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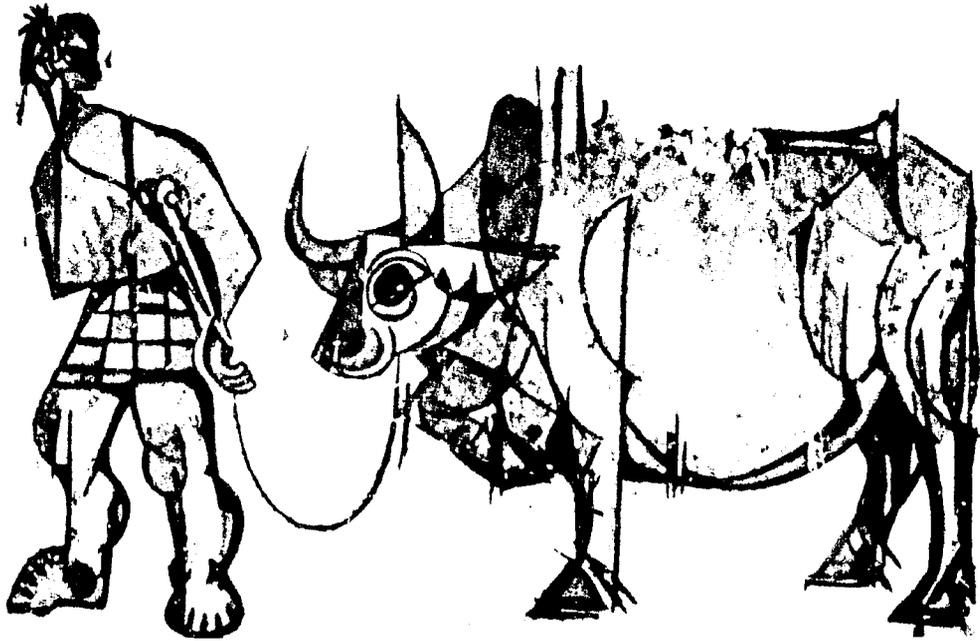
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Special Series on Paraprofessionals

WOMEN PARAPROFESSIONALS IN UPPER VOLTA'S RURAL DEVELOPMENT

Ellen Taylor

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**WOMEN PARAPROFESSIONALS IN
UPPER VOLTA'S RURAL DEVELOPMENT**

Ellen Taylor

**Rural Development Committee
Center for International Studies
Cornell University**

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PREFACE

In cooperation with the U.S. Agency for International Development, the Rural Development Committee of the Center for International Studies at Cornell University has undertaken research on the role of paraprofessionals in rural development. Throughout the world there is increasing interest in using paraprofessionals in various capacities as front-line development workers to provide services which are acceptable and accessible to the rural poor who often have not been reached by development programs. However, there is minimal empirical knowledge on which to draw for program planning and guidance. Our study has sought to remedy this need by analyzing several existing paraprofessional programs to determine which factors affect the paraprofessional's effectiveness. Field studies were conducted of illustrative programs in Guatemala, Bolivia, Senegal, Upper Volta, Sri Lanka and the Philippines. We hope the results of these field studies will provide program planners and administrators as well as government decision-makers with well-documented cases of how and why paraprofessionals function in various contexts.

For research purposes the Cornell team defined paraprofessionals as workers (1) with no more than 12 months of pre-service or technical school training; (2) who have direct service contact with rural dwellers; (3) who play a semi-autonomous role in making day-to-day judgments and decisions; (4) while operating as part of an organized private or public sector agency. The typical paraprofessional is likely to be indigenous to the service area and to have no more than a primary school education.¹

An extensive literature search that preceded our field work suggested a number of general propositions: (1) development objectives in the agricultural and health sectors in terms of communication and adoption of improved practices can be achieved efficiently (in terms of unit cost and time required) through use of paraprofessionals; (2) the effectiveness of paraprofessional programs depends upon the adoption of appropriate program practices regarding selection, training, supervision, compensation, etc.; and (3) the effectiveness, efficiency and responsiveness of paraprofessionals will vary directly with their success in linking with participatory local organizations.

While the research was guided by these general propositions, our intent was to derive principles of operation and to identify useful operating practices in an area

¹R. Colle et. al., Concept Paper: Paraprofessionals in Rural Development (Ithaca, NY: Rural Development Committee, Cornell University, March 1979), p. 9.

where there is scant knowledge. Consequently, the research effort was designed to be reasonably open-ended and comprehensive to ensure incorporation of many kinds of useful knowledge. Since the paraprofessional cannot be viewed in isolation, it was necessary to focus attention broadly on the relationships among the paraprofessional, the community, and the delivery system.

In accordance with the objectives of the study, it was deemed more appropriate to study in-depth the dynamics of a program in a particular area than attempt a summary overview of a program in an entire country. Thus, the major research effort consisted of two months of in-depth field work in a limited number of villages within each of the six countries. Including a larger sample of villages would have provided a better basis for generalizations about the program, but the examination of paraprofessional performance would have been more superficial, the quality of data less certain, and the realities of implementing a paraprofessional program less clearly detailed.

To ensure comparability of the results each of the six field studies was guided by a checklist of topics and questions. However, in an effort to obtain frank responses and empirical detail, the studies employed primarily open-ended interviews and participant observation methods. The field work was supplemented with documents and reports that touch upon experience with the paraprofessionals, and with interviews of officials either directly or indirectly involved in the respective projects.

In Upper Volta, the researcher wishes to express her sincere gratitude to the Directrice de la Condition Feminine and the Project staff in Ouagadougou as well as in the three regions studied. Their efforts and interest served to expedite the research considerably. In several cases, the regional chauffeurs were put at my disposal to facilitate travel. Special thanks go to the six monitrices in the villages studied for their hospitality. Without the aid of all, this study would not have gained the results it did.

This case study was financed under a cooperative agreement with U.S.A.I.D./Washington and a special grant from the College of Human Ecology, Cornell University. A.I.D./Ouagadougou clearance and particularly the support of Mary Ann Riegelman and Barbara Skapa were greatly appreciated.

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INTRODUCTION

In 1967 the Government of Upper Volta with the assistance of UNESCO began a ten year experimental project to increase rural women's and girl's access to educational opportunities.¹ While women comprised 52% of the population, they were faced with enormous difficulties and social prejudices which inhibited their full participation in development. To meet its rural development objectives, the Voltaic government realized the need to incorporate rural women into the development process. The Equal Access Project, then, was designed to improve rural females' social position through the acquisition of skills and knowledge which would make them more effective contributors to the country's social and economic development.

In order to accomplish this, it was felt that locally recruited and trained women volunteers could best serve to transmit information and improved techniques since they were established village members and sensitive to local values and lifestyles. Each village was to select two women to serve as village organizers, animatrices, and later locally selected birth attendants also were included to learn improved midwifery techniques. These paraprofessionals were to receive two to four weeks training, work as volunteers, and be guided and supervised by the Project-paid extension agent, monitrice, living in the same village or a nearby village. These animatrices and midwives were viewed as the necessary link to gaining acceptance by villagers and thus involving local people in their own development.

Given the dearth of useful program models for promoting women's participation in development and the Equal Access Project's long history of using paraprofessionals, a case study of this project appeared to have special merit. This Project started long before the widespread international concern over women's role in development. Consequently, it is one of very few projects which has been established long enough to provide some useful practical experience. The lessons to be learned are numerous; not only regarding the factors which affect the paraprofessional's performance but broader implications for integrating women into the development process.

The three-month case study, conducted during October 1979 - January 1980, was not an evaluation of the Equal Access Project. The intent, rather, was to examine and

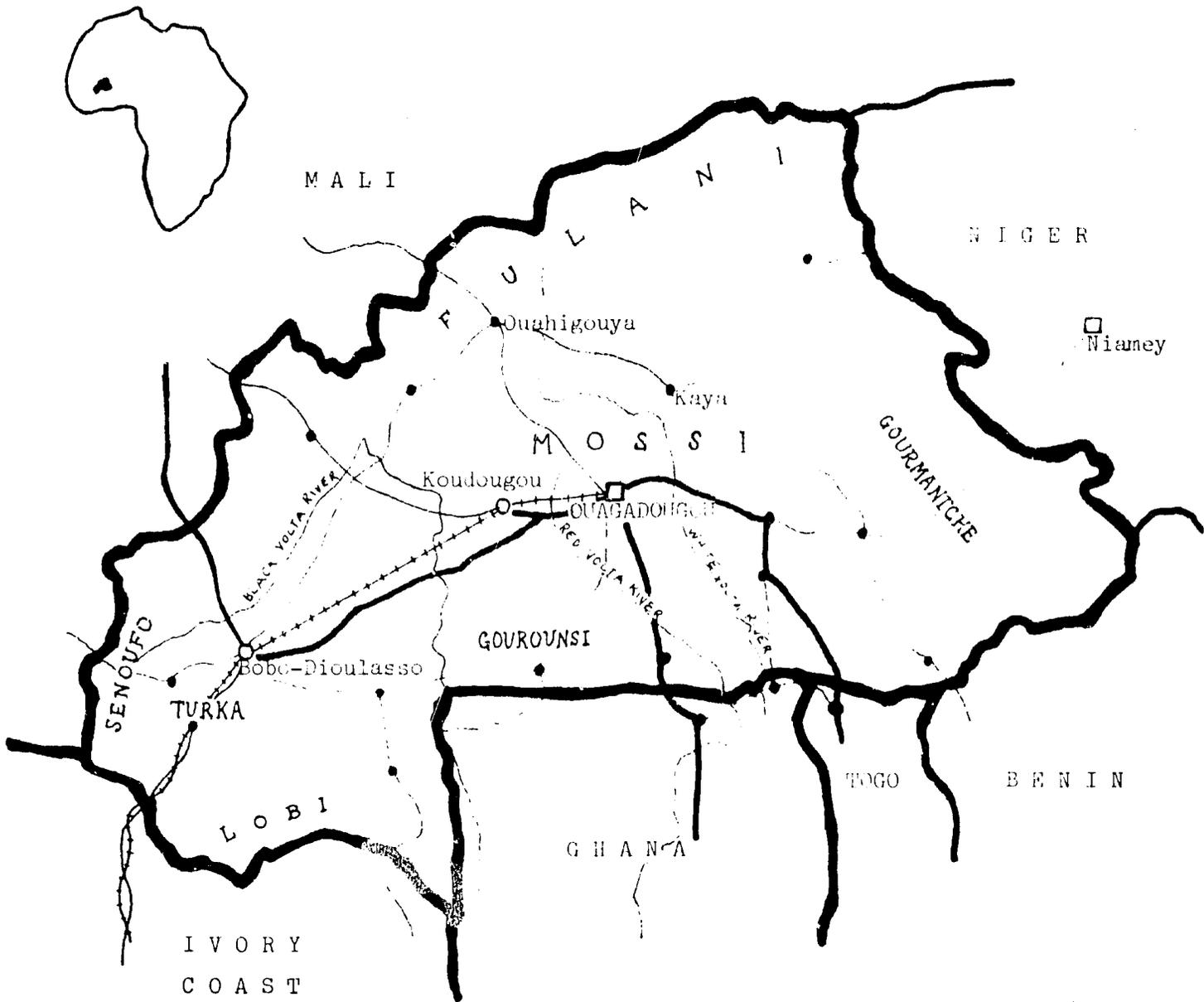
¹The Project was titled, Projet pour l'Egalité d'Accès des Femmes et des Jeunes Filles à l'Education (Project for the Equal Access to Education for Women and Girls). While the Project title has changed several times over the years, for simplicity's sake throughout this report, it will be referred to as the Equal Access Project.

document why and how women paraprofessionals are being used in an ongoing program and what significance this has for promoting women's participation in development. It was found that while numerous factors may be delineated as influencing the paraprofessional's effectiveness, no one factor is more important than another. Even if a very suitable person is selected, and even if training is well provided, factors within the community such as control by local elites, conflicting group interests, or attitudes toward government programs may restrict the paraprofessional's ability to work.

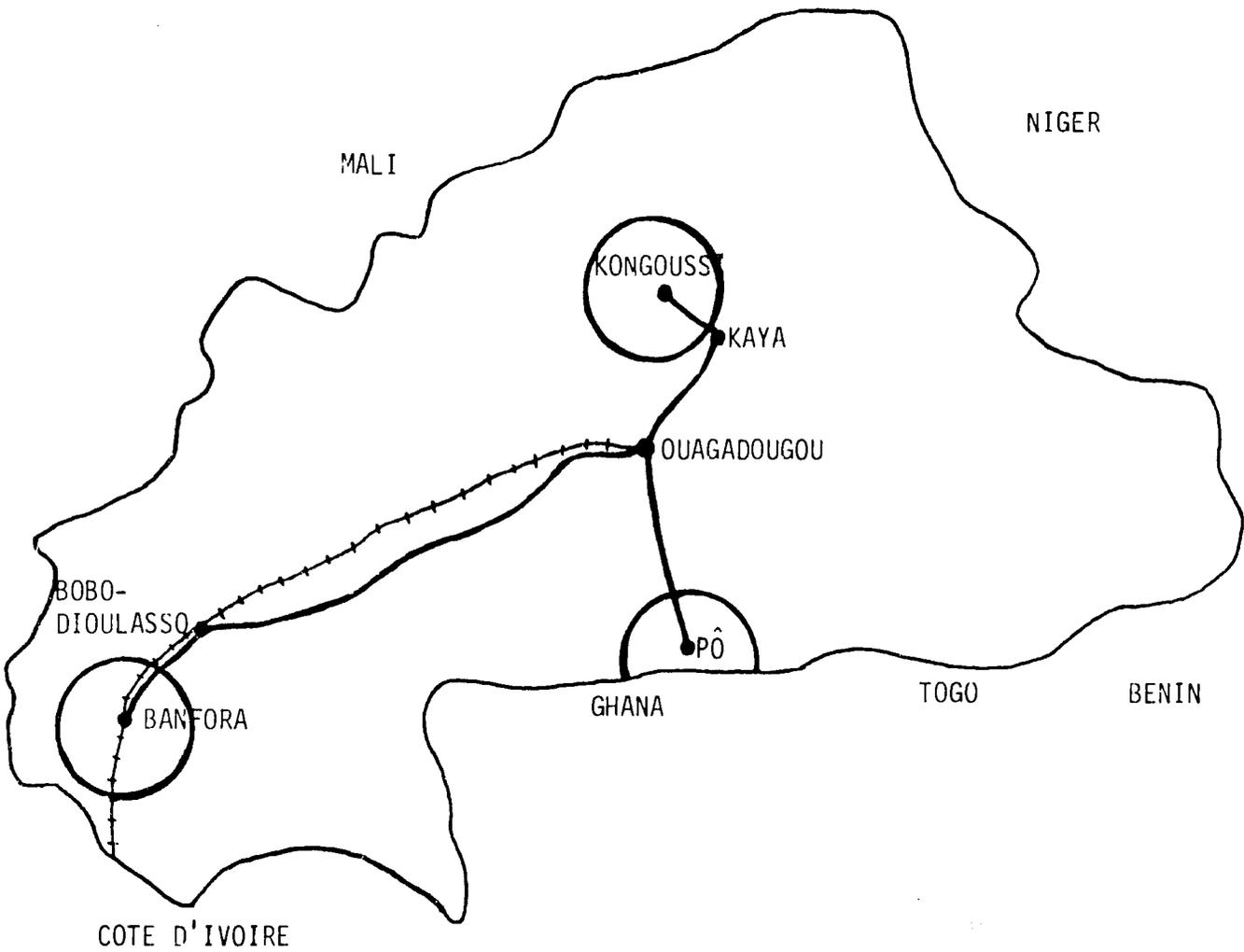
Equally significant is whether or not the sponsoring organization supervises and supports the paraprofessional in ways that are adequate and appropriate to villagers' needs and capabilities. The paraprofessional cannot be viewed in isolation, apart from the particular social, economic, political and cultural context of the village, or apart from the administrative structure of the Project. There are numerous necessary but apparently no sufficient conditions for the successful performance of paraprofessionals in rural development efforts.

