

## MUTUALITY AND CONTINUITY

### *Two Pillars of Effective Programs*

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Host-country staff members reflected thoughtfully on how programs contribute to their countries and what they think would be the best use of volunteers to meet their countries' needs. They had a lot to say about what makes for the best and worst volunteer programs. Two qualities emerged as essential characteristics of volunteer programs if they are to have a positive impact: *mutuality* and *continuity*.

#### **Principle 1: Foster *Mutuality* between Sponsor Organizations and Host-Country Partners at Every Stage**

Mutuality is a concept that comes up frequently in writings about volunteerism. Nadia De Leon, a noted figure in service learning, calls it “deep reciprocity” that is based on “solidarity among equals. . . . The knowledge and expertise of the community members and partners must be valued and appreciated as indispensable.”<sup>1</sup> D’Arlach and colleagues, in describing

the development of a service learning project, credit the inspiration for their focus on mutuality to the Brazilian educator and philosopher Paulo Freire, who writes in the famous 1970 book *Pedagogy of the Oppressed* of a critical consciousness that is essential for achieving change. In this view, “the *concientizado* [the person who has such a consciousness] recognizes his or her place, and contribution, in the struggle for liberation. The oppressed *concientizado* stops expecting that the solution comes from the oppressors and works toward resolving the problem. And the oppressor *concientizado* listens to the wisdom in the oppressed, rather than ignoring their voice or imposing what he/she thinks is the solution.”<sup>2</sup>

In recent years, service-learning scholars have advocated for university-community partnerships that view the community as possessing knowledge and assets, such that the university and community can work together to cocreate solutions to social problems.<sup>3</sup> This is very much in contrast with the attitude of superiority that so often pervades faculty and student approaches to community problems. It is, though, in sync with the view expressed by many of the host-country staff members about foreign volunteers. They commented often about the central importance of volunteers’ respecting their hosts and the need for mutual learning.

Christian Kraeker and Clare Chandler found a similar theme in their interviews with Namibian physicians. As one said, “It’s very good for people to come and see how people do with limited resources and still provide quite a reasonable job. It’s often for somebody who comes out of a sheltered employment setting like you guys, you come into the real world and you see that we’re doing similar stuff with similar results with much less resources. If colleagues of yours come to visit for a little while and see how we do things, we learn from them, they learn from us.”<sup>4</sup>

The theme of mutual learning stood out in interviews and conversations: volunteers are very welcome and appreciated when the interaction is mutual, when each party can learn from and teach the other. People who have lived their lives and practiced their professions in the host country know they have much to teach the visitors. Volunteers who arrive thinking they have all the answers, that they have nothing to learn, and that others should do things the way they are done in the United States are not appreciated. Fortunately, such volunteers, according to host-country staff members, are in the minority.

My field notes from Haiti reveal the importance of mutuality. “The clinic staff emphasized that it is best when the Haitians learn from the

volunteers and vice versa, when it is more of a professional collaboration than a one-way process. They are clearly proud of their professional training and accomplishments and of their work and feel encouraged when visitors praise the way they are doing things.”

Staff members in the host countries often realize, as Wendland found in working with medical students in Malawi, that they offer others a model of how to address medical needs creatively when resources are scarce.<sup>5</sup> As a hospital employee in Ghana said, “Volunteers can help. The word is help, not do. It is up to us to do but they can help. So when you collaborate, health outcomes will be improved in Ghana.” Further, “I think outsiders would always play a supplementary role. I don’t think that they’re makers of changing our health system.”

When mutuality does not exist, the results are less satisfactory. As a Haitian physician noted,

Haiti is a Third World country and the United States is a well-known, developed country, so if we’re trying to do things the way you’re doing in the States, it will not fit here in Haiti. You can come with ideas. We are glad to hear what you think and from what you’re telling us, we will decide what can fit in our clinic. When the volunteers come, they need to know that we are all a team; whether they come for one or two weeks, we’re all a team. *We* know what’s going on and when you come to help, we appreciate that, but please follow what we’re telling you to do which is very important. Because we know better how things go here.

A lack of mutuality can be seen not only in some volunteers’ attitudes toward how things are done but also in the ways organizations may relate to the host-country staff. Some staff members in both Haiti and Ecuador expressed concern that they were excluded by the organization from having a more integrated role with the volunteer programs. In Haiti, for example, one staff person told about initially being promised “access” but then never being invited to meetings at the volunteer center and never finding out what the “access” amounted to. Another was concerned that his expected work schedule was often ignored, so that any plans to go to school after work could not be fulfilled since he was often expected to stay late without notice.

