

AN ABSTRACT OF THE THESIS OF

Amanda Foshay Terhes for the degree of Master of Arts in Applied Anthropology presented on March 12, 2007.

Title: Systems Evaluation of the Guatemalan Eye Care Project – Enfoque Ixcán Barriers and Avenues for Providing Eye Care Services to Rural Guatemala

Abstract approved:

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John A. Young

This thesis evaluates the programs, activities, and relationships of Enfoque Ixcán, a non-profit eye care project providing services to a rural area of Guatemala.

I conducted ethnographic interviews with key stakeholders of the organization and carried out participant observation in the Ixcán region of Guatemala in February 2006. The research focused on gaining an overall understanding of the structure and function of the organization. The objective of this study was to determine avenues to build a stronger and more sustainable eye care program through the evaluation of the organization.

Three themes emerged from the research: 1) obstacles of geography, 2) need for education and 3) the effects of transition on the Ixcán and Enfoque Ixcán.

Recommendations were made to the organization in conclusion of this research and included such suggestions as: 1) increase communication with the current health facilitator and work to hire a part-time eye health promoter in order to increase care and lessen the demands placed on the health facilitator, 2) identify and build “social capital” resources to increase organizational learning, 3) continue to clarify

information in writing in order to overcome misunderstandings that have occurred in the past, 4) build financial stability as a means of creating a stronger and more sustainable organization.

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Systems Evaluation of the Guatemalan Eye Care Project – Enfoque Ixcán  
Barriers and Avenues for Providing Eye Care Services to Rural Guatemala

by  
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Approved:

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Major Professor, representing Applied Anthropology

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Chair of the Department of Anthropology

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Dean of the Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Amanda Foshay Terhes, Author

## ACKNOWLEDGEMENTS

I am grateful to have had the opportunity to return to school to explore an area of personal interest. My husband, John, was overwhelmingly supportive of my pursuit of additional education and knowledge.

Through the process of receiving my degree I was fortunate to work with my friend, Dr. Scott Pike and the eye care project he founded, Enfoque Ixcan. He allowed me to not only study his group but to become apart of building the organization. I am extremely grateful for this opportunity and appreciative to him for the access he allowed me.

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# **Systems Evaluation of the Guatemalan Eye Care Project – Enfoque Ixcán Barriers and Avenues for Providing Eye Care Services to Rural Guatemala**

## **Chapter 1 – Introduction**

Enfoque Ixcán, an organization based in Portland, Oregon, makes “vision and eye health care and eye health education available to the people of the Ixcán region of Guatemala” (Enfoque Ixcán 2005). I became aware of the organization after meeting Dr. Scott Pike through my work at Pacific University while he served as a member of the University’s Alumni Council. Dr. Pike is an alumnus of the Pacific University College of Optometry. I was impressed by Dr. Pike’s commitment to the people of Guatemala and his desire to share his knowledge and time to improve the eye care of the people of the Ixcán region. When I left the University to pursue my Masters degree in Applied Anthropology, Dr. Pike and I spoke about helping him to gain 501c3<sup>1</sup>, non-profit status, for Enfoque Ixcán. I had previous experience working with non-profit organizations and I felt my knowledge could be helpful.

Over the next year my interest in Enfoque Ixcán continued and in September 2005, I began working for the group as an intern. I was drawn to the organization’s overarching goal of improving eye sight in a poor region of the world. As many do, I struggle with my vision. However, because of my access to care my vision problems are correctable. For the people of the Ixcán region, access to eye care was not easily available before the aid of Enfoque Ixcán. I felt that by helping Enfoque Ixcán, I could assist the organization in making a difference in the lives of the people struggling with vision problems.

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<sup>1</sup> 501c3 is a federally recognized non-profit status given to an organization by the Internal Revenue Service.

The purpose of my thesis work is to evaluate the programs, activities, and relationships of Enfoque Ixcan to help build a stronger and more sustainable eye care program. My ultimate objective is to help create a stable program to provide more effective eye care and increased eye care education to the people of the Ixcan region of Guatemala.

Chapters two and three outline the structures and relationships in the region and specifically the partnerships in the village of Santa María Tzejá that relate to and affect the efforts of Enfoque Ixcan.

Chapter two highlights demographic and social aspects of the region and the people who need for eye care services. Education is an important and growing aspect for the people of the Ixcan region. This chapter outlines the structure of the Santa María Tzejá school system and outlines some of Enfoque Ixcan's educational relationships. Later chapters expand on these relationships and the people in the education system that works to assist the efforts of Enfoque Ixcan. Chapter two also briefly touches on the volatile and unsteady history of the region and how it affects the community today.

Chapter three outlines the formation and structures of Enfoque Ixcan programs and introduces readers to the key volunteers and supporters of the organization. I examine Enfoque Ixcan from its beginnings as an eye care project to its recent transformation into a federally recognized non-profit organization. The focus is on the partnerships Enfoque Ixcan holds with people and organizations in Guatemala and the structure of these relationships.

I examine applicable literature in Chapter four. The literature review explores the history of the non-profit sector and aspects of international non-profits and volunteer based medical non-profits. It introduces the concepts of organizational learning and social capital and how they are important in the development of non-profit organizations.

In Chapter five I discuss why I chose to use a qualitative research approach and why this was important to my evaluation. I outline how I carried out the research and selected my sample. Finally, I discuss the challenges and limitations of the research.

Chapters six through eight present the findings from my research. Findings group together in categories of geography, education and transition. Specifically in chapter six I examine how geography creates obstacles and opportunities for care in the remote Ixcan region and identify barriers to communication.

Chapter seven examines how education can facilitate change for the Ixcan communities and for Enfoque Ixcan. Specifically I discuss the issues of on-going education and the role Enfoque Ixcan in educating the general public.

Chapter eight discusses change in Ixcan communities due to outside influences and the need for personal economic stability. Finally, I examine how these influences affect the programs and success of Enfoque Ixcan.

I analyze research findings and conclusions in chapter nine. In chapter ten, I include recommendations for Enfoque Ixcan in an effort to share the benefits from this research. The intention of these recommendations is to improve the current organization and build a stronger and more sustainable eye care program.

## Chapter 2 – Background on the Ixcan Region of Guatemala

### Ixcan Demographics

The Ixcan region is located in the Northwestern part of Guatemala bordering the southern edge of Mexico.

Figure 1 – Map of Guatemala (Countries and their Cultures)



Figure 2 – Map of the Ixcán region of Guatemala



During my research, I was based in the village of Santa María Tzejá, a five hour drive on rutted, dirt roads from the town of Cobán at an altitude is at 4,353 feet. As a starting point for our drive into the Ixcán region, Cobán highlights the stark difference between the Guatemalan eastern highlands and the hilly, humid jungle of the Ixcán (Cobán 2004). The village of Santa María Tzejá is located at roughly 500 feet above sea level. Although there is little statistical and demographic information available on this region of Guatemala, locals reported to me that roughly 100,000 people live in the Ixcán region which spans nearly 700 square miles and includes 173 villages. The majority of the people living in the Ixcán are of indigenous Mayan descent and many still speak one of the native languages, K'iche' (not Spanish) as their first language. However, most young people now speak fluent Spanish while many older community members have some speaking ability in Spanish.

## **Impacts on Eye Disease and Damage**

Most people in the Ixcan are subsistence farmers and out of necessity spend much of their day in the sun. The lack of education about sun damage and lack of available protective eye wear (i.e. glasses and hats) adds to the increase in cataracts and other eye problems in the Ixcan. Dr. Pike also sights poor nutrition as an additional cause of eye disease. These factors and his belief that “the harshness of life makes people age faster” are contributing factors to developing cataracts at an earlier age in the Ixcan. Twelve percent of the people living in the Ixcan are 50 years or older (Playa Grande Municipal Record). Dr. Pike reports that cataracts develop at this age in contrast to 70 years or older in the United States.

## **Schooling**

Schooling is a very important issue in the Ixcan, and specifically as noted in this research, in the village of Santa María Tzejá. Before 1995, students in Santa María Tzejá could only complete a sixth grade education. This began to change with the assistance from Randall Shea, a North American who began working with the people of the Ixcan in the late 1980’s. He quit his job in corporate America and went to Mexico with Witness for Peace<sup>2</sup>, teaching in the refugee camps among the Guatemalan refugees who had fled to Mexico to escape violence and civil war in the Ixcan in the early 1980’s. When the refugees returned to their villages in 1993-94, Randall went with them and settled in the village of Santa María Tzejá. Randall became the program coordinator of the junior high school in Santa María Tzejá and has had many successes in helping to develop a strong education system in this

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<sup>2</sup> Witness for Peace’s mission is to “support peace, justice and sustainable economies in the Americas by changing U.S. policies and corporate practices which contribute to poverty and oppression in Latin America and the Caribbean” (Witness for Peace).

village. Their schools have become a model for the entire region.

Following the school expansion there are now about 125 students in junior high school, some of whom come from surrounding villages. As there is no high school in the Ixcán, students who complete the junior high school curriculum and want to continue and can afford to attend school move to other parts of Guatemala.

[Since 2005] Seven classes have graduated, and more than 90 students are now in high school in other parts of Guatemala, being supported by scholarships. There are no high schools in that part of Guatemala, and most families have very little money for education. There are also more than 30 students who are studying at the University of San Carlos in Guatemala City (Taylor 2004).

### **Health Post**

Santa María Tzejá is home to a regional health post run by Health Facilitator, Pedro Chom. Pedro is assisted by a health promoter, Luiz, who works in the village pharmacy three hours per day. A government-provided nurse works at the Health Post on Wednesdays and Saturdays. The village has three community volunteers who serve on a Santa María Tzejá Health Committee which oversees the activities and programs of the Health Post and health promoters. Dr. Pike also has worked with Felipe, a volunteer Eye Health Promoter. Felipe assists with eye exams and eye health education and has accompanied patients to Guatemala City on two occasions to assist with pre and post operative surgical care. At the February 2006 meeting of the Santa María Tzejá Health Committee, Pedro reported that the Health Post services 1,148 people and 210 families living in Santa María Tzejá. These numbers do not take into account the people who come from other villages in the region to seek care. Patients from 17 different villages have received eye exams and care at the Santa María Tzejá Health Post (Enfoque Ixcán Patient Report 2006). There is a general lack of eye care

in the region and long distances between health posts. Dr. Pike suggested that in some cases it is faster to walk several hours to Santa María Tzejá than to take the bus or walk to another Health Post.

The Ixcán region has a total of nine sector promoters, otherwise known as health observers, and two blood sample posts where blood can be drawn for testing. There is also one malaria consultant and three midwives that work in the Ixcán and visit Santa María Tzejá as needed. Pedro travels to Cantabal, the economic and trading center of the Ixcán region six times per month for training and supplies. Besides this government training and the instruction of Dr. Pike, Pedro has no formal health care education. Pedro schedules his visits to Cantabal when someone else can be at the Health Post to assist with consultations. Although training and supplies are provided by the government it does not mean that he always has enough of what is needed. The lack of appropriate training and supplies in the Ixcán shows how the Guatemalan health system is not far reaching enough to meet the needs of all of its citizens. This inadequate care and the country's history of violence have created an overarching mistrust of the government, especially evident in Pedro's mistrust of the government provided nurse. Pedro did not like the fact that the nurse had a key to the Health Post and worried that she might steal supplies or equipment.

The Santa María Tzejá Health Post is a small, rectangular cement block structure located by a small stream near the center of the village. It is positioned on the main road leading to and from the center of town. The building is divided into a main area, two exam rooms, two supply rooms, and a small storage room. A modern, flush toilet and shower are positioned near the entrance to the Health Post, but the



building, like the village, does not have running water or electricity. The one hanging-bulb light in the center of the Health Post is run by a generator but is only lit when absolutely needed.

Figure 3 – Picture of Santa María Tzejá Health Post



### **Brief History of the Guatemalan Genocide**

The violent and turbulent history of Guatemala is long and complicated. To explain this period of history is far too complicated and a diversion from the purpose of this research. However, it is especially important to the Ixcán region of Guatemala and in turn to the villages and people who now seek the eye care services of Enfoque Ixcán. Therefore I will, briefly, outline Santa María Tzejá's story of Genocide as a means of giving readers a glimpse into the lives of people in the Ixcán.

### **Story of Santa María Tzejá**

In 1970, several young Mayan families moved to the Ixcán region to find land and farm. They worked as a group to build houses and community buildings, and founded the village of Santa María Tzejá. For 12 years they lived, worked and making

progress toward a better life. In 1982, their hard work and dreams ended at the hands of the Guatemalan army.

The villagers knew the army had slaughtered all the inhabitants of a nearby settlement two days earlier. So when the sentries gave prearranged signals, the villagers grabbed their children and fled into the sanctuary of the thick rain forest (Manz 2004:1).

When the army arrived in Santa María Tzejá they found an abandoned village with fires still burning and food cooking. The villagers continued to hide in the jungle for six days and watched from afar as the soldiers burned their homes and crops and killed any people and animals they found. Pedro was one of the villagers who fled to the jungle. On a walk from Santa María Tzejá to Pedro's parcel of land he reflected on those life-altering days. He told the story of how he and his family hid in a cave, deep in the jungle, about an hour's walk from the village. He remembered sneaking out of the cave to spy on the soldiers so that he would know when they were getting close. As the soldiers came nearer, his family moved farther into the caverns. Finally, the soldiers found the entrance and began talking about throwing grenades into the cave. This pause gave Pedro's family and others time to escape through a small opening in the back of the cave.