To clarify this complex interaction of factors, it is necessary, first, to appreciate the context of the program under consideration so the first three chapters set the stage and provide background for the analysis. This study then focuses on the relationship and interactions of the paraprofessional with the local community and the Equal Access Project structure. The community role is discussed first in Chapter 4 since the way in which the Project is introduced and the expectations and capabilities located within the community bear directly on all other aspects of planning and operating the paraprofessional program. Chapter 5 lays out the major program variables, discussing problems and potentialities in implementation demonstrated by Project experience, while Chapter 6 discusses Project administrative factors which directly affect the paraprofessional's work performance. This case study from Upper Volta presents a unique program in many respects; moreover, the sample of villages was not large enough to make generalizations about the whole Project. There appear to be, however, a number of lessons applicable to the planning and implementation of paraprofessional programs in general, as well as women's programs in particular, which are offered in a concluding chapter.

UPPER VOLTA



Map Showing the Location of the 3 Original Project Zones of the Equal Access Project in Upper Volta



CHAPTER I: THE SETTING

Country View

Located in the middle of West Africa, Upper Volta has the distinction of being one of the poorest countries in the world. It is ranked 12th lowest by the World Bank with an average income of only \$130 GNP per capita; an average annual GNP per capita growth rate of 0.6%; a life expectancy of 42 years; and an adult literacy rate of 5%.¹ The population is estimated at 5.5 million with 90% living in rural areas. The economy is based upon dryland agriculture for domestic use and regional trade. Major exports include livestock, cotton, and peanuts. Agricultural production relies on subsistent farming techniques, however, so yields are low. A poor road system makes marketing costly and greatly limits the rural population's access to goods and services. Many areas are virtually cut-off during the four-month rainy season.

With no substantial mineral resources to exploit and a vast rural population, national policy stresses agricultural development. However, obstacles hindering this development are numerous, including: limited water supplies, poor transportation and communication infrastructure, mediocre soils, irregular population densities which range from four persons per square kilometer in the east and north to 36 in the central Mossi plateau, deforestation, minimal health care facilities, a landlocked economy, and widespread subsistence farming. Of the constraints facing Upper Volta, the U.S.A.I.D. Development Strategy for 1979 cites the "lack of trained personnel and the inability to meet recurrent costs of development projects" as the two most important.²

Upper Volta's land mass of 105,839 square miles, about the size of the state of Colorado, covers a widely divergent region in West Africa. The south-west is favored with adequate rainfall, fertile soils and high development potential; the central plateau is characterized with overpopulation, mediocre soils and unpredictable rains; the Sahel region in the north is the most disadvantaged and impoverished region where livelihood is based on herding. To respond to the diverse ecological and cultural potentialities, the country was divided into eleven areas in 1966, setting up Organismes Regionaux de

¹ Among low income countries, Upper Volta is placed above Bhutan, Cambodia, Bangladesh, Lao PDR, Ethiopia, Mali, Nepal, Somalia, Burundi, Chad, Rwanda. World Development Report (Washington: The World Bank, 1979).

² Agency for International Development, AID Development Strategy for Upper Volta (Washington: AID, 1979), p. i.

Developpement (O.R.D.s) responsible for agricultural and rural development in each region. These semi-autonomous units are to develop and promote agricultural development appropriate to the locale. The Banfora, Bobo-Dioulasso, and Diebouyou O.R.D.s have the greatest potential and thus, have recieved the most support.

Not only is there great variation ecologically but ethnically as well. While the major tribe, Mossi, comprises nearly one-half the population, there are, in all, over fifty various and distinct tribal groups throughout the country. Regional and tribal rivalries exist and despite the political power of the Mossi, the tribes in the southwest regions have benefited more since government policy has favored those areas of higher economic potential.

Thus while poverty is pervasive, people in the west and southwest are generally better off as are the urban populations. Virtually all industry, government services, and professionals are located in the few urban centers. The expectation of higher incomes has encouraged an increasing rural-urban migration acting as an alternative to the traditionally high flows of migrant workers to the neighboring coastal countries of Ghana and the Ivory Coast.

Rural health and educational services are of poor quality and reach only a fraction of the population. Including all foreign doctors, there is one doctor for every 52,000 inhabitants and one nurse for every 15 to 16,000 persons. These professionals are located in the towns while rural health centers are understaffed and poorly equipped. Nutritional deficiencies and endemic diseases are widespread, particularly malaria, measles, meningitis, onchocerciasis and gastro-enteritis. Health problems are aggravated by the lack of potable water. Rural areas have no piped water and during the dry season many village wells run dry, forcing women to walk as far as eight to ten miles in search of water. It is estimated that a rural person uses only five liters of water a day as compared to 75 liters per capita daily consumption in town.³ In addition, the school system reaches one of the lowest proportions of children in the world. Only 13 percent of the children attend primary school with boys outnumbering girls two to one, and this ratio is much higher in rural areas. Less than three percent of the population aged 12 to 18 attend secondary or vocational schools and here the ratio of boys to girls is three to one.⁴ While none of the schools are properly equipped, rural schools are particularly disadvantaged.

³ A.I.D., op. cit., p. 7

⁴ Ibid., p. 4.

To meet the needs of the vast majority of the population, Upper Volta has recognized that its most urgent priorities include increased food production through such things as improved cultivation methods, water resource development, reforestation, and the development of its human resources through education, and improved health and nutrition practices. However, given its minimal financial resources, priorities tend to be set by external aid donors. So while the need for rural development receives considerable publicity, financing for infrastructure projects has been much more prevalent.

Village View

In the 7,000 villages scattered throughout Upper Volta, the subsistence lifestyle has not changed much over the years. The year may be defined in terms of the agricultural and non-agricultural seasons with field work beginning in May before the first rains and continuing into January when the final harvest is completed. Farming practices are characterized by long-fallow shifting agriculture; small scattered fields are spread out over distances of several kilometers; short handled hoes are used to cultivate traditional grain varieties. Millet and sorghum, the dietary staples, plus corn, beans, peanuts and cotton are the principal crops. Condiments, such as okra, hot peppers, and sorrel are planted, generally by women. Peanuts and cotton serve as the major cash crops. As can be imagined, every able-bodied person directs his or her time and energy to the tasks of farming during these months. Land holdings average from one to five hectares depending upon the size of the family and its available labor. February to May is a period when time pressures are eased and non-survival activities can take place: production and sale of crafts and processed foods, building and repair tasks, marriage and funeral ceremonies, visits to distant relatives.

While each tribal group has distinctive linguistic and cultural identities and village lay-outs vary somewhat, residence is based on membership to a patrilineal descent group. Houses are made of mud bricks with either thatched or flat-adobe roofs and may be clustered by a wall encircling members of the descent group. Furnishings include wooden stools, straw mats, earthen pots and gourds and possibly stick chairs. A radio, bicycle and/or tin roof signals prosperity.

A maze of footpaths through the surrounding fields joins the various groups of houses. Given variations in the topography of an area and in the size of the village, house groupings may be fairly close together or may be up to several kilometers apart. Larger villages have a central area for a market which generally occurs every fifth day.

Fields next to the house are planted with early harvested crops since animal destruction is always a concern. Goats and sheep are enclosed in the family compound in the evening and shepherded by children during the day. During the dry season, they are often left to fend for themselves. Cattle may be turned over to the Peuhl herders for pasturing in the remote bush. Animals, especially cattle, are an investment and a sign of wealth.

Few government services reach the rural areas and those which do are inadequate. Children may walk four kilometers to a school where classes number 60 pupils. Village clinics and maternity facilities are few and far between. Health attendants' morale is poor since the facilities are in poor condition and the supplies are always low. Many villages, however, have been reached by external aid agencies. Religious missions of all denominations as well as a plethora of private voluntary agencies can be found in the most remote areas.

The most widespread government service is the extension system administered by the regional O.R.D.s. Male extension agents and since 1972, in fewer numbers, female extension agents are living and working in rural villages. While the coverage and impact of the extension service is questionable, some changes are to be found including the use of fertilizers, improved grains, and animal traction. Local organizations are virtually non-existent except for the newly formed O.R.D. farmer organizations and indigenous mutual aid groups.

The village social structure is hierarchical in nature. In most ethnic groups, the Village Chief is the central leader and authority figure. While patterns of deference vary, the Village Chief, when the elected representative of the royal family, remains the traditional ruler. All decisions concerning village affairs flow through him. Often there is also a Land Chief who has jurisdiction over all matters relating to village land. The domains of these two figures are traditionally defined and compatible. At the next level of social organization, the particlan, it is the eldest responsible male who has authority. This extended family structure is the foundation of the social system with roles and responsibilities clearly defined and regulated. Animist beliefs and values prevail.

Division of labor is based on age and sex. Traditionally a delicate balance existed with a high degree of interdependence between the sexes. As development efforts have focused on the male farmer, however, this balance has been upset, with women being squeezed out of their traditional spheres of production and shouldering a larger and larger work burden. While patterns vary among ethnic groups, rural women generally

do a major share of the agricultural labor. Women not only must work in the family field but they usually operate a private plot as a personal income or food supplement source. New techniques adopted on the family field require more time, leaving less time for women's individual fields. Besides this agricultural work, rural women are responsible for all meal preparation including hauling water and wood, child care, household maintenance, food processing and marketing. The time constraints facing them are enormous; grinding millet into flour for just one meal may take 40 minutes. As the traditional forms of exchange give way to a monetized economy, women's position as productive family members becomes even more important.

CHAPTER II: PROJECT BACKGROUND

During the UNESCO General Conference in 1966, a resolution was adopted to collaborate with a member state in an experimental project aimed at improving educational opportunities for rural female populations through literacy training for women, primary schooling for girls, and basic family and civic education. Since the government of Upper Volta was considering a general educational reform to adapt school programs to the country's development needs and increase women's and girl's access to education, UNESCO accepted the government's request of July 1967 for financial and technical assistance to aid in this effort. Fewer than five percent of school-aged girls attended school, and 99 percent of women were illiterate.

A practical approach to girls education was called for, but the emphasis was placed on functional literacy for rural women to permit them a more deliberate and effective participation in the social and economic development of the country. Due to lack of experience with programs involving rural women, the Equal Access Project was labelled an experiment, envisioned for ten years and included the following objectives:¹

1. To establish in one or several regions a range of activities to increase the possibilities of education offered to women and girls.
2. To collect data concerning obstacles which inhibit the access of women and girls to education.
3. To experiment to find the proper methods to eliminate these obstacles and to resolve the problems.
4. To facilitate, under the conditions of the different pilot regions, the literacy and education of adult women and also to improve programs for girls to give them access to technical training.
5. To evaluate the results and obtain additional resources to extend the project to the whole country.
6. To assemble data and results of the experimental project to permit utilization by other countries.

During the first phase, 1967-1971, UNESCO covered all expenses as the assisting agency (\$541,140) with the government paying salaries, equipment, and costs (approximately \$155,000). For the operational phase, 1972-1976, the government was to solicit other aid for continuation.

¹ Republique de Haute-Volta, Projet Haute-Volta-UNESCO d'Accès des Femmes et des Jeunes Filles à l'Education: Phase Experimentale, 1967-1976 (Ouagadougou: Ministère de l'Education Nationale et de la Culture, 1976), p. 3.

Given the diversity found in Upper Volta and the experimental nature of the Equal Access Project, three pilot regions of varying ethnic, economic, and linguistic character were chosen for Project activities:

Region of Kongoussi in the north of Upper Volta, considered an under-developed area where unreliable rains and poor soils hinder agricultural production; populated by the hierarchical Mossi peoples, speaking More'. The region counted about 125,000 inhabitants in 1968 with a seven to eight percent literacy rate.

Region of Banfora in the south-west of the country, undergoing rapid economic development; favorable climate for agricultural activities; populated by the Turka, Goin, and Karaboro peoples with Djoula the language of communication. In 1968, there were about 165,000 inhabitants with a ten to eleven percent literacy rate.

Region of Pô on the border with Ghana, considered in an average state of development but where rural migrations to Ghana posed particular problems; populated by a branch of the Gourunsi, the Kassénas, speaking Kassém. The region had 20,000 inhabitants in 1968 with a 15 to 16 percent literacy rate.

Project activities were initiated in the zone of Kongoussi in 1968 followed by Banfora in 1970 and Pô in 1972; 10 to 20 villages were selected per zone, within 30 kilometers of the regional center, with acceptance gained through village discussion and rural radio broadcasts. To assess village attitudes and resources and to identify potential obstacles, sociologists spent from 10 months to a year in each zone. The overall poor health and living conditions and the enormous workloads carried by women were identified as the central problem areas to be addressed by Project activities.

