAN FREEDOM FROM HUNGER FOUNDATION. A Select Bibliography on Hunger and the Associated Problems of World Development. Washington, 1969. Lists books, films and resource organizations on hunger, malnutrition, poverty, development and agriculture. Available from AFFH, 1717 H. St. N.W., Washington, D.C. 20006.
- BHAGWATI, JAGDISH. "Revolution in Agriculture." In The Economics of Underdeveloped Countries. World University Library. New York: McGraw-Hill, 1966. A well-written introduction to the facts and figures of poverty in the world, with good charts, tables, and photographs.
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- BROWN, LESTER R. with ECKHOLM, ERIK P. By Bread Alone. New York: Praeger Publishers, 1974. Recent and readable summary of almost every aspect of the world hunger situation. Extensive bibliography.
- EHRlich, PAUL R. and EHRlich, ANNE H. Population, Resources, Environment. Stanford University, Issues in Human Ecology. San Francisco: W. N. Freeman & Co., 1970. By the author of The Population Bomb, The End of Affluence, and other writings on the implications of population growth.
- ELLER, VERNARD. The Simple Life: The Christian Stance Toward Possessions. Grand Rapids: Eerdmans, 1973. Reflections on a biblical basis of life style.
- Gheddo, PIERO. Why is the Third World Poor? Maryknoll, N.Y.: Orbis Books, 1973. Uses more European and Third World sources. Good chapter on Christian responsibility.
- HARDIN, CLIFFORD M., ed. Overcoming World Hunger. Englewood Cliffs, N.J.: Prentice-Hall, Spectrum Books, 1969. Edited by a former secretary of agriculture, the book consists of four long essays by experts which give a comprehensive overview of the problems and possibilities entailed in expanding food production and feeding the world's hungry people.
- HEILBRONER, ROBERT L. An Inquiry Into the Human Prospect. New York: Norton, 1974. Reflections of basic global issues for the future.

- HEILBRONER, ROBERT L. The Great Ascent: The Struggle for Economic Development in Our Time. New York: Harper & Row, 1963.
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- MCNAMARA, ROBERT. One Hundred Countries, Two Billion People: The Dimensions of Development. New York: Praeger Publications, 1973. Compilation of speeches as president of the World Bank. Topics include development, population, malnutrition, unemployment, aid, trade, industrial expansion, the environment and social equity.
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- MILBAUER, BARBARA and LEINWAND, GERALD. Hunger. New York: Simon & Schuster (Pocketbooks), 1971. Describes the "problem and challenge" of the hunger and poverty of 25 million Americans.
- MORRIS, COLIN, Include Me Out! Confessions of an Ecclesiastical Coward. London: Epworth Press, 1968. A mission executive contrasts the reality of human need with the seeming "unreality" of some ecclesiastical debates.
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