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African Institute for Community-Driven Development

# **Peru Study Tour Report on Community Based Worker Systems**

*July 2006*

**Khanya-African Institute for  
Community-Driven Development  
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## Glossary

AHW	Animal Health Worker
AI	Artificial Insemination
AIDS	Acquired Immuno Deficiency Syndrome
APCI	<i>Agencia Peruana de Co-operacion Internacional</i> (Peruvian Agency for International Co-operation)
CBW	Community Based Worker
CDW	Community Development Worker
CLAS	<i>Comites Locales de Administracion de Salud</i>
CODECO	Consejo de Desarrollo del Comunal (Local Community Development Councils)
CSO	Civil Society Organisation
Dplg	Department of Provincial and Local Government
FA	Facilitating Agent
FBO	Faith Based Organisation
HBC	Home Based Carer
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IEPLAM	<i>Instituto de Ecologia y Plantas Medicinales</i>
IGA	Income generating activity
IHIP	Integrated Health Insurance Program
ILO	International Labour Organisation
INGO	International Non-Governmental Organisation
ITDG	Intermediate Technology Development Group – now called <i>Soluciones Practicas</i>
MDGs	Millennium Development Goals
MIMDES	<i>Ministerio de la Mujer y Desarrollo Social</i> (Ministry of Women and Social Development)
MINSA	<i>Ministerio de Salud</i> (Ministry of Health)
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PLWHA	People Living with and Having Aids
PMP	Participatory Municipal Planning
PP	<i>Partido Popular</i> (Popular Party)
PPPP	Public-Private-People Partnership
PROSIP	Promoter of Social Work and Popular Instruction
SETA	Sector Education and Training Authority
SMME	Small, Medium and Micro Enterprise
STDIs	Sexually Transmitted Diseases and Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistant
WASDA	Wajjir South Development Association

## **Executive summary**

### **1. INTRODUCTION**

1.1 Peru, in western South America, is a potentially wealthy country but has been hampered by government failure to address social and economic inequality. Many citizens do not have basic social services. Recent responses have included state decentralisation and community participation.

1.2 The study tour to Peru was intended to give participants a wider understanding of service delivery using community-based workers, and lessons that could be learned from CBW systems in Peru.

1.3 Delegates met a range of development agencies, including civil society organisations, community groups and government departments and officials.

1.4 The report comprises four parts: background, case studies, lessons and summary of country-relevant learning.

### **2. DEVELOPMENT SYSTEM IN PERU**

2.1 In the 1980s and 1990s Peru adopted neo-liberal macro-economic policies (liberalisation) that saw the cessation of most government-provided services to rural communities. At the same time the countryside was ravaged by a lengthy and violent conflict between the government of the day and a guerrilla movement. Central government was not delivering and international civil society agencies became prominent in filling the vacuum. Popular grassroots community organisations also arose to provide services no longer accessible from the government.

From the mid-1980s to 2005 government pursued two processes. The first was the expansion of NGOs working like an opposition party but advocating for citizen's rights. The second was a Public Private Partnership (PPP) arrangement through the extension of the *Comites Locales de Administracion de Salud* (CLAS) system - a decentralised health service where administration and delivery of primary and preventive health care is co-shared between communities and government. Since 2003 Peru has implemented other decentralisation and participatory budgeting processes in district municipalities in an attempt to reduce poverty.

2.2 CLAS is a major CBW system operating in Peru. It is a decentralised financing and management system that allows communities to establish associations which co-manage government primary health centres. Over 35% of all PHC facilities in Peru are administered through this system and over six million Peruvians access primary health care through health centres managed by the CLAS Associations. This grassroots system to service delivery is now recognised and built into Peruvian government law. It is supported through subsidised budgets from central government with shared administration of the programme between government, CSOs and communities.

### **3. CASE STUDIES**

3.1 Projects and programmes visited included a community technical assistant programme implemented by CARE Peru in Ayaviri District. This programme focuses on animal health support run and managed by CBWs, and is part of a broader comprehensive and participatory community development programme. The CBWs are chosen by the

community and receive training from CARE to enable them to offer technical support for livestock development in their communities.