Project Organization

The Equal Access Project was placed under the authority of the Ministry of National Education with a National Commission for UNESCO acting as the liaison committee. The Ministry assigned educators as Project staff to the central office in Ouagadougou and to the three regional offices. The national team was responsible for the definition and orientation of activities while the regional offices were responsible for the execution of Project activities. These staff members were grouped into functional divisions for (1) literacy, (2) home-economics, and (3) audio-visual aides.

At the village level, the O.R.D.s recruited and paid the salaries of extension agents, monitrices, young women who had at least a primary school education and who would live in the villages and provide year-round contact between the village and the Project staff. These monitrices receive one month's pre-service training and yearly

training sessions of two weeks. They are supervised and supported by the regional staff. In addition, a new level of volunteer personnel was envisioned: village women to be trained as animatrices and midwives (2 of each per village) who would share their skills and techniques and act as organizers of women's communal activities in the village. These paraprofessionals were considered essential for stimulating acceptance and participation by village women. The paraprofessionals and the project-paid monitrices were to serve as the village team in promoting development activities. The monitrices are project personnel while the animatrices are accountable to the community.

In 1978, after 10 years experience and evolution, the government decided to consolidate its structures and extend the Project throughout the country. Thus, the title changed from that of a project to a Service, the Service d'Education et de Participation de la Femme au Developpement. To reinforce this change with adequate institutional support, a Direction de la Condition Feminine was created at the national level to apply government directives promoting the integration and participation of women in social and economic development. The responsible Ministry was changed and the Direction now falls under a newly created Ministry of Social Affairs and Women's Conditions.

While the emphasis on functional literacy continues, the new orientation stresses the development of a strategy for engaging the now literate people in meaningful enterprises with a particular accent on economic activities for women. Activities envisioned include gardening, small animal raising, small commerce, handicraft workshops for skills in pottery, basket-making, weaving and small industries such as cloth dying and oil making. An 18-month study in 1976 of 83 villages reached by the Project to assess its impact revealed the positive changes in socio-political conditions for members of the target communities and diagnosed the urgency for continued attention to women's economic needs.²

A 1978 official document stated that by the end of 1979 the Service d'Education et de Participation de la Femme au Developpement would cover all 11 regions in Upper Volta plus Ouagadougou and would involve 360 villages, touching directly or indirectly more than 30,000 women. Table 1 shows the scope of the Project as of January 1980.

²Brenda McSweeney, "Collection and Analysis of Data on Rural Women's Time Use," Studies in Family Planning 10:11/12, November-December 1979 (New York: The Population Council). See also McSweeney, "Time to Learn, Time for a Better Life," Assignment Children No. 49/50, Spring 1980.

TABLE 1

Scope, Intervention Date, and Donor Assistance in the Equal Access Project

<u>Zone</u>	<u>Date Started</u>	<u>Financing</u>	<u># of villages (1979)</u>
Kongoussi	1968	UNESCO/UNDP	34
Banfora	1970	UNESCO/UNDP	26
Po	1972	UNESCO/UNDP	23
Bobo-Dioulasso	1978	Swiss government through World Bank	na
Dedougou	1978	Swiss government through World Bank	na
Dori	1979	USAID	11
Ouagadougou	1979	UNESCO/UNDP	6 villages plus 4 quartiers of Ouagadougou

Scheduled implementation for 1980 includes Koudougou, Ouahigouya, and Fada N'Gourama zones with financing from the UN Fund for Population Activities (UNFPA).

Project Activities

The Project was not promoted as a "women-only" project; the emphasis was on community development through self-help with women's participation treated as a necessary element of that development. Functional literacy in the individual's ethnic language was the major focus: More in Kongoussi, Djoula in Banfora, and Kassem in Pô. The mix of male and female in the classes depended upon the interests and demand of the villagers--men as well as women participated. The first two years were to be devoted to literacy training in the native language facilitating the learning of French in the third year. However, literacy in French has yet to be started anywhere.³

The literacy classes were to be preceded and linked with training in practical fields such as child care, sanitation, sewing, and agr.culture. It was found, however,

³ Given the time constraints facing rural women causing sporadic attendance as well as administrative delays, literacy standards were not accomplished as rapidly as expected. In the meantime, the government inaugurated a national policy of functional literacy as essential for adult education and created the Office of Adult Education and Functional Literacy in 1975. Thus, today, throughout Upper Volta, the focus is on literacy in ethnic languages.

that a sheer lack of time and energy was the major obstacle to women's attendance at educational activities. To relieve their burdens and make time available for Project activities, the Project found it necessary to introduce labor-saving devices such as wells, mills for grinding grains, donkey carts for hauling wood and water, and sewing machines. Consequently, the Project incorporated an emphasis on appropriate technology which continues today. The Centre Africain de Recherche et de Formation pour la Femme financed experimental handgrinding mills, and DANCHURCHAID, the Danish Church Organization, financed an experiment with sun cookers.

During its decade of evolution, the Project has focused on the following activities:

1. Training of village-level extension agents and village paraprofessionals (animatrices and midwives).
2. Functional literacy training in the individual's ethnic language.
3. Home economics and health education involving the maintenance of clean homes, improved diets, increased income through handicrafts, primarily knitting and sewing; latrines, water filters and child care. In most regions, the Project collaborates with the Maternal/Child Health Care Program and the anti-malaria campaigns. In Pô, village pharmacies have been started.
4. Collective fields as a women's group activity to teach improved cultivation techniques and to provide a source of revenue.
5. Experimentation with appropriate technologies to alleviate women's work burden plus introduction of motorized mills for grinding, donkey carts for hauling, sewing machines, wells.
6. Construction of village maternity facilities with external materials and supervision provided by the Project.
7. Radio listening groups attending weekly 15-minute broadcasts overseen by the monitrice; one radio per village donated by the Project.
8. Scholarships for study in foreign countries.

In a 1977 official document by the Government of Upper Volta, the Equal Access Project was credited, among other things, with having introduced the following actions:

I. Action for Women:

- trained animatrices and traditional midwives to motivate villagers
- improved conditions of work and oriented women to appropriate technology such as carts and mills to free their time
- gardening, small animals, handicrafts--new methods of cultivation and improved family budget
- sanitation, disease control
- functional literacy classes in individual's ethnic language

II. Action for Girls

- functional courses in home economics at the primary level
- complete course in home economics at secondary level
- a new Certificate Aptitude Pédagogique (CAP) for monitrice certification at the technical school level

Design of Study

The field research effort was allocated to allow three weeks in each of the three original Project zones. Ten days were accorded to two villages in each zone (making six villages in total)—one village where the paraprofessionals were considered to be working satisfactorily, and one village where the paraprofessionals have not played a significant role. In conjunction with the Central and Regional administrators, these villages were chosen according to the number of activities and participants involved in the Project and the effectiveness of the paraprofessionals.

Since the paraprofessional cannot be viewed in isolation, the research sought to examine the factors in the community as well as in the Project administration which bear upon the paraprofessional's success. Consequently, contacts, interviews, informal discussions plus observations were conducted with the regional administrators, the monitrices, the paraprofessionals (animatrices and midwives), village committee members and the population in general. When and where possible, village meetings were held to record answers to questions and to observe interactions among villagers. While a formal questionnaire had been prepared, it was used as a point of departure rather than as the sole framework for data gathering. The variety of situations and circumstances demanded a more flexible approach of probing through unstructured interviews.

In each of the three zones, the researcher met first with the Regional Administrators and then at the end of the stay held another meeting to clarify points and discuss the village analysis. Introductions in the village were made either by the Regional Staff or the monitrice living there. The researcher then spent the allotted eight to ten days in the village, sharing food and lodging with the monitrice and taking advantage of both formal and informal situations for asking questions and making observations. While this liaison with Project personnel may be considered as a factor introducing some bias into the data obtained, it did serve to open doors immediately and establish the researcher's credibility. A careful effort was made to validate all information through numerous informants. Neither two weeks nor two months is

sufficient time to comprehend all the dynamics of village participation--a minimum of one year plus fluency in the native tongue are prerequisites. However, given the purpose and scope of this study, the ten days per village and the research methods followed seemed to allow for sufficient exploration of the potential and pitfalls in using paraprofessionals in rural development programs.

CHAPTER III: THE ROLE OF PARAPROFESSIONALS IN THE EQUAL ACCESS PROJECT

The Equal Access Project inaugurated the concept of selecting and training village women as paraprofessionals (animatrices and midwives) as a means for basing skills in the community, transmitting information, and organizing activities at the local level. They are responsible for village organization and are to work with the Project's monitrice in actualizing community development. These non-paid paraprofessionals are selected by the local population and are to receive 2-4 weeks pre-service training. Unfortunately, there is no regular system of in-service training or of established supervision or support.

In a document prepared by the Project's Directrice in 1976, the role of these paraprofessionals is outlined as follows:¹

The animatrices and midwives form the most important structure of the Project: they elicit and orient the village decisions, organize the women for community work and motivate the people to action. Having the possibility to penetrate into the intimacy of the household, they can act directly on the women to make them understand and practice the indispensable hygienic measures: installation of carbon filters to obtain potable water, protection against infectious illnesses and parasites, and the consumption of well-balanced food.

Not all the numerous Project documents mention these paraprofessionals, however, and nowhere is there to be found a detailed definition of their role or description of their training needs. Yet in talking with Project staff at all levels, the importance and necessity of these paraprofessionals, acting as village responsables (leaders), is stressed. The following statements by regional administrators are typical:

The monitrices are from the exterior and don't know the village, whereas the animatrice is from the village and she knows how to work with villagers. She is older and has more respect. We count a lot on the animatrice. She is in charge—she knows what is and what isn't viable for the village.

¹Kompaore, Scholastique. "La Cooperation Technique entre Pays en Développement dans la cadre d'un Programme d'Education pour l'Integration des femmes au Processus de Developpement: Le Projet d'Egalité d'Accès des Femmes et des Jeunes Filles à l'Education en Haute Volte," mimeo, n.ô. (estimated date, 1976).

The monitrice is to work most closely with the animatrices and midwives because they are women of the village; they know the village and they have the respect and confidence of village women. The monitrice cannot just talk with people at random and expect to accomplish anything—the village responsables are the necessary liaison.

At the village level, the paraprofessional roles were delineated as follows. Monitrices see the animatrice as their contact in the village and as responsible for disseminating information and organizing women for meetings and activities. The animatrices state their role as (1) informing women of meetings, and (2) organizing work in the collective field. The midwives broadly declare that they are responsible for the delivery and care of all newborns in the village. Certainly, these responses do not touch upon all the subtle kinds of influence a person in a responsible position can have. The following section, then, attempts to clarify further the paraprofessional role in this Project.

Paraprofessional Activities

Animatrice. The animatrice is the representative of the village women. She is the "link" between the Project and the village women at large. She is to take part in every Project activity and to be an example to others. The intention is to develop the animatrice's capabilities and skills so that she can continue without dependency on the Project. Thus, the monitrice is supposed to work closely with these paraprofessionals, imparting knowledge and skills to them so that they can take over as community development workers in the full sense.

They have no set working hours, no single location for service delivery, and no sharply defined tasks. From the field research, it appears that the animatrice's main responsibility is organizing and promoting Project activities. She does not have the technical skills, knowledge or support to deliver services as such or to educate others in any meaningful sense of the word. These duties are the responsibility of the monitrice who conducts the literacy classes, gives nutrition demonstrations, distributes anti-malaria pills, etc. The animatrice merely serves as her conduit to the village women and as an example to others by practicing the recommendations. Whether, in fact, these paraprofessionals gain competence to take over the monitrice's tasks will depend upon the monitrice's ability to devolve responsibility and to train the animatrice adequately.

At present, the animatrice may be involved in any or all of the following activities depending upon her dynamism and the activeness of the women's group:

1. Disseminating information, such as:
 - informing villagers of Project-related news;
 - notifying women of upcoming child-weighing clinics.
2. Organizing and promoting, such as:
 - calling women/villagers together for group meeting or communal work;
 - encouraging the adoption of latrines, water filters, etc.;
 - organizing and supervising the collective field.
3. Stimulating decision-making, such as:
 - acting as representative and spokeswoman for village women;
 - meeting with village elites to elicit favorable decisions made at that level;
 - overseeing all activities and stimulating decisions and actions when and where needed.

Midwife. The midwives have a very definite, specific role. As well as attending all births, they are responsible for managing and resupplying the medicine chest (initial supplies donated by the Project), and previewing evacuations in emergency cases. Their role is limited to the technical aspects of midwifery; they are not involved in pre- and post-natal education, nutrition or childhood education. Since midwifery is a well established role in the villages and responds to an immediate need, much of the Equal Access emphasis has focused on training midwives and aiding in the construction of village maternity buildings. When asked how the Project has improved their lives, villagers invariably mention first, "the training of midwives"--often their only response.

Nature of the Paraprofessional Role

It should be noted that both of these paraprofessional roles--animatrice and midwife--are, in fact, based on traditional role models. There are informal women's mutual aid groups in almost all villages, and natural leaders have already emerged. These leaders are responsible for disseminating information and organizing mutual aid work sessions and donations. While the title "animatrice" may be relatively new, the operational form of this role is not much different from the traditional role of women's leader. Also, every village has had traditional midwives; indeed, since often the oldest woman of each extended family attends to other women in her own family, a village may have several traditional midwives. An interesting question since these Project roles in fact closely resemble traditional roles, is whether the same non-formal leaders

and midwives are selected to collaborate with the Project. If so, which ones of the possible numerous leaders in the village are selected and what effect does this have? This raises questions about selection and is discussed later (p. 29).

One needs to consider whether these roles are different now by virtue of being attached to the Project and what effect this has. Our field work suggests that, in general, the animatrices and midwives enjoy greater prestige, more responsibilities, and somewhat higher technical competence as a result of their linkage to the Project. While the Project has expanded and upgraded these roles somewhat, it is felt that these roles are still very similar to the traditional midwife or "women's leader" role. The paraprofessionals themselves define and determine their roles so that the correspondence to familiar roles is understandable. Nor does the minimum and sporadic training and supervision given the recruits allow for much role expansion. There may be just two midwives now where there were several before, or the animatrice may have more group activities to coordinate, but in fact the basic roles have changed very little. Actually, to call these women "animatrices" is something of a misnomer. They do not have the resources (material or personal) or the power to activate and mobilize villagers in any substantial and sustained way.

Using and building upon traditional roles is often cited as critical in promoting rural development participation. The Equal Access Project, however, may be criticized for not making more efficient use of a potentially effective medium. It would appear that these paraprofessionals are being used far below their potential. Through an expanded role definition, regular and appropriate training, adequate supervision and support, these paraprofessionals could probably be promoting more change in the village level and building a base for self-sustaining development. For example, the midwives could offer pre- and post-natal education, child nutrition instruction, and monitor growth rates, while the animatrices could be non-formal educators or service deliverers as well as activating expanded village development efforts.

Such a role expansion, however, could call into question the voluntary nature of the role, i.e., added responsibilities would mean more time involved, perhaps; requiring direct compensation to offset the personal costs incurred. Then, who should bear the cost becomes a question: can poor villagers cover these expenses or must the Project intervene to assume this responsibility? If the project pays these paraprofessionals, the role may very well lose its traditional nature and become institutionalized--its very essence and legitimacy may be lost. The paradox is that expanding and/or changing

traditional roles may be necessary to improve effectiveness but just such a move may undermine or destroy their potential.²

Nevertheless, the Equal Access Project appears to operate with too vague and limited a definition of the paraprofessional role. To be sure, both the animatrice and midwife roles are considered important, respected by the paraprofessionals and the population in general. How much more important these paraprofessional roles could be if they had the resources and training to enable the village to develop more fully we cannot know without experimentation. Since the animatrice and midwife work on demand, it is impossible to estimate how many hours per month are allocated to these roles. The research found, however, that both animatrices and midwives had the time and willingness to do more to improve village life. Persons in both roles stated that they wished training sessions were more frequent so that they could learn more to aid their villages. With some additional responsibilities supported by appropriate training and supervision, it is felt that these paraprofessional roles could be somewhat expanded for greater efficiency without jeopardizing the traditional legitimacy and accountability associated with their roles.

²In using existing leadership roles for linking agrarian organizations with government programs, the leader's accountability may shift from the community to the program, altering traditional relationships and negating the leader's effectiveness. Cf. E. Walter Coward, "Indigenous Organization, Bureaucracy and Development: The Case of Irrigation," Journal of Development Studies Vol. 13, No. 1 (October 1976), p. 102. Also concerning the paradox of institutionalizing informal groups see Kathleen A. Staudt, Women and Participation in Rural Development: A Framework for Project Design and Policy-Oriented Research (Ithaca, NY: Rural Development Committee, Cornell University, 1979), p. 62. A more detailed study of women's informal groups and their potential contribution to rural development is offered by Kathryn March and Rachel Taquq, Women's Informal Associations and Social Change (Ithaca, NY: Rural Development Committee, Cornell University, 1981).

CHAPTER IV: COMMUNITY ROLE AND LOCAL LINKAGES

During the first years of the Project, Regional Administrators chose villages which were within close proximity to the regional center. However, as villagers have seen others benefiting from Project activities, they have requested to be included. Administrators in all three zones say that the demand is greater than their resources can serve. In each village being considered for inclusion, a general meeting is held where the Staff explains the purpose, organization and requisites of the Project, and the villagers express their expectations. If opinions coincide, the village is requested to form a Village Committee to organize and supervise Project activities and to select two women to serve as animatrices and two as midwives. They are to construct a literacy classroom, a house for the monitrice to live in, and a village maternity building.¹

Other local participatory activities during implementation include the organization and maintenance of a women's group; commitment of time and labor and cash for Project activities; selection of activities to be undertaken plus meeting times and location of facilities; management and maintenance of equipment, building, medical supplies; control of a treasury. "Who" gets involved in these decision-making and implementation procedures, though, is an important question. Given the structure and influence of chieftancies in Upper Volta, it would be amiss not to note here that most of the critical decisions lie in the hands of the village chief (Chef in French, the commonly used term). This will be discussed in more detail later.

Unfortunately, the Equal Access Project has suffered from too rapid initiation of activities, without adequate sensitization of villagers, and from an influx of free gifts such as mills, donkey carts and wells which can destroy village initiative and self-help. The Project Directrice's observation is well noted:²

From 1967 to 1975 the concern seemed to be to create an element of reference for the other countries and there was little concern for the local populations. In order to proceed rapidly, one took the decisions made at the top and enforced them on the local population with more

¹The construction of these facilities demonstrates the men's interest and support of the Project since women are culturally prohibited from building tasks. The women carry the water for making the bricks and supply the noon meal, but the men do the building.

²Kompaore, *op. cit.*, p. 8

or less success. In this way, the villagers submitted to the desires of the Project staff and accepted wholesale all the proposals especially if it included a concrete solution to one of their problems. For example, they will agree to construct an education center if they expect that you will dig a well.

This statement describes a tendency in many development programs today. In the rush to realize results, the creation of a self-sustaining human infrastructure that can articulate needs and resolve problems is overlooked.

One finds that the vast majority of the mills and donkey carts are broken down with no treasury of receipts to pay for the repairs; the required monitrice's house was never built or the mud-brick structure is crumbling down; materials have been used by the Chef rather than benefiting the village as a whole; women refuse to attend the baby-weighting sessions unless they get dried flour and milk supplied by Catholic Relief Services; the Chef, not the village, selects the animatrices and midwives, and so on. In cases where the Chef supports the Project, understands the issues, and mobilizes his people accordingly, the Project is considered to be running successfully. While the cooperation of the Chef appears critical and essential, having one man making all the decisions can hardly be regarded as a participatory approach to development, especially in a women's project, and does not build community capacity.

Since 1976, the philosophy of the Project has changed to incorporate more of a self-help approach. Experience showed that materials and equipment given free-of-charge were poorly maintained whereas when villagers paid for things they were more conscientious about the up-keep. As one administrator said, "The aim now is to help villagers make do with what they have. For example, hand-dug latrines rather than cemented ones." In cases where external equipment such as mills or carts is needed, the village must first deposit an advance and then pay the full price over time. To date, there is no standard amount or repayment rate for such materials; the regional staff negotiates this with the village according to its means, with the expected repayment period being 2-4 years.

While the intention is to build broad-based community participation and self-sufficiency, the structure and financing of the Project is often not flexible enough to respond to local initiatives and demands. The Project has certain activities and materials to offer and the villagers elect either to participate or not. "Nothing is imposed" has become the slogan of the project. But neither is the program flexible enough to be always responding to situational needs or stimulating problem-solving at the local level. The decision to participate in what the Project offers rests with the

individual but this tends to establish a passive role rather than an active one since the framework is already clearly defined. This may be seen as the difference between a "participant" and a "participator" as defined below:

Joining something may mean one of two things, either attaching oneself to an on-going process and then performing certain specified functions in that process as a "participant" or else contributing something unique to the process one joins, thus becoming a "participator" in that process.

Participation with meaningful quality implies that the citizen is a creative contributor to the process and that he grows as a result of the experience. Effective participation is thus two-dimensional; the individual occupies a creative role in a given situation and his activity contributes to his development as an autonomous citizen.³

It is interesting to note that while the Project administrators state that the villagers are responsible for their own development, the vast majority of monitrices and villagers interviewed see this as the Project's responsibility. The expectation is that the Project will bring supplies, equipment, and expertise and their problems will be solved. When, in fact, this does not happen, the village makes its requests known and waits for the Project to respond or attaches itself to another organization that will provide the goods. Dependency on external aid continues. It would be erroneous to imply that the Equal Access Project fostered these attitudes and expectations; the blame must fall on assistance programs in general with their disposition for "delivering" services. In one village visited, the population is no longer interested in working together to build the maternity facility or deepen the well, because the O.R.D. is known to be supplying construction workers and materials to other villages.

In all three zones, a resensitization process is underway, based on the changes in the Project's philosophy: (1) gifts are now thought to destroy local initiative and breed dependence, so are no longer provided; (2) economic activities to augment local incomes are now seen as essential for development; (3) responsibility for village development must switch to the villagers themselves since the Project monitrice is not to remain there indefinitely. According to the development potential of the village and the orientation of the Chef, some villages are already taking charge and moving forward on their own; others are waiting for the old promises to be met.

³Robert Pranger, in R. E. Kasperson and M. Breitbart, Participation, Decentralization and Advocacy Planning (Washington: Association of American Geographers, 1974), p. 4

Community Factors Influencing Paraprofessional Performance

Throughout the field research, numerous community factors came to light which appear to influence the effectiveness of paraprofessionals. One cannot separate the paraprofessional from the program in its local setting. The success which the program as a whole enjoys in an individual village determines the activities undertaken by the paraprofessional. The following section, then, provides a representative, though not inclusive, discussion of the influential community variables within the six research sites which appear to affect program success; that is, why does the Equal Access Project work well in some villages and not in others?

Role of Chef. The common reason given for Project success was the interest shown by the village Chef. From the interviews, a typical response follows: "The Chef makes the difference. If he is interested in the Project and mobilizes his people, then things go well. If he does not show an interest, then people follow his example."

In all three successful villages, the Project administrators as well as the village populations credited the people's interest and participation in Project activities to the Chef's leadership, his links with external resources, and the level of cooperation in the village rather than to the paraprofessional's character or abilities. This may be due to the paraprofessional's lack of meaningful role definition and power, but the importance of an influential Chef who mobilizes support for the paraprofessional's activities is incontestable. In the three contrasting, less successful villages, on the other hand, the following was noted:

Village #1. The Chef was not chosen by the village as their elected representative from the royal family but was placed there by his father, the Chef de Cantor. There was obvious conflict and division in the village. This was the only village of the six where the Chef was not respected or seen as influential. It appears from our study that villages with traditionally elected Chefs demonstrate greater cooperation and potential for development; this warrants further investigation since our sample was small.

Village #2. Since the death of the traditional Chef, the eldest man in the royal family is Acting Chef until the chosen son gains age and experience. In the meantime, there is no effective authority figure and the leadership of the Acting Chef is hindered by his advanced age and poor health.

Village #3. The Chef is influential but has shown no interest in Project activities. When his support is solicited, he agrees but then does not act. While the monitrice always communicates first with the Chef, she is forced to stimulate

participation on her own. In the time available, this research could not determine why the Chef was non-supportive.

That the support of a respected village Chef is synonymous with program success is not surprising given the tradition of Chieftoms in Upper Volta. To assume, however, that all Chefs are respected and influential or can and will mobilize their constituents may be a simplistic view. While cultural patterns differ according to the ethnic group, the deference accorded the Chef du Village is constant, whether the society be Mossi, Kassena or Goin. This Chef, however, may be a mere figurehead on the one hand or a strict autocrat on the other; to rely solely on him for disseminating information or mobilizing resources may not be sufficient.

Recognizing that the Chef's agreement and support are prerequisites for program implementation, his role, influence and leadership style, as well as the level of participation in the village should be carefully analyzed. It may be necessary to work through the traditional structure, but all people in the village need to be well informed of the Project goals and procedures, so that everyone is aware of the expected costs and benefits. Often, as found in our research sample, this information rests only with the Chef and village elites and does not filter down to the population in general.

The Equal Access Project rejects any imposition of obligations on villages as contrary to Project goals; "the community is responsible and makes all its own decisions." Project experience shows, however, that where the Chef is the sole decision-maker, his family may be the sole benefactor. In a hierarchical structure as in Upper Volta where often the Chef, not the "community" makes the decision, setting certain standards and requirements may be necessary to assure that Project goals and purposes are attained. Project managers, for example, might be wise to require that 70% of the villagers be present at the meeting when the Project is introduced and explained; an equitable system of use and management be delineated before a grinding mill is introduced; the women's group select its own representative and make its own decisions, etc. Where an influential Chef is truly interested in the Project and accepts its goals, such requirements will not be too demanding. If, on the other hand, the Chef is disinterested, it might be advisable to wait until proved results elsewhere win his interest and support. Where the Chef is a mere figurehead, the true village influentials need to be identified and their support secured.

Development Level of Village. The very level of development already attained by a village and its available resources relate directly to the participation found among Project villages. To enter into many of the Project activities demands a certain level

of sophistication and leisure time. Women who walk three kilometers for water and worry about an adequate food supply to feed their families, are understandably not very interested in literacy training or sewing classes. This is the main reason why the Equal Access Project found it necessary to experiment with appropriate technologies so that the burden of basic chores could be alleviated making more time and energy available for other activities. It is likely that the same women who say they do not have time to attend literacy classes would be readily available to work on a water project. For example, it was noted that in one "unsuccessful" village where the paraprofessional could not stimulate participation in Project-sponsored activities, the women were very active in hauling stones and preparing meals as their contribution to the village dam construction project.

The existing development level of a village and the basic resources or inputs necessary for further progress need to be carefully analyzed. Where these needs do not correspond to what the Project can offer, ways should be found to adjust the discrepancy, or villages sought where these discrepancies do not exist. This becomes especially critical when the implementation of project activities or practices is based on a prerequisite resource such as land or water supply.

For a country such as Upper Volta, the importance of a permanent accessible water supply cannot be stressed enough. This factor more than any other appears to determine a village's development potential. Male extension agents and monitrices in all regions claim that any village which is active is that way because it has an adequate water supply. Villagers continually offered the explanation that they would prefer working in agriculture year-round if there were water to support their crops.

In all three zones, village after village stated that their primary need was wells which do not go dry. Even in Banfora, where water is not such a problem and streams were accessible near both villages visited, the women still said that wells for a convenient, potable water supply were their foremost desire. Project administrators at all levels recognize this need and realize that sufficient water is basic to any improvements in living conditions--health, sanitation, gardening, chicken raising, construction. Almost everything new demands water and in sufficient quantities so that adopting a recommended practice does not infringe on the cooking and drinking supply. Women in many areas of Kongoussi refuse to use the charcoal water filters because their water is too precious to be "wasted" on washing the filter. Although numerous wells have been dug in Project villages, either financed by the Project, individual villagers or O.R.D.s, great need still prevails.

Village Committee. In the zones of Banfora and Pô, Village Committees were established at the commencement of the Project and play a more or less significant role in the implementation of Project activities depending upon their composition. Such committees were only recently created in Kongoussi (1979) so as yet have minimal direction or influence. The committees are to organize and supervise Project activities, serve as the liaison between the Regional administration and the village, and act as a mechanism through which the broader population participates.

In general, they combine the local traditional authority, the Chef and his counselor(s), with the locally-appointed President, Vice President and Treasurer of the women's group plus the four paraprofessionals. It is interesting to note that the three office holders are generally selected from among and by the village women, while the paraprofessionals are usually chosen by the Chef.

The importance of building viable local organizations has been well documented. They are seen as the basis of self-reliance and participation. As found in the Equal Access Project, however, these groups often lack a clear definition of their purpose and role. The idea of creating local organizations may be sound but without an understanding of their function, they exist in title only. Where these committees did serve as channels for the flow of communication and decision-making, their success seemed to be due to a sensitive and comprehending Chef and an established structure of decision-making. Where such channels do not exist, the program needs to work closely with these groups during the initial years.

From the research, two essential ingredients for developing viable local organizations seem apparent: the size and representative nature of the group, and the inclusion of respected men from the indigenous men's work group. First, in cases where the group was small and composed only of the coopted Project representatives (animatrices and midwives) it was found that the general population was not aware of the Committee or its purpose. The Committee members, themselves, did not see or articulate any role above and beyond their duties as implementors of Project activities. Conversely, when a general village meeting had been held and office-holders were elected in a representative manner, the Committee and the decisions it made had broad-based support. The Committee members in such a situation viewed themselves as representatives of the village.

Equally important is the integration of existing work groups. It was found that in most villages there is either a formal or informal group of village men (Groupement de Jeunes) with a designated leader. These mutual-aid groups generally involve all

working-age men and have a mode of cooperation and exchange. When the leaders of these groups were included in the Village Committee, the Project had added support and credibility. Men's labor was efficiently organized to cultivate the collective field or build the classroom. Thus, one sees men and women working together and sharing tasks and decisions, and the activities become truly based in the community.

The necessity of soliciting men's support for a woman's program in a country like Upper Volta is clear. Not only is a program handicapped if half of the population is disinterested, but men's endorsement is necessary before the women can participate. There is a need, however, to institutionalize this support and build a self-sustaining community effort in ways that enhance women's initiative and control over resources. Drawing upon existing men's mutual-aid groups with their established communication and resource mobilization networks is considered an important step. The point is not to separate and segregate women but to integrate their participation into the development of the community. Women, not men, should be the principal office-holders of these committees, working in the name of local women for village development.

Men's Attitudes. Given the social position of women in Upper Volta, approval must come from the husband for a woman to participate. Sanction to participate in the Project comes first through the traditional hierarchy in the village and then individually from each husband. The question then becomes, which men are supportive and consequently which women participate and why? The researcher tried to uncover these relationships, but to no avail. Obviously, economic factors are crucial since the poorer woman has less time and financial inputs for extramural activities. A continual explanation of non-participation was "lack of time." In polygamous households, generally only one woman participates in project activities. It may be assumed that the benefits and information are shared if, in fact, the co-wives get along.⁴

⁴In rural Upper Volta there exists a balance between men and women based on established sex roles. To introduce activities which might upset this balance meets male disapproval. It was found that men did not object to women being trained in the traditional female domains but were against civic education or literacy since the men, themselves, had no knowledge in these areas. See Claudia Fonseca, "Functional Literacy for Village Women: An Experiment in Upper Volta," Prosepects Vol. V, No. 3 (1975), p. 382. Of six obstacles to women's participation in an A.I.D. Women's project proposal in Upper Volta, three were related to men's attitudes: (1) husbands are jealous of women's potential income-earning capacity, (2) husbands object to what they consider excessive numbers of women's meetings when wives should be working in family fields, (3) men are hostile to women's emancipation giving no priority for female activities. See A.I.D. Project Paper, #686-0211, "Strengthening Women's Roles in Development," Agency for International Development, Washington, 1976.

It is noteworthy that the Equal Access Project did not promote itself as a "women-only" project. The emphasis has been on community development with women's participation as a basic element of this development. Other community factors deserve mention and are listed below in brief form since the generalizations are not as clear.

Existence of Personal Source of Income. With the possibility of employment on sugar plantations in Banfora and the tradition of basket-making well established (both are dry season activities), many women in this region have a personal source of income. While the benefit is not large in Western terms (\$2.00 per day for temporary labor in sugar fields and \$.50 per basket), it is significant cash income in rural areas. Since women often complain that their husbands do not even give them money to pay for the condiments to go into their sauces, such income sources are important to women. Often even during the busy agricultural season, women squeeze in a few minutes at the end of the day to work on a basket so that they will have some cash income.

The research suggests that when women have a reliable source of personal income, they are even more discriminating about participating in marginally beneficial or non-economic activities. They have an alternative for making money so are not dependent upon what the Project offers. Collective fields often are seen as unattractive because: (1) a profitable harvest is never certain, given the climatic conditions; (2) not all village women will participate in the work and yet the profits are to benefit everyone; (3) more money can be made individually from baskets than on an uncertain endeavor like a collective field. What little time is available is much better spent pursuing a known way to make money. As one monitrice complained, "All these women want to do is make baskets all day long." The benefits gained from Project activities are just not sufficient to cover the personal costs incurred in such a situation where there are alternatives.

Location of Village. In contradiction to conventional social science theory, proximity to a regional or urban center appears to affect Project participation adversely. For example, there is less need for a village pharmacy since one can more easily procure medicines or there is disinterest in collective activities because one can sell products at the city market, etc. It was found that in more isolated villages, people were often more anxious to work together in community development activities to improve lives. The continuation of their interest, however, depends upon whether the activities are seen as responding to village needs.

The flow of information and influence from the outside also appears to affect program goals negatively. In the Equal Access Project, the intent is to aid villagers in

utilizing existing means and not to depend upon external resources for solving problems. Migrants returning from work in coastal countries, however, spread ideas which may cause dissatisfaction with Project ideals. Rather than hand-dug latrines or mud-brick constructions, they demand cement and tin for construction as found in Ghana. So exposure to "modern" ways seems to impede the self-reliant strategy of the project, making the paraprofessionals' job more difficult when grand expectations have been awakened.

Previous Experience with Assistance Agencies. As mentioned previously, it was found that villages which have been spoiled by "cadeaux" (gifts) and promises demonstrate minimal capability to organize and work together. They continue to wait for their needs to be met. This could be typical throughout under-developed nations where traditions of self-reliance has been undermined by government and foreign paternalism, but it is in any case true in Upper Volta. A foreigner visiting a village is accosted by expectations and requests.

Programming Implications

The preceding discussion has attempted to delineate community factors which bear on the likelihood of success of a program using paraprofessionals. For planning purposes, wise selection of villages for participation may be the most important determinant of program success. Rather than have ad hoc selection of villages, it is recommended that villages be carefully selected according to demonstrated interest, responsiveness, and leadership capability. A program which starts with a minimal number of villages which are receptive and cooperative will build experience and credibility and thus have a greater success rate in less responsive environments.

Villages should be carefully analyzed according to their expectations and needs, demonstrated ability to work together, competent leadership and development potential before inclusion in the program. Several village meetings, not just one, should be held where both the Project administrators and villagers express their expectations and requirements. Indications of village interest might include: percentage of village attending meetings; levels of communication--who is saying what; community perception of priorities; the number of younger adults present. A contract signed between the village and Project may help clarify roles and responsibilities and serve to minimize the often divergent ideas of what each is to offer and receive.

Moreover, no matter how "perfect" the village environment appears, a thorough sensibilization (village social preparation) process is required. This cannot be

accomplished in several meetings or even in several months but demands continual on-site education and supervision during the initial years. New ideas and new methods of self-management take time to become established and will be seen as rational only if, in fact, they are. Too often these new ideas never become truly established and do not accomplish their intended purpose due to poor preparation and subsequent guidance.

While these points may be true for any development program, they are especially important in programs using paraprofessionals. The goal of the paraprofessional strategy is to base the program in the community. Without strong village initiative, interest, and support, the paraprofessional is handicapped. Once the program has established its credibility, the informal communication channels will spread its story. In each subsequent village, however, the same process should be followed with village expectations carefully analyzed to see if they coincide with Project goals and with a continued sensibilization process. Such procedures should serve to eliminate villages which are merely seeking a free mill or donkey cart and should increase the prospects for program success.

**CHAPTER V:
POLICY VARIABLES IN PARAPROFESSIONAL PROGRAMS**

Selection of Paraprofessionals

Many programs insist that the paraprofessional must be chosen by the community, and the Equal Access Project is no exception. This is seen as a way to secure people's participation and support. The problem is that a community is not a homogeneous unit. A rural village may be a "community" only in the sense that inhabitants are living within a defined geographical area. To assume that such a collection of individuals has the same values and goals and can collectively determine priorities, make decisions and allocate resources may be erroneous. As the Equal Access Project shows these decisions often are made by the traditional leaders with minimal input by the broader population. Of the 21 paraprofessionals on whom data were collected, 10 had been explicitly named by the village Chef, 3 were chosen by the village women and 8 were somehow selected by the village at large. The representative nature of a village selection process may be questioned anyway in a culture where following the established leader's initiative is the accepted mode of behavior and where traditionally women do not speak out at public meetings. If the local elite is interested in equitable improvements and facilitates popular expression, then participation in the paraprofessional's selection is possible. Table 2 indicates the distribution of selecting bodies in the six villages covered by the research.

**TABLE 2
Type of Paraprofessional and Selecting Body**

<u>Type of Paraprofessional</u>	<u>Selecting Body</u>		
	<u>Chef</u>	<u>Village</u>	<u>Women</u>
Animatrice (n=10)	30%	50%	100%
Midwife (n=11)	<u>70%</u>	<u>50%</u>	<u>0%</u>
TOTAL	100%	100%	100%
NUMBER	10	8	3

In cases where the "animatrice is democratically selected, you find that the Project works well," declared one regional administrator. This seemed to be the

consensus among all interviewed. However, to impose a representative election on a tightly regulated social system may be nearly impossible. The Equal Access administrators opt to allow the village to select in its own fashion and if the paraprofessional proves unsatisfactory, the community itself must realize its weakness and decide to change the paraprofessional. Apparently, numerous villages, including one visited by the researcher, have independently replaced ineffective paraprofessionals. In several villages, however, the Project is considered a sore failure because the animatrices are inept and nothing is being done to change them. According to the Project philosophy, staff personnel cannot intercede in village decision-making; problems can be raised and suggestions made but the village must decide.

It was found that when the paraprofessional is selected in a representative manner, the choice generally is made according to capability. Villagers know and acknowledge each other's abilities and appear to judge with discretion. Traditionally, informal leaders emerge within the community and these are the kind of people accorded the paraprofessional role. In fact, a number of the leaders of informal women's groups became paraprofessionals; their respect and influence already established contributed to their success in these roles. In the case of women in Upper Volta, of course, the husband first must give his permission for the wife to accept this role and attend training. The researcher, however, found no cases where this was an inhibiting factor.

Qualifications of Paraprofessionals

This issue is clearly related to the selection process. The Equal Access Project sets no qualifications for the paraprofessional. All persons interviewed, administrators as well as villagers, identified the following characteristics as determining the paraprofessional's effectiveness: dynamism, community influence, ability to speak in front of others, willingness to work hard. As previously mentioned, villagers know each other's strengths and weaknesses and identify each other according to these characteristics.

As shown in Table 3, it was found that the majority of the animatrices were middle-aged. They had finished child bearing, were in good health, and regarded as hard workers. The chosen midwives, on the other hand, tended to be old women, according to custom. Reportedly, those of very advanced age and long-established habits often were unable to assimilate the training material. While using traditional midwives is commendable, the capability of very old women to practice the recommended

techniques should be watched closely. Also, their years of work are limited so re-selection and re-training become concerns. The prerequisite for a midwife may be that she has finished giving birth herself and is experienced, but it generally does not require that she be the oldest woman in the community.

TABLE 3
Type of Paraprofessional and Age

<u>Type of Paraprofessional</u>	<u>Age*</u>	
	<u>Middle-Aged</u>	<u>Old</u>
Animatrice (n=10)	82%	10%
Midwife (n=11)	<u>18%</u>	<u>90%</u>
TOTAL	100%	100%
NUMBER	11	10

*Age is difficult to determine among rural women; "middle-aged" here refers to women who are still very active but have either finished or are near the end of the child-bearing years; "old" indicates women in the oldest generation.

The selection of older women (rather than young women and girls) as paraprofessionals is founded on very reasonable premises: (1) their years of experience accord them more respect; (2) their child-bearing years are past so they have more time to devote to extramural activities; (3) they are sedentary, less likely to travel, so are always available. In one village, the paraprofessional in charge of the village pharmacy was having a difficult pregnancy so she had virtually abandoned her responsibilities during three months, leaving the village without available medicines.

Literacy skills cannot be a requirement in Upper Volta given the fact that so few rural women have attended school. This requires added attention to appropriate training materials and methods. Also, close supervision of financial accounts and supplies is essential while the women are learning self-management. While it was found that the paraprofessional rarely misappropriates money or supplies, she may be incapable of refusing other members of her family or village from taking medicines and cash from the chest or treasury on credit, never to be repaid. As one paraprofessional said, "You need to have a cold heart and cannot take pity." The paraprofessional may

be caught in a bind between obligations to family members or other villagers and to the Project system. When this same paraprofessional found herself in this situation, she asked to be relieved of her job.

As illustrated in Table 4, the data indicate that for paraprofessionals in the Equal Access Project, differences between the paraprofessional and rank and file women villagers is based upon:

- social status as members of the Chef's or local elite's kinship groupings in villages regulated by traditional hierarchical social systems;
- recognition of competency either as a leader or midwife;
- age, particularly in the case of midwives, where advanced age means more experience in the profession and is a cultural norm.

TABLE 4
Type of Paraprofessional and Determinants of Position

<u>Type of Paraprofessional</u>	<u>Determinant of Position</u>		
	<u>Competency*</u>	<u>Kin Group**</u>	<u>Age***</u>
Animatrice (n=10)	45%	100%	0
Midwife (n=11)	<u>55%</u>	<u>0</u>	<u>100%</u>
TOTAL	100%	100%	100%
NUMBER	11	5	5

*Competency refers to skills as a recognized leader or midwife.

**Kin group refers to the Chef's and local elite's kinship groups.

***Age refers to those in the oldest generation.

It should be noted that in these small Voltaic villages, there is minimal economic differentiation. Everyone, including the Chef and his family, works the land and all are concerned with subsistence livelihood. However, some villagers are better off, particularly those with larger extended families as their numbers of animals and material goods demonstrate. Generally, the selected animatrices with their status as leaders with influence or as members of the local elite's kinship grouping, come from these relatively better-off families. This was not so apparent with the midwives since a village may have numerous traditional birth attendants, and selection is based more on years of experience than on any social status, disregarding the status inherent in being a

midwife. The effective interaction between the paraprofessional and project participants, however, appeared to be due less to social or economic differences than to the representative nature of the selection process and the interaction of numerous other factors which qualified the paraprofessional's ability to work effectively.¹

Training of Paraprofessionals

Without a clear definition of the animatrice's role, learning objectives cannot be formulated. This lack of clarity in role definition and subsequent training content is considered a major weakness in the Equal Access Project. Consequently, one finds that most of what animatrice training is offered is inappropriate and of little use, e.g., learning to make macrame cord sacks when the materials are unavailable, or nutrition lessons using foodstuffs available only in urban areas. Most activities require a certain financial input but the initial steps of learning how to develop revenue sources and manage funds are overlooked. Consequently, the activities are not undertaken unless supplies are provided by the Project.