In Ecuador, the local community health workers and other staff members who worked with us in the clinics did not seem to be treated as an integral part of the health care team. There was no introduction to the

volunteers as a whole. At day's end, an American staff member asked one of the Ecuadoreans to take a photo of "the team," but the photo included no Ecuadoreans—a very clear, if unspoken, statement that they were not considered team members.

Ecuadorean community workers spoke at times of their sense of being excluded. "Lately, there is not much interaction with the volunteers because we have not had the time to do it," said one. "Before, for example, there were gatherings for the *promotores* and the community leaders, asking about how their communities are. The students that came would ask them questions that they would like to know about. But now there is none of that going on. I feel like we need to seek more of a level of community. Lately there has been no attempt to get closer to the community because they are focused on attending more patients."

A hospital employee in Ghana reflected on how people like him who were lower in the hierarchy were not consulted about the volunteers' activities. "When you are doing something for someone it motivates you. It gives you enthusiasm to do the work. But when I do [extra] work and I don't get anything from you, I become lazy. So when they come they should not give the money to the top, they should come down and look at people who are doing the work and respect them and do what is necessary accordingly."

Achieving mutuality is one of the many challenges sponsoring organizations must try to address. Host-community members want more than helpful visitors with skills and resources, although these are valuable and greatly appreciated. They want to be involved in the work programs undertaken by volunteer organizations, and they want to be respected. They want a relationship of equality in which each partner learns from and benefits from the other.

Mutuality is difficult, even in a program that has it as an explicit goal. Brandon Blache-Cohen, executive director of Amizade, recounted to me what a Jamaican community leader had said: "I have to be honest with you; this is an amazing partnership for our community. Hundreds of thousands of dollars have been injected into our community in the last ten years, but we don't have any professional development opportunities out of this. We know that your students are going back, putting on their résumés that they worked in a community in Jamaica, but what are we going to put on our résumés? 'Hung out with white people for three or four weeks?' It's not going to get us a job. It's not going to help us move forward."

Mutuality, perhaps paradoxically, means that all those nonaltruistic motivations mentioned in chapter 4—desire for adventure, résumé building, gaining experience, feeling good about oneself—are not necessarily bad things in the context of volunteer trips. Host-community members who seek mutuality seem happy for volunteers to gain from their experiences; that means hosts are offering something of great value. A crucial point here, though, is often missed: mutuality means that volunteers recognize and honor the gifts they are receiving and respect the givers, just as they hope the gifts they bring will be valued. It means an ongoing relationship of respect, collaboration, and exchange, if not with individual volunteers, at least with the representatives of the organizations.

The idea of mutuality directly challenges the hierarchical standard in foreign aid, including volunteer trips, that presupposes the superiority of aid “providers” over “recipients” or “beneficiaries”. Eliminating this type of language from volunteer programs is strongly recommended, especially as we know that volunteers do not always provide something useful and hosts do not always benefit. Naming each party as a partner, as volunteers and hosts, promotes a different way of thinking about the relationship that can enhance mutuality.

Volunteer programs, to succeed—indeed, to begin to achieve mutuality—require a partnership between the organization sending volunteers and a local host community or organization. Effective partnerships depend on three main components: responsible partners on both ends, basic agreement on the goals of the volunteer trips, and good coordination. A productive partnership may connect a multinational corporation headquartered in New Jersey, an NGO based in Kansas, and Ministry of Health officials in Haiti, as in the example of Becton Dickinson laboratory training described in earlier chapters. It may link an NGO in Indianapolis with religious hospitals founded by European missionaries and local government offices, as in the case of Timmy Global Health in Ecuador. In some cases, the organization based in the wealthier country owns and/or runs the partner organization in the poorer country. For example, CURE manages its own hospitals rather than partnering with independent hospitals. Or the partnership may be an informal arrangement between two pastors or two doctors or between a student and a school or community organization.

However, almost half of organizers do not always have a local partner.<sup>6</sup> Given the complexity of running a volunteer trip and the potential for mismatch between the sending organization’s goals, the volunteers’

capabilities, and the host community's needs, this is quite concerning. It would be especially difficult for an organization to know that it is doing something valuable for a host community when there is no local partner to help define the best use of resources and to provide feedback after a trip. The idea that a group of foreigners can "parachute" into another country and decide what to do and how to do it without working with people in the community would surely be intolerable in wealthy countries and should be unacceptable anywhere else.

