## 8.1.2. Strategical advantages

There are also a number of strategical advantages to be gained in long perspective. Any type of "nationalization", including Paraguayan Mestizo, will signify a limited effect of the project. If the project is indigenized, the effects may be *permanent*. For those Ava-Chiripá who are trained, and thereafter leave the project, education is still not totally lost as these people will use their education in daily life, creating secondary effects in the community, as they do not leave it, like the Mestizos, but live on there.

#### 8.1.3. Economic advantages

In a short perspective, there are no economic advantages. Instead, there will be higher costs for the project during the educational phase - expatriate personnel, Paraguayan Mestizo educators, travels, etc. In the long run, there are a number of advantages, however, especially in the levelling of salaries and wages for the project personnel. When indigenization is complete, the project should be able to work without external support. This statement is based on the following presuppositions:

- education phase is over;
- \* all personnel are Ava-Chiripá Indians;
- \* assistant teachers are recognized by the Paraguayan government through INDI;
- \* assistant nurses are part-time nurses and paid by slightly elevated consultant fees;
- \* project manager is identical with either the chief (cacique) or one of the sociopolitical leaders (líder) and partially recompensated by the community.

The community's economy, fortified by project effects, e.g. a cooperative, will also pay for transportation and some of the social work. The local church should be able to take care of the rest of that part.

To achieve these advantages, it is important that the goal of self-support and autonomy is clearly stated from the beginning, and repeated at each instance. When expatriates return, it is extremely important that they are never in charge of the project - but regard themselves as advisory personnel that supervise and encourage. To minimize working hours for those invol-

ved in the project, the work should be distributed as evenly as possible over a large number of individuals among the Ava-Chiripá. There are no shortcuts and therefore hard, and determined, work towards the set up goals is important from the very start.

Judging from the positive reactions from the Ava-Chiripá, the Norwegian mission has gained trust among the Indians, that creates excellent conditions for a successful project. This is dependent upon the involvment of the missionaries, however, especially on their ability to push local leaders and project personnel and work "backstage".

# 8.2. Suggested Changes of the Present Project in Relation to Ultimate Project Goals

In relation to the above mentioned project goals and present project activities we conclude that the development project of Paso Cadena is "nationalized" but not "indigenized" and that project costs remain high (estimated 250.000 Norweigan Crowns) wile project effects are decreasing! At the moment, no Ava- Chiripá are employed in the project or engaged in any kind of training towards project positions (apart from elementary school training, that must be disregarded here).

The intentions to "nationalize" the project may be considered successful in one case, that of Mr. Velásquez, but as he is planning to leave, this is only in a very short perspective. As far as we could assess, he is not training any kind of personnel to replace him when he leaves. Thus, the launched "nationalization" process will in no case lead to indigenization.

Instead of, as now, placing the project organization in the hands of an administrator, it should be guided by the local community council (líderes and caciques from the two local communities). The project personnel should, as long as they are not identical with this committee, form part of that council.

In the long run, the economic responsability should also be transferred to the community council. In a short perspective, this is bothersome and awkward, but, as mentioned above, this is the only way to self-support.

At present, Misión NORMA - in practice the administrator with the help of the Norwegian mission representative - is the utimate head of all economic transactions. The two also take all decisions concerning project economy. After some reorganization, this responsibility should be transferred to the community council.

Now, the Paso Cadena school is guided and administrated by the school authorities - with much influence from the Mestizo headmaster. The Misión NORMA has a lot to say, but it seems as if they use that possibility to a limited extent. Here, again the Ava-Chiripá must be involved. First, a parent organization should be formed - if it is identical to the community council, that is no hindrance. Thereafter, the parents should be gradually initiated into the school work and take gradual responsibility. Until the bilingual system's advantages are clear to all the parents (there is strong propaganda against it), the mission should remain as a strong party of the school committee where the parent organization take an active part. Once the Ava-Chiripá have representatives among the teachers, and control the school board, the missionaries can withdraw.

The health work is guided in the same way as the other non-school activities within the project, i.e. by the administrator in co-operation with the mission administrator. Our recommendation is that the community council is involved here as well. It is important to bring in traditional authorities (notably the paí) as well as woman authorities (midwives and herbalists). This is a complicated process - but in the long run unavoidable.

Misión NORMA plays an important role at present fand must do so (although in a fundamentally different way) for some time in the future. Misión NORMA is not to be considered a Paraguayan national organization of the receivers, at least not in the case of Paso Cadena, but as the local PYM organization. Therefore, Misión NORMA must alter its character, from being the local "Tío Rico" (the 'rich uncle' from the South American version of Donald Duck), who has a lot to say just because he manages the money, to becoming the active promotor of Indian autonomy and ethnodevelopment. For a calculated five to seven years, Misión NORMA must launch a broad educational programme - and simultaneously plan their withdrawal. All efforts should be directed towards indigenization, totally disregarding "nationalization".

The "trading partner" of Misión NORMA is the community council of Paso Cadena. Each missionary must find one to four counterparts among the Ava-Chiripá and give them responsibility from the very start. A number of mistakes will be committed, but the effects and accumultaed experience will at least remain in the target group.

The mission buildings at Paso Cadena are presently owned by the Misión NORMA. A bilateral treaty should be established between the community of Paso Cadena and the Misión NORMA, stating that the houses will be transferred to the community during the realization of the project program-

me. Meanwhile, the administration will be gradually transferred to the community council and the disposition rights held by the Misión NORMA as long as they need personnel at Paso Cadena for the project.

For all these activities the community council, as defined by INDI, is the natural counter-part to the Misión NORMA. Before launching any new programme within the project, the two partners should sign a treaty regulating the future activities within the project. This phase, before signing the treaty, may take as long as a year of negotiations. The Misión NORMA should be represented by one of the former missionaries at Paso Cadena (and who is willing to work in close co-operation, with and later under, the Indians).

In this work, INDI is a natural partner in the negotiations. The project is extremely dependent on the positive attitude of INDI, and therefore some time must be dedicated to negotiations with this government agency. The conditions for project approval are good, however, as all the recommended steps and project goals are implicitly or explicitly stated as national goals in INDI documents.

The other indigenous organizations may be of some value (Asociación Indígenista, Proyecto Guaraní, etc.) especially in the production of teaching material (see other section of the report), but under the present circumstances (decreasing confidence among the Indians) they are no natural partners in the project activities.

## 8.3. Recommendations Concerning the Target Group

At present the target group of the project is still mixed. As stated elsewhere (see 4.2.), this is changing, however. At school, there is no longer any need of housing Brazilian pupils as there is a new Brazil-oriented state school not far away. The remaining two/three non-Guaraní speaking pupils will not impede the realization of the school. Therefore, it must be clearly stated that the main target group of the school is the Ava-Chiripá children. If there is space and teaching capacity, other Guaraní-speaking pupils should also be allowed-if they are willing to recognize the inclination of the school towards an Ava-Chiripá perspective. (In the bilingual education programme, they will of course also receive training in wiritten Spanish and get to know Paraguayan history and society).

In the health work, the mission has given high priority to curative medicine among all ethnic groups around Paso Cadena. The Christian message of loving one's neighbour has been translated as social and medical care to the

needing ones. It is obvious that the curative work of the Norwegian missionaries has been one of the main reasons for gaining the trust of all the groups in the area. It has also had pacifying effects - uniting the different ethnic groups before common needs. They have met at the clinic, they have shared the services, their suffering - and sometimes their grief. Therefore, the health work of the mission must be recognized as one of the, if not the one, most important contribution to the peoples of the region.

Hundreds of people have been treated at the clinic each year. Several expatriate nurses have served at Paso Cadena - one of the founders was in fact a nurse. And, as a complementary service, the nurses have taught health care, even if preventive medicine have had to stand back for curative work, most of the time.

During the peak of missionary activity at Paso Cadena, both Indians and nationals gathered at the clinic there; Paraguayan Mestizos were treated as well as Brazilian immigrants and Ava- Chiripá Indians. Today, health care has increased in the area, and there are several opportunities to receive medical attention outside of Paso Cadena. Therefore, the need for attention at Paso Cadena has diminished and the patients treated at the clinic are mostly Ava-Chiripá, intermingled with some Paraguayan Guaraní. A rough estimate (not based on statistical figures) would state that some 1/3 of the patients are Paraguayan Mestizo, while some 1/2 to 2/3 of the patients are Ava-Chiripá Indians. The latter mostly come from the two settlements at Paso Cadena - but also from Indian colonies long distances away.

Because of the reasons mentioned above, indigenization of the health care is a must. At present, it is fairly adequate. If we compare it to other health posts (postas sanitarias) in the Paraguayan countryside, it might even be considered better, especially if we take the continous access to medicine into account. The Paraguayan assistant nurse, Mr. Velásquez, is most certainly a good "barefoot doctor", especially as he has got the means to transport patiens to the local hospital. He seems to be a weak health promotor, but is doing what he can - considering all the tasks he has to accomplish. Mr. Velásquez is controlling expecting mothers, but, as far as we know, no mothers are delivered at the clinic anymore. They either give birth at home, assisted by the wife of Mr. Velázquez, or are taken to the local hospital. (As stated above, there is also a male Indian midwife at Paso Cadena, working outside the mission's programme).

In the future, the target group must be more readily defined. We would suggest, for reasons stated above, that the target group of the health care is the Ava-Chiripá Indians. Thus, it is easier to recruit assistant nurses from the In-

dians and also easier to get the community council (and a possible co-operative) to finance the health project. Thus the working language should be Guaraní.

Having defined the target group thus, there is still a possibility for those now attending the clinic to go on doing so, even the Paraguayan Mestizos, if they only acknowledge that the Ava-Chiripá is the main target group and that Guaraní (that they also speak) is the working language. (This should not cause any problems as the Mestizos at present recur to the Ava-Chiripá paí when they are in serious trouble).

A defined target group makes it possible to direct health education, prepare limited and specialized teaching material. (In this context, the material from Misión Amistad, for example the one on tuberculosis, will come in handy.) After all, Paraguayan Mestizos do not have entirely different needs and may take advantage of these programmes as well.

Health work should be, as far as possible, integrated into INDI:s programme for health activities among indigenous groups. It is possible that INDI in the future will be able to channel some funds to such projects although they at present are unwilling to give such promises. (At present, INDI channels medicines to the Paso Cadena clinic).

According to our preliminary discussion in Paraguay, the "clinic" at Paso Cadena should, on the whole, work as at present. Since the Norwegian nurses left the village, the activities have been altered from mainly curative, "hospital-like" attention, to work of a "health post" character. Instead of an emphasis on treatment, the work is now concentrated on transportation, i.e. simple attention in combination with transportation of the patients to the nearby hospital.

We recommend that the percentage of patients given medical treatment is increased when the Indian assistant nurses gain sufficient capacity to do so. It is not desirable to return to the earlier missionary-centered health care, however, as expatriate nurses should limit their work to the support of the Indian nurses in training. In consequence, the number of patients transported to the nearby hospital should be diminished somewhat.

It is important to study other means of transportation, beside the mission vehicle, e.g. the buses used by the Mestizos when they go to the hospital (Bjorklund 1988:33). This should be done as there might be economic difficulties for the colony to maintain a vehicle of their own in the future.

Health care and health education should be expanded. We do believe, however, that these activities should be home-based and not clinic-based. Thus visiting must be an important part of the programme.

On the basis of this information, it has been suggested that two positions as health promotores or assistant nurses should be the ultimate goal at Paso Cadena. To achieve this at least four nurses should be trained. The training of these nurses should follow the pattern outlined for the school teachers above.

Note that the people engaged for health care and/or medical attention (i.e. the assistant nurses mentioned above) should not be identical with those in charge of other parts of the project, as at present. The ones to be trained, should be selected by the community - not the mission. It is important that their training is perceived of as part of the community's goals - and not the missions.

The team recalls experiences from other fields that support this recommendation. Larsen reports that Aymara Indian barefoot doctors selected by the mission did not perform as well as those selected by the respective community. Alvarsson reminds us of the system at the Hospital Amazónico in Pucallpa, Peru, where the Shipibo Indian villages not only select, but also support their candidates during the period of training. This programme has shown good results as the communities feel involved.

It is calculated that the two assistant nurses, (and the elementary school teachers) will be the only ones that are employed in the project on a full-time basis. The project manager should be one of the local authorities (see above) and thus engaged on a more voluntary basis and the ones working with community development either partially employed by the co- operative or work with these activities as a part time specialty within the community economy.

### 9. CONCLUDING REMARKS AND RECOMMENDATIONS

The recommendations that follow are in many cases very brief so as not to lose in cogency or momentum. (The background have in many cases been explained in detail above and the suggestions have, in all cases, been elaborated in the discussion with the missionaries and national leaders in Paraguay.

#### 9.1. Overall recommendations

- \* Form a pre-project committee that opens up a dialogue with the Ava-Chiripá leaders of Paso Cadena
- \* Elaborate project plans including an outspoken and readily defined project strategy
- \* Discuss, and establish, the number of expatriates going into the project and discuss costs for the project. (Norwegian missionaries should be contracted on a long-term basis before launching the project).
- \* Define the target group and make clear that the Ava-Chiripá constitute the main target group (not excluding other categories).
- \* Investigate all kinds of material (in Guaraní and in other relevant languages) that may be used in the project. List this material and assess each item, thus finally producing an annotated bibliography that may serve as a foundation, and as background material for the project (the appended Bibliography may be a start).
- \* Start a special training programme in Norway for the people interested in participating in the Paso Cadena project.

/MISSIONARY TRAINING AND RECRUITMENT:/ The Ava-Chiripá face a critical period until the rapid alterations of the cultural commotion and the transformation of the local infrastructure are over. Therefore, continued efforts of [specialized] expatriate missionaries may be necessary. Thus, organize missionary training in Norway and/or Paraguay (general and specific, concerning the Ava-Chiripá and the Guaraní language)! Engage

linguists, anthropologists, other missionaries! Discuss, teach each other, learn, practise.

## 9.2. Indigenization of the Project

Project goals: Indigenization and economic autonomy.

- \* Open up discussions with the Paso Cadena village community about a training programme for elementary school teachers, assistant nurses and community development assistants.
- \* Ask the community to select the students for training. These should be married, resident at Paso Cadena (or any other project extension site).
- \* Prepare teaching material in advance. If necessary, ask for help from experts (linguists, anthropologists) and other missions.
- \* Enter into discussions with INDI authorities; prepare a-long- term working plan for authorization of the programmes (and the future trainees).
- \* Start an education programme as indicated above. Take up to a year for planning and estimate four to six years for a successful programme.
- \* Promote health care through a planned health care education programme: (a) village courses in hygiene; (b) the activities of the Indian health promotors through e.g. visiting; and (c) healt education at the elementary school.
- \* Promote bilingual education that includes training in Guaraní as well as in Spanish. Follow the "Chiapas Model" with elaborated, adapted curricula and relevant teaching material.
- \* Promote autochthonous community development programmes, that arise during, or after, the training programme for community development assistants. (NOTE: Beware of a too elaborated, Western model of development!)

How to achieve this: Launch an education programme for four assistant nurses, four - six elementary school teachers, four - six community development assistants (preferably village authorities). (The latter should be taught agriculture, animal husbandry, co-operative organization, book-keeping, etc.)

Time schedule: Project planning (one expatriate missionary and community council) six months - twelve months; education programme (one education expert, one health expert; both preferably expatriates; other Paraguayan experts), four - six years. During this period full indigenization and successive transfer of all responsibility to the Ava-Chiripá. From the start decreasing economic aid and active work towards self-support. (The latter should be an important ingridient in the first planning phase). The education programme should be entirely financed by the mission, however.

#### 9.3. Other Recommendations

- \* Boost the present consumption co-operative.
- \* (Succesively) increase fees for medicines until all patients pay the greater part of the costs of all current medicines. (Give special support to those who cannot pay, and channel this through the community council).
- \* (Successively) increase school fees until all parents pay the greater part of all costs usually pertaining to Paragauayan parents. Investigate all possibilities of receiving support from the national authorities (to the extent that other, equivalent schools receive aid).
- \* Boost people's participation in all project activities!
- \* Let the Ava-Chiripá community council take responsibility and support their initiatives! There will be mistakes and failures, but experiences will remain within the target group!
- \* Do not start any large programmes. Small, autochthonous ones are far more effective. Commercialization of rice cultivation or handicraft may be such examples.

\* Organize visits to other Indian programmes in Paraguay, e.g. to Yby-Yau to study the production of domestic animals, such as pigs.

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