

Learning about
Community-based Worker Systems
Newsletter 3



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Editor's notes

This CBW newsletter is intended to be of interest to those considering or using community-based worker systems as a mechanism for providing targeted services to and with communities, notably for the disadvantaged. It will also update the partners from the 4 countries and their implementing partners.

Update on the CBW Project

This year the project has:

- held a study visit to **Peru** to learn from a 5th country;
- held a 4-country workshop to share and reflect on progress to date;
- first phase pilots have been selected in three countries, which are adopting aspects of best practice; some have been documented as part of peer reviews

The next phase will include:

- formative evaluations of the pilots to identify learnings for improving practice; linked with a cost-effectiveness study to determine the actual costs involved in providing services using the CBW system and how this compare with formal/government service delivery mechanisms and their efficiency and responsiveness to the needs of the poor;
- complete production of CBW systems video;
- possible second study visit to learn from experience in another country;
- national workshops to share findings from the pilots and plan;
- revisions and mainstreaming of models based on experience learnt to date

The last Newsletter explored decentralisation and decentralised services as an appropriate model for service delivery to poor communities. This issue expands on this notion by looking at CBWs as a focus for decentralised service delivery in Peru. It also highlights lessons learnt from a study tour held in October 2005 by representatives of the four countries involved in the CBW project.

Peru Study Tour

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A delegation team of 12 people from Kenya, Uganda, Lesotho and South Africa participated in the study tour. The objective of the visit was to understand how CBW systems are working in Peru and learn lessons on what works and why, and, in the process, test emerging thinking in a fifth country to identify lessons which are relevant for each country.

The team spent 14 days in Peru, from 16 to 29 October. The first 4 days were spent in Lima visiting and meeting a range of development agencies, civil society organisations, community groups and Government officials and ministries. From 20th – 24th the delegation split into two separate teams to visit organisations in the Ayacucho and Cuzco regions.

Policy background and decentralised service delivery in Peru

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Peru is divided into 24 administrative Regions also know as Departments, and a constitutional province. Peru is a potentially wealthy country with a rich and varied culture, architectural heritage and ecological climates. However, despite this economic potential, Peru faces many

social and economic challenges, with the most serious being high unemployment, high inflation, and a soaring national debt. Endemic corruption and political and military turmoil of the 1970s and 1980s, has hampered development. Successive governments have failed to address social and economic inequalities. Presently, Peru is the poorest country in South America with 54 percent of the population living below the poverty line; nine percent of these live in extreme poverty, predominantly in coastal and urban areas.

Following restoration of peace in early 2000 a number of pro-poor development initiatives have been pursued. These include decentralisation of the State, the definition of new social policies and developmental programmes becoming more and more targeted at those in extreme poverty. These processes have facilitated participation of local actors and given civil society organisations greater responsibility in determining the way decisions and services are provided at the local level. There has also been a concerted effort to pursue these in partnership with the poor themselves. Communities are now active participant in the formulation of development plans which are supported by budget allocations and transfers from Central Government.

Peru's strong tradition of community organisation and social development mobilisation support the decentralisation agenda. Populist grassroots community organizations, perceived by previous regimes as opposition parties, are now providing services that are funded by the State. Government and civil society organisations complement one another in pursuance of pro-poor development programmes. This collaboration is now influencing local spending decisions and has gained allocative and productive efficiency by delegating resources and decision-making power to those impacted by policies, i.e. the poor.

A local government-community management and implementation of projects using Comites Locales de Administracion de Salud (CLAS), is an excellent example of decentralised service model (see box 2). CLAS brings community-driven development (CDD) practices into a joint public, people partnership with local government and communities together taking responsibility for the construction, management and maintenance of health infrastructure. The system is premised around having a mixed project committee formed by five representatives from the community, one from the local municipality and the other a technical person e.g. the health facility physician/doctor. The assumption is that service delivery using the CLAS model produces cheaper, faster, more responsive and accountable services. In addition, it increases citizen participation therefore greater ownership and sustainability of people driven development. Evidence in areas where CLAS is operational supports these arguments. Positive impacts include major reductions in infant, child, and maternal mortality, increased community participation and social control of health services. The challenge is how to systemize and replicate such a model in other areas and sectors to improve grassroots development.