Organizations that depend on an in-country partnership to define and carry out their missions work hard to develop relationships that make their presence more productive. The challenges, and the importance, are well described by a medical mission organizer:

The first step in forming any sort of partnership is as much as possible listening to the local community, listening to local leaders, listening to the needs of your partners. The building of relationships is fundamental to building a healthy partnership. So we've spent the past 18 months building our relationships before we developed this plan. And I think that those 18 months are really what's going to make us successful over the next four years.

As large organizations from the U.S., we can go in and push an agenda and throw down some money on the table, and any organization is going to jump to collaborate. But I think that a sign of a good relationship is when someone says, "Wait a second. That's not exactly what we're trying to do." We've allowed space for that pushback so that we can have some real fruitful conversations about what is realistic.<sup>7</sup>

"You need a very strong host," says Dr. Marc Levitt, who leads the Colorectal Team Overseas based at Cincinnati Children's Hospital that has carried out pediatric colorectal surgical repairs and trained local surgeons in the techniques in Latin America and Africa. "The host needs to know what is needed to set up, so there is not a lot of wasted time. [It must be] someone you can correspond with and not show up and patients are not ready. It's an incredible ordeal to get the team organized and if it's not ready, you've wasted time. Almost always, the partner is someone I have met or who has come to Cincinnati for training."

Amizade brings someone from the host community directly onto the team. "In every single community we work with, we hire a local site director," says Brandon Blache-Cohen. "In Jamaica and Trinidad they're

actually elder statesmen or stateswomen who also happen to be founders of community organizations, so they're considered staff of Amizade and they help us run all the programs."

Many organizations confront challenges in their relationships with host-country governments. Partnerships with governments can be difficult for many reasons, including elaborate rules and red tape and the need to have personal connections with decision makers in order to get things done. So groups often (though not always) choose to avoid such contacts, though that is not always possible. As an Ecuadorean staff member of Timmy Global Health explains,

This government became way more strict in terms of permissions and control for the medical brigades, and in general for NGOs because actually there was some corruption, especially in the '90s, and also because this government is very interested in standards. So for example, all the medical missions are obligated to present their list of medicines they are bringing and they are obligated to demonstrate that they aren't bringing expired medicine, which happened in the past. This government has the reputation in the country for being very obsessed with the control about NGOs. It became a little bit rough for moments, but it wasn't impossible to work.

Josh Jakobitz, Heart to Heart International's in-country operations officer in Haiti, describes the process his organization went through to gain government approval, which although not required was believed to be beneficial. "It was about sustainability and what we needed to do in order to be recognized by the government," he explains, "and the government says you can only use these types of people, qualified by these certain degrees, in clinical settings. As long as you are in good standing with the government, you can have certain privileges in the country such as not paying tax on a car, such as being able to buy an unlimited quantity of medical supplies at a high discount. It's basically a right to work. We have easier access to the ministries and government resources. It was about twenty months of work—paperwork, documentation, presentations, lawyers, papers, proof, translations."

A faith-based organization that provides primary care services in Haiti and the Dominican Republic has also opted to collaborate with the government. Says the director,

We chose a different model than most missionaries. Everybody was going around the government. We decided not to do that. We work with the Minister of Health very closely. We have the option of doing our surgical outreaches in private hospitals if we want to, but we've chosen not to do that. What we did was, we kind of said, "What are your goals?" And then what we did was we filled in the holes around those goals. Everything we do we're partnering with Dominicans, we're not overrunning them. If they don't need the services, we don't bring them in.

The director went on to explain that the organization brings gynecological surgeons to the country every year or two, but since its main clinic partner already has such surgeons, she takes them to another province that does not have its own capacity to perform this type of surgery.

One model for partnership, adopted by Amizade, is called "Fair Trade Learning"; it offers local community members an opportunity for professional development and for decision making in the design of programs.

### **Fair Trade Learning**

The organization Amizade has developed an intriguing model, "Fair Trade Learning," for achieving the goals of mutuality and continuity. It "recognizes that the individuals and communities that host students and volunteers are uniquely impacted by visitors and should be offered fair working conditions and compensation, hold significant voice in the orchestration of programming, and be offered proper professional development opportunities" ([amizade.org/about/fair-trade-learning/](http://amizade.org/about/fair-trade-learning/); see also Hartman and Chaire 2014).

Brandon Blache-Cohen explains that "the term came from a staff meeting we had, when we held up some fair trade coffee and we said, is there a way to make learning fair trade? Is there a way we can make our programs be respectful of our communities and show proper voice and let them sort of dictate the way things are run and let them sort of dictate the market value as well?"