3.2 Another project visited is a community animal health worker (*kamayoq*) project supported by Practical Action (formerly ITDG) in Sicuani District. Indigenous knowledge is nurtured and built into the project. *Kamayoqs* are trained and then provide technical assistance / back stopping to their communities. They are selected by the community. A committee co-ordinates the work of NGOs and the community, and the *kamayoqs* also have their own association to share knowledge.

3.3 The *Ministerio de la Mujer y Desarrollo Social* (Ministry of Women and Social Development) or MIMDES has spearheaded the establishment of child day care centres (*wawa wasis*) and public kitchens as a way of improving health and nutrition of children. MIMDES provides training for health promoters and *wawa wasi* teachers both of which are CBWs.

3.4 Condoray Women's Centre for Professional Formation trains rural women promoters, the majority of whom were illiterate when they joined this programme but have developed reading and writing skills. Skills transferred include reading and writing, basic work training, family education, leadership abilities, nutrition, hygiene, sanitation and service to others, basic training on health and report writing. These women work for eight hours a week in their communities.

3.5 KALLPA, an association of NGOs primarily focusing on health issues, works as a facilitating agent with communities to run their own projects. Work is monitored through health committees established between communities and local municipalities. KALLPA capacitates these committees to be dynamic and understand and carry out their functions effectively.

#### **4. EMERGING LESSONS**

4.1 General lessons from Peru include a better understanding of CBWs. In Peru these are members of the community who, through own willingness, devote time to community development services in their respective communities. The majority of the CBWs started as volunteers responding to projects that called for the community to select their own representatives for implementation.

4.2 The Peruvian experience of service delivery using CBWs shows that these are largely unpaid volunteers. The majority do not expect monetary remuneration for their contribution to their respective communities. Training and capacity building offered to CBWs is highly regarded and valued as incentive. There were instances where CBWs receive monetary and material incentives, including charging small fees for services provided. CBWs could also expect reimbursements for various out-of-pocket expenses including training if it was not in the local community. Support organisations and donors subsidise part of the payment of such services, and communities pay a small fraction of the total costs for services rendered. The model appears to be working effectively.

There are a number of lessons to be drawn from the Peruvian experience. Linking the macro, meso and micro levels has ensured that CBW work is sustainable and is able to meet certain minimum delivery standards. Another lesson is that volunteer 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 and self-fulfilment.

4.3 The CBW system is in itself a community-based structure. It relies on the effective participation of a community in the initial stages of formulating, planning, implementing and

controlling/managing the activities of the whole CBW model. The continuous support and participation of communities in their work has ensured that the CBW model is focused on addressing real needs and interests of the people. In turn CBWs first and foremost account to the communities they serve.

4.4 Institutionally speaking, local forums that bring together all stakeholders to prioritise programmes ensure co-ordination of development activities. Government and the different tiers of governance play a critical role in providing an enabling framework for the operations of the CBWs. The CBW system is based on formalising the informal and integrating indigenous knowledge into interventions. Regular meetings were seen to be essential to ensure cohesion among CBWs members, also acting as peer learning processes for reflection and support. The chances of CBWs compromising professional standards are minimised through the formalised and standardised co-ordination fora between communities and other stakeholders in the development arena.

4.5 Training is customised to be both relevant and appropriate to the local conditions, and training programmes have very high significance and value for learners. The CBW system needs to integrate and address issues of poverty and unemployment faced by CBWs and their families whilst they provide time in support of their communities, in order to reduce high attrition rates. All stakeholders testified that the work of CBWs has made a noticeable impact in poor communities. Because CBWs come from inside the areas they serve and are under no pressure to leave, project sustainability is ensured.

4.6 Communities need to be involved in the work of CBWs from the start. Government needs to create an environment conducive to the functioning of the CBW system. Partnership frameworks spelling out roles, responsibilities, integration and co-operation must be drawn up and agreed upon by all stakeholders involved in community development. Such a framework will ensure that service providers and communities co-ordinate their approaches and development initiatives.

4.7 In order to keep the CBW process functioning in a meaningful way government needs to draw up legislation that ensures that other service providers take on board the CBW approach to service delivery. The CBW model should be formalised, recognised and legitimised as a structure of service delivery. The state and other structures of government should dedicate more financial and technical resources in support of the work of the CBW.

## **5. SUMMARY OF LEARNING**

5.1 Government needs to provide for CBW activities in sector budgets and also make provision for an intermediate structure to facilