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REFLECTIONS ON AN ACTION RESEARCH
PROJECT ON HEALTH/NUTRITION/HOME
GARDENS

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by

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BACKGROUND

This paper focuses on an action research project on Health/Nutrition/Home Gardens conducted in a village which may be called Dilindugama. About one year ago a Research Institute and an European University were eager to establish contact with any government department interested in conducting a small-scale programme in a village. We shall refer to the Research Institute as the Institute and to the European University. It was towards the end of 1981 that the field coordinator of the programme (a European whom we shall call Mr. Smith) and the project coordinator (a Sri Lankan) met in this connection the chief district level officer of the Health department of particular district. We shall refer to this gentleman as Dr. Ranaweera.

Dr. Ranaweera had by that time conceived of a plan to develop Health, Nutrition and Home Gardens in a suitable village in his district. He was therefore very responsive to the suggestion made by Mr. Smith and the official from the Institute to graft an action research project on to this programme. Thereafter Dr. Ranaweera and Mr. Smith had a series of discussions at the end of which the action research project referred to in this paper was finalised.

A conference on this subject was held on 3rd February, 1982, at the office of the Government Agent of the district. Both Dr. Ranaweera and Mr. Smith were present at that conference. Dr. Ranaweera suggested that health activities would be a suitable "entry point" to contact the community and that interest in nutrition and nutritive vegetables which could be grown in home gardens could be kindled by promoting steps conducive to better health. The income of villagers could also be enhanced by means of a ancillary scheme of planting minor export crops Dr. Ranaweera said. Subsequently, a team of researchers met government officials and finalised plans for the project.

It was left to Dr. Ranaweera to prepare the requisite project proposal for action research relevant to popular participation in planned development at village level. His proposal was entitled HEALTH AS AN ENTRY POINT INTO THE COMMUNITY- A STRATEGY FOR BETTER COMMUNITY PARTICIPATION IN PLANNED DEVELOPMENT. Dr. Ranaweera explained in that paper that the confidence of the community could be gained by taking up a subject like worm infestation as it touched the lives of parents whose children constantly suffered from worm diseases.
Villagers could be encouraged to discuss their problems with health officers who can gain their confidence by evincing interest in their welfare.

Dr. Ranaweera's project proposal was accepted by the Research Team as well as by the government officials concerned. In deciding upon a village Dr. Ranaweera refrained from taking a decision all by himself. He consulted the Health officer in charge of the Division who in turn discussed the matter with the male field level health officer as well as with the female field level health officer.

With the knowledge and experience of these officers, Dr. Ranaweera had no difficulty in deciding on Dilindugama as a suitable village to commence operations. No similar project had been done earlier in that village. It was a small rural unit of 136 households, and was within easy reach of a well-known urban market centre. Dilindugama has an annual rainfall of 85 - 100 ins. and an average temperature of 85° F - 92° F. Its total land area is approximately 848 acres. Paddy land covers 95 acres, while home gardens and highland plots cover 75 acres. There are small holdings of tea and rubber and a considerable extent of forest. Pepper, cloves and betel are grown on a small scale in home gardens. A few jack trees, arecanut trees, banana, mango, papaw and cashew trees also grow in home gardens.

THE PROBLEM

The programme in which the University representative and the Institute officer got themselves involved had a clear goal in view - namely to improve the quality of life in the village by entering the village through Health and setting in motion socio-economic processes which would lead to the upgrading of the agricultural base in the village and the development of village organisations.

To achieve these ends certain categories of persons had to interact with one another within the context of the development project. The main actors in this project were:

Dr. Ranaweera (the district level head of the Health Department);
Dr. Jinadasa (the divisional level head of the Health Department);
Mr. Ramanayake (the field level officer of the Health Department);
Miss Gunawardena (the field level officer of the Health Department - female);

Mr. Jayaratne (the field level officer of the Agriculture Department);

Mr. Smith (the field coordinator from the European University)

Ms. Weerarathna (action researcher working in the Action Research project conducted jointly by the Institute and the European University);

The members of the village level steering committee of the project;

The village level volunteers who helped in the implementation of the project;

The villagers who did not fall either into the category of steering committee members and/or into the category of volunteers.

The action research project was structured on a set of premises regarding the way in which these different actors would be motivated to relate to each other. The success of the project would to a large extent depend on how closely the actors would relate to one another in the way expected of them by those who formulated the project.

On the basis of short spells of field work in Dilindugama the writer of this paper is of the view that the premises upon which the different actors in the project were expected to act in relation to one another had been erroneously conceived. She contends further that the implicit assumption in the project is that these different actors would inter-relate harmoniously was also a wrong one. On the basis of knowledge gained through field work between March 1982 and October 1982 she wishes to propose a number of hypotheses regarding the roles and inter-relationships of the different actors in the project for rigorous empirical investigations in Dilindugama. The writer does not claim to have the empirical evidence for examining the hypotheses herself. She was able to collect only meagre field data which were just sufficient for her to suggest these hypotheses for rigorous investigation in the field.

In this paper the writer is not so much putting forward a comprehensive exposition or analysis of the action research project on Health/Nutrition/Home Gardens. She is merely reflecting rather
provocatively her experiences in Dilindugama during the period March 1982 to October 1982 in order to propose some lines of further enquiry. The writer now hopes to take each of the categories of actors, describe the premises on which the project expected them to act, suggest reasons why they acted differently and finally provide insights for understanding why the project was not able during the period of observation to orchestrate the activities of different categories of actors to achieve the common goal — namely, upgrading the quality of life in the village as envisaged originally in the project.

THE ACTORS AND THEIR ACTIONS

(1) CHIEF DISTRICT LEVEL OFFICER OF THE HEALTH DEPARTMENT (DR. RANaweera)

Dr. Ranaweera, apart from being the chief district level officer of the Health department, is also doing a Master's Degree in Community Health. He goes quite frequently to regional and international seminars/workshops on community health. As a health administrator, he has the reputation of being in what is called "the International Seminar Circuit". From an ideal point of view, Dr. Ranaweera's research interests in 'community health in the rural sector' and 'community development through health as an entry point' flow out of a deep human concern — as a health administrator — about the health conditions (and the related economic conditions) prevailing in the rural sector. It was expected that this sense of commitment on the part of Dr. Ranaweera would ensure that the district health department hierarchy from the doctor himself down to the village-level field officers would commit itself wholeheartedly to achieving the stated goals of the project. In order to draft the project proposal which had to be presented at a seminar in Colombo organised by the Research Institute and the foreign University, Dr. Ranaweera had visited the village of Dilindugama in January 1982. He had spent a few hours discussing his ideas about a project with a group of about 68 members of the village elite who usually perform brokerage functions between the village and external administrators and politicians. The discussion had been held at the home of one of the village brokers. This was the doctor's first and last visit to the village. After the doctor's project proposal was discussed at the above-mentioned seminar in Colombo, it was taken up for implementation primarily through the district health department hierarchy with the Research Institute and the foreign University providing an action-research input into it. During the period February 1982 — October 1982, the doctor was invited on four
occasions to attend meetings and the functions at Dilindugama in connection with the project. On one occasion he could not attend because he was out of the country to attend an international seminar/workshop on community health in the rural sector. On the other three occasions he was in the country but failed to come to Dilindugama for the work connected with the project. The premise held earlier that the Doctor would be stimulated by professional responsibility, a sense of duty and a human (and/or professional) commitment to improving the quality of life in the rural sector seems to have been erroneously conceived. It is important to rigorously examine the alternative hypothesis that the Doctor's primary concern is career improvement in the field of community health via research, and that a commitment on his part to the project at Dilindugama could only be effectively stimulated through linking up in some way the achievement of the goals of the project with the doctor's own career improvement.

(2) CHIEF DIVISIONAL LEVEL OFFICER OF THE HEALTH DEPARTMENT (DR. JINADASA)

Dr. Jinadasa is in charge of a division and works under Dr. Ranaweera. He was introduced by Dr. Ranaweera to the officers of the Research Institute and the forcing University in February, 1982, as an officer who is exceptionally committed to the improvement of the Health conditions in rural communities. It was clearly indicated by Dr. Ranaweera that Dr. Jinadasa would be stimulated by both a professional responsibility and a sense of duty into throwing in his weight completely behind the project in order to help achieve its stated goals. Dr. Jinadasa was invited to Dilindugama by the village level steering committee of the Project and the village level volunteers for work connected with the project on the following four occasions:

(a) The de-worming campaign;

(b) The distribution of planting material for improving home gardens;

(c) Meeting of the steering committee and the volunteers to discuss certain aspects of the project;

(d) Inauguration of work on the village community hall.