Fair Trade Learning aims to put the host community at the forefront of programs. "What we're normally looking for," Blache-

Cohen continues, “is an understanding that our community partners are really running the show. Ideally, our partnerships are going to look like they look in Jamaica, which is a place where we work with a ‘housemother collective.’ The women get paid a certain amount each day to host volunteers, but then to sort of guarantee buy-in, they’re asked to reinvest 10 to 25 percent of those funds that they’re making back into a community pot. They then vote on how to utilize those funds, and the community volunteers to increase and improve initiatives in their community.”

Nathan Darity of Amizade explains how the model works in Brazil, where a commission of local medical professionals discusses and approves potential programs. In the location where Amizade has been working, there is a program to foster the involvement of Brazilian students. “One really great way to achieve Fair Trade Learning is that we leverage the program fees for every student that we bring into the community,” Darity says. “We use the fees to help make it possible for local medical students and nursing students who would probably not otherwise be able to participate, to give them the opportunity to have access to a medical team they would not otherwise have.”

“By calling it Fair Trade Learning,” says Darity, “. . . we can say, OK, are we actually opening up educational opportunities for people in the community to audit the courses that our visiting professors are conducting? Are we creating opportunities for professional development, and are people exercising new levels of leadership? Are we finding ways to spread the budget that accompanies any group? How well is that money being distributed in a way that’s being dictated by our community partners?”

## Principle 2: Maintain *Continuity* of Programming

“When an organization is constant, it best serves the community,” said a host in Ecuador. As a clinic employee in Haiti noted, “A lot of them come and help for a moment. But afterwards, nothing.”

In both instances, they are speaking of the second essential characteristic of the strongest programs: *continuity*, a prerequisite to what is typically referred to as “sustainability.” A program is valuable if it is predictable, if the results last beyond the initial visit or period of time, or if it contributes to strengthening local institutions that can continue to provide services into the future.

Continuity does not necessarily mean that an organization will send a steady stream of new volunteers forever. Surely the goal of those who train local medical professionals in surgical techniques or laboratory procedures is to make themselves unnecessary and therefore not to have to return to the same place continually. For example, a team of pediatric neurosurgeons from the United States carried out three one-week trips to Lima, Peru, where they trained and supplied equipment for Peruvian surgeons. They then reviewed patient records for five years subsequent to their training trips and were able to document the success of the Peruvian surgeons they had worked with in carrying out specialized surgeries independently. Even tracking results over time from a distance can be a valuable form of continuity.<sup>8</sup>

Those who are involved in primary care and health promotion, as well as surgery, in areas that do not have ongoing services should ideally continue their programs or ensure that someone else will. If they or their partners do not return to the same site on a regular basis in a way that is predictable, patients’ quality of care is likely to be compromised. Host-country staff members cite continuity as one of the most important characteristics of good programs.

Staff members who work with the organizations I accompanied in Haiti and in Ecuador explained why they have a higher opinion of those organizations than of many of the others they have seen or worked with in their countries. One might expect them to offer especially positive comments about their own partners or employers, but their comments are consistent with critiques of short-term trips. As one staff member in Haiti said, “With other organizations, sometimes the volunteers will arrive, or maybe a specialist will come, and they announce the day when they’ll arrive, and it’s only one instance. There are a lot of people who come and go. But Heart to Heart is different; it’s not at all comparable to the others.” And another, also speaking of Heart to Heart, noted, “In the southeast I can say that Heart to Heart is the only organization which has volunteers

working each month, every month of the year. There aren't any others. And the name Heart to Heart, everyone knows it in those locations."

In Ecuador, a local staff member said, "Other foundations come, but they only come once a year, see patients, and then leave. Timmy comes every two months, makes referrals to hospitals, and is a big help. The people are very grateful to Timmy." And another Ecuadorian noted,

We've worked with eight to ten organizations over the course of the past ten years. One of them sends ten groups per year; another sends three. All the rest are more like sometimes yes, sometimes no, every other year, every two years. You can come and serve and fix specific problems, say good-bye and never come back, and probably there's nothing, there's not a big difference in terms of a long period of time, but if you come every two or three months and you're following up your current patients and if you are trying to help people with needs of surgeries and things like that, you are definitely making a difference.

Another of Timmy's Ecuadorian partners agreed on the importance of continuity: "With Timmy I have signed an agreement and they do come every two months," he told me. "With them we know the communities that we will see. The agreement we have signed with them is that they have to have six brigades and we know the communities, the people, the *promotores*. I have a plan with them that is sort of permanent. And this is favorable because they do have a program to follow up on patients."