Emerging Lessons from Peru

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Who are the CBWs? *Community-based workers (CBWs) in Peru are **members of the community who devote time to community development services in their respective communities**. They are motivated by seeing the socio-economic status improve and poverty reduced in their communities as a direct result of their involvement. Many of them started as volunteers committing to serve their own communities, then were selected by their community using a criteria jointly developed with the relevant stakeholder to represent the interests of that community or social group. Attributes such as charisma, personal leadership, trustworthiness and dedication to service are considered as critical.*

Box 1 – Range of CBWs providing services in Peru

- Communal kitchens – feeding programmes for school going children
- Women providing different services around good health and nutrition, antenatal and postnatal care and Wawawasis (Day Care centres)
- Practical Action (ITDG) Kamayoqs – community agricultural assistants
- CARE Peru - Animal Health Assistants (paravets)
- Live-in Tourism
- Paralegals
- Community Health Workers
- Rural Promoters
- Peer Educators
- Community nursing aides
- Indigenous herbs and medicine – planting and extraction

What work do they do? CBWs provide **direct services** that are desperately needed in their communities. For example, animal health assistants and kamayoqs assist peasant families on animal health issues including cattle fattening, disease control using indigenous knowledge and linking communities to services and markets. Also CBWs organise and involve the wider community in implementing their own projects. Inclusion of other partners and communities in the entire development process promotes greater ownership, pride and sustainability of projects.

Financing of CBW: The majority of CBWs are **not paid a salary**, and do not expect monetary remuneration for the work they do in their communities. Their **motivation** is less the material gain but the **socio-economic and cultural development of their communities**. Recognition (status, self-esteem/fulfilment) by community, government and other development stakeholders, plus training and exposure to different methods are highly valued incentives. However, CARE Peru and Practical Action (ITDG) are experimenting with a private sector model, in which animal health assistants and Kamayoqs charge a mark-up user fee for services provided. A key learning is that voluntary service can be sustained without financial incentives as long as those providing the service are responding to the felt needs of the communities and are rewarded with recognition as well as seeing positive outcomes from their involvement. Community-driven development is fostered when general standards of living improve through better access to services.

Relationship of community structures & other stakeholders to CBWs: Peru's long history of community organising for social development legitimises the work of CBWs. Development actors maximise on this tradition and the principle of 'people first'. The key focus is working from **communities' own priorities** taking account of their cultural values and respect for their dignity. Government is providing an **enabling environment** for the operations of CBWs to thrive. Progressive approaches such as the Participatory Municipal Planning (PMP), the CLAS system, and participatory budgeting, all promote community-driven development, in which **local municipalities and communities jointly manage implementation of projects**. Such initiatives are harnessing user ownership and oversight to improve service delivery and integration of service delivery within the broad national development framework. Coordination is also ensured through structures such as Consejo de Desarrollo del Comunal (CODECO) or Local Community Development Councils, MESA de Concertacion and the Agencia Peruana de Cooperacion Internacional. Government's key role is the transfer of social funds to support ongoing improvement of community initiatives around participatory community assessment, participatory planning and budgeting, as well as monitoring and evaluation and to subsidise populations that cannot afford to pay for services.

Box 2 - Providing health services through the CLAS model

The Ministry of Health has been implementing a system for financing and administering primary health care (PHC), which is co-managed by elected community members called CLAS, since 1994. CLAS are private non-profit legally registered civil society associations comprised of a seven-member locally-elected committee of five community members, one local municipality, with the seventh member being the health facility manager, usually a doctor or nurse. CLAS operates as shared administration programmes, a decentralised financing and management system that allow communities to establish associations which co-manage government primary health centres. Legal norms and statutes allow for the transfer of public funds to the commercial bank account of each CLAS Association. The Association is accountable to its community members and controls its own funding as well as paying salaries of health personnel who work in the government primary health care facility.

This is an innovative people-government partnership system of service delivery, whereby local municipalities and communities participate in the design, implementation and monitoring of social programmes. Agreements are signed with the regional Ministry of Health to provide integrated health care based on a joint local health plan developed by the community and the committee.

Over 35 percent of all PHC facilities in Peru are currently administered through this system and over six million Peruvians access primary health care through health centres managed by the CLAS Associations. Government provides technical and resources (doctors, nurses and funds) while the local municipality and the community association/committee manage the implementation of projects, by providing labour and day to day management.

A recent study using government records showed that CLAS-administered health facilities achieve significantly greater coverage of mothers and children under the new government-funded Integrated Health Insurance programme which is oriented to the poorest population groups. The greater coverage of insurance beneficiaries by CLAS provides them with greater reimbursement income than non-CLAS health facilities. The study showed that this money is spent, as decided by the CLAS Association, on hiring more personnel and other investments that improve the supply and quality of health services provided, which in turn leads to greater demand for services and more self-generated fees-for-service income in CLAS as compared to non-CLAS.

For more information on the CLAS programme, visit www.Future.org

Training, support, supervision and accountability: Different stakeholders, especially NGOs have developed **appropriate training to respond to specific areas of CBW focus**. Training is deliberately developed to respond to specific needs of the community, taking account of their socio-cultural backgrounds. Facilitating Agents ensure training of CBWs is accredited and linked to a higher institution of learning, an added value for CBWs motivation to volunteer.

Joint local government/community committees and CODECOs provide necessary support for CBWs. Within organisations CBWs meet weekly or monthly to share and reflect on their work and to support each other. Where CBWs are organised into associations in different districts and regions these act as forums for **reflection, peer learning** as well as **monitoring and evaluation** of their work. Moreover, many FAs have a technical staff member whose main role is to work with the CBWs including identifying appropriate support mechanisms that CBW need.