Though Dr. Jinadasa was only 6 miles away from the village on all four occasions, he did not care to come to Dilindugama for project work. However, on two other occasions when he was invited to deliver
two lectures to the village volunteers who were undergoing a training course in Health, Nutrition and home gardens, he complied with the request and came to the village. On these two occasions he was given prior intimation of the fact that he would be paid Rs. 50/- for each lecture by Mr. Smith (the field coordinator) from the foreign University which project with the earlier mentioned Sri Lanka Research Institute has brought an action-research component into the project. In June 1982, Dr. Jinadasa claimed Rs. 600/- from Mr. Smith as fuel cost for his travel to and from Dilindugama on official project work. This was an obviously dishonest and false claim which Mr. Smith decided not to meet.

Dr. Jinadasa who lives just 7 miles away from Dilindugama conducts a private medical practice at his home. He devotes a substantial part of his time to building up his private practice. He is essentially a 'radical entrepreneur' more than a duty-conscious, professionally responsible health administrator. The premise on which it was expected that he would work rather selflessly to achieve the goals of the project seems to have been erroneously conceived. It is appropriate to empirically test whether a pecuniary incentive would stimulate a greater interest on the part of Dr. Jinadasa in the project. If it does, the hypothesis that any work over and above the normal quota of administrative duties would be done by a health administrator only if such work is materially compensated, could be empirically tested.

(3) VILLAGE LEVEL FIELD OFFICER (MALE) OF THE HEALTH DEPARTMENT (MR. RAMANAYAKE)

The Health department village level field officer's area of operation has 22 villages with a population of 14,000 people. The area is too large for Mr. Ramanayake to be able to devote anything more than a bare minimum of his time to any one village. He is expected to visit village homes in his field and advise people about disease prevention, child care, control of malnutrition etc. He is responsible for family health education including family planning. He is also responsible for the social health work in 6 schools. Despite the heavy work load, his salary is low, fuel allowance for travelling within the field is very meagre and promotional prospects are very limited. The only post to which this level of health officer can be promoted is that of "Health Educator".
A health department village level field officer's official duties spreads over a very wide geographical area (25 sq. miles covering 14 villages in the case of Mr. Ramanayake) does not provide him with much opportunity to impress his superiors and thereby qualify himself for promotion to a post of 'Health Educator'. It is only through involvements in a 'special project' such as the Dilindugama project that this level of officer can hope to catch the eyes of his superiors. Career-wise, Mr. Ramanayake would find it advantageous to 'use' this project to try and achieve some 'quantifiable' results in the field of public health - e.g. the construction of a stipulated number of latrines in the village or the distribution of a stipulated number of latrine slabs to villagers on digging a latrine pit of the specified size of 10' x 12' x 16' in depth. Though it was originally envisaged - when the project was formulated - that a sense of commitment to the wider goals of the project (such as generating village level development through Popular Participation, the involvement of the people in village level planning and plan implementation etc.) would stimulate this officer to orchestrate his actions harmoniously with those of the other actors, the empirical evidence suggests that this assumption was erroneously conceived. The alternate hypothesis that the writer of this paper wishes to propose for rigorous empirical examination is that this officer's behaviour in the project is informed by an effort to 'manipulate' and 'use' the other actors in the project - sometimes by offering false promises for inducing people to dig latrine pits, construct latrines etc. and thereby provide him with 'quantifiable evidence' for establishing himself as a field officer 'who can show results' in the improvement of community health in the rural sector.

In order to improve his career, Mr. Ramanayake has to impress the chief district level officer of the Health department, Dr. Ranaweera. The latter's project at Dilindugama is based on the following theory as contained in the project proposal drafted by Dr. Ranaweera himself:

"In the field of health, it has been noticed that a felt need can be made use of to gain entry into the community. Once the confidence of the community has been gained, it is easier to ensure participation in programmes which otherwise are difficult to carry out successfully. Example: Worm infestation is very common among the rural communities of developing countries. Worst affected are children and mothers, both prized possessions of the community. Control of worm infestation is a
felt need in a rural community. Control of worm infestation produces quick results felt and appreciated by the community. The health workers who carry out this activity after mobilising the participants of the community become more acceptable to the same. Health workers are generally looked up to in any community, more so in rural areas. They are associated with provision of services in the minds of the people. It is proposed to harness this for development work. Health and development are inter-dependent. Health staff will find it easier to do development work, especially in the field of Agriculture which is closely associated with nutrition. It is proposed to test this out. Promotion of minor export crops in the home gardens will be the development activity. The adoption of health activities as an entry point into the community will lead to better promotion of the planting of minor export crops in home gardens."

The hypothesis suggested is that proving the above theory was a "felt need" of Dr. Ranaweera. To be able to provide data from Bilindugama to Dr. Ranaweera for proving his theory and may be for writing a learned paper on the experiment, was perhaps a "felt need" for Mr. Ramasayake. The hypothesis also suggests that the latter is a "manipulated" by the other actors in the project in order to:

(a) Create data to prove that the need to control worm-infestation was a felt need of the Bilindugama people.

(b) Create data to prove the desire to grow minor export crops was not a felt need of the people and that the acceptance of a minor export crop extension programme could sequentially only follow a programme to control worm infestation through which the development agency could win the confidence of the people.

The following evidence suggests that the above hypothesis is worth a rigorous empirical investigation:

(a) At the first village level meeting held in connection with the project on 27th February, 1982, a village level patronage-broker (village elite member) who closely liaises with Mr. Ramasayake stated in response to the latter's plea for controlling worm infestation that there is a strong felt need in the village for constructing latrines. Evidence of other informants in the village is suggestive that this statement was made primarily to please Mr. Ramasayake;
(b) Though evidence collected in the field suggests that the real
felt need in the village was for minor export crop planting
material which is usually in very short supply, Mr. Ramanayake
kept telling the villagers that latrines will have to be
first constructed and that only those who construct them
will be given plants of minor export crops.

(c) There was in fact no worm infestation in the village. A stools
survey conducted at an expense of Rs. 2,000/- as part of the
project in June 1982 showed that there was zero per cent worm
infestation in both children and adults. However, despite
this 100% negation result, de-worming tablets were distributed
to all houses by Mr. Ramanayake through the village level
volunteers.

(d) Mr. Ramanayake in order to persuade or cadjole a reluctant public
at Dilindugama into constructing latrines, would tell them both
informally and at meetings that a foreign country (referring to
Mr. Smith's country) was involved in the project and that it is
only if latrines are constructed that aid for developing
Dilindugama would be provided by that foreign party.

(e) Mr. Ramanayake needs the presence of the foreigner (Mr. Smith)
in the project so that he may point him out to the villagers as
their potential source of foreign aid. As a consequence, the
constant enquiry he makes from the action-researcher (Ms. Weerasuriya)
is whether she gave good reports of him to Mr. Smith and
whether Mr. Smith is pleased with him. He probably needs to
ensure that Mr. Smith remains in the project
that Mr. Ramanayake may manipulate his
presence for persuading the villagers to construct latrines
which in turn will please Dr. Ranaweera and at the same time
enhance Mr. Ramanayake's career prospects.

4. VILLAGE LEVEL FIELD OFFICER (FEMALE) OF THE HEALTH DEPARTMENT
   (MS. GUNAWARDENE)

   This field officer's area of operation is the same as that of the
male village level field officer - viz. 14 villages, 14,000 people,
25 sq. miles of territory. Her normal duties are confined to caring for
the health and nutrition of pregnant mothers, lactating mothers and pre-
school children. She is also expected to educate mothers in matters of
family health and children's health. One of her more important tasks is to distribute free of charge a highly nutritious food called "Tripoha" to pregnant mothers, lactating mothers, pre-school children and malnourished children who are below a certain weight. After the project commenced arrangements were made by her to bring 'Tripoha' weekly to Dilindugama for distribution, whereas on earlier occasions the mothers of Dilindugama had to travel 7 miles to the nearest centre from which this officer distributed it.

This officer's duties in the project are only a few. She is expected to hold a 1½ hour discussion meeting weekly for mothers at Dilindugama at which matters pertaining to family health and children's health could be discussed. The level of participation at these meetings is considered by her super-ordinate officers as a measure of success. She resorts therefore to inducing a type of "forced participation" on mothers by refusing to distribute 'Tripoha' to those mothers who do not attend the weekly discussion meeting.

It was expected that this officer would be stimulated by a sense of duty and a human commitment to improve the health and nutritional status of mothers and pre-school children to play her role in reaching the stated goals of the project. But in actual fact the stimulus comes from another source. Ms. Gunewardena was very explicit in stating to the writer that her interest in the project is directed towards impressing her super-ordinate officers by producing quantifiable results in her field with the aim of obtaining through them at the end of the project a transfer to her own home area. It can be suggested as a hypothesis for further study through field work that the type of structure operating within a stratified administrative system make administrators want to concentrate their efforts on achieving quantifiable results (e.g. the level of attendance at mothers' discussions, the percentage of eligible mothers to whom Tripoha is distributed etc.) with an economy of effort. Whether the quantifiable results are achieved through Popular Participation, forced Participation or through some other form of persuasion matters very little. Hence, as achieving certain results through the generation of popular participation in such activity requires the expending of much more effort than if you are able to achieve the same end figures (the number of latrines constructed, the level of attendance at a meeting, the number of persons de-wormed etc.) through
some other means, administrators tend to adopt the means that require least effort. Achieving the goals of a development project through popular participation is too time-consuming for government administrators.

(5) THE VOLUNTEER HEALTH WORKERS

According to the project proposal, "volunteer health workers...." will be selected one per cluster of 10 - 15 houses. The volunteers will preferably be from one of the houses in each cluster. This is an example of free, induced, indirect and complete community participation.....

The volunteers will be given a 5 day training..... in family health, principles of health education and planting and tending of minor export crops selected....... Health education activities will be carried out regarding routine family health activities of the Health Department by the volunteers. "Nutrition education will include home gardening promotion. Growing of minor export crops will be included in this programme as an income-generating activity."

35 volunteer health workers were selected and given a training for five days. 7 of them came from families with an income of more than Rs. 1,000/- per month; 18 from families having an income range of Rs. 500 - 1,000 per month while 10 were from families having a monthly income below Rs. 500. The bulk of the volunteers are therefore from the middle and poor income layers of Dikelandagama. Of the 35 volunteers, as many as 10 had a G.C.E. (advanced level) qualification while 17 others had passed the G.C.E. ordinary level examination. Only 8 volunteers therefore had a level of education lower than the G.C.E. 9 volunteers were males and 26 were females. All but 2 fell into the age group 16 - 26.

Being from the community itself, the volunteers were expected not only to be able to take the government health programmes to the people but also to be instrumental in presenting the 'felt needs' of the community to the administrators so that a realistic health development programme based on the 'felt needs' of the people could get involved. It was expected that the volunteers would thus serve as a critical instrument through which popular participation is generated in a village level health programme. It is the view of the writer that the premise on which the role of the volunteers had been structured by those who planned the project was erroneously conceived.
It is suggested that the following components of an alternate hypothesis be examined empirically in the field:

(a) the volunteers - most of whom were from middle and lower income families - will not be particularly interested in using their status in the project to accumulate 'esteem' in the village. When added to this fact we note that most volunteers fall into the category of 'educated unemployed youth', it is likely that they will try to use their status within the project not so much to 'serve the community and thereby win esteem' but to strengthen their personal links with the village-level government administrators and through them get access to resources such as 'job opportunities' outside the village;

(b) The self-interest of volunteers drawn from the educated youth of the middle and poor income groups will propel such volunteers to assist the village level government administrators achieve 'their goals' rather than to assist their fellow villagers to get their 'felt needs' satisfied through the intervention of the State bureaucracy.

From the scanty empirical evidence available with the writer it can be suggested that the Dilindugama volunteer workers in practice operated as 'messengers' and 'assistants' to the Health department field workers to achieve 'their goals' within the project. If the volunteers succeed in getting people to construct latrines or maintain high standards of hygiene in the homes, Mr. Ramanayake would consider such volunteers as 'good volunteers'. As an inducement, both the male and the female field officers of the Health department promised the volunteers that at the end of a two-year period, 'successful volunteers' ('success' being defined in terms of the goals of the field officers) would be given certificates which would be helpful when applying for jobs. The volunteers were also made to understand that the field officers would help those volunteers who help them achieve their goals to find employment in the private sector. In fact Mr. Ramanayake had obtained employment for one volunteer worker in a private medical clinic seven miles away.

The hypothesis that could be investigated in the field is whether in a situation where the 'real goals' of field level government officers and those of the villagers are different, volunteer workers
selected from particular income and education categories in the village would identify themselves with the goals of the officers and not with the goals of their fellow villagers.

5. THE MEMBERS OF THE STEERING COMMITTEE IN THE VILLAGE

According to the project proposal: "A local steering committee consisting of village leaders, health and agriculture department staff, will be established in the project village. This will form the vehicle to reach the community.

The local steering committee will plan, select strategy, implement, monitor and evaluate all activities of the project."

The steering committee was 'formally' selected at a village level meeting held on 1st March, 1982. This meeting was summoned by the Health Department male field officer (Mr. Ramanayake) after informing the villagers through unstructured channels of communication that a foreign country (represented by Mr. Smith of the foreign University) was offering aid to develop Dilindugama. Between 60 and 20 persons out of a total village population of about 600, attended this meeting. Prior to this meeting, at an informal discussion held in the house of a village patronage broker (a member of the village elite), the field officer and 3 patronage brokers had agreed to the list of 11 names that were going to be proposed at the meeting. The list - unofficially made beforehand by the government field officers and 3 village patronage brokers - was proposed formally at the meeting and accepted.

The 11 members of the steering committee came from substantially different income and educational groups to the volunteers. Of the eleven, six are heads of families with an income of over Rs. 1,000/- per month (the 'village rich') while 5 are heads of families having an income of between Rs. 500 and Rs. 100 (the village level 'middle income group'). None among the eleven had received formal education up to even the G.C.E. (ordinary level). All the eleven were village patronage brokers (elite members): One was a bus-driver, another a government storekeeper, two were government clerks, 4 were entrepreneurs (Muralalis) and three were landed proprietors.

The hypothesis presented from empirical investigation by the writer is as follows:
Persons who belong to the category of village patronage-brokers would relate to a village level development project in a manner that would enable them to achieve two goals:

(a) Establish or strengthen personal links with the government officers coming from outside and thereby increase their own esteem in the village as the persons who have the necessary contacts to mediate between the village community and external economic, social, administrative and political systems.

(b) While helping to satisfy the 'felt needs' of the administrators and while helping them to achieve 'their goals' through the project the village patronage-brokers would also try and 'manipulate' the project and the contacts they get through the project, to obtain certain infrastructures and other facilities for the village. As what they thus try to obtain for the village corresponds to 'felt-needs' of villagers, the success with which the village-brokers obtain such facilities in turn entrances the 'esteem' of the village broker in his community.

Hence unlike the volunteers, the Steering Committee members were found to use the contacts they established through the project with external agencies, to obtain certain services of benefit to wider groups in the village. Certain members of the steering committee stated to the writer that though they were aware that the de-worming campaign and the latrine-construction campaigns did not conform to any 'felt need' in the village, they continued to support the government officers' efforts in order to please these officers, and by so doing establish joint through them with other agencies (such as Dr. Smith) from which direct benefits could be obtained for the village. It is suggested that the steering committee members, in their capacity as village level patronage-brokers, 'went along' with the de-worming campaign and the latrine construction campaign, as they felt that this was a significant mode through which the attention of sections of the government bureaucracy and of foreign-linked agencies having access to funds could be made to focus on the village of Dilindugama.