Americans who work for organizations full-time in the host countries also note the importance of continuity. As one American in-country program director stated, "There are two other NGOs operating in the same area. One is similar to us in having [college] chapters, but it offers no continuity and no interpreters. They show up in a village about twice a year and 'ring the bell' for patients to come, but they aren't expected and sometimes there are more doctors than patients."

Josh Jakobitz, operations officer for Heart to Heart International in Haiti, illustrated some of the medical advantages of continuous services.

We don't do a hit-and-run sort of clinic," he explained. "We don't see eight hundred patients in a week and then never return to that. We have established clinics, established sites. So when we arrive at an area, I can tell the doctors, "You know, at this place you need to prescribe medicine

for thirty-six days, not thirty, because on thirty we won't quite be back here next month. But if you do thirty-six, they'll make it, even if they screw up the dosage or forget or take too many." And the doctors really appreciate that because it's reassuring that the quality of patient care is going to continue. And the volunteers also get to work with the Haitian medical staff and meet some really highly qualified, dedicated doctors who are there, who can say, "Oh yeah, this person has been in for this before, so yes, she can come back in four weeks and we can check the blood pressure, we can check the diabetes, we can check to see if the drugs are working."

Josh also commented on what he had seen some of the faith-based organizations do. "When they build these new churches, they generally bring a medical team along. But maybe they're in [a particular town] for one week and they're never going to go back to that town again, or for a while. So they're treating all these people, throwing drugs at them, but there's no return, no quality of care management."

Other host-country staffers commented on the importance of continuity and the frequent lack of it in the programs they had observed or been part of. "We don't have volunteers here every month," a staff member in Niger told me. "They do their jobs and they leave and maybe three months go by before other volunteers arrive. It would be better if this were constant."

A Haitian said, "It doesn't really help when a person comes for one or two weeks, a month and then afterwards they haven't established a foundation for continuing their access here. And what they do is just for a period of time and after five, ten years nothing works. It happens. People who I don't know have told me that 'Yes, I came for two weeks' and everyone applauds, but after one month, two months there's nothing left."

One of the other advantages of a continuous or repeating presence is that the organization has the potential to learn from experience and incorporate this learning in order to improve services. I saw an example of this in Becton Dickinson's training of laboratory workers in Haiti. Training took place a few times over several years, and each session built at least in part on previous experiences.

During my visit, there were three weeklong training sessions in three parts of the country. At the end of each week's session, it was possible to

introduce some changes for subsequent sessions (the fact that a corporation was providing funds helped make this possible). For example, the trainers noticed during the first session that participants did not want to write notes in the printed manuals they received, so in the subsequent weeks they distributed separate notebooks, which trainees used for note taking. Concerns that appeared in posttraining surveys about the food being served were also addressed for the next group of trainees.

Similarly, but with greater consequences, an evaluation after a surgical mission to Ethiopia identified complications, from mild to severe, in 76 percent of patients with noma following reconstruction surgery. Most of these had to do with problems of wound healing. The study led to many changes in patient management during a similar mission a year later, such as earlier admission and preparation of patients and more systematic attention to wound care after surgery; surgical outcomes were significantly better after this second mission.<sup>9</sup>

A study of tonsillectomies during short-term medical mission trips in Guatemala noted that some members of surgical teams routinely stay a week longer in case there are postsurgical complications, and they require that patients stay within an hour's travel to the hospital for ten days following surgery. The team also trains local surgeons in the management of hemorrhage, a common complication after tonsillectomy.<sup>10</sup> These practices add value to mission trips and are designed to reduce harm.

The more typical experience of regular turnover of volunteers leads to the question of how knowledge gained by one group of volunteers gets transmitted to the next. Even when there is continuity of programs, the change in volunteers every week or every time there is a program poses challenges for delivery of care. One laboratory trainer told me he hoped he could return to Haiti to do training again now that he had learned better over the course of the three weeks how to be a more effective trainer in a specific context. But he may never get that opportunity, and other new people will arrive to begin their learning from scratch. Suggestions and feedback from one group of volunteers may never be used to benefit the next group or the host partner.

Surely it is difficult for the sponsor organization, as for the hosts, to have foreign volunteers coming through for short periods and making suggestions to those who've been doing the work for much longer. This is another indication of why systematic evaluation is so important: continuously

reexamining procedures is key to making them as productive and efficient as possible.

The consensus: continuity is essential to good care. However, it is often not part of volunteer programs. Just over half of organizations reported having all their volunteers participating in continuous projects. The others are in programs that occur only when the volunteers are there or that are intended to be finished in one visit.

Some organizations sponsor volunteers both in one-shot and in continuous projects. One participant explained, “We have ongoing projects—healthcare clinics—as well as short-term projects, putting a roof on a house that is completed in one visit.” Said another, “It varies country to country and with whom they are partnering. We prefer they serve with a continuously operating project like a clinic, hospital, etc.”

Organizations that do not have a continuous or regular presence have great difficulty knowing whether they have made a positive difference or perhaps have even caused harm, as we saw in chapter 7. Very often, programs can have a short-term benefit that then disappears. When the Becton Dickinson volunteers carried out training sessions with traditional birth attendants (TBAs) in northern Ghana, they distributed “birth kits” that included flashlights, latex gloves, and disinfectant, among other supplies. In a follow-up focus group eighteen months later, my student Caroline Kusi learned from the TBAs that while they appreciated the kits, the supplies had run out or broken down, and, without replacements, they were back to practicing the way they had before the training. Continuity was clearly lacking.

Without a plan and the possibility for continuity, billions of dollars of international development aid and global health assistance can be wasted. That is the lesson from generations of failed aid programs, and it explains why the term “sustainability” has become so common. Yet onetime visits from volunteer programs are all too common. They compete with local professionals and programs, bring medications that cannot be renewed and may be harmful, and create expectations for relationships or assistance that cannot be met. Though they may provide some benefits for a short while, they are also likely to cause problems and disappointments. An individual volunteer may be able to travel only once, but that volunteer accomplishes the most by joining a responsible

organization with ongoing relationships and a long-term commitment to host-country partners.

Mutuality and continuity are not separate from each other. A continuous program requires a strong partner; a good partnership depends on continuity. Valerie Matron, an American working for Timmy Global Health in Quito, Ecuador, explains that ongoing relationships with partners create continuity and improved quality of care. She believes Timmy's success in Quito is "entirely because of Tierra Nueva," a foundation begun by Padre Carollo, an Italian priest with whom Timmy's founder, Chuck Dietzen, developed a relationship. Two foundation staff members are Matron's "bridge to the communities. They have been going on Timmy brigades for ten years. I think that's why it's managed to stay, because it's not just a hospital, it's a hospital with a mission to serve the neediest of southern Quito. They're so invested that it's not like we came in and we sort of tried to fit ourselves in or anything. I feel like we really grew together in many ways."

Timmy Global Health's main partner in Quito, Padre Carollo Hospital, is a facility established by the Tierra Nueva Foundation. Timmy partners with the hospital both for outreach to Quito neighborhoods where Timmy has primary care brigades and for receiving patients needing specialized care referred by the Timmy staff both in Quito and in the Amazon Basin. Timmy is not the hospital's only international partner; groups of surgeons arrive from other countries and organizations several times each year for specific short-term projects. But Timmy's volunteers come most regularly and have established a long-term relationship with the hospital and its governing foundation.

Even in these circumstances, maintaining an effective partnership has occasionally proved challenging, as observed by people involved on both sides. Timmy's full-time staff members in Ecuador are generally young Americans who stay for a year or two before moving on to other activities or returning to the United States. Each brings a somewhat different set of skills and approaches, and each must spend time getting to know the environment and adjusting to the expectations and experience of Ecuadorian partners. This is not unusual for NGOs that sponsor year-round programs; it is even more problematic for those whose visits are irregular and have no staff based in the host country.

The reality of staffing changes makes mutuality even more important to a program's effectiveness. Host-country staff members told my student Joe Rendon in Ecuador that they not only learn a lot from foreigners but also have valuable knowledge to share—knowledge that could have prevented some of the problems and complications they have seen occur. “We have been working with Timmy for around ten years,” one of them said. “This lets us know a lot of things. Some of the new young coordinators come in and start trying to implement their own ideas [which can cause trouble unnecessarily].”

A memorandum of understanding is one tool that can help avoid conflicts over the purpose of volunteer programs and the division of labor among organizations. Such agreements need to be carefully crafted as part of the development of a relationship and reviewed and revised periodically over time in response to new conditions and priorities.

Mutuality and continuity are difficult to achieve. They require a great deal of effort and money but are crucial if organizations are to avoid the pitfalls of short-term visits. They make for the strongest programs involving volunteers.

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