After two days of fear and violence, seventeen people from the village of Santa María Tzejá were killed. With no village the people of Santa María Tzejá continued to live and hide in the jungle of the Ixcán. Some of them slowly began returning to what was once the village of Santa María Tzejá but continued to struggle with hunger and disease. More than half of the families continued to hide in the jungle for 12 to 18 months and then crossed the border into Mexico (Manz 2004 and Taylor 2004). Many

of these families lived in refugee camps, protected by the Mexican government. In 1994, through the intervention of the United Nations and the Mexican government, the refugee families returned to Guatemala. After 12 years of forced exile, the villagers of Santa María Tzejá were together again (Taylor 2004).

Although the village of Santa María Tzejá is once again established and growing, there are still clear and painful memories of the past that affect many people's future. Some government leaders who were in power during the genocide are still in power today, and villagers continue to experience overwhelming fear for their personal safety. The influence of violence and its lasting effects target "the body, the psyche, and the sociocultural order. The changes produced by violence in societies can sometimes still be seen generations after the violence has effectively ended" (Dickson-Gómez 2002:415).

Although this history does not specifically affect people's eye health, it shapes the identity of the people of the Ixcán, and what they have gone through to continue to live in this area of Guatemala. Their personal struggles have helped to create a strong community that focuses on progress and education. This community ethos influences the development of Enfoque Ixcán and their eye care efforts in the region.

### **Needham Congregational Church Involvement**

Another important aspect of the history of the Ixcán and specifically the village of Santa María Tzejá is the partnership and involvement of the Needham Congregational Church from Needham, Massachusetts. In the mid-1980's Church

members discussed becoming a “sanctuary church”<sup>3</sup>. During the next year they explored this possibility but voted down the proposal because sheltering refugees was illegal in the United States. However, this year of deliberation educated the congregation and brought enlightenment about human needs around the world. At its 1986 annual meeting the Needham Church voted to explore a potential alliance with the village of Santa María Tzejá. The following summer two members of the Church, Clark and Kay, traveled to Santa María Tzejá to explore this new relationship.

[They] traveled by plane, bus, truck and then on foot through the countryside of Guatemala, finally reaching the isolated rural village of Santa María Tzejá. In faltering Spanish, they talked with the people about our church in Needham and the possible relationship we might have with them. A handshake between Clark and their elected president symbolized the hope and trust that would develop over the next 17 years (Taylor 2004).

During the past 20 years, more than 35 delegations and 130 different members and friends of the Church have visited Santa María Tzejá. They continue their partnership and foster relationships through partner families and twice annual visits (February and August). Families in Santa María Tzejá are partnered with families from the Needham Church. Letters are exchanged and relationships continue to grow through this exchange of information and photos.

The Church also has a fund earmarked to assist the village with special projects. The leader of the 2006 February delegation explained that money from the Needham Church is given to the Santa María Tzejá Improvement Committee. The Committee then accepts proposals from the community on how to use the money. This process allows the community to be in charge of the money and use it as they

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<sup>3</sup> The Sanctuary movement was a religious and political movement of approximately 500 congregations in the U.S. that helped Central American refugees by sheltering them from Immigration and Naturalization Service authorities (Wikipedia).

deem appropriate. The Church also provides money for education and specifically funds scholarships for students to attend high school and college. As previously mentioned, students must leave the area to attend high school after completing the junior high curriculum. One of the stipulations, but not a requirement, in receiving a scholarship is that students will return to the Ixcan to provide a “year of service” following their education. Most students who receive a scholarship do return to the Ixcan to provide assistance to their own or another Ixcan community. In 2005, the Needham church also voted to help with village health care by supporting the salary of the Santa María Tzejá Health Facilitator.

### **Chapter 3 - Background on the Eye Care Project, Enfoque Ixcán**

Enfoque Ixcán was formed to provide eye health care and eye health education for the men, women and children of the Ixcán region of Guatemala. The name Enfoque Ixcán was chosen because the word Enfoque in Spanish means to focus on, and Ixcán is the region of Guatemala where volunteer eye care is provided. Enfoque Ixcán was incorporated in 2005 to continue activities that had been carried out by volunteers led by Portland, Oregon optometrist, Dr. Scott Pike.

#### **Enfoque Ixcán Founder and President**

In 1997 Dr. Pike began volunteering to provide vision and eye health care and eye health education to the people of the Ixcán region of Guatemala. In order to provide these services, Dr. Pike traveled to this area of Guatemala once per year for five years to conduct eye exams and work with Santa María Tzejá's health facilitator, teaching him basic diagnosis and eye care skills. Dr. Pike educated the health facilitator to recognize eye and eye related diseases, to know the signs and symptoms of vision and eye problems, and to refer health problems needing professional care to appropriate Guatemalan health professionals.

From 2003-2006, Dr. Pike recruited additional volunteers including Portland area opticians, general volunteers, and students from a local College of Optometry to travel to the Ixcán region to assist with eye examinations and diagnosis of vision problems. At this point, Dr. Pike began traveling to the area two times per year (February and May) to continue eye health training and education of the health facilitator. As the President of Enfoque Ixcán, Dr. Pike serves on a volunteer basis receiving no compensation for his work in the Ixcán region.

### **Volunteers and Trips to the Ixcan**

Over the years Dr. Pike has built a relationship with Pedro, the health facilitator, and educated him on the value and general techniques of eye care and diagnosis. Pedro has become a key player in providing continuing eye care to the people of the Ixcan in Dr. Pike's absence. In January 2005, Pedro enlisted the help of Felipe, a resident of Santa María Tzejá, who showed an interest in learning and volunteering his time to learn about eye care. Felipe has served as a volunteer eye health promoter working under the supervision of Pedro and Dr. Pike to assist with examinations and serve as an accompanier for patients receiving eye surgery in Guatemala City. Felipe is paid a small fee (roughly \$40 over 5 days) for serving in this capacity.

For his May trip to Guatemala Dr. Pike enlisted help from students at the College of Optometry near Portland, Oregon and from other optometrists and optometric specialists in Oregon. A group of roughly 7-10 volunteers has traveled to the Ixcan for the past four years to provide eye exams and eye care education. Although the volunteers change each year, the group remains more or less the same size. The group stays in Cantabal at the local Catholic Church where the nuns have a clinic for mothers and babies. Cantabal is twelve miles from Santa María Tzejá and a 50 minute drive over rough roads. During the May 2006 trip the volunteers provided eye screenings for area school children and a day long clinic in the Catholic Church courtyard to screen local villagers for eye problems.

The question of volunteer support continues to be a challenge for Enfoque Ixcan. Although the trip to Guatemala in May with local optometry students is

arranged by Enfoque Ixcan, the students who participate are technically part of the volunteer group called AMIGOS. AMIGOS works to build partnerships that provide opportunities for high school and college students to “advance community development and strengthen multi-cultural understanding in the Americas” (Amigos Link 2006). Volunteers who traveled with Dr. Pike on the May trip are technically members of the local College of Optometry chapter of AMIGOS. The students raise their own travel money, solicit gifts to purchase eye care supplies, and bring much of their own eye care equipment. This partnership has been in place for several years and hopes to continue as a cohesive and mutually beneficial relationship.

### **Becoming a Federally Recognized Non-Profit**

In September 2005, Enfoque Ixcan progressed through the first steps of becoming a federally recognized non-profit by receiving Corporation status from the Oregon Secretary of State’s office. A Board of Directors was formed and officers elected. The Board consisted of a president, treasurer, and secretary and one general member. The organization has plans to add one to two more board members. The Board of Directors is overseen by a Council of Electors. This Council is selected by Enfoque Ixcan’s founder and president, Dr. Scott Pike, and is made up of representatives from the United States and Guatemala. Their sole duty is to elect the Board of Directors in an effort to guide the organization to fulfill the Mission Statement (appendix A) with the goals set forth by the founding Board of Enfoque Ixcan. All Board and Council members serve as volunteers and receive no compensation for their time and support. It is a priority of Enfoque Ixcan to keep their



administration costs low and to spend the majority of the money raised on eye care programs.

Federal status as a 501c3 allows the organization to be exempt from Federal income tax and to receive tax deductible donations from donors. Enfoque Ixcan pursued this federally recognized status in an effort to begin raising additional money for its programs. In the past, the majority of donations were made by individuals either as cash gifts or as in-kind gifts of equipment or supplies. Non-profit status allows Enfoque Ixcan to solicit funds not only from individuals but from foundations and organizations that support non-profit groups. A final step in soliciting gifts is to secure a letter from the Guatemalan Ministry of Health acknowledging and legitimizing the efforts of Enfoque Ixcan. This letter is required by some of the eye care companies that could potentially contribute equipment and supplies needed to provide additional services.

### **Fulfilling Enfoque Ixcan's Mission**

The mission of Enfoque Ixcan is to make vision and eye health care and eye health education available to the people of the Ixcan region of Guatemala. Enfoque Ixcan believes that the most effective method to achieve this goal is to maximize the use of local and regional resources by educating and training local health care providers and residents to recognize eye and eye related diseases, know the signs and symptoms of vision and eye problems, and refer health problems needing professional care to appropriate Guatemalan health professionals.

As part of its mission, Enfoque Ixcan continually works with Pedro to identify people needing professional eye care and then refer them to optometrists and

ophthalmologists at the Visualiza Clinic in Guatemala City. While only a small percentage of people needing eye care require surgery, it is important to make arrangements for such services in case of severe need. Money raised by Enfoque Ixcan goes to assist in the cost of these patient referrals.

Enfoque Ixcan's fundraising efforts have paid not only for eye surgeries but also for purchasing eye glasses, examination equipment and training for Pedro and Felipe.

The Enfoque Ixcan Board of Directors is currently developing a program of promotion and fundraising to support the efforts of the volunteer eye care providers. This program will include raising money to fund additional prescription eye glasses and eye surgeries, and to train more health promoters in the Ixcan region. As previously mentioned these efforts can now be expanded with the approval of non-profit status.

### **Visualiza Clinic Background**

The Visualiza Clinic was started in 1997 by the Volunteer Optometric Service to Humanity of Pennsylvania (VOSH/PA). VOSH/PA is a non-profit US based chapter of VOSH International, established in 1990 to make restorative and preventative eye care available to the rural poor in developing countries. Visualiza is part of the Pescatore Eye Association, created in honor of a Catholic missionary, Vincent Pescatore, who founded orphanages in Central America and the first regional eye clinic in the Peten, Guatemala.

The Pescatore Eye Association consists of three independent eye clinics/hospitals that include: 1) Visualiza in Guatemala City established and run by two brothers who are both ophthalmologists, 2) the Jutiapa Eye Clinic

established and run by Dr. Antonio Hernandez, and 3) the Pescatore Eye Hospital (Vosh Pennsylvania 2006).

Visualiza is a non-profit organization which is supported mainly through grants to provide eye care and health services at a reduced rate for patients in need of financial assistance. Caring for the poor is considered the “social” portion of the Clinic.

Visualiza also provides services at the “market” rate through the “private” side of the Clinic. The Visualiza building literally has two entrances and waiting areas, one for social and one for private patients, although the patients receive the same care by the same physicians.

Figure 4 – Pictures of Visualiza Private and Social entrances



Cataract surgery for a private patient is about \$735 more than for a public patient. Social patients pay an “at cost” rate of \$65, meaning that the doctors and staff do not get paid for these surgeries. Enfoque Ixcan pays 85% of the eye care services and costs associated with eye care for the patients referred to Visualiza from the Ixcan. The additional cost per patients is roughly 255 Quetzals (\$34) which includes fifteen percent of the transportation, lodging, meals and accompanier. The accompanier is paid separately, and the surgery costs are covered directly by Enfoque Ixcan. The difference in surgery costs at Visualiza compared to those in the United

States is striking. Dr. Pike observes “a cataract surgery at Visualiza costs \$65 versus \$2,000 or more in the United States.”

No established rule exists to determine if a person qualifies for private or social status. Some people suggested that if a patient doesn’t “speak Spanish very well or look[s] really poor” they are considered a social patient. Dr. Pike explained the process as “a bit of an honor system. People would not want to pretend to be poor”, most likely due to pride.

Only a small percentage of Visualiza’s social patients come from Enfoque Ixcan. Visualiza receives the majority of their social patients through outreach clinics run by the doctors at the Clinic. They also serve social patients through exams done in their mobile clinic, a van that the doctors and staff use to travel from one area to another. Visualiza estimates that they see 15-20 social patients a day and 1-5 private patients.

During the past nine years, since Enfoque Ixcan was formed, Pedro has treated 192 patients ranging in age from 8-84 years at the Santa María Tzejá Health Post. Eighteen patients have received cataract surgeries; three have been treated for pterigia<sup>4</sup>, and one for glaucoma<sup>5</sup> at Visualiza.

The above stated number of patients receiving care at the Health Post does not include many who have been seen during the annual trips in May. During the May, 2006 trip, Dr. Pike along with eight student and two optometrist volunteers saw 461 patients, dispensed 146 pairs of glasses and made 17 referrals to Visualiza for cataract surgery (Focusing on Ixcan 2006). To deal with referrals for surgery Dr. Pike records

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<sup>4</sup> Pterigia is a growth on the cornea that requires surgical removal.

<sup>5</sup> Glaucoma is an increased pressure in the eye which hinders vision.

the patient's diagnosis and treatment or prescription on a referral card for Visualiza. These cards are given to the patient with instructions to visit Pedro at the Santa María Tzejá Health Post. Pedro then informs them about their choices for traveling to Guatemala City. In most cases, referred patients will wait to be accompanied by Pedro or Felipe on a future trip to Visualiza. Patients seldom travel individually to Guatemala City because of poor vision or prohibitive cost.

### **System for Referring Patients to Guatemala City**

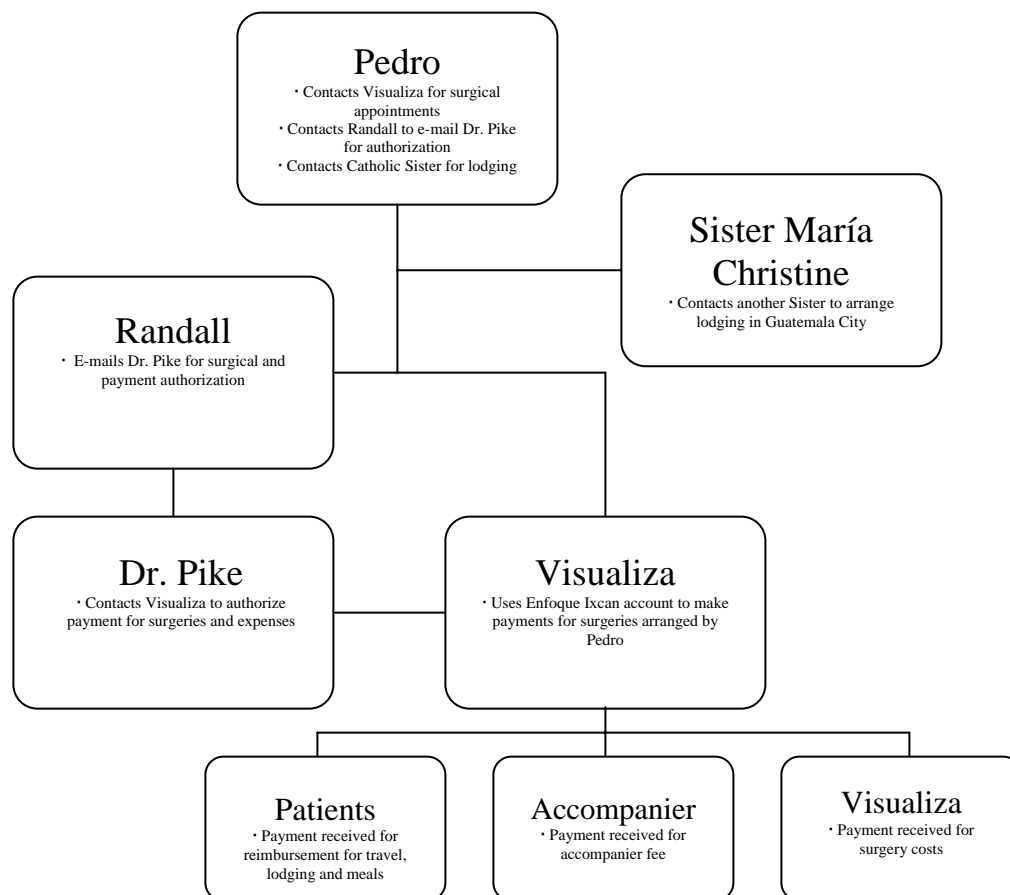
Since the formation of Enfoque Ixcán, four trips to Visualiza have been completed. Each trip included three to four patients and one accompanier. The accompanier was either Pedro, the Ixcán health facilitator, or Felipe, the volunteer eye health promoter. After patients arrive in Santa María Tzejá either by van or by walking the accompanier helps them to catch a van to Cantabal and then take another bus to Cobán. From there they catch the "big bus" to Guatemala City, approximately a nine hour drive from Santa María Tzejá. After arriving at the Guatemala City bus depot, the group catches a taxi to the shelter. Surprisingly, taxis are the biggest expense of the trip. The group stays in a shelter called "Hogar Temporal" run by the ACAYA<sup>6</sup>. This lodging is arranged in advance by the health facilitator and staff at Visualiza. The Hogar Temporal is run by Guatemala's Catholic Association and is authorized by the Guatemalan Ministry of Government as temporary housing for people traveling from distant "departments" (Guatemalan states) and neighboring countries. The cost for overnight, dormitory style accommodations and three meals is \$3.33 per night.

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<sup>6</sup> ACAYA is an acronym for Association Catholic Love and Action which is part of the Guatemalan Catholic Association which run Hogar Temporal in Guatemala City.

Pedro works with Visualiza directly to set up appointments for patients when a surgery trip is planned. He contacts Glenda, the Visualiza Office Coordinator, to schedule patients for surgery and post-operative care. Pedro then lets Dr. Pike know that arrangements have been made and requests authorization for payment. Communication with Dr. Pike is usually made through an e-mail from Randall at the Junior High School. To streamline the payment process for surgical care an account has been set up at Visualiza. Once approved by Dr. Pike, Visualiza uses the money in this account to pay themselves for surgeries, to pay the accompanier, and provide reimbursement to patients for lodging, meals and transportation. Accounts of these transactions are sent to Dr. Pike following each surgical trip.

Figure 5 – Structural Diagram of Visualiza referrals and payment



## **Chapter 4 – Literature Review**

The literature on international volunteer based non-profits varies widely in focus and intention. For the purpose of this review I am concentrating on the history, ideology and development of non-profit organizations and the demand for eye care services world wide. I specifically look at the barriers and different approaches to services, including accountability, funding, security, and the ability and willingness of people to take advantage of the services being provided. The review also examines the structure of non-profit programs and organizations based internationally. Two components of organizational structure are examined – social capital and organizational learning. These are structural examples for comparison and evaluation of Enfoque Ixcan. Research findings will help to place the results in a workable context that supports the process of a systems evaluation.

### **Definition and History of Non-profit Organizations**

Non-profit organizations are called by many different names. They may be referred to as a non-governmental organization (NGO's), Grassroots Support Organizations (GRSOs), Public Benefit Organizations (PBOs), or as part of the voluntary sector, social sector or third sector (DiMaggio and Anheier 1990, Phills 2005, Abom 2004, Kilby 2005). “For the United States, unless otherwise specified, “non-profit organizations” are those falling under section 501c3 of the Internal Revenue Code[;]a category including most non-profit hospitals, cultural organizations, traditional charities, foundations, and schools, among others (DiMaggio and Anheier 1990:138).

The history of non-profit organizations is tied to two diverse ideological streams. The first is to the Greco-Roman heritage of “emphasis on community, citizenry, and social responsibility” (Ott 2001:90). The basis of this idea is that social reform will alleviate a community’s social problems and in turn improve the quality of life for the entire community. The second ideology is the Judeo-Christian belief that “relationships with a higher power affect our choices and thus our decision making” (Ott 2001:90). The premise is that it is not the responsibility of people to change other people’s fate but rather to alleviate their “preordained” suffering, especially the poor. The main difference between the two philosophical themes is the catalyst for change. In the Greco-Roman heritage it is the self, and in the Judeo-Christian belief it is ordained by a deity. These two historical ideologies have been replayed in the history of the non-profit sector in the United States. The outcome has defined two types of volunteerism, the first being philanthropy and the second being charity (Ott 2001). Philanthropy is defined as “the giving of money or self to solve social problems. Philanthropy is developmental, an investment in the future, an effort to prevent future occurrences or recurrences of social ills” (Ott 2001:90). Charity is “relieving or alleviating specific instances of suffering – aiding the individual victims of specific social ills. Charity is acts of mercy and compassion” (Ott 2001:90). These are important to examine when evaluating the willingness and effectiveness of volunteers in a non-profit setting.

### **Scope of Eye Health Concerns World Wide**

The need for eye care is world wide. The World Health Organization created the Programme for the Prevention of Blindness in 1978. The purpose of the Program



is to create and foster programs that prevent and control the four major causes of blindness and to position eye care as an integral part of primary health care (Resnikoff and Pararajasegaram 2001). Through the work of the World Health Organization the first research was conducted to determine the global burden of blindness and visual impairments. The World Bank's World development report of 1993 reported that an estimated 45 million people are blind and 135 million have visual impairments. "Of this blindness, 80% is avoidable, while 90% of the burden it represents is borne by developing countries" (Resnikoff and Pararajasegaram 2001:224). This report also revealed the disproportionate prevalence of blindness among older age groups and projected that visual disabilities would double by the year 2020 (Resnikoff and Pararajasegaram 2001; Brian and Taylor 2001). In response to this finding the World Health Organization is working in partnership with numerous governmental and non-governmental organizations on the initiative VISION 2020 – the Right to Sight. The goal of VISION 2020 is to eliminate avoidable blindness by the year 2020 (Pizzarello et al 2004).

Brian and Taylor (2001) point out that the prevalence of cataracts increases with age in developing countries, although it often occurs earlier in life, and there is more of it overall. They identify other causes of cataracts such as exposure to ultraviolet-B radiation, the presence of diabetes, and the use of nicotine and alcohol.

### **Volunteers Central to Project Success**

If VISION 2020 is successful in its mission it will have a dramatic effect on the lives of millions of people, those with blindness as well as their caregivers. Brian and Taylor (2001) contend that central to the success of VISION 2020 is the

commitment of individual ophthalmologists. Not only are ophthalmologists considered pivotal to the success of the treatment of blindness, but also students are important for providing assistance. Collaborations between medical students and non-governmental organizations are being called the “new model for international health education” (Trehan, Piskur and Prystowsky 2003:1025). Trehan, Piskur and Prystowsky (2003) observe that students from industrialized nations are increasingly interested in traveling to developing countries to gain clinical and experiential learning. Many times these experiences are facilitated by a non-governmental organization in the area which is “better equipped than an academic institution to ascertain the immediate and long term health care needs of these rural communities” (Trehan, Piskur and Prystowsky 2003: 1025).

In addition to the overwhelming need for eye care world wide and the struggle to maintain volunteers to support the activities of medical projects; international non-profit organizations face a variety of other challenges when working to maintain and develop their programs. Barriers to services seem to be overarching. They range from challenges with accountability and funding to staffing volunteers, security issues, and the problems of engaging the local community to take advantages of the services provided by the non-profit organization.

### **Organizational Accountability**

Accountability comes in many forms for non-profit programs. Organizations are responsible not only to the people they help but to volunteers, donors and governments that support their activities. Kilby (2005) believes that the “required” accountability that non-profit organizations have to outside stakeholders such as

governments or donors affects the “strength” of accountability that the organization has to the people they trying to assist.

While most [non-profits] that work in development will argue that they are part of civil society, and can play both an empowering and representative role, they generally are not membership based, governed, or financed. Rather, these [non-profits] are largely guided and driven by staff, self-appointed Boards, or very small numbers of formal members; and the driver for their work emerges generally from a religious or ethical base – their values (Kilby 2005:952).

Kilby (2005) suggests that this structure creates a lack of accountability to an organization’s constituents. He follows up this claim by sighting “the majority of the [non-profits he] surveyed placed accountability to their broader values as the most important accountability, and none saw themselves as being driven solely by government pressures, donor contracts, or more temporal considerations” (Kilby 2005:958).

Prevailing sentiment is that an increase in the need for accountability is something that non-profits cannot ignore. Increased accountability is coming as legislation is being enacted to oversee the financial and programmatic activities of non-profit organizations (Greene 2003). In his articles *Philanthropy’s Challenges*, Greene explores the backlash from non-profit organizations against increased accountability to government. He suggests that some non-profit leaders are worried that the “push for accountability comes with a price tag that may be prohibitive, particularly for small organizations facing pressure to comply with several sets of possible contradictory standards” (Green 2003:27). He also quotes a president of a foundation as saying that he is worried that if non-profit organizations are pushed too far in terms of accountability they “might take fewer risks and shy away from policy

work and advocacy, while focusing on quantitative measures of the performance rather than on the qualitative intangibles” (Green 2003:27).

### **Funding and Security Concerns**

Many non-profits also struggle with funding and in some cases security and governmental concerns. Eighty non-profit groups working in Sudan, sighted “security threats, a shortage of donations, and government hostility” as issues they face (Preston 2006:31). Non-profit organizations in this region have experienced lengthy waits for visas, hold-ups on getting supplies through customs, and intimidation and detention of workers. Preston (2006) gives the example of two volunteers working with Doctors without Borders being arrested and charged with spreading false information after publishing a report about sexual violence in Darfur. Although the charges were later dropped, it hindered assistance and created a sense of unease among non-profits in the area (Preston 2006).

In a study assessing the programs, resources and needs of HIV-prevention non-profit organizations in 75 countries in Africa, Central/Eastern Europe, Central Asia, Latin America and the Caribbean the major limitations to service were found to be “funding, governmental opposition, AIDS stigmas and social discomforts” (Kelly et al 2006:12). The major finding in relation to funding was that most grants available to these groups are small and have short funding periods. This creates “programme instability, make[ing] it difficult to establish long-term programme development plans, and require that organizational effort be constantly focused on seeking funds to replace those lost when short support periods end” (Kelly et al 2006:18).

Stigma arose as both a barrier and an opportunity. In terms of the government stigma, Kelly's survey showed that governments are often "reluctant or unable" to provide HIV prevention services, which opens the door for non-profit programs. However, these non-profit organizations are finding that people are reluctant to seek HIV-prevention information and care because of "religious beliefs, and public discomfort concerning sexuality" (Kelly et al 2006:19). To deal with these issues programs must focus on "structural, policy and community-level approaches that require the participation of not only [non-profits] but also the active support of governments, policymakers and other stakeholders" (Kelly et al. 2006: 19).

Kelly's (2006) article also touches on the importance of volunteers and their key role in maintaining a strong link with the communities they serve. However, he suggests that volunteers do not always possess the skills needed for every job and are "not always stable or reliable" (Kelly et al. 2006:18).

Fletcher (1999) reports that people in need of eye care in rural India are not always receiving care because of distance and gender. One area in India has a program (camp) for blindness prevention that mainly targets cataract treatment. She found that "men were twice as likely as women to attend the camp and persons living 3 km or less from the eye camp were more likely to attend than those living farther away" (Fletcher et al. 1999:1395-1396). Fear of surgery was also a reason most commonly given for not pursuing eye treatment. This fear reportedly stemmed from stories about a person having poor treatment outcomes after surgery. There was also concern about the cost of surgery which kept people from attending the camp and a negative attitude toward treatment in old age. Elderly people and their families found

that it was not worthwhile to have surgery near the end of life. Others said it was “God’s will” for them to have poor vision and therefore would not pursue treatment (Fletcher et al. 1999).

### **Short-term versus Long-term Program Structure**

The literature on international non-profit groups varies on the most effective structure for organizations. One well-known non-profit is Doctors without Borders (Médecins sans Frontières). Their efforts focus on short-term, direct intervention in times of crisis. Doctors without Borders does not focus on a specific area of the world but provides assistance to areas the organization perceives are in need of help. They are considered to have “pioneered emergency health care to populations in distress” (Redfield 2005:332).

Although Montgomery (2000) was not speaking specifically about Doctors without Borders, she challenges the idea of “short-term mission” by saying that groups using this strategy “provide temporary but sporadic access to health care, overall they do not improve long-term access and they may, in fact undermine existing services” (Montgomery 2000:3). In some cases local practitioners may be hurt economically because they cannot compete with volunteers coming into their community and providing care for free or at reduced costs. Montgomery (2000) suggests working with local practitioners to create a longer term solution by either training additional providers or improving a patient’s financial access to care.

### **Role of Social Capital and Organizational Learning**

Another approach to the structure of international non-profit programs is the idea of using available social networks and social capital to enhance organizational

learning. “Social networks are composed of people and the relationships that hold them together” (Sanders 2005:4). The roots of social networks and social capital originated from the Marxist philosophy of capital. The idea is that social relationships between individuals produce commodities or capital that can be used to achieve a purpose. Social capital is the connection of individuals to the networks of people and organizations with which they interact. Knowledge gained through these social networks can be used for organizational advantage, advancement or performance (Sanders 2005). Saxton and Benson (2005) argue that communities with higher levels of social capital are more cohesive and prosperous. “Research has shown positive associations between the extent of a community’s social capital and the performance of its schools” (Putnam 200:300) “[and] social capital has been linked to improved health, earnings and happiness” (Putnam 200:326).

Saxton and Benson (2005) take the idea of social capital to the next level and suggest that elevated levels of social capital make it easier for individuals to come together to form new non-profit organizations. In regards to the specific relationship of Enfoque Ixcán and the people of the Ixcán region of Guatemala other controlling factors, including “social, economic and political issues” are also relevant to the role of social capital (Saxton and Benson 2005:16).

The literature on non-profit organizations also suggests that social capital is a crucial ingredient in achieving equitable and sustainable development (Abom 2004). Abom argues that non-profit organizations that provide services to relieve the “immediate suffering of the poor and meet their short-term visible needs” are blocking social capital (Abom 2004:345). On the other hand, he suggests that “intermediary

NGO's have been shown to foster social capital by working together with people and communities in providing capacity-building support to foster collective action" (Abom 2004:345).

"Research into organizational learning and social networks has mainly concentrated on how organizations, and the individuals from which the organization is derived, process knowledge to change their potential behavior" (Sandars 2005:6). A learning organization must challenge itself to explore how an organizational structure can be created to be meaningful to people so they can "assist, participate and more meaningfully control their own destiny in an unhampered way" (Power, Maury and Maury 2002:275).

Heifer International embraces the concept of organizational learning and explains it as

organi[z]ational learning systems must institutionaliz[e] ways of creating enabling space. They must allow practitioners to explore their own actions and ways of knowing in relation to those of others in the organi[z]ation. Thus, practitioners must not only be active learners, they must also be committed to sharing and learning in ways that allow consensual understanding or new meaning to be reached. The critical component of an effective learning organi[z]ation is to validate and prioritiz[e] these fresh insights and integrate them into, or allow them to transform, organi[z]ational practice. In this sense, the learning organi[z]ation and the learning individual are the same (Dierolf, T. S., Kern, R.Ogborn, T., et al. 2002:448).

## **Summary**

Although there is little specific literature highlighting the structural aspects of international non-profit groups, the concepts of social capital and organizational learning provide a framework for the potential structuring, advancement and evaluation of non-profit organizations. Most literature agrees that social networks,



and further, social capital, create a healthy environment for creating a non-profit organization by building organizational learning. However, I think it is extremely important to take into consideration the idea of Saxton and Benson (2005) that social, economic and political issues are also relevant to the role of social capital. The Ixcán region has many of the economic and political stresses mentioned by Saxton and Benson. Besides providing a foundation for organizational structure and progress, social capital and organizational learning also contribute to the creation of sustainability.

Montgomery (2000) argues against creating a structure of “short-term missions” because they only provide temporary or sporadic care while Abom (2004) suggests that short-term assistance blocks the social capital. Montgomery (2000) and Abom (2004) both advocate for creating longer, “intermediary” programs with the goal of sustainability. Barriers to care such as accountability, funding security, stigmas and access also affect the ability to create a sustainable program.

## Chapter 5 – Methods

The purpose of this research is to evaluate the programs, activities, and relationships of Enfoque Ixcan. I chose to carry out this work by collecting qualitative data from an emic<sup>7</sup> perspective. As I am not fully familiar with the organization, Enfoque Ixcan, it was important to obtain an insider's perspective on its structure, programs and relationships. "The insider's perception of reality is instrumental to understanding and accurately describing situations and behaviors" (Fetterman 1998:20). This chapter outlines the methods used to complete my research.

Data for this research was collected through open-ended interviews and participant observation. Interviews were conducted between January and July 2006 and participant observation in Guatemala took place in February 2006.

### Research Timeline and Activities

As part of the requirements to complete a Masters in Applied Anthropology students are required to complete an internship. In September 2005, I began working for Enfoque Ixcan as a volunteer intern. I assisted the organization in preparing information and documents to complete the process to become a federally recognized non-profit organization. I also helped to form a board of directors, start a printed newsletter and assist with fundraising. The internship continued through January 2006. During my internship, Dr. Pike made arrangements for me to travel with him to Guatemala during his annual February trip. He coordinated my travel and lodging arrangements and alerted the community of Santa María Tzejá that I would like to interview community members, health promoters and eye care patients during my

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<sup>7</sup> Emic refers to the perspective of the participant.

visit. The work he did prior to my arrival opened the door to my research in the community.

### **Research Groundwork**

Preparing for interviews in Santa María Tzejá was difficult because of the distance and language barriers. Dr. Pike assisted by e-mailing the program coordinator of the Basico (junior high school) and the health facilitator to let them know that I was coming, what I was doing, and that I would like to talk with them and others in the community. He also arranged for me to travel as part of the Needham Congregational Church delegation, and informed them of my research and interest in speaking with their group and other community members we would meet. Although I would have preferred prearranged interviews, this was not workable in an extremely rural and relaxed setting. However, the initial work of Dr. Pike to introduce me to the community and delegation was extremely helpful in creating rapport, understanding and acceptance.

### **Research Sample and Participants**

In the village of Santa María Tzejá I used snowball sampling<sup>8</sup> to determine my interview participants (Bernard 2002). I started with Pedro, the health facilitator, and moved from one interview recommendation to another. I found this process extremely effective and useful in this setting. As I did not know the community members or how they were related, it was an effective way to meet people and determine connections and relationships. Also, it provided me with a sense of acceptance as I was being introduced to others and given permission to “drop names”. I sensed that the method

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<sup>8</sup> The process of locating one or more key individuals and asking them to name others that would be important to interview.

was working when a man who had been treated for eye problems came to visit me one night after dinner. He walked for an hour from his parcel of land because he had heard from his daughter that I wanted to speak with him about his experience receiving care at Visualiza. I used the same method for sampling doctors and staff at the Visualiza clinic.

For interviews based in the United States I used purposive sampling<sup>9</sup> (Bernard 2002). To gain a general understanding of the organization, I met with the Director of Enfoque Ixcan and members of the Board of Directors.

### **Interviews**

Participants took part in open-ended ethnographic interviews (appendix B). I used this type of interviewing because the questions produce descriptive answers. Each interview produced different questions and was strategically led by the answers and interests of the participant. “The idea [was] to get people to open up and let them express themselves in their own terms, at their own pace” (Bernard 2002:205). I utilized this type of interviewing for interviews both in the United States and in Guatemala. This type of opened-ended questioning proved valuable as the participants’ interest in and involvement with Enfoque Ixcan varied. My interviews ranged from the facilitator of the Health Post to patients who received eye care, to doctors at the Visualiza Clinic, to members of the Needham Church, to organization supporters and volunteers. The wide variety of relationships revealed the structure and functions of Enfoque Ixcan necessitating flexibility in posing interview questions.

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<sup>9</sup> This method allows a researcher to explore the purpose of their research. In this case it was used to gain an overall understanding of Enfoque Ixcan from the Board of Directors perspective.

Spending much time with the director and board members of Enfoque Ixcan was advantageous in learning about the organization through casual conversations rather than formal, set interviews. This approach allowed the conversation to be driven by them, and allowed them to determine the direction of the questions, and it gave me a much more open perspective and understanding of the organization.

In Guatemala it was vital to use an open-ended method of interviewing. I found the people of the Ixcan to be laid-back and living what I considered to be a slow-pace of life. Locals referred to this relaxed attitude as “Guatemalan time.” One interview I conducted began two hours later than planned. The participant was coming from his parcel of land which was an hour walk from the Health Post where I was to meet him. This time delay was not considered to be inconvenient or rude by the local people.

Interviews were held in a variety of locations. Several interviews were conducted at the Health Post in Santa María Tzejá mainly because it was convenient for the health facilitator and promoter, and it was also a recognizable location and central point for community members. I also conducted interviews on the long bus ride from Guatemala City to the Ixcan and at the Santa María Tzejá Pharmacy where I stayed. I covered much of the village on foot since homes were spread out, and I did several interviews while walking from place to place and at people’s homes over a meal.

The length of interviews ranged from ten minutes to two hours depending on the person’s involvement with the organization and the amount of time they had available. Interviews at the Health Post were longer as they were normally pre-

arranged, whereas informal interviews during travel were shorter, as they usually focused on a specific aspect or relationship of Enfoque Ixcan. For example, I met with Pedro, the health facilitator, for more than two hours and then continued to observe and participate in activities at the Health Post. In contrast, I met for only a few minutes with one of the village school teachers when he passed me on his motorcycle on the way into the village. He stopped and introduced himself and said he had heard that I was working with Dr. Pike at the Health Post. This encounter turned into a short and impromptu interview about the children in the village and their eye needs.

Most interviews in Guatemala involved the assistance of an interpreter. The only interviews that did not include an interpreter were impromptu meetings that were very informal.

I manually took notes during interviews and did not use a tape recorder. Dr. Pike's suggested that it would be inappropriate to tape interviews in the village. A tape recorder could be perceived incorrectly, and he recommended a casual and informal presence to facilitate taking notes. Some of the villagers' uneasiness about the formality of taping a conversation may derive from the many interviews, depositions, and life histories that have been recorded due to the violence that has taken place in this region. Following interviews and in the evenings I reviewed the notes and expanded details when full note taking was not possible.

I gained a great deal of important information through being a participant observer<sup>10</sup> (Ervin 2005 and Bernard 2002). As a member of the Needham Congregational Church delegation and friend of Dr. Pike, I was accepted into the

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<sup>10</sup> This method is the foundation to anthropological fieldwork. The goal is to get close to people so they feel comfortable with you observing them and recording information.

village and allowed to establish rapport with the villagers. I spent much time at the Santa María Tzejá Health Post. As time went on, I graduated from a student taking notes to a fixture, more likely to be recognized as a volunteer. I spent my days organizing glasses<sup>11</sup>, taking inventory, and occasionally holding the eye chart for exams. These duties allowed me to observe as “people [went] about their business as usual” (Bernard 2002: 324). As a volunteer I also gathered and organized data about eye care exams and went to the junior high school computer lab to transcribe the information. This experience permitted me to experience another aspect of the community and talk with people I had not previously met. It helped to produce knowledge from the inside instead of from an outsider’s perspective. It also increased my acceptance and created a sense of trust.

As a member of the Needham Church delegation, I was invited for meals at local community members’ homes. I most likely would not have had this experience if I had not been seen as part of the delegation. I was able not only to speak with many families in the village, but also to observe their homes, ways of cooking and general life styles. The community also hosted two parties for the delegation; one to welcome us and one to say good-bye. The parties included music and entertainment and speeches by our group and the community. At the welcoming party I stood in front of the community to introduce myself, and at the good-bye party I expressed my thanks for their hospitality and assistance.