As mentioned earlier in the paper, a Sri Lankan Research Institute and a foreign University have also placed an action-research input into the project. The steering committee members know that the foreign field coordinator of the foreign University has a 'felt need' to see that the project leads to some type of village level development.
They also know that he has certain funds which he is willing to expend on the project. They therefore try to 'tap' these funds for satisfying certain felt needs in the village. The steering committee decided to try and launch the following sub-projects in the village on the explicitly stated premise that they would be able to get Mr. Smith of the foreign University to raise funds available for:

(a) The construction of a community-hall towards which Mr. Smith has agreed to donate Rs. 2,500/- (In fact they requested from him a donation of Rs. 5,000/-).

(b) The setting up of a fortnightly clinic for pregnant mothers and a weekly dispensary for sick persons in the community-hall, for which they expect Mr. Smith to donate the necessary equipment.

(c) The setting up of a pre-school in the community-hall for which they expect Mr. Smith to bear the expenses.

(d) The setting up of a self-employment scheme in sewing for which they expect Mr. Smith to donate the sewing-machines and meet the expenses of training.

(e) The establishment of a Young Farmers Club in the village to which Mr. Smith has already donated Rs. 1,000/- for the purchase of a sprayer and agro-chemicals.

6. THE FIELD COORDINATOR OF THE SRI LANKAN RESEARCH INSTITUTE/FOREIGN UNIVERSITY ACTION RESEARCH PROJECT (MR. SMITH)

Mr. Smith, in the view of the writer, has a 'felt need' to conduct an action-research project in a village in order to comply with the conditions of his research programme. To him it is important that the project should go on because the success of his research is directly related to the on-going nature of the project. When the project was formulated, Mr. Smith's role in it was not defined. Would he actively intervene in the project by providing substantial financial inputs or interceding with government administrators on behalf of the project? The project proposal does not provide the answers to either of these problems.

However, in the course of project implementation, Mr. Smith was found to intercede on more than one occasion with financial inputs. He also used his influence (as a foreigner) with the government
administrators to get them to expedite certain services that they had promised. He also provided added financial incentives to some of the other 'actors' in the project and thus encouraged them to continue taking an interest in the project - e.g. Rs. 50/- per month to the male field officer of the Health department; Rs. 25/- per month (subsequently raised to Rs. 50/- per month) to the female field officer) of the Health department; Rs. 50/- per month to the village level field officer of the Agriculture department. In addition all expenses incurred by officers as well as volunteers on account of stationery and travel were reimbursed from time to time by Mr. Smith.

It is interesting to speculate on what would have happened to the project if these mentioned incentives and inputs were not provided. Would the project have collapsed? Would the officers have shown the same interest in the project? Would the village patronage brokers (the steering committee members) have thought that the benefits that could accrue from the project justify their costs in terms of time and effort expended on the project? These questions are difficult to answer with the available field data. The writer suggests that the following hypothesis be examined empirically on the field:-

Mr. Smith was stimulated by a desire to collect interesting research material for his University and for the Sri Lankan Research Institute. He therefore brought a foreign component into the project by providing financial inputs and other material incentives without which the project would have totally collapsed.
7) **THE VILLAGE LEVEL FIELD OFFICER OF THE AGRICULTURE DEPARTMENT (Mr. Jayaratne)**

It was expected that this field officer whose area of operation is relatively small (one Grama Sevaka Division) would be stimulated by a sense of duty to take a keen interest in the project as a part of his normal duties. His defined tasks are to promote Young Farmers Clubs, Model Home Gardens, Model Paddy Fields, Model Farms, do agricultural extension work, conduct lectures and encourage the optimum use of home gardens.

A Young Farmers Club was established in Dilindugama in March 1982. It had 40 members — all under 25 years of age. The Club set up a ½ acre Model Farm in the village. It received a donation of Rs. 1000/- from Mr. Smith for the purchase of a sprayer and agro-chemicals. A 'felt need' of small-holders in the Highland Home Garden sector of the agrarian economy can be identified as 'access to good seed and plant material'. Access to technical knowledge regarding the way to handle pests and diseases in new types of crops is also a 'felt need' of this sector. Small holders can get access to all this through the village level Field Officer of the Agriculture Department (Mr. Jayaratne, in the case of Dilindugama).

Access to the field officer can be institutionalised through institutions such as Young Farmers Clubs.