In terms of accountability, CBWs are **accountable to the communities they serve**. Many communities have established community committees comprised of interest groups; for example, sanitation and water management, vigilante services, hygiene and nutrition groups, which have a local municipality representative participating. Regular community meetings are held to report back from these interest group and the committees.

Impacts and sustainability of using CBWs for pro-poor service delivery: Discussions with CBWs confirmed that their participation and involvement in service delivery within their respective communities is making a difference in the lives of the poor. Evidence of impacts that can be attributed to work of CBWs in peasant communities was observed in improved health, with fewer incidences of malnutrition, reduced mother and child mortality rates, as well as enhanced household food security. The CLAS programmes also show that continued participation in the management of public health services by CSOs has improved productivity, efficiency and quality of care, and use of methods to ensure equity. Facilitating agents also mentioned that communities are now better organised and therefore fostering ownership of their development - a change in mentality from recipients to facilitators and providers of their own development. The communities have become more aware of sustainable livelihoods strategies e.g. adding value to local products such as cheese making from excess milk, animal fattening, and making jumpers from alpaca wool, which ensures better prices for the local product.

The sustainability of the CBW system is ensured because CBWs come from within the communities they serve. They are under no pressure to leave their communities while ongoing training of other community members to participate in community projects ensures the community will sustain the work in case the CBW leaves.

Case Study

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Condoray Women Centre for Professional Formation (Peru)

Condoray is a professional Training Centre devoted to integral development and promotion of women in the Cañete Valley, 144 kilometres south of the capital city, Lima. Condoray started in 1963 to raise the standard of living and condition of families by providing education to women. Condoray currently works in 18 village communities in the valley of Cañete with Indian, Afro-Peruvians and Mestizos women.

Condoray has developed the Professional Training Programmes which focus on skills for

technical careers such as accounting, hotel management and secretarial work; Rural Improvement Programmes including literacy, nutrition, health care, hygiene and sanitation skills; the Rural Promoter Programme and a Business Training Centre.

The Rural Promoter programme is involving over 1,800 poor women as beneficiaries. The majority of these women were initially illiterate when they joined this programme, but have developed reading and writing skills over time. Every week 56 promoters gather at the Condoray centre where they learn different skills and which they take back to their communities and apply. Rural promoters work eight hours a week with the rest of the time dedicated to productive activities in their own homes to improve their livelihoods.

The majority of the promoters are over 30 years old. They are recruited from the communities where they live and go back to work there. Condoray identifies potential promoters using criteria which focus on enthusiasm, 'heart and spirit of service', a sense of vocation and Christian values. Rural Promoters are then invited for training which continues throughout their involvement with the programme. Mothers also recommend their daughters to join and this ensures a sustainable cadre of rural promoters for the future. Moreover, some of the young women attending technical training in the Condoray Institute provide voluntary time to their communities. Some of them have become staff members of the Centre.

Rural Promoters are not paid a salary and indeed do not want to be paid. They are assisted by Condoray to develop educational initiatives that promote local development and improvement in their communities. They value the training they receive above any monetary remuneration as they are able to use the training for their own benefit. Libertad García has been a rural promoter for over 37 years. She is clear that once payment is introduced into these community projects it will destroy the social fabric or community service. She said "We take the trust that people has entrusted in us as serious responsibility since it is for the benefit our children".

Although not paid, rural promoters see benefits of their voluntary work in improved social status from the trainings they have received, and which has promoted them to become advocates of and for their communities. Seeing that the work they do is making a difference in their communities also motivates them to continue e.g. improved sanitation through cleaning campaigns. In addition, they see their daughters benefiting directly from the Institute which is an additional motivation.

Rural promoters collaborate with the Ministry of Health which provides technical support especially on the sanitation and hygiene campaign programme. Condoray has signed agreements with the Basic Health Services of Cañete to carry out periodic environmental sanitation campaigns and to provide medical assistance to women and children, once every week. Material and financial support is also received from the private sector.

*For further information on the Condoray programme, contact **Monica Rios** – Executive Director, Condoray Instituto Superior Tecnológico Privado - condoray@speedy.com.pe*

Key country partner contacts

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Further information

The CBW project is a 4-country action-research project involving Kenya, Lesotho, South Africa and Uganda, and is exploring how best community-based worker systems can be used to widen access to services and empower communities in the process. The CBW project is funded by DFID London and involves in-country review of experiences, visits to other countries where such systems are working and developing lessons from these for applying as pilots in the four partner countries.

For further information on the CBW project contact the project manager, Patrick Mbulu, patrick@khanya-aicdd.org or visit the CBW website at www.khanya-aicdd.org/cbw.htm, which also lists the partner organisations involved in the CBW project.

To receive this newsletter in future or other Khanya-aicdd publications contact admin@khanya-aicdd.org