Conducting interviews in Portland, Oregon with the director of Enfoque Ixcán, in Guatemala with health promoters, patients, and care providers at Visualiza, and

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<sup>11</sup> Organizing glasses involves placing glasses in order from lowest corrective power to highest. This makes finding a specific prescription easier.

reviewing literature and information allowed me to triangulate<sup>12</sup> my findings in a clear and concise manner. The variety of information and sources permitted me to “test one source of information against another to strip away alternative explanations and prove a hypothesis” (Fetterman 1998: 93).

I used the grounded theory<sup>13</sup> approach while looking at my data. I identified categories and concepts in the data and compared them. I began looking at categories in terms of objectives, indicators of success, outcomes, and benefits and disbenefits. From this procedure, themes emerged which I used as variables to code the data. These themes were related to three theories including aspects of location, education and transition. These themes will be explored in detail in later chapters.

Although this research went very smoothly and successfully, several limitations emerged. Generally, the limitations of this research included the language barrier, time restrictions and the non-completion of a patient survey.

I found the biggest obstacle to be the language barrier. Although I speak some Spanish, I felt it was important to use an interpreter for most of my interviews. Speaking some Spanish allowed me to understand the essence of what was discussed and pick up on subtleties and emotions of the participant, but I felt that I had to be very careful to work with the interpreter to translate the interviews as precisely as possible. I tried to ensure that everything a person said was recorded, and not condensed with no parts left out, for accuracy in meaning. I often asked the interpreter to ask the informant to reiterate or describe in another way what they had just said in order to make sure that I fully understood the meanings and feelings behind their

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<sup>12</sup> Triangulation compares information sources to test the quality of the information.

<sup>13</sup> Grounded Theory identifies categories in the research and by linking the concepts forms theories.



responses. Many of the participants interviewed spoke Spanish as a second language to their native language of K'iche'. This barrier did not seem to hinder their understanding of the topics discussed, but it became a consideration when I asked questions. I tried to overcome this limitation by asking questions in very basic, straight-forward language.

Altogether I spent three weeks in Guatemala. I arrived in Guatemala one week before I was to meet Dr. Pike to attend an intensive language school. I wanted to prepare myself for the research and become as accustomed to the language and people as much as possible before starting to conduct interviews. During the second week I met Dr. Pike in Guatemala City, we visited the Visualiza Clinic and the Hogar Temporal where patients stay while getting treatment at Visualiza. I spent the final week in the village of Santa María Tzejá. Although my time there was short I was able to complete the interviews and observations I had planned and felt that I left with an abundant amount of information.

Finally, I had hoped to include information from a Santa María Tzejá eye care survey in my research data. However, the survey to be conducted by a friend of Dr. Pike, who is a professor at the University of Mexico, was postponed and will not be completed as scheduled. I had planned to use this as another means to corroborate information I gained through my interviews.

## **Chapter 6 – Geography Creates Obstacles and Opportunities**

The first overarching theme that emerged from my research was the obstacles and opportunities associated with the location of the Ixcan. Being in a remote area of Guatemala is a major factor in the lack of eye care and other services available to the people of the Ixcan. It is difficult not only for volunteers to offer care and services, but also for locals to take advantage of these services.

The health facilitator and eye health promoter, Pedro and Felipe, must travel long distances on potholed roads or walk over rough hilly terrain to reach families to conduct exams and deliver glasses and medicine. This travel is time consuming and can cost money as well. If a village is too far away it may require taking a bus or spending the night. It also takes away from time that would be spent helping others in the Health Post or working on their own land or at other jobs. This barrier makes it difficult for Pedro or Felipe to help people outside of Santa María Tzejá on a regular basis.

The same factors of time, money and distance also apply to people coming into Santa María Tzejá to receive care at the Health Post. These people have nowhere to stay (rent) in Santa María Tzejá. Patients are helped on a first come first serve basis at the Health Post Clinic. This means that someone could travel several hours to be seen at the Clinic, but because they encounter a line of people or because of limited hours of health post operation, they might not be seen at all. The patients I observed waiting for several hours at the Health Post did not seem bothered. One woman arrived at 10:00 AM for an appointment and sat patiently under a tree, without even removing a towel she carried on her head, until 3:00 PM when she was seen for her exam.

Figure 6 – Picture of waiting woman receiving care from Dr. Pike and Pedro with the assistance of an interpreter.



### **Rough Travel and Security Issues**

The most direct route from the United States to Guatemala is through the Guatemala City airport. From the airport it is a nine hour drive to the Ixcán. The last five hours of the drive are on rough and dangerous roads. The roads are treacherous not only because of large ruts caused by trucks and areas of the road that have been washed away by rains and flooding but also because of road “banditos” (bandits). The Needham delegation reported that over the past few years, incidences of theft and violence have escalated on the road into the Ixcán. Passengers on our bus (mini-van) into the Ixcán were instructed by the group leader to keep 250 Quetzals (roughly \$35) on our person and be willing to give it up if we were stopped. I heard stories of people not having money available and violence occurring as the result. The bandits insist that if you are a visitor/tourist to the area you will be carrying money and that saying you do not is a lie. In one incident, several years before my visit, a member of the

Needham delegation was held up at gun point on a walk outside the village of Santa María Tzejá.

To deal with security issues men from Santa María Tzejá were placed at the entrance to the Pharmacy sleeping quarters 24-hours per day to watch over the safety and property of the delegation. Family members came to meet delegation members and escort them to homes for meals. Often escorts were small children. The expressed intent was to make sure delegation members did not get lost on their way to villagers' homes.

It is also possible to fly to the Ixcán. The airstrip is located in Playa Grande, a one-hour drive from the village of Santa María Tzejá. Air travel is expensive. A round trip flight from the Guatemala City airport to Playa Grande in the Ixcán costs \$240 per person.

Flying is also not always reliable. In an effort to save money, the Enfoque Ixcán volunteers who traveled to the Ixcán in May 2006 chose to take military air transport. Although the return flight (cargo plane) was arranged by the Guatemala City West Rotary Club and was provided free of charge by the Guatemalan military, the plane arrived five hours late for the group's departure. The delay was not communicated to the group, and the volunteers stood at the rural airstrip in 100-degree heat for six hours waiting for the plane to arrive. This is just one example of how volunteers need to be patient and not expect processes and schedules to work as they would at home.

**Distance**

Distance is a factor in facilitating referrals to the Visualiza Clinic in Guatemala City. Because there is no access to eye surgery services outside of Guatemala City, patients who need cataract removal or other surgeries must travel there. Because of vision deficiencies caused by cataracts and other degenerative eye diseases, patients must be escorted to Guatemala City. They also require care following the surgery and assistance returning for post-surgery care. To facilitate these referrals, Enfoque Ixcan enlists either Pedro or Felipe to travel with the patients as an accompanier. This again takes time away from their time at the Health Post and costs additional money. Due to the great amount of care and personal attention each patient needs, it is only possible to bring three to four patients on one trip to Visualiza. As there is a waiting list for those needing surgery, multiple trips must be taken for everyone to receive the care they need. In February 2006 only four trips had been made, and more than thirty patients were waiting for needed surgical care.

**Opportunity in Isolation**

Although geographic isolation is the major cause of lack of eye care and health care services, it also provides an opportunity for Enfoque Ixcan. With no competition for eye care services, Enfoque Ixcan is a welcome and needed entity. The organization is able to provide services that the Guatemalan government and local villages cannot manage on their own. For this reason local health care promoters and patients welcome Enfoque Ixcan with open arms. The relationship appears to be mutually fostered by Enfoque Ixcan and the villages of the Ixcan, especially Santa María Tzejá. Currently, Enfoque Ixcan has no relationship with the Guatemalan

Ministry of Health. The government does not provide eye care supplies or assistance, and according to informants, does not even know of the efforts or presence of Enfoque Ixcan. Enfoque Ixcan volunteers taking military transport to the Ixcan was arranged by a local Rotarian whose brother is an officer at the military airbase in Guatemala City. Although the government assisted with transportation for this volunteer effort, it was only in response to a request from a high ranking official.

A remote location can also be a draw for volunteers wanting to experience international travel and new opportunities. I asked a high school student from the Needham delegation why he chose to come to the Ixcan and he responded that he wanted to experience something very different from what he knows at home.

### **Challenges with Communication**

Communication between the Ixcan and other areas can be a challenge. Dr. Pike experiences communication difficulties each time he travels to the area. Arrangements for future trips are made during a current trip. During my visit in February 2006, Dr. Pike and I traveled to Cantabal, the municipal trading center of the Ixcan, to make arrangements for the eye care trip in May 2006. We woke at 5:00 AM to catch the van from Santa María Tzejá to Cantabal, which was the only schedule that would allow us to spend several hours in the town and still return the same day. There are no reservations for this van; it travels a 50 minute route, two times per day. We were lucky to be able to squeeze in, literally. (I was the 23<sup>rd</sup> person on the 15-passenger van.)

In Cantabal we visited with Apolonio, a regional school supervisor in the Ixcán<sup>14</sup>, to make arrangements for eye clinics at four different schools during the May trip. We also dropped in at the Catholic Church to make arrangements for lodging. On previous May trips, the Church had provided Dr. Pike and the volunteers with dormitory style accommodations. The Church again agreed to this arrangement and approved opening their courtyard for one day to hold a clinic for local community members. Before catching the van back to Santa María Tzejá, we stopped to see Betty, who owns a local restaurant down the street from the Church. She had fed the Enfoque Ixcán volunteers in the past, and Dr. Pike made arrangement with her to provide meals during the May trip. They agreed on \$2 per person per meal. This journey to Cantabal and back went surprisingly smoothly as we did not have a translator with us. Dr. Pike speaks a moderate amount of Spanish and was able to understand and communicate well enough to make these arrangements.

In the end, the May trip was successful. The rooms and meals were available for the volunteers as planned. The only issues were misunderstandings about the travel schedule which restricted the group to holding only three days of clinic instead of the planned four days

Not all arrangements can be made through personal visits so intermediaries are used. Dr. Pike has created a relationship with Randall, the junior high school program coordinator in Santa María Tzejá, who has access to e-mail through the school. Dr. Pike sends e-mail to Randall who either conveys the information verbally to Pedro or sends him a printed note through a messenger. Randall is familiar and supportive of

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<sup>14</sup> Three regional school supervisors oversee all of the schools in the Ixcán region. Apolonio supervises education for 4,000 primary school students and 340 junior high school students.

the efforts of Enfoque Ixcan and has been willing to pass information back and forth for Dr. Pike. The downside of this arrangement is that relying on someone else does not always get the information sent or returned as quickly as hoped. Since Randall travels often and has other responsibilities he is not always available as an intermediary for communication. Dr. Pike has also passed information through Ali, an American from Massachusetts living in Santa María Tzejá, but not as frequently because she is not as available as Randall.

Using an intermediary is not an effective means of communicating with people outside of Santa María Tzejá, such as Apolonio. Other communication options are not readily available as few people have telephones, and mail service is not reliable. The best option for phone service is to call the Santa María Tzejá Cooperative Store and request that a person be paged. The staff person working at the Cooperative literally announces over a public address system when someone has a phone call. That person then has ten minutes to arrive at the Cooperative to receive the call. This system relies on the faulty premise that the person called can hear the announcement and respond quickly. This method has not proven to be a very successful form of communication for Enfoque Ixcan. There is another issue of language for Americans. For calls to a villager, communication must be in Spanish.

### **Communication with Visualiza and Hogar Temporal**

Communication issues were evident in Enfoque Ixcan's relationship with the Visualiza Clinic. Dr. Yee, an ophthalmologist at Visualiza, mentioned that one of the most helpful things that Enfoque Ixcan could do for Visualiza "was to pay correct the [social] rate" instead of a further reduced rate. Dr. Yee has worked with Enfoque



Ixcán since the beginning of the partnership, and Dr. Pike was surprised that Dr. Yee was unaware that Enfoque Ixcán had already paid the correct social rate which was the same rate charged to any other patient coming in to receive care through the social side of the Clinic. It was unclear why Dr. Yee did not know how much Enfoque Ixcán had paid but when I asked about clarifying the discrepancy he referred me to Carlos in the Visualiza Business Office. It appeared that Dr. Yee did not deal with day-to-day financial aspects of the Clinic.

Miscommunication also occurs with patients receiving care from Enfoque Ixcán. In the Enfoque Ixcán newsletter of March 2006, the Board of Directors announced their continued goal of paying 85% of the costs associated with surgery at Visualiza. This was in response to Dr. Pike's February meeting with Pedro where he learned that patients were paying more than 15% as he originally had thought. The discrepancy in the total cost was due to higher prices than expected for transportation including bus and taxi fares.

While in Guatemala City, Dr. Pike and I visited the Hogar Temporal to thank them for their previous willingness to help patients with temporary housing during their surgeries. This visit gave me the opportunity to see the temporary housing. It also exemplified the struggles with language. Although it was interesting to see the facilities and important to remind the facilities staff of the efforts of Enfoque Ixcán, the language barrier did not allow for complete information to be transferred about upcoming trips. A Catholic Sister who met us at the entrance of the shelter showed us around the facility. For the most part, we understood her descriptions but confusion was apparent in our inability to explain who we were and why we were there. The

Sister said she remembered patients being sent by Enfoque Ixcan, but it was not clear if she really understood our purpose in visiting the facility.