A sense of duty was not sufficient to stimulate Mr. Jayaratne to conscientiously perform his official functions. After the Young Farmers Club was set up in March 1982, Mr. Jayaratne refused in April 1982 to come to the village of Dilindugama any more on the grounds that some villagers had spread an ugly rumour about him in the village. It was only when he was offered a fee of Rs. 50/- per month (by Mr. Smith) that he agreed to forget the rumour and perform his officially-defined functions in the project. This is a glaring example of a case where the premise upon which an 'actor' was expected to relate to other actors in the project in order to achieve the stated goals of the project, was found to have been erroneously conceived.
The Action Researcher of the joint record programme of the Sri Lankan Research Institute and the foreign university is the last of the key actors in the action research drama of Dilindugama. "Action Research" is research that links itself with action for changing in reality. The action research approach studies things through changing them. Her approach can direct itself simultaneously towards the development of theories and the solution of problems. Action research is primarily concerned with "discovering the most effective means of bringing about a desired social change." For the purpose of the project, the action-researcher's role was described as one of 'a social catalyst': one who promotes change or action by motivating and stimulating participants. The Action Researcher must not decide for them or act on their behalf. Nor must the Action researcher act on behalf of the government implementing agency or be associated with its decisions or plan of implementation. Her task was defined, for the purposes of this project, as research (the providing of Data and Insights) or the basis of which the different actors may take decisions and act. Her task was clearly defined as not being one when she mobilises people for or against the on-going programme. The role was to be clearly limited to that of social catalyst, evaluator, intermediary, advisor. The Action Researcher was not to play the role of activist or agitator.

The role of Action Researcher as defined above could be played successfully and meaningfully in situations of harmony only where the motivations of the different actors do not conflict with each other but blend harmoniously into action directed towards the achievement of the stated goals of a project. Put in a structural situation of disharmony or conflict, where the real goals of one set of actors are at conflict with the real goals of other sets of actors, the action researcher can certainly try and unfold the different dimensions of the structural disharmony but cannot hope that the research findings will make the project any more successful. The hypothesis that
can be tested through the list of empirical investigations. Is this: The stated goals of the project are not achieved not because the different actors in the project relate to each other in an inappropriate way due to lack of knowledge about what constitutes 'appropriate or correct action' ('correct' or 'appropriate' in relation to the results that are sought), but because the real goals of the different actors are structurally in conflict with one another. In a highly stratified sound system where different groups of actors have different access to power and resources, the research findings of an Action-Researcher can play a small role in helping achieve the stated goals of a development project, which assures that these different groups could be motivated to orchestrate their actions in a harmonious manner towards a "common" set of goals or a set of goals defined in terms of "the common good". Also in a highly stratified structural situation, it becomes impossible for an Action-Researcher to be at the same time a "Social catalyst" and "mobiliser" on the one hand and "one who doesn't take sides" on the other, and also try to play a role in achieving the desired results of the project. When different sets of actors display conflicting goals, which set of actors do you "mobilize" for action? Can the action researcher in such a situation act as a 'social catalyst' and 'motivate' people? Which of the conflicting groups should she motivate? She cannot motivate and mobilize all groups at the same time. Either she decides to take sides in the conflict situation (which her terms of reference do not permit her to do) or she retracts from her role of 'mobiliser', 'motivator', 'social catalyst' and starts to function as an in-depth researcher studying the implementation of a village-level development problem through participant-observation.

CONCLUDING REMARKS

To start an action-research project in a village before conducting an in-depth study to draw out the sound structural features of the situation is inappropriate. The pre-defined goals of the development project and the pre-defined roles for the
actors may not be consonant with the empirical situation. The result may be the failure of the project itself.

To originate the real action, there are strong indications that the action-researcher has to identify herself with the goals and aims of the group of actors who, according to broader normative and ethical aims of the action-research project, should be the target group. The cooperation of other actors has to be obtained by skillful manipulation on the basis of their own real motives. In the alternative, when the active researcher moves around with all the actors on a friendly basis no significant strides could be made towards the achievement of the stated goals of the project especially because actors who are driven by conflicting motives and have differential access to power and resources are unable to cooperate among themselves or agree to a common set of goals.