Given the well-defined midwife role, on the other hand, the midwife training appears to be serving its purpose. The reduction in cases of tetanus and the satisfaction villagers express with their midwives would suggest that the majority are accomplishing their objectives. The Equal Access Project collaborates with the regional Ministry of Health facility where licensed midwives conduct the month-long training combining theory with practical application in the maternity setting. Even though the training site is very different from the rural setting, this does not appear to cause difficulty.

During the field studies, a number of training issues were under investigation including: length, location, frequency, content, methods, materials, application of skills, compensation, etc. Given the fact that the Equal Access Project has no established methods or materials for training paraprofessionals and since no sessions were in process which the researcher could attend, the resulting data are limited. Paraprofessional training sessions are programmed each year to be conducted by each region, but, as portrayed in Table 5, this does not happen.

¹In a similar program in Niger, economic power was found to be a contributing factor to the paraprofessional's influence on village women since social networks are formed in which influence is determined according to economic means. See Victoria Barres et. al., The Participation of Rural Women in Development (Paris: IRAM, April 1976).

TABLE 5
Type of Paraprofessional and Frequency of Training

<u>Paraprofessional</u>	# who received training	# of programs attended		<u>Training</u>			
		<u>1</u>	<u>2</u>	Date of last training program: <u>within 2 yrs</u>	<u>within 4 yrs</u>	<u>within 6 yrs</u>	<u>within 8 yrs</u>
Animatrice (n=10)	5	3	2	0	1	3	1
Midwife (n=11)	<u>11</u>	<u>0</u>	<u>11</u>	<u>1</u>	<u>8</u>	<u>0</u>	<u>2</u>
TOTAL	16	3	13	1	9	3	3

It was found that half of the animatrices had never received any training, since they began service after the initial training was conducted, and others had merely followed the same course as the midwives. Most of the midwives, on the other hand, had followed two training sessions of the same content. However necessary a regular system of pre-service and in-service training is, it appears to place a burden on the regional offices which are administratively and financially handicapped. Several interesting points emerged, however, which are highlighted below:

Length and location of training are often cited as determinants of who participates in trainings—lengthy, residential training serves to eliminate rural women who cannot leave their household responsibilities. It was found, however, that the paraprofessionals involved did not view being away from home for as much as a month to be an inconvenience. This may be a factor of their age where young children are not a concern, as well as of the extended family structure where responsibilities and tasks are shared. All interviewed said a co-wife or daughter took over her household duties during her absence. Rather than seeing the training as a burden, all remarked that they wished the training sessions were more frequent, at least once a year.

Participant input into the training design is considered necessary to ensure that the skills imparted will relate to needs and real-life situations. A village woman who has little exposure beyond her immediate environment and who has had minimal experience in expressing ideas and priorities, however, cannot be expected to offer such input automatically. Whenever the question was asked, "What do you think the training

course should include to aid you in improving your life?", the response was, "I don't know. It's for the instructors to decide what is important and I will learn it."

Problem-solving is a skill which takes time to develop. If the goal is to build a community structure which is responsible for its own development, then adequate time and attention should be paid from the outset to developing communication and problem-solving skills. A top-down training structure where the teacher presents the material and the learner is merely a passive recipient will not stimulate bottom-up development. To accomplish this fully would involve a complete re-orientation of the educational structure and of all personnel, an unlikely possibility. However, an effort should be made, in every small way, to promote problem-solving approaches at every level of the project structure.

Supervision and Support of the Paraprofessional

Perhaps even more important than the initial training period is the continuing education provided through supervision. In the Equal Access Project, the monitrice serves as the paraprofessional's supervisor. Consequently, a considerable amount of the paraprofessional's success depends upon the competence and dedication of the monitrice (observations and remarks concerning the monitrice are offered later).

It was apparent everywhere in our field study that even a dynamic, influential paraprofessional can accomplish little without a structure to supervise and support her. The paraprofessional's performance is only as good as that of the Project. She is not a substitute for more qualified personnel but is an addition or extension to the personnel structure. The paraprofessional cannot function alone or in isolation from the service structure. The vision of spontaneous development bubbling up from the grassroots or local initiative being adequate in and of itself is unrealistic. There needs to be a reliable and accessible system to support this bottom-up development.

This is particularly true in the initial stages of establishing a paraprofessional program. Given their minimal training (or no training), the paraprofessionals in the Equal Access Project are especially in need of continuing education offered through close supervision. The problem has been that with the high attrition rate among the monitrices, the paraprofessionals are often working alone. In two of the six villages, in particular, the paraprofessionals and villagers expressed dissatisfaction with their slow village development and felt that their progress would have been more rapid if they had received consistent and continuous aid from the Project; one village had worked with six monitrices in five years including long periods with no on-site supervision. A

representative remark was, "We lack education. We do not want to wait for the monitrice but we lack the knowledge to change things, improve things ourselves."

While it is remarkable that in some cases paraprofessionals by themselves are responsible for organizing a collective field, digging a personal latrine, demonstrating water filters, as well as maintaining and resupplying the medicine chest, the overall impact of these isolated activities is minimal. One cannot expect a village woman to go beyond her limited experience and be responsible for stimulating broad-based village development. The fact, however, that these paraprofessionals have taken the initial steps and that villagers are eager to make progress suggests that the impact these paraprofessionals might have could be much greater with adequate supervision and resources to accomplish development activities.

Compensation and Motivation of Paraprofessionals

The paraprofessionals in the Equal Access Project are volunteers. This status of paraprofessionals appears to be a general government policy founded on two factors: budgetary constraints, and the feeling that paying village paraprofessionals would destroy the respect they receive as community-based workers. The debate between paid and non-paid, full-time vs. part-time paraprofessionals has received considerable attention in the literature. Generally, it is felt that direct compensation is needed to assure continued and effective service by the paraprofessional. Often it is recommended that the community itself pay the paraprofessional's salary to assure its commitment to the program and maintain the paraprofessional's accountability to the local level. It is one thing for poor villagers to pay for the initial training costs or the initial stock of medicines, however, and quite another matter to support a regular salary. Obviously, the reward or incentive system depends upon the socio-economic, cultural context.

Respect is a very important quality in traditional Voltaic society and appears to be a major reward for the paraprofessional. Animatrices and midwives mentioned again and again that they enjoyed more respect as a result of their new role. "Before people would hail me in passing. Now, they go out of their way to shake hands," was a typical remark.

While respect may be the primary reward to the paraprofessional, a sense of moral obligation to serve the village appears to be the major motivation. Time and again, interviewees stated that they were content with their role because "it's for the development of the village." Even under discouraging circumstances, paraprofessionals

were dedicated to their position as a means for improving village life. A special role was entrusted to them and they would not abandon it. As one animatrice replied, "I was asked to do the work--their confidence was put in me--and I'll continue until the women say they don't want me." Being older and relatively free of household burdens, they have the time to carry on the work with little compensation.

It would be remiss, however, not to mention that paraprofessionals do receive some material benefits by virtue of their role. While by no means standardized, these rewards may include the following: special treatment and favors from the monitrice; extra rations of "food for work" supplies or other Project materials; easy access to medicines; gifts of food or labor from villagers and/or visitors, etc. Midwives traditionally receive kola nuts, a chicken or basket of grain. Obviously, these compensations are minimal and are generally considered by the giver as tokens of encouragement. Nontraditional compensations, however, should be viewed with caution--false expectations among paraprofessionals and negative repercussions in the village may be a result.

If, in fact, villagers feel that the paraprofessional is receiving special favors and/or external compensation for her role, this may destroy the trust and respect and traditional payment relations. Jealousy and resentment may be the result. This was apparently the case in one village visited by the researcher. A Project document of 1975 also referred to this problem. It was discovered that villagers refused to continue giving midwives their traditional payment since it was thought that they were benefiting from drought relief foodstuffs. Foreign assistance programs should be careful in introducing salaries to village paraprofessionals since it may upset a balance of status and material rewards based on tradition. Table 6 summarizes the descriptive information obtained on the 21 paraprofessionals in the research sample.

TABLE 6
Descriptive Information on 21 Paraprofessionals

Village	Selected by	Why Chosen	Position in Village	Age*	Training	When
#1 (includes 3 villages)						
1. Midwife	Chef	"because I am old"	respected old woman	old	3 weeks	1974, 1976
2. Midwife	Chef	"	"	"	"	"
3. Midwife	Chef	"	"	"	"	"
4. Midwife	Chef	"	"	"	"	"
5. Midwife	Chef	"	"	"	"	"
6. Animatrice	Women's Group	respected	recognized leader	"	None	"
#2						
7. Animatrice	Women of Village	character respected	husband is notable	middle-age	1 month	1973
No midwives in this village since the health ministry has a maternity facility staffed by a matron.						
#3						
8. Midwife	Village	respected TBA	TBA**	old	3 weeks	1975, 1976
9. Midwife	Village	"	"	"	"	"
10. Animatrice	Village	hard worker	Chef's relative	middle-age	"	1972, 1974
11. Animatrice	Village	courageous; hard worker no temper	respected woman	"	"	"
#4						
12. Animatrice	Village	hard worker; respected	Chef's relative	"	None	"
13. Animatrice	Village	older; hard worker	"	late, middle-age	"	"
14. Midwife	Village	TBA	TBA	old	1 month	1972, 1973
15. Midwife	Village	TBA in other neighborhood	"	middle-age	"	"
#5						
16. Midwife	Chef	TBA	"	"	"	1975, 1978
17. Midwife	Chef	TBA and child healer	highly influential; given traditional healer skills	old	"	1971, 1977
18. Animatrice	Chef	hard worker; dynamic	recognized leader	middle-age	"	1975
#6						
19. Animatrice/ Midwife	Chef	"Chef knew I would not refuse"	Chef's relative	"	"	1977
20. Animatrice	Village women	hard worker; respected	recognized leader	"	None	"
21. Animatrice	Chef	hard worker from other neighborho	"	younger	None	"

* Middle-age refers to women who are still very active but have either finished or are near the end of their child-bearing years.

** TBA refers to Traditional Birth Attendants.

CHAPTER VI: PROJECT ADMINISTRATION

It is obvious that an effective paraprofessional depends upon the functioning of the Project system as a whole. A number of administrative factors have already been touched upon. There are, however, several other areas which demand further attention and clarification.

Monitrice Role

Perhaps the most crucial and weakest link in the Project structure is the monitrice. This remark is not confined to the Equal Access Project alone but, from the researcher's experience, would include the O.R.D. extension programs as well. Experience from around the world also shows that this level staff is generally ill-equipped to facilitate rural development. Project administrators blame poor performance on the monitrice's lack of interest, affinity with the villagers, and intellectual abilities. As one regional administrator said:

The montrices come and go as they like and do not serve as good examples to the village women. Their educational levels are low so they are not able to absorb new ideas. They see this as a job to make money and are not really interested in aiding village development.

From interviews and discussions with montrices, however, the researcher attributes the generally poor performance among montrices to more systemic issues. That is, given the lack of employment possibilities in Upper Volta, young women with no inclination for rural living or empathy for village problems are seeking jobs as extension agents. They are placed in a village with minimal training and little supervision or logistical support to aid them in their jobs. The supervision that is offered tends to be a form of control and discipline rather than education and encouragement. They have no decision-making authority and are not civil servants, so they have no security, benefits or career ladder. Most view their work as a temporary arrangement to earn money until they marry. Consequently, the attrition rate is very high. Yet these women must act as the essential link between the Project and the village and are the source of the paraprofessional's training and supervision. Where the monitrice is interested and dedicated, the paraprofessional seems to be working well; otherwise, participation in general is low.

Based upon the field study plus the researcher's previous two year's work experience with the O.R.D. female extension program, the following section offers insights and recommendations concerning the paraprofessional's direct supervisor, the monitrice. It is clear that the paraprofessional cannot function alone or in isolation from the service structure. Consequently, considerable attention must be paid to improving the performance of these front-line supervisors if the paraprofessional is to stimulate rural improvements as intended.

Recruitment. The official written examination for monitrices should be supplemented with personal interviews and a trial working period. A written examination is an inadequate indicator of an agent's ability to work effectively in a rural setting. While older, married women are often considered better prospects, this was not substantiated by the research. Child-raising responsibilities may cut into the time and energy the monitrice devotes to her work. It appears that a major factor contributing to success is the respect the monitrice shows to villagers and her interest in rural improvements, not age or marital status. As one O.R.D. extension agent said, "Work in the village depends upon the agent's conscientiousness; one can work or one can do virtually nothing."

Whenever possible, a woman from the village should be considered for recruitment. While the French literacy requirement eliminates many rural women, other village women such as the wives of the school teacher or medic might be possibilities. A woman who comes from the village or is established there has very different interests from an external agent who is merely tolerating village life.

Training. A minimum of one month's pre-service training is considered essential and the emphasis should be on practical application, not theory, i.e. learning by doing. Skill training needs to be emphasized as well as problem-solving capabilities. While collective fields and sewing classes are two main activities in the Equal Access Project, the monitrices had received no agricultural training and some did not even know themselves how to sew. Whatever activity is programmed, the monitrice must first be well trained in all aspects of the endeavor. Only then can she effectively educate and supervise the paraprofessional. For the general topics such as animation techniques, planning and evaluation methods, communication skills, goals and rationale of Project, a specific set of training objectives defining knowledge and competencies needed should be set and used by all zones to assure some quality standards. A major portion of the training should occur within the village setting, representing the real-life situation. This could also serve to evaluate the monitrice's capability for her future role.

Continuing Education. Each regional office of the Equal Access Project holds yearly two-week training sessions plus monthly meetings. The frequency and length of in-service sessions obviously depends upon administrative and financial capabilities. Most monitrices felt, however, that the yearly training periods were too short and that these did not provide adequate skills for their jobs. Besides being supervisory and planning sessions, the monthly meetings could also include mini-workshops to reinforce and augment the monitrice's knowledge and skills. Time lost from work and transport expenses (paid by the monitrice) determined the monthly frequency of these meetings. Perhaps the length could be extended to two successive days per month--a Thursday and Friday, for example--to allow for further skills development.

If financially feasible, yearly seminars are recommended involving all monitrices throughout all zones. Exchange of ideas and peer learning can be an effective medium.

Role. In the researcher's opinion, the most important role the monitrice can play is to be an example to others. This means constructing and using a water filter and latrine, maintaining a clean and sanitary house and kitchen area, employing local resources rather than imported goods, growing a garden, etc. The monitrice must practice what she recommends to others if these techniques are to be seen as legitimate.

There has been some discussion in planning paraprofessional programs of the appropriate geographical location and coverage of personnel at this level. While some Project monitrices live in one village and supervise two or three others, the feasibility of this approach depends upon the proximity and size of the villages. Generally, given the difficulties of the work and the problems of travel, the Equal Access Project prefers that the monitrice live and work in one village. The intention is that once the village shows self-sustainment, the monitrice will move to another village and thus, the whole region will eventually be included.

The research suggests that this is a reasonable approach based upon the following factors: (1) continuing village education and supervision is essential during initial years of Project activities; (2) road conditions pose very real problems for travel; (3) the monitrice's working hours must be flexible to accommodate village women's schedules--meetings often must be held in the evenings for women to participate; (4) monitrices need to be available to offer advice and information plus give others exposure to new ideas and the outside world during informal leisure time; (5) interested villages can be included beyond the proximity of the regional center since a village at 40 kilometers cannot be adequately serviced by a centrally located staff.

On the other hand, this approach of having a Project monitrice living in each village raises some problems. Most notable is the difficulty of supervising the many monitrices in isolated areas, i.e. supervising the supervisor. There is often a decline in their motivation as the job becomes routine and they miss the more urban lifestyle. Also, it may be that the para-professional would enjoy greater responsibility and take more initiative if the monitrice did not live in the same village. Dependence on the monitrice may occur which hinders the development of local self-sufficiency. Such an approach would upgrade both the paraprofessionals and the monitrices, but it demands very thorough training of the village paraprofessionals so that they have a knowledge base from which to work. In practice, it would mean that paraprofessionals would take over the role now played by the Project monitrices, as motivators and implementors of activities, and monitrices would move into a full-time supervision and support capacity.

Supervision. The need for regular on-site supervision cannot be stressed enough. This may be the most significant factor affecting the monitrice's morale and subsequent effectiveness. Problem-solving meetings in the regional center cannot take the place of on-site visits.

On-site supervision also plays another important role. It establishes the monitrice's credibility in the eyes of the villagers. As one monitrice explained, "The villagers don't think much of you if the Responsables do not come visit once in awhile. They look at you as if to say, 'What good is she, her patron doesn't even come to see her.'" Clearly the visible link to professionals is seen by villagers as ensuring the necessary infrastructural support. Unfortunately, the logistics of visiting 30 villages, the poor condition of roads, having only a single vehicle for a zone, competing priorities plus financial constraints serve to limit greatly the possibilities of on-site supervision by regional Project personnel.

Compensation/Rewards: People in various organizations at all levels remarked on the lack of civil service status of the monitrices. Not having career longevity, benefits and advancement obviously poses problems. It also may account for the lack of respect accorded the monitrice and for the subservient position she occupies vis-a-vis the government staff. She has no power and demands none. It is interesting to note that the monitrices generally are less out-spoken and aggressive than the village women. Apparently, there is an effort underway to include personnel of this level in the civil service but the progress to date is unknown.

Another unfortunate condition in Upper Volta is that salary scales are not the same for personnel at the same level. Personnel paid under foreign assistance programs

are on a scale apart and the Equal Access monitrices complain that they earn less than the O.R.D. agents. This breeds resentment and dissatisfaction. More than one monitrice stated that she would rather work for the O.R.D. but lacked political connections.

Regardless of the salary, however, some system of advancement and encouragement is necessary. Monitrices who have been working for four years earn the same amount as a newly hired person and there is no distinction between those who work conscientiously and those who do not. Psychological rewards may be as effective as material benefits, with the additional merit that they do not burden the budget, but so far, no attention has been given to non-material incentives. Any number of morale encouragements could be worked out: competitions, for example, can serve a very positive function, as will as get-togethers which reinforce the sense of identification and purpose within the cadre.

Granted, some monitrices are not suited for their role (attitudinally or intellectually) but others are sorely hampered by the failings of the system as a whole.

Horizontal Linkages

From the outset, support and collaboration were solicited by the Equal Access Project from the other services working in the field: O.R.D.s recruited and paid the monitrices; the Department of Health and Education assisted in the training programs and in developing learning materials; the Public Works Department supplied equipment and expertise. The Project's function is to promote the participation and integration of women in development and to collaborate with other technical services to realize this goal. In a country like Upper Volta, however, where government services are handicapped by limited financial and administrative capabilities, this collaboration is not always forthcoming. A program which is dependent upon the O.R.D. extension agent for technical advice in cultivation methods or upon the Hydraulic Service to dig a well may face serious delays. The capabilities of these collaborating services to provide the requisite inputs should be carefully analyzed. The Equal Access Project's formal function does not include writing literacy manuals or digging wells--there are government services responsible for these actions--but to proceed, the Project had to undertake these activities.

In 1975 the Ministry of Rural Development launched an Animation Feminine program through the O.R.D. structure which incorporated basically the same roles and activities as the Project. In some areas, one sees an over-lap of activities, destructive

competition between the two services, and total lack of communication. With the move to extend the Equal Access Project throughout the country, the relationship of this Project to the O.R.D.s will have to be addressed. Apparently, an effort is underway to define roles and responsibilities and improve cooperation and coordination between the two services, but the need for this to be realized is urgent.

Another problem arises in Upper Volta where development programs are dependent on foreign financing. Each agency defines and administers its own program; communication among personnel involved in similar endeavors through different programs appears minimal. Four major donors are financing the expansion of the Equal Access Project, yet there is no central structure or channel to provide for coordination and communication. The personnel in Ouagadougou and Bobo-Dioulasso have no idea of what U.S.A.I.D. is doing in Dori and vice versa. All are working to promote the participation of women in Upper Volta but each works in a vacuum. Exchange of information and ideas--procedures tried and lessons learned--clearly is needed.

Project Activities

While male attitudes are often cited as determinants of female participation, it is the researcher's opinion that the Voltaic woman--whether Mossi or Turka--has more influence and power than generally acknowledged. The rural woman may be over-worked and to varying degrees dependent upon her husband for food supplies and money, but she has various informal ways to influence decisions. A woman may participate because the Chef or her husband told her to. But if she refuses to participate it is not because her husband forbids it, but because she sees no personal benefit, or because she does not perceive the need for continued participation, e.g. the woman who wants niquine when her child is sick with malaria but does not perceive the utility of going weekly to the monitrice's house to receive pills as a preventive measure (costs only \$.12 for six months). If the woman sees the benefits as real and immediate, she will find a way to participate.

Every monitrice complains that she has trouble finding people to register in literacy classes; the poor enrollment figures and final examination results attest to this. Continually, the villagers respond: "I already know how to speak my own language--I need to learn French.; What good is the diploma going to do me--will it get me a job?; I don't have the time." While some women (and men and girls) reportedly are thrilled with learning to read and write their own language, the great majority see no rewards from it. Monitrices view their main responsibility in the village as literacy training but

there are likely to be few participants. The inherent problems in functional literacy programs are well demonstrated from a case study example in Bangladesh:¹

The functional education experience in Sulla reconfirms what has been found repeatedly in literacy efforts: that in a nonliterate environment and a primitive rural economy with most people engaged in subsistence activities, literacy is not a practical necessity, and it is extremely difficult to maintain motivation and interest in literacy efforts, even when these efforts form a part of a broader functional education program. In fact, in these programs the literacy components tend to dominate the program and distract attention from other important goals of the program, such as that of creating a critical awareness of the learners' situation and the dissemination of useful knowledge.

Villagers are already utilizing all available resources. Consequently, the required inputs such as paper and pencils for literacy class, cloth for sewing, ingredients for cooking demonstrations or earthen pots for water filters, requirements of time and labor, even if minimal, may be an uncompromising burden. This does not imply that a villager cannot or should not contribute. It does mean, however, that the subsequent benefits will have to be seen as substantial enough to warrant upsetting the delicate balance of subsistence living. In one village visited by the researcher, an initially active sewing group had been abandoned when no marketing avenues were developed. These women neither had the time nor money to engage in an activity simply for the sake of "learning to sew," so when they could not sell their articles and make a profit, they discontinued participating. The Equal Access Project experience has shown that a careful analysis of participants' perceptions of the required inputs and accrued benefits should be done before an activity or intervention is considered.

The goal of collective activities, such as a common field or communally-run mill, is to create a revenue source from which other activities can be financed. The success of such collective endeavors, however, depends upon a thorough sensibilisation. Villagers have a tradition of reciprocal work relations but the concept of a collective activity with a communal treasury is unfamiliar. Unfortunately, due to mismanagement of funds, petty disbursements, poor harvests, feeble participation, etc., many women's treasuries are empty or barely solvent, with nothing to show for their efforts.

¹Manzoor Ahmed, Building Human Infrastructures to Serve the Rural Poor: Bangladesh, Case Study #2 (Essex, Conn.: International Council for Educational Development, 1977), p. 16.

Nothing can replace close supervision and training during the initial years when women are learning to manage and dispense funds. Without this, members naturally become discouraged and see no benefit in continued or subsequent participation. While the treasurer may be responsible for guarding the money, it was found that the disbursements should be supervised by the whole village committee; the temptation of extending money on credit is too great for one person alone to be responsible.

In some cases, collective activities have proved successful in the Equal Access Project. Kassena women's success in farming collective fields is especially remarkable since they traditionally do not cultivate. The explanation is that cultural practices had to give way as growing needs and demands required the profits available in agriculture.

Appropriate Technology

Economic enterprises and technological innovations are viewed as prerequisites for promoting women's participation in development. The Equal Access Project continues to support the search for ways to alleviate the rural woman's workload. The lessons learned concerning appropriate technology for women include:

(1) Adequate training of the operator and vigilant supervision of receipts are essential in mill operations. Unfortunately, many of the motorized mills have broken down and there is no money to pay for their repair. A coin placed inadvertently in the millet basket can cause a major break-down.

(2) In areas where donkeys are not available, such as in Banfora, donkey carts are inappropriate. The communal up-keep of an animal is especially troublesome.

(3) Hand grinding mills experimented with by the Project take more time and energy than traditional grinding techniques. Careful attention should be given to finding ways which truly lighten women's workload.

(4) Women generally prepare the major meal in the evenings so sun-cookers are inappropriate. Cultural food habits have to be considered in meal preparation technology.

(5) Women have time in the late evening to take advantage of radio listening groups but they tend to join together in their respective housing units (concessions) and are unwilling to walk the distance to a central meeting place. Consequently, the discussion and feed-back which this activity initially intended are greatly impaired.

(6) Investments supposed to decrease women's workload and increase their self-management skills have often been taken over and controlled by men or local elites. Careful attention should be paid to male control in a program aimed at women.

(7) Continued research and experimentation is essential for finding truly "appropriate" interventions for women. Access to information and all technologies, including animal traction, is demanded and needed by rural women.

(8) Technologies should be tested under village conditions for appropriateness before being distributed on a wide scale. When experimentation was undertaken without adequate explanation, villagers often did not understand the nature of the experiment and just saw the unsuitable technologies as not meeting their expectations, thereby eroding Project legitimacy.

Financing

Financial capacity often has been mentioned in the previous discussion. It would appear that the Project is severely constrained by an inadequate budget. This may become even more acute with its relocation in the Ministry of Social Affairs and Women's Conditions. The previous sponsoring agency, the Ministry of National Education, is recalling many of its personnel for its own posts. Reportedly, the Ministry of Social Affairs has little money to hire new personnel and so staff positions are being left vacant. The Banfora office had only two administrators (soon only one) to cover 34 villages at a radius of up to 58 kilometers from the office.

The centrally-controlled budget for the four year period, 1978-81, is about \$1,336,000 with the UNDP contributing half of the cost (\$668,000) and the government providing the other half in personnel salaries and materials. (This figure is probably incorrect as it is impossible to calculate the government's true input.) This meager budget for four zones (approximately 120 villages) may be compared to a similar project funded by U.S.A.L.D. for five years with \$1,968,000 for a single zone (50 villages). This works out to be about three times more per village per year, and the Voltaic government is only expected to contribute 14 percent of overall project costs. Apparently, regional supervisors of the Equal Access Project are reluctant to make field visits since they are not reimbursed for expenses, and vehicle gas allotments are minimal. The regional operating budget to cover office supplies and miscellaneous expenses is only \$25 per month so there are no extra monies to respond to unplanned needs.

It is senseless to speak about regular training, supplies, logistic support, close supervision, flexibility to meet situational needs, etc. when there is not adequate financing. While there continues to be talk about the need to promote women's participation in development, rarely is the money allocated to realize this goal.

Village Examples

To clarify the complex interaction of factors which influence the paraprofessional's ability to perform, two village examples taken from the field research are presented below. Viewing the paraprofessional in her local and administrative setting may serve to illustrate the realities of using women paraprofessionals for promoting women's access to development benefits.

Village A. Located in the north central region of Upper Volta, Village A has a population of 559 inhabitants. The village Chef was not popularly elected but was named Chef by his father, the Chef de Canton. There is obvious division in the village though these conflicts appear to dissipate when a community effort is needed to build a necessary structure such as a dam to retain water. Rainfalls and harvest have been poor, so having sufficient food to nourish the family and water for the animals is a constant concern. While the village may be termed "very poor" in anyone's mind, certain members are ostensibly better-off as their radios, bicycles and larger numbers of animals indicate. Very few children walk the four kilometers to school and the nearest clinic is eight kilometers away. The village is in a state of "standstill"--not having the organization, leadership, or knowledge to change, it waits for external donors to supply its needs.

The paraprofessional in this village selected by the village women has received no training and is unclear about her role. Her supervisor, the monitrice, lives in the village as is the rule in the Equal Access Project, but she is young, French-educated, from an urban center and is only tolerating this existence until she marries. She has been here four years and has watched the change in Project philosophy from giving goods to villages such as simple medicines and construction materials, to requesting that villages work together to supply their own needs. The monitrice and village influentials are obviously discouraged with the change in Project orientation and subsequently are providing only minimal interest and support to the paraprofessional or the women's activities. The women's Project collective field has been abandoned as a competing women's program from the nearby Catholic mission has been able to offer better supervision and supplies; literacy classes in the ethnic language only consist of 13 students since French is deemed more useful; completion of the maternity facility awaits Project-donated cement which may or may not be forthcoming.

Village B. Village B, population 639, on the other hand, is considered a "model" Project village. Located in the same region and consisting of the same major ethnic group, this village while more isolated, is a chef-lieu and thus has a primary school, a

clinic, and a maternity building which serve the wider area. The most striking difference between Village A and Village B, however, is the existence of a nearby lake with a permanent water supply and an irrigation system making year-round gardening activities possible. Equally significant is the presence of a young, modern-thinking Chef who was called back to the village to be the royal leader when his father died. The deference and influence accorded this Chef are exemplary. His wife, a respected woman of the village with children, is the Project monitrice. Together they make a dynamic couple, espousing the philosophy of self-development and tapping internal and external resources to actualize village needs. Given this permanent water supply, existence of and exposure to service agencies, and the Chef's leadership, the level of development here is higher than in Village A. Optimism is apparent in villagers' remarks.

The paraprofessional, selected by the village women, is dynamic and influential. Although she has attended only one month's training (7 years ago), she receives continuing education and support from the monitrice. They work closely together in organizing and overseeing Project activities. In contrast to the previous village, both of these women are very knowledgeable about the Project's objectives, their roles, and how to capitalize on existing resources. The striking contrast in attitudes is evident in the two supervisors' responses to whether the village or the Project is to be responsible for village development: Supervisor A - "The Project is; it is necessary to push villagers." Supervisor B - "The village, of course; the Project is here only to give advice." Given minimal or no training and lack of experience in their new roles, it is evident that paraprofessionals' performance depends greatly on the monitric's interest and competence and the back-up support offered by the Project system.

Development feeds upon development. This village has demonstrated its cooperation and development potential and, consequently, external donors and the regional Project office have responded by supplying more requisite materials and services not available to Village A. A visiting Dutch sponsor funded the water pump for the impressive women's garden project; receipts from women's economic endeavors have supplied medicines for the pharmacy; the monthly well-baby clinic is righteously attended; a donkey cart was paid back in full. Self-determination is a reality here.

CHAPTER VII: IMPLICATIONS FOR PLANNING PROGRAMS USING PARAPROFESSIONALS

This case study of the Equal Access Project was not designed as an evaluation and it should not be considered as such. In studying the paraprofessional component, however, it was impossible not to address certain issues and uncover some problem areas. While the study could not accumulate data on the cost-effectiveness of the paraprofessional strategy, it did offer innumerable insights and lessons about using village women as paraprofessionals. Many points were raised and discussed throughout this paper and are summarized here in the conclusion. While Upper Volta presents a unique example in many respects, there are a number of lessons which appear to have general implications for the planning and implementation of programs using paraprofessionals.

Influence of Local Elites

The role of local elites may virtually determine the paraprofessional's effectiveness in fulfilling program goals. Experience from Upper Volta shows that the village chief may effectively control the paraprofessional's selection and actions, negating any broad-based participation or equitable distribution of benefits. On the other hand, the chief's leadership style may facilitate popular expression and comprehensive village development. Also, it was found that communicating first and only with the local elites does not mean that the information will filter down and that the community as a whole will be informed of program objectives and operations. The chief may be the sole decision-maker and his family the sole benefactor.

While it is necessary to work through the traditional power structure, precautions may be essential to assure that a wider population is being reached. Not all countries have chiefdoms as in Upper Volta, but the influence and role of local power figures may be similarly significant in determining the paraprofessional's success. Sanction by the local elites may be a prerequisite for program start-up and for establishing the paraprofessional's legitimacy, but the nature and consequences of this support should be carefully analyzed.

Local Organizations

While local organizations are considered crucial for facilitating local participation and self-reliance, not all paraprofessionals need organizational backing to perform

effectively: function-specific workers such as midwives tend not to be affiliated or accountable to a related local organization. For broader-focused paraprofessional roles, however, we find that most women's programs seek to work through an existing woman's group or create a local organization to manage development initiatives.

Informal traditional women's groups exist in most societies. They may provide members mutual aid, protection, information networks, or be based on an occupation identity such as the market women's groups in Ghana. Depending upon the size of the community and the degree of stratification, several groups of women may co-exist in one community. Ignoring or pre-empting these groups in an effort to have a single woman's organization for development activities with one paraprofessional as leader may be counter-productive. Seldom will one group, except in more egalitarian societies, enjoy the confidence of all women in a village. In several villages visited in Upper Volta, a representative from each neighborhood was selected to serve on the project committee. This is seen as a way to mitigate elite control, stimulate wider participation, and enhance the devolution of power to rank and file village women.

Equity

The field research in Upper Volta as well as research from Niger¹ indicate that the more privileged classes (in social and economic terms) tend to be selected as the paraprofessionals. This might suggest that these programs are serving to intensify class distinctions and to increase elite control.² The lack of economic differentiation, however, and the traditional nature of these societies may qualify this tendency. Also,

¹Barres et al., op. cit.

²Just as communities are not homogeneous, neither are the women within those communities. Differences in terms of class, caste, kinship relations, religion, etc. are as pronounced among women as they are for the broader population. A single woman serving as the paraprofessional may only heighten class cleavages or be a mere token symbol of women's interests. Just as one farmer cannot be expected to represent the interests of rich and poor farmers alike, neither can a single woman paraprofessional be expected to serve all segments of the population. Nor can it be assumed that all women in a village can cooperate together as a group in selecting a single paraprofessional. It may be that several paraprofessionals are needed to represent the economic, caste, or kin divisions so that all women are adequately represented. The existence of economic and social disparities suggests that although a single woman may be designated a leader and deferred to as such, her potential for equally representing all women is questionable. For a further discussion of the heterogeneity among women and the implications this has for programming, see Kathleen Staudt, Women and Participation in Rural Development: A Framework for Project Design and Policy-Oriented Research (Ithaca, NY: Rural Development Committee, Cornell University, 1979).

such ramifications appear to depend upon the nature of the paraprofessional's role. In Upper Volta, for example, it was found that it was the nature of the activity and the benefits accrued which were associated with elite control and the inequitable distribution of benefits. For material goods such as a well, donkey cart, or solar oven, the Chef tended to control the decisions about their location and operation. It was not uncommon to find the project-financed well located in or near the Chef's compound so that the women in his family had primary access to it. For activities of the more public-goods nature, such as collective fields, literacy classes or maternity facilities, participation was open to all and there appeared to be no discrimination in terms of class, kinship lines, etc. Rather it was how the individual woman perceived the activity and the personal costs and benefits involved which determined whether she participated.

Paraprofessional Role Definition

Without a clear definition of the paraprofessional role, it is impossible to develop training curricula, and to supervise or evaluate the paraprofessional. A lack of clarity in the delineation of the paraprofessional's role was considered a major weakness in the Equal Access Project. An initial step in any program plan should be to determine responsibilities and how these tasks are to be accomplished with flexibility built into the role design to allow for future adaptations. Most planners recommend limiting the role, especially in the early years, so that responsibilities are more fully understood and accomplished. Then, the role can expand and/or change as time passes to meet evolving needs. Whether the paraprofessional is a general community development worker or a skilled technician, however, the role needs to be appropriately defined with everyone informed: the paraprofessional, villagers, supervisors. In line with the role definition, then, training content and methods can be developed accordingly, supervision provided for, and evaluation measures incorporated.

Social Preparation of the Village

Data from the field research indicated that where villagers, in general, understood the objectives of the project and the nature of their possible inputs and benefits, the paraprofessional was better able to stimulate broad participation. Such an understanding requires a process of social preparation (sensibilization) which cannot be accomplished in a few meetings or even several months. To clarify fully the roles and responsibilities of the village, the paraprofessional, and the Project; to determine

priorities and to find resolutions through problem-solving involves a kind of social learning as people become familiar with problems of the village, ways of communicating, methods of group action, etc. Local elites or paraprofessionals cannot be expected to accomplish these tasks alone. It requires community dialogues with the Project personnel so that expectations of all are discussed and ways of working together are determined. Thus, continual on-site supervision and education during the initial years is essential. New ideas and new methods of self-management take time to become established and will be seen as rational only if, in fact, they are. Too often the potential of these new concepts is lost because they never accomplish their intended purpose due to insufficient knowledge and guidance.

Where villages have not been adequately prepared for the project, residents are unaware of the value of the project, the nature of the paraprofessional role, and participation is low. Problems were encountered in Upper Volta where villagers were unaware of the value of the paraprofessional services and consequently were uncommitted to paying for medical supplies. Paraprofessional success depends upon support, not only from the sponsoring agency, but from the local community or group being served. Without an awareness and commitment to the program, participation is likely to be low regardless of the paraprofessional's acceptability as a member of the community. And paraprofessionals who are discouraged, who receive no material or psychic compensation for their efforts, are unlikely to spend much time or energy on promoting women's access to development benefits—true, for anyone.

Program Activities

The success that a program as a whole enjoys in a village shapes the possibilities for work by the paraprofessional. A community organizer can be a very dynamic, influential, respected woman but if the program is not seen as fulfilling needs or expectations, the paraprofessional will be ineffective. Unless the activities and practices being encouraged by the paraprofessional are viable within the local setting, participation will be low. It is useless to blame the paraprofessional for inadequacies of the program itself.

The perceived practical or economic utility of a recommended activity or practice ultimately determines who participates. This is particularly true for rural women given their time and resource constraints. It was felt that in Upper Volta, women did not respond to the paraprofessional's encouragement not because their husbands frowned upon it but because they saw the personal costs outweighing the

benefits. If these women see the benefits as real and immediate, they will find a way to participate.

Due to administrative and financial constraints, the Equal Access Project often is not really responding to villagers' needs and capabilities. The Project's major focus has been on functional literacy, and the priority given this activity has often meant the neglect of other activities more important in village women's eyes. As found with literacy efforts in other countries, when people are eking out a subsistence livelihood, they seldom see the practical value of literacy training; especially literacy in an ethnic language when a cosmopolitan language like French is the key to mobility. In public statements recently, the Equal Access Project has minimized its attention on literacy, moving to a stronger focus on economic activities for women and appropriate technology. Whether a shift in financial resources and attitudes will be forthcoming to pursue these latter objectives remains to be seen.

Support System

The concept of using local villagers as paraprofessionals in extending services to rural populations appears to be based on sound premises. It is obvious, however, that for such a strategy to operate effectively, new burdens may be created in terms of administration, supervision, and logistical support with additional costs for training, supplies, and equipment. Simply being a member of the local population and culturally attuned to its needs and values is not adequate without having the knowledge, supplies, and linkages to promote change.

Perhaps the over-riding issue in the Equal Access Project is the capability of the Project structure to support the paraprofessionals and village-level development. It appears that what is potentially a good project is falling short in many respects due to limited financial and administrative resources. It is not sufficient merely to tack paraprofessionals on to an existing structure, especially one which is already overburdened. To expect local villagers and a minimally trained and motivated Project monitor to stimulate and sustain development efforts at the village level without adequate support is clearly unrealistic.

While it is noteworthy that the village team (paraprofessionals and monitor) is considered the pivotal unit of the project structure, there is virtually no supporting system to aid this team. These workers need continual training, at least monthly on-site supervision, and functioning supply lines. Roles need to be clearly defined at all levels with training courses developed accordingly. To create such a system obviously

becomes a political question since the allocation of resources in one place means they will not be available in another. This reallocation seems particularly difficult when the village workers in question are women, working for women's priorities. Without such infrastructural support, however, which implies finances for additional personnel, training courses, supplies, and equipment, the impact of the Equal Access Project will continue to be limited. This support becomes all the more necessary as the Project expands into new regions, building expectations which it cannot logistically meet.

Accountability

The dilemma is that while agency support is essential, too much external input can create dependency and suffocate local capability, as experience in the Equal Access Project has shown. The appropriate mix of agency supervision and support and community responsibility has yet to be worked out. Such a balance depends upon the local circumstances and needs to be defined accordingly. The goal is to assure the paraprofessional's accountability to local women, not to the agency, while supplying her with training, technical assistance and resources appropriate but unavailable in the local setting. This calls for attention to the tendency of men to control resources and decision-making positions.

Women in Development

Starting in 1967, the Equal Access Project was an early effort to involve women more effectively in the development process. It has made considerable strides not only in bringing attention to rural women's problems and needs in general, but in advancing the direct participation of women in Upper Volta. It should be remembered that this Project was not viewed as a "women-only" project, but promoted women's participation as an essential ingredient to general village development. Men's support was carefully enlisted through village dialogues and radio broadcasts. Experience has shown, however, that what was intended to improve women's effective contribution to development and to increase their self-management skills, has often been decided and controlled by men, particularly local elites. While the need to integrate the sexes in development efforts remains, the fact is that men invariably still control the resources and decision-making positions. So careful attention must be paid to assuring that women have direct access to information and hold leadership positions in committees.

As has been found elsewhere, the formidable workload carried by rural women and their subsequent time constraints, serve as obstacles to participation in development

activities. To relieve their burdens and make time available for Project activities, the Equal Access Project has incorporated an emphasis on appropriate technology which it continues today (see lessons, page 46). Women want and need access to information, credit, and all technologies including animal traction. Again, however, attention should be paid to the possibility that men will control these technologies unless special provisions are made. Until women have equal access to all resources, not just education, their potential as contributors to social and economic development will remain impaired.

The data from Upper Volta showed that rural women can serve as very capable paraprofessionals in rural development efforts. Women who have finished child-bearing generally have the time and inclination to take on added responsibilities. They also can capitalize on the respect and influence that their years of experience give them. Being away from home for a month's training session does not pose a problem; in fact, they request additional training courses in order to aid further village development. One can only imagine the impact these paraprofessionals could have with adequate infrastructural support.

The government's move to upgrade the Project to a "service" status suggests its commitment to the process and progress of the program is increasing. Whether, in fact, the necessary funds will be forthcoming to fulfill the program's potential remains to be seen. The paraprofessionals in the Equal Access Project obviously are performing village services and giving leadership for local development that would be lacking without their efforts. Their effectiveness, however, will continue to be limited unless the administrative and financial resources supporting them are more adequate and appropriate.

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