Communication with the Hogar Temporal proved difficult when arranging for patients' lodging. During the first trip in 2001, the Hogar Temporal did not hold reservations for the group. Felipe ended up taking the patients to stay at his brother's home. Although the patients stayed in Guatemala City, they were inconveniently far from Visualiza which increased the cost of taxi fare to and from the Clinic. Enfoque Ixcan was later told that the reservations were not held because they were not made correctly. From that experience, Enfoque Ixcan learned that a letter must be sent to the Hogar Temporal from Sister Maria Christine at local Catholic Church asking permission for lodging. Pedro now contacts Sister María Christine, or as he calls her "the sergeant", to make arrangements at least five days in advance. This arrangement for the next three trips made transportation much more manageable and affordable.

### **Communication at Health Post**

Communication with patients receiving eye care at the Health Post went smoothly. Even when an interpreter was not available, Dr. Pike seemed to be able to communicate with Pedro, Felipe and the patients. Dr. Pike's easy nature and obvious comfort with Pedro and Felipe appeared to put patients at ease. Patients were easily led through the steps of reading the eye chart and acknowledging what they saw best and worst. Patients laughed and responded without difficulty. The laughter seemed to be genuine and not a reaction to being uncomfortable. Pedro and Felipe demonstrated knowledge of the eye equipment, but misunderstood how to specifically and

effectively use the equipment. Pedro and Felipe seemed tentative and had to ask Dr. Pike several times for help and clarification.

## **Chapter 7 – Education Aids Community and Eye Care Project**

Education is not only a key factor in the development of Enfoque Ixcan's programs, but also in the growth and identity of the village of Santa María Tzejá. As discussed earlier, the Needham Congregational Church has played a major role in the development of schools in Santa María Tzejá and the Ixcan. It was also the driving force for bringing attention to the fact that the people of the Ixcan were suffering from many eye related problems, and it invited Dr. Pike to evaluate the issues related to eye care. Although the community of Santa María Tzejá continues to put great emphasis on education, especially for the youth, Enfoque Ixcan still struggles to convey to them the importance of eye care and proper treatment.

### **Issues with Ongoing Education**

One of Enfoque Ixcan's greatest challenges is how to educate, on a continuing basis, eye health promoters and community members on the importance of eye care, the techniques for dealing with eye problems and prevention. As Dr. Pike only travels to the Ixcan twice a year, Pedro and Felipe need to remember and practice what they learn about eye care in Dr. Pike's absence. Between educational visits they forget some of Dr. Pike's lessons. This problem became clear when I was observing at the Health Post. Pedro had arranged for patients to be seen during Dr. Pike's February visit. Dr. Pike observed and assisted as Pedro conducted the eye exams. Pedro remembered how to set up the eye chart and where to place the bench for an accurate measurement, but when it came time to use an instrument to determine a prescription, he did not remember how to use it. Dr. Pike quickly reminded Pedro, and he was able to use the measuring tool properly thereafter. Pedro's forgetfulness might show either

that he had not used the equipment since Dr. Pike's previous visit or that he had been using it incorrectly.

Similar issues arise when trying to educate the community about the importance of eye care and eye health. In 2005, Pedro conducted 107 "health talks"; however, none related to eye care or eye health. Pedro is busy and has many responsibilities as the Santa María Tzejá Health Facilitator. Eye care education did not surface as a priority when he gave health talks. Schools also lacked knowledge about eye care in Santa María Tzejá. At a meeting with teachers at the primary school I observed a teacher, who is also the Principal, ask about options for having children's vision tested. This teacher had worked in Santa María Tzejá for eight years, but did not realize that Pedro conducted eye exams at the Health Post and did not remember Dr. Pike from his previous visits.

During Dr. Pike's February visit one of his goals was to combat education and communication gaps by working with Pedro and Felipe to train them how to use e-mail. Their e-mail proficiency would allow Dr. Pike to communicate with them on an ongoing basis and keep up with questions about patients and equipment. Basic computer classes, including how to use e-mail, were taught through the junior high school. Both Pedro and Felipe were interested and willing to learn, but their schedules conflicted with the times when computer classes were taught. As the computers are run by gas generators and used mainly by the schools, there were only a few times during the day when they were available for public use. At these times both Pedro and Felipe were busy with other work, either at the village Cooperative or working their land.

Pedro and Felipe's inability to use and access e-mail represented both a setback in facilitating ongoing education through communication with Dr. Pike and a missed opportunity for communicating with Visualiza. Dr. Yee said that it would be most helpful to be able to diagnosis problems without patients traveling to Guatemala City. Dr. Yee recommended that Pedro take digital photos of presumed problems and e-mail the pictures to the Visualiza Clinic. This would allow the doctors to make an initial diagnosis without actually seeing the patient in person. Dr. Yee's hope was that this procedure would increase the number of people being helped. He pointed out that this improvement required further education on how to diagnose potential problems, knowledge of what to refer to the Clinic, and ongoing training in how to use, maintain and secure a digital camera. An example of someone that might benefit from a photo diagnosis is a 70-year old woman who lost her eye as a child. A cinder from a cooking fire flew up and landed in her eye causing the loss of the eye. An examination by Dr. Pike determined that she could easily be fitted for a false eye at Visualiza. Wearing a false eye would help to keep the eye socket clean, protect it from infection and create the illusion of having two eyes. By sending a picture of this woman to Visualiza, the Doctors probably could have determined the extent of the damage and whether she was a suitable candidate for assistance.

### **Barriers to Educating the General Public**

Enfoque Ixcan works to educate the general public about the need for eye care in the Ixcan through several means. A newsletter is published three times per year and sent to supporters of Enfoque Ixcan either through surface mail or e-mail. The publication draws attention to the needs of the Ixcan region and serves as a tool for

soliciting donations. Currently the newsletter is surface mailed to 130 households and e-mailed to an additional 25.

Dr. Pike also educates people through public presentations. During the February trip to Guatemala, he attended the Guatemala City West Rotary Club luncheon and gave a presentation about Enfoque Ixcan and its eye care program in the Ixcan. He also made presentations to Rotary clubs in Oregon. In 2006, he attended the annual Rotary Project Fair which highlights projects sponsored by local Rotary clubs. At present, Enfoque Ixcan does not have an organizational web site, logo or business cards.

Enfoque Ixcan also strives to educate local people about the need for proper eye protection by informing them of the benefits of wearing hats and sunglasses to protect their eyes from sun damage. Hats and sunglasses are sold at the Santa María Tzejá Cooperative store. Dr. Yee acknowledged the continuing need for education. He feels that one of Enfoque Ixcan's greatest barriers to providing services is combating people's fear of traveling to Guatemala City for surgery and the cost of this care. Dr. Yee gave the example of a patient who traveled from rural, northern Guatemala to receive surgery. The patient was very apprehensive about traveling to Guatemala City for the first time. After arriving he acknowledged his fear and demonstrated his general lack of understanding by saying that he was happy "the war [was] going to end soon because Guatemala City is so advanced". This is an example of how it can be hard to educate people about the need and cost of eye care when they are still not aware of things like the fact that the war is officially over.

During the February trip Dr. Pike discussed pricing with Pedro and Dr. Yee. Enfoque Ixcan made a sign to be hung at the Santa María Tzejá Health Post clarifying the costs of care and explaining that the money collected would go back to the community to provide ongoing eye care.

Confusion resulted when a patient came to the Health Post to receive glasses but did not understand why he needed to pay because the year before he had witnessed glasses being given away for free. At that time Enfoque Ixcan had been working in a nearby village with the group AMIGOS, which was giving away free glasses donated by AMIGOS, not Enfoque Ixcan. Enfoque Ixcan was working with AMIGOS to coordinate patient visits and exams. AMIGOS policy is to give care and services for free. The patients receiving care could not distinguish between the services provided by Enfoque Ixcan and AMIGOS.

### **Dr. Pike Key to Education**

The key factor in the discussion about education comes back to Dr. Pike. In educating the health promoters, the Ixcan communities and the doctors at Visualiza, Dr. Pike is instrumental. When arriving in the village or at the Visualiza Clinic, Dr. Pike is greeted as an old friend. He has traveled to Guatemala so many times that people recognize him and associate him with his work for Enfoque Ixcan. Dr. Pike's name surfaces in all of my observations and discussions about Enfoque Ixcan. He is not only considered by my informants to be the founder of the organization, but also the glue that holds the organization together.



## **Chapter 8 – Transition of Community and Eye Care Project**

As the community of Santa María Tzejá and other Ixcan villages put more emphasis on education and are inundated with outside influences through television and the internet, they continue to change their beliefs and way of life. The effect of this influence was seen by the Needham delegation during their February 2006 trip. Several delegation members observed an increase in the number of young girls wearing blue jeans. In the past, they saw most girls wearing the traditional K'iche' dress, including an embroidered blouse (*huipil*) and a blue tube skirt, called a "corte". Most very young girls and women still wore cortes, while school-age girls were changing style.

### **Outside Influences on People's Choice of Eye Care**

Outside influences are working to promote the need for eye care. Students have begun to realize the need for glasses or eye care when they are unable to see the computer screen or blackboard. However, television and the internet influence opinions of what is acceptable and stylish in terms of eye wear. This trend is problematic for Enfoque Ixcan, as most of their glasses are donated and offer little choice in style. While volunteering at the Health Post, a young teacher from Santa María Tzejá came in for an exam. He needed glasses and seemed eager to wear them. However, the only glasses I could find with his prescription were a pair of round, gold frames. They resembled many other frames at the Health Post manufactured for ease in changing lenses to accommodate different prescriptions. The young teacher's enthusiasm sank when he saw the glasses. There was no mirror hanging at the Health Post, and he wanted to see what he looked like in the new frames. Eventually we

found a mirror. While he was scrutinizing his new image, I found another pair of suitable glasses that had been filed incorrectly. They had smaller, squarer frames. When the teacher saw these new glasses, his enthusiasm and excitement returned. He appeared thrilled with the more modern looking glasses. His entire demeanor changed from one pair of glasses to another.

Donated supplies, including frames, hats, and sunglasses will continue to be an issue as more information comes to the community and more opinions are formed on what is acceptable and stylish and what is not. Increased sophistication brings with it new challenges for Enfoque Ixcan in terms of securing appropriate donations and educating the Ixcan communities about the need for eye care and services.

### **Income Requires Hard Work**

People of the Ixcan must work very hard to support their families. Many families still sustain themselves through farming. Even Pedro who works full time as the Santa María Tzejá Health Facilitator still farms his parcel of land and tends to his animals everyday. Pedro, however, owns his own land which allows him to farm on his own schedule, usually very early in the morning or late into the evening after his work at the Health Post is completed.

Felipe has a wife and five children to support through various jobs. When I met Felipe in February he was working at the Santa María Tzejá Cooperative store. He worked six days per week for what he considered very low wages, but he continued to work long hours because he had to support his family. On Monday, his day off, he came to the Health Post to meet with me and Dr. Pike. He spoke of his commitment to helping Enfoque Ixcan and liked his work because he has “seen

people's lives change and people become more independent." Felipe was eager to learn about the new equipment and brush up on techniques that Dr. Pike previously had shown him. During our meeting he talked about the trips he had taken to Visualiza and expressed his regret that he would not be able to take another group until after his work at the Cooperative had finished. He expected to work there until the end of March 2006.

After my return to the United States, I learned that Felipe had left Guatemala and traveled to the United States to work in California with one of his sons and one of Pedro's sons doing construction work. This was a surprise as it had only been a few weeks since I had seen him in Santa María Tzejá. Evidently he left very quickly and did not complete his work at the Cooperative as planned. Although Felipe's commitment to Enfoque Ixcan seemed sincere and he had expressed personal satisfaction with the work, the need to earn money to support his family in Guatemala was most important.

In Felipe's absence, Enfoque Ixcan now must look at other options for continuing care. Enfoque Ixcan might work with school teachers during the November and December school break when they are available to assist with eye care. Another possibility is high school or college students returning to Santa María Tzejá during their year of service. Their year of service does not necessarily have to be in their area of study. However, neither option solves the problem of creating long term or sustainable eye care.

Enfoque Ixcan's Board of Directors has also discussed the possibility of hiring a part-time eye health promoter. This person would assist Pedro with eye exams,

travel to visit patients that are unable to come to the Health Post, serve as an accompanier to Guatemala City, and do administrative tasks. Enfoque Ixcan has researched what an appropriate salary would be for this type and amount of work. Financially it represents an annual commitment of about \$1200. Issues with hiring a part-time promoter include whom to hire, accountability to Enfoque Ixcan, and Enfoque Ixcan's budgetary justification to the Internal Revenue Service (IRS).

In initial discussions it was determined that depending on his commitment, Felipe would be the most logical person to hire. His previous experience and knowledge would not create questions of favoritism in the community and would allow for less initial training and a smoother transition. Dr. Pike feels that he knows Felipe and would be able to communicate effectively Enfoque Ixcan's goals and expectations for this new position, including the importance of creating documentation of the work accomplished and the money spent. Documentation of the services provided is an important component in order to fulfill the requirements set by the IRS for hiring an "employee"<sup>15</sup> internationally.

### **Scarcity of Money and Benefits of Eye Care**

Money is scarce in the Ixcan. Many people find it difficult to support their families, and paying for services at the Health Post is an added burden. Lack of disposable income hinders the efforts of Enfoque Ixcan because it presents another barrier to providing service. People who have lived with eye problems often do not associate the benefits of eye care with their well being or with an increase in their quality of life. For example, Santiago had been living with cataracts for many years.

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<sup>15</sup> The IRS requires that an employee be retained on a contract basis and not be an actual employee of Enfoque Ixcan.

At first he said it did not hinder his work, but as his disease worsened, it significantly decreased his vision and in turn his mobility. He put off having his eyes checked because he did not want to take time away from work or spend money to receive care. As his cataracts worsened, he was unable to work his parcel of land to support his wife and three children. He told me that he fell into a ditch one day on his way to work because he could not see. He said he just laid there crying, praying to God for help. After being diagnosed with cataracts, he waited longer than a year to receive the surgery. He said he would experience phases of wanting the surgery and then not wanting it. Friends and family added to his ambivalence by saying that the surgery could make his eyes worse. In the end he said “my heart knew what I should do and God would take care of me.” After receiving cataract surgery, he was able to make the thirty minute walk to his parcel of land, clear brush with his machete, and continue to farm corn and beans to support his family.

The daughter of Maria T. and the son of Maria F. stopped by the Health Post because they heard that Dr. Pike was in the village. Both Maria's had received cataract surgery at Visualiza and were so appreciative that they sent their children to personally thank Dr. Pike for his care. The children acknowledged that their mothers would have come themselves but were doing so well and getting around so much better that they had traveled out of the village to visit family. Examples like this can help to educate people in the Ixcán of the importance of eye care services.

Enfoque Ixcán's goal is to provide 85% of the cost of travel and services at Visualiza and offer eye care services and products in the village at a significantly reduced rate. Service and products are not denied if a patient cannot pay. The

determination of viability to pay is most often made by Pedro, as he is familiar with the families in Santa María Tzejá and surrounding villages. For those who can afford to pay a small amount, Enfoque Ixcan charges a nominal fee so that they “buy in” to the benefits they are receiving. When Enfoque Ixcan first brought hats to the village, people were very excited and came to the Health Post to get their “free hat”. There were many stories of people receiving hats but not wearing them. People were eager to get something new but they were not accustomed to wearing hats and did not understand why they should wear them. Hats are another example of outside influences at work. Although people are excited to have a hat, they want the ones that they consider to be fashionable. As many of these hats are donated and the quality and style varies, people discriminate in their choice of hats. To deal with this style issue the hats have been divided into different categories. For example, used hats are free for anyone who wants them and new more stylish hats purchased by Enfoque Ixcan are sold for \$1.50.

### **Increase in Theft**

Theft is also a result of the scarcity of money. The Health Post has been the target of thieves several times. Medicine and supplies have been stolen. Although eye care supplies have not been the specific target of these robberies, Pedro has been concerned enough with the safety of Enfoque Ixcan’s equipment that he has taken several of the more expensive pieces of equipment to his home for safe keeping. Currently supplies and products such as glasses, eye drops, hats and sunglasses are kept in a storage room off of the main examination room. Glasses are organized in plastic bins, and other supplies are kept in cardboard boxes or duffle bags. There is no

special security for these products besides the Health Post's normal locked doors and windows. Enfoque Ixcan's Board of Directors has discussed building a locked cabinet to hold Enfoque Ixcan supplies and equipment.

Figure 7 – Picture of Enfoque Ixcan supplies in Health Post storage room



### **Lack of Time for Ongoing Eye Care**

Pedro, as Santa María Tzejá Health Facilitator, is drawn in many directions. His list of duties is long and his time is insufficient to complete every task he is assigned. In his work plan for 2006, Pedro listed twenty-two projects he needed to complete, eye care being number nineteen. He acknowledged that the list was not prioritized, but it included other essential programs such as infant nutrition and pre and post natal care. He highlighted that dental care is also a major health concern that is not adequately being treated. Pedro is also responsible for vaccinating local dogs for rabies and general health education. In 2005 he vaccinated 313 dogs and gave 107 health education presentations, none of which were on eye care. His list did not include the general consultations he provides at the Health Post. In 2005, Pedro saw

2,112 patients at the Santa María Tzejá Health Post with the expectation that the number would be the same or increase in the future. This overwhelming and diverse work load leaves little time to dedicate specifically to eye care education and services.

### **The Future of Enfoque Ixcán?**

Just as the village of Santa María Tzejá and the Ixcán region are in transition so is the organization of Enfoque Ixcán. It is struggling to grow with the needs of the region. Efforts are being made to expand the number of trips made each year to the Ixcán and to sustain volunteers. Enfoque Ixcán has also become a recognized 501c3, non-profit, which will allow them to increase fundraising through grants and tax-exempt donations. The question is - even if more money is available and more volunteers trips are made to the region - can the organization continue to provide care on a consistent and sustainable basis? This is an important question that is not only being asked by the organization but also by the people of the Ixcán. The Ixcán has seen many groups come and go in an effort to help. Whether it was to assist with food supplies, religion, security, or cleaner water, it was always on a short-term basis. One young man, an architecture student on scholarship, gave his perspective on assistance coming to the Ixcán. He said “help us create sustainable programs and have a plan; don’t just give us a chicken”. The next two chapters will examine this question of how to build a sustainable program and propose recommendations for the future of Enfoque Ixcán.



## **Chapter 9 – Discussion**

My research utilized a systems evaluation for analysis. This form of assessment provided a foundation and organization to the research findings. The advantage of using ethnographic research methods centered upon exploring the many angles and perspectives of the organization which gives a holistic picture of Enfoque Ixcan. Three themes emerged from the findings: geography, education, and the transition of the community and organization. These themes formed a basis for evaluating Enfoque Ixcan's programs and activities.

The literature reviewed in chapter four provides a framework for comparing and evaluating Enfoque Ixcan against other non-profit organizations and theories related to non-profit management. The short-coming of this literature is that the available studies do not use ethnographic methods. Therefore, the examples discussed in chapter four do not give an overall picture of an organization or theory but look at only one or several aspects of an issue instead of the whole picture. In an attempt to provide an adequate range of comparison to Enfoque Ixcan, several studies were needed and cited.

### **Short-Term versus Long-Term Missions**

Montgomery (2000) and Redfield (2005) discuss the positives and negatives of philanthropy versus charity in their views of short-term missions. Redfield (2005) explores the positive aspects of the group Doctors without Borders and their efforts to help populations in distress. Montgomery (2000) believes this type of short-term effort does not help people on an extended basis. Enfoque Ixcan's programs are built on the views supported by Montgomery that assistance (philanthropy) should be on-

going in order to truly help people long-term. Montgomery (2000) also suggests that it is important to work with local practitioners to create a longer term solution by either training additional providers or improving a patient's financial access to care. The findings of this research show that Enfoque Ixcan supports this premise by the continual education of local health promoters in Santa María Tzejá and their efforts to make eye care services affordable to people with limited financial means. However, additional efforts need to be made to train local health promoters in order to carry out the current goals of Enfoque Ixcan and continue to build the organization's programs.

### **Eye Problems World Wide Prove Need**

The literature reviewed gives perspective on the problems of eye disease world wide. Not only does the literature outline the overwhelming problem of eye disease in developing countries, especially for the elderly, but also it shows that 80% of the world's blindness is preventable (Resnikoff and Pararajasegaram 2001; Brian and Taylor 2001). Enfoque Ixcan strives to alleviate this need by providing eye care and eye health education in a poor and developing region of the world. The organization's programs focus on eye health education by teaching people how to potentially avoid blindness in later life and eye care by assisting with the treatment of eye disease and poor vision. All of the programs and activities of Enfoque Ixcan related to eye health education and eye care, including providing glasses and surgical referrals, could be expanded with further assistance and financial means. Enfoque Ixcan realizes the importance of additional assistance and finances and is beginning to explore options in an effort to sustain and expand education and services to the people of the Ixcan.

### **Barriers to Service**

My research demonstrates several barriers to providing eye health services. Barriers include: stigmas, outside influences, cost of services, age, accountability, security, volunteers, distance, communication and funding. These barriers all have the potential for resolution and with additional consideration may not hinder the care provided by Enfoque Ixcan in the future.

### **Barriers of Stigmas, Outside Influences, Cost of Services and Age Tie to Accountability**

Stigmas, outside influences, cost of services, and age were all found to be barriers to service at one level or another. Each of these areas ties into Enfoque Ixcan's role in accountability. Kilby (2005) believes that the accountability to external influences, like stigmas, cost and age, is linked with the accountability to the group's constituents and can affect the "strength" of accountability that the organization has to the people they trying to assist.

The research found that at times people did not seek care or treatment because of their stigmas or perceptions. Sometimes those stigmas related to eye wear style and fashion and other times to the fear of the cost of services. Age was also a consideration for people when determining whether it was advantageous to receive care. Accountability involves acknowledging these barriers and perceptions and working to overcome them. This poses a challenge as Enfoque Ixcan must also be accountable to their donors and supporters. As an example, when a person gives money for eye glasses they most likely want their money spent in the most effective way. In the past, this has meant using the money donated to purchase as many eye glasses as possible or soliciting donations of eye glasses. Many of the donated glasses

are not considered fashionable or stylish by the younger population of the Ixcan. Enfoque Ixcan must then decide whether providing glasses that are not considered stylish is being accountable to the people they are trying to help or to their donors. If the organization's goals are to educate people about the need for eye protection and provide appropriate care, then it appears it would be more productive to have people wanting to come to the Health Post to get glasses and wear them; than to have people not seek care because of fear or vanity.

Accountability also arises in terms of Enfoque Ixcan educating people about the costs of eye care. Enfoque Ixcan has taken steps to overcome the question of costs by providing signage at the Health Post outlining fees and explaining how and where the money is used. Additionally, as more people receive eye surgeries the word is spreading throughout the Ixcan that surgery is a viable prospect for elderly people suffering from eye disease. As Enfoque Ixcan grows and more people become aware and seek the services they provide, so grows Enfoque Ixcan's level of accountability to the community. Enfoque Ixcan has initially addressed this by looking at hiring a part-time eye health promoter but will continually need to evaluate the level and amount of service that is required to meet the needs set by the Ixcan communities.

### **Security**

Preston (2006) showed in his study in Darfur how security concerns hinder the efforts of an organization. Increased theft in the Ixcan region raises valid concerns for Enfoque Ixcan. Damage or theft to the Enfoque Ixcan eye equipment would effectively stop the delivery of eye care services. Securing the equipment when not in use addresses this concern. The more difficult security issue relates to volunteer

safety. Although the cases of violence in the Ixcán are rare, they are a concern for volunteers traveling to the area. The community of Santa María Tzejá has addressed these problems by serving as chaperones, guides, and security for visitors coming to the Ixcán. These precautions, as well as awareness by volunteers, should continue on further trips to the Ixcán.

### **Volunteers**

Currently, Dr. Pike and Pedro conduct much of the eye care and eye health education. However, for one trip a year, volunteers assist Dr. Pike in conducting eye exams outside of Santa María Tzejá. This is an important trip for Enfoque Ixcán as services are provided to schools outside of Santa María Tzejá and at the Cantabal Catholic Church. This trip not only brings recognition of Enfoque Ixcán's services through publicity on local radio stations and through word of mouth but also provides tangible activities to promote to donors and potential donors in the United States. These volunteer trips allow Enfoque Ixcán to screen a wide range of people for eye health problems. Although only a small percentage of these students and community members need care or glasses, it helps to promote the activities of Enfoque Ixcán and locate people who would not receive care otherwise. Volunteer eye care trips are imperative to continually building and strengthening Enfoque Ixcán's programs and awareness. Individually, the eye care volunteers can also serve as important supporters and promoters of Enfoque Ixcán following their experience. Trehan, Piskur and Prystowsky (2003) feel that student collaboration with non-profit organizations is an effective way to provide volunteer health care internationally. Enfoque Ixcán has

adapted this model by partnering with AMIGOS but takes it a step further by recruiting volunteer optometrists, translators, and others to provide care.

### **Travel**

Travel distance affects many aspects of providing care to the Ixcan. Not only does traveling to Guatemala require a time and financial commitment but getting to the Ixcan region is difficult. Although the literature does not directly discuss the issues related to travel for international care, the research shows that this is a factor in providing care to the Ixcan region. Enfoque Ixcan has dealt with some of the issues of international travel by aligning themselves with the volunteer group, AMIGOS, who solely volunteers internationally. In an effort to minimize the effects of distance, Enfoque Ixcan has made efforts, through contacts in Guatemala, to fly to the Ixcan. Although this was shown to be an unreliable means of travel it was a step toward maximizing volunteer time. Enfoque Ixcan needs to continue to seek avenues for breaking down the barriers of distance.

### **Communication**

Communication is the most challenging aspect of providing care in Guatemala. Communication affects everything from making travel arrangements, to training volunteers, to providing proper care and services. Although this is a major finding in this research the literature did not touch directly on communication challenges. Communication issues were implied by Kelly's (2006) article on the importance of volunteers and their key role in maintaining a strong link with the communities they serve and Fletcher's (1999) discussion of people's fear of surgery. However, none of the literature focused specifically on the challenges a non-profit organization faces as

they work to develop their programs from international locations. Enfoque Ixcan has alleviated many of the communication concerns by aligning themselves with people in the Ixcan that speak English and can assist with information transfer and translation. They are also working further with Spanish speaking supporters in the United States that help with translation. Issues with communication will be ongoing for Enfoque Ixcan due to distance and language barriers and should continue to be a focal point for change. This is imperative because without good communication, the provision of care and services could falter. For example, the research shows that traveling to Guatemala City requires several interrelated steps to make arrangements for surgeries. Without proper communication this coordination of services is jeopardized.

### **Funding in Relation to Sustainability**

Funding is a concern for many non-profit organizations. Kelly (2006) sites that funding is difficult for non-profit organizations because most of the grants available are small and have short funding periods. For Enfoque Ixcan this creates more work for their volunteers as they must continually spend time researching and applying for funding to maintain programs. To move beyond this cycle of year-to-year fundraising, Enfoque Ixcan needs to find opportunities to build a financial base to support programs long-term. Endowment support would allow more time to provide services and create a more sustainable program.

### **Social Networks and Social Capital**

As Enfoque Ixcan works from long distances to provide care and relies heavily on local representatives to carry out the work of the organization, the theories of social networks and social capital are a means of evaluating and developing the program.

These theories can also help to answer the question of whether the organization can overcome barriers and maintain stability long-term. If social capital is the connection of individuals to the networks of people and organizations, the knowledge gained through these social networks can be used for organizational advantage (Sanders 2005).

The literature on social networks and social capital theory provides a strong indication of how people affect an organization, but does not take into account issues found internationally. Social networks and social capital are examined from a domestic perspective and do not take into consideration the additional obstacles that developing countries are facing politically, economically, and culturally. This research shows that the Ixcan deals with issues that vary from life in the United States including the ramifications of civil war, poverty, lack of functional infrastructure, and reduced access to health care. Saxton and Benson (2005) touch on these issues in relation to social networks and social capital but do not expand on how these affect the theory. They suggest only that it is important to look more broadly at the social, economic, and political issues of a specific network.

If social networks are composed of people and the relationships that hold them together (Sanders 2005), Enfoque Ixcan has strong social capital (appendix C). My research shows that the social, economic and political issues in the Ixcan, although more difficult than in many parts of the world, can actually be used to the advantage of Enfoque Ixcan. Due to their history of building a community from the ground up and then seeing it taken away during the government sanctioned violence, the people of the Ixcan have a shared experience which makes them more connected than other



communities. This community solidarity is the foundation for building social capital. Furthermore, the communities of the Ixcan and specifically the village of Santa María Tzejá have come together to promote education. This creates a shared community focus and opportunity for social networking.

Pedro also plays an important role in Enfoque Ixcan's social network as he is the "face" of Enfoque Ixcan throughout the year. His work at the Health Post and status in the community allows him to know a majority of the family in and around Santa María Tzejá. He is key to Enfoque Ixcan's social capital and pivotal to building social networks for the organization. Dr. Pike is also important in this regard. His experience and time with the organization places him in the position of knowing the many people who shape Enfoque Ixcan. Dr. Pike is vital to building Enfoque Ixcan's social networks by sharing his knowledge of the people and structure which make it work. To continue to strengthen and expand the organization, Dr. Pike and Pedro must share their knowledge of Enfoque Ixcan and its structure with others.

### **Organizational Learning**

Power, Maury and Maury (2002) indicate that a learning organization must challenge itself to explore how it can create an organization that is meaningful to the people they serve so they can assist, participate, and control their own destiny. This is a challenge for Enfoque Ixcan to identify their key social capital and networks and help to educate them about Enfoque Ixcan. They must also listen to these people and learn from their ideas and experiences to create a stronger program. Dierolf, Kern, and Ogborn (2002) believe that the critical component of an effective learning organization is to validate and prioritize these new views and integrate them into, and allow them to transform,

the organization. This education and shared knowledge will improve organizational learning and help to build a more sustainable program. Enfoque Ixcan has been slow to build organizational learning beyond the feedback from Pedro and Felipe. They are moving forward by forming a Board of Directors and Council of Electors to serve in directive and advisory roles. Enfoque Ixcan has also been working to complete a survey of eye care patients. Once completed this will be a significant learning tool to assess the effectiveness of Enfoque Ixcan's programs and services. To build learning it is imperative that Enfoque Ixcan takes an honest look at the survey data and tries to gain as much as possible from the patients' viewpoint.

## Chapter 10 – Recommendations

The purpose of this chapter is to make recommendations to Enfoque Ixcan in an effort to improve the strength and sustainability of the current eye care project. These recommendations are derived from the findings of this research. They also assume that Enfoque Ixcan will use the models of social capital, social networks, and organizational learning to evaluate and build their programs. Recommendations include:

### **Increased Communication with Pedro**

1. Pedro is a key to continuing eye care services in the Ixcan. For this reason it is important to maintain communication with Pedro throughout the year. My research findings show that communication often is difficult due to distance and language barriers but steps should be taken to overcome these barriers. Some of the ways I would recommend improving communication are:

**Increase Dr. Pike’s travel to the Ixcan to 3 times per year.** Currently Dr.

Pike travels in February and May. I would encourage him to visit the Ixcan in the late summer or early fall to keep face-to-face communication and training ongoing.

**Teach Pedro (and possibly Felipe) to use email.** Several prohibitive obstacles were found in teaching Pedro to use e-mail. However, I believe that this is still a viable option. Enfoque Ixcan could recruit Americans living in Santa María Tzejá (Randall or Ali) to teach Pedro on an individual basis or ask a teacher to help during winter break. By learning to use e-mail it could also open the door to Pedro using photo referrals to Visualiza.

## **Identify and Build Social Capital Resources to Increase Organizational Learning**

2. One of the major concerns to emerge from the research was the key role that Dr. Pike plays in the success of Enfoque Ixcan. Dr. Pike has worked tirelessly to build Enfoque Ixcan and is associated with all aspects of the organization. However, to continue to grow and create a sustainable program, I feel it is important for Dr. Pike and Enfoque Ixcan to rely on others to assume big roles in the mission of the organization. This process has already begun with the formation of an Enfoque Ixcan Board of Directors and Council of Electors. Enfoque Ixcan should identify each person and organization essential to their social capital and determine how these people and relationships contribute to the long term sustainability of the organization. The following are examples of “social” avenues that could be explored and people that could potentially assist Enfoque Ixcan.

**Enlist the help of Glenda at Visualiza.** Glenda is the Visualiza Clinic Coordinator. She has a broad understanding of the Clinic and the efforts of Enfoque Ixcan. With encouragement in the form of e-mails and personal visits, she could become an important ally for Enfoque Ixcan. Her knowledge of the interconnected workings of Enfoque Ixcan and Visualiza are advantageous to improving organizational learning.

**Utilize the Year of Service.** Students fulfilling their year of service could be called upon to assist Pedro and Felipe with eye care and be trained to make educational visits to schools and assist with patient and community surveys. These students know how to use e-mail and could

be instrumental in improving the communication between Enfoque Ixcan and Pedro.

**Hire a part-time Eye Health Promoter.** Hiring Felipe, or another local, to serve as an Eye Health Promoter would dramatically increase the amount of care being provided and enhance the accountability of the organization. It will also minimize the competing demands of the current health promoters and should be considered a funding priority.

**Create a relationship with the Guatemalan Government.** I

recommend that Enfoque Ixcan begin a relationship with the Guatemalan Ministry of Health by soliciting a letter of recognition.

This is something that other non-profit organizations request from the Ministry as an acknowledgement that the government knows they are there working for the betterment of Guatemalans. It is a first step to determining the interest and support of the Guatemalan government.

**Add AMIGOS volunteers to mailing list.** Currently students who participated as AMIGOS volunteers during a May trip to the Ixcan are not on the mailing list to receive the Enfoque Ixcan newsletter or solicitation letters. It is important to include them because of their personal relationship with the Ixcan. With information and cultivation they could become key supporters of Enfoque Ixcan.

### **Continue to Clarify Information in Writing**

3. Enfoque Ixcan has made an effort over the past year to put information in writing including fees and sales agreements. It is important to formalize existing

agreements and understandings and not rely on personal suppositions that have led to misunderstandings in the past. I recommend writing to the following people and organizations to clarify and solidify current and future relationships.

**Hogar Temporal.** Send a thank you letter acknowledging their relationship and assistance in helping patients receiving care at Visualiza.

**Visualiza.** Send a letter thanking the doctors and staff for their care of patients from the Ixcan. Reiterate Enfoque Ixcan's desire to pay the correct "social" rate and encourage communication to continue throughout the year from both sides.

**Apolonio.** Send a thank you letter acknowledging Apolonio's efforts and support and outlining plans for the May trip.

**Cantabal Radio Stations.** During the February trip bring (or create) a press release with information promoting the public clinic to take place in May.

#### **Increase Promotional Efforts and Create Brand Identity**

4. Enfoque Ixcan's promotional efforts currently revolve around word-of-mouth promotion, a newsletter, an e-mail newsletter and public presentations. I make the following recommendations in terms of improving the organization's promotions and creating a recognizable brand identity:

**Visualiza sign or plaque.** Visualiza has a plaque in their waiting room from Rotary International acknowledging their service. Enfoque Ixcan should consider creating a similar plaque acknowledging the Clinic's efforts in

regards to the Ixcan. This would not only serve as a public acknowledgement but as an endorsement for the need and services provided to the people of the Ixcan.

**Brand Identity.** Enfoque Ixcan has been working to create a logo but has not finalized a concept or design. This is an important step to creating a recognizable image and brand for the organization to be used on promotional pieces. Once a logo is created, I recommend producing the following promotional materials:

**Referral cards.** Referral cards can be given to patients with information about their recommended care and avenues for seeking care.

**Web site.** A web site would allow Enfoque Ixcan to not only promote the services they provide but also be a means of soliciting donations.

**Business Cards.** A business card would allow Dr. Pike and the Board of Directors to easily promote the mission and efforts of Enfoque Ixcan and refer people (and potential donors) to a web site to gain further information about the organization.

**Letterhead.** Letterhead could be used for solicitation and acknowledgement letters and for general correspondence from the organization.

**Increase Security at Santa María Tzejá Health Post for Eye Equipment**

5. With security being an issue it is important to protect the assets of Enfoque Ixcan. Without the equipment and supplies provided by the Enfoque Ixcan, eye care could not continue throughout the year. I recommend that plans for a locking cabinet to be placed at the Santa María Tzejá Health Post be completed during the February 2007 visit.

**Define the Relationship with AMIGOS for the May Trip**

6. The partnership with AMIGOS has been an important relationship for Enfoque Ixcan allowing the organization to provide additional care to the people of the Ixcan region. It is important to formalize this relationship. From my research it seems there is confusion on both sides regarding to the May trip and “whose trip it is.” This discussion should also define the policy on the cost of services. Depending on the willingness of AMIGOS volunteers, I would recommend promoting the trip as an Enfoque Ixcan program with the support of AMIGOS. This would be most advantageous for Enfoque Ixcan to create name recognition.

**Build Financial Stability**

7. Enfoque Ixcan is sustained through financial contributions from individuals and a few Oregon based organizations. To guarantee sustainable programs, Enfoque Ixcan must guarantee financial stability. I recommend that the Enfoque Ixcan Board of Directors continues their effort to find alternative sources for financial contributions in order to not only sustain current programs but build an endowment for the future. These alternative funding sources might include foundations, corporations, health care providers and organizations.



## **Conclusion**

My research shows that one person's dedication can make a difference in the world. Barriers to assistance, although they may slow programs, do not have to be deterrents to care. I believe this evaluation shows that Enfoque Ixcan could not only be a good model for international eye care but for other non-profit health care endeavors such as in dental health. This is especially true for developing parts of the world, like the Ixcan, where the government is not able to provide adequate care to all of its citizens. In these underserved areas there is a need for additional services and support which outside organizations can provide. These organizations can also work as a bridge between the communities in need and the government.

## **Steps to Building an International Health Organization**

Determining a need, filling a niche, and empowering a community to make change are the first steps to building a successful international non-profit organization. Enfoque Ixcan has completed all of these initial steps successfully. I feel that with consideration for the barriers outlined in the research and additional learning they will continue to succeed in their goals of providing eye care and eye health education to the people of the Ixcan region of Guatemala.

## **Post-research Progress**

Since the completion of this research, Enfoque Ixcan has gone on to make several of the recommended organizational changes. First, Dr. Pike will increase his contact and travel to the Ixcan by adding a trip in September 2007. This trip will be especially important for continued communication as Enfoque Ixcan has secured the assistance of Felipe on a part-time basis. In February 2007, Felipe signed a contract

with Enfoque Ixcan to work as a part-time Eye Health Promoter. During Dr. Pike's Fall visit he will continue to work with Pedro and Felipe to build their knowledge of eye care. In order to seek the additional funds needed to support Felipe's position, Enfoque Ixcan has recruited a professional fundraiser to serve on their Board of Directors, a first step in expanding the organization's ability to raise additional money and build an endowment.

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## APPENDIX

### Appendix A – Enfoque Ixcan Mission Statement

#### MISSION STATEMENT

The mission of Enfoque Ixcan is to make vision and eye health care and eye health education available to the people of the Ixcan region of Guatemala. Enfoque Ixcan believes that the most effective method of providing eye health and vision care is to maximize the use of local and regional resources by education and training local residents to:

- Use simple and inexpensive instruments and materials to measure and treat basic refractive conditions,
- Recognize eye and eye related diseases,
- Know the signs and symptoms of vision and eye problems, and
- Refer health problems needing professional care to appropriate Guatemalan health professionals.

### Appendix B – Sample interview questions for people in the Ixcan

What do you know about Enfoque Ixcan and the services they provide?

How available are the services provided by Enfoque Ixcan?

Have you used any of the vision services provided by Enfoque Ixcan? Do you know anyone who has? What were the results of these services?

What was your (or their) experience with working with Enfoque Ixcan volunteers?

How could Enfoque Ixcan be more beneficial to the region? (What services could they provide?)

How have their efforts affected the Ixcan community?

What is the relationship between Enfoque Ixcan and the Needham Congregational Church?

Appendix C – Map of Enfoque Ixcan’s Social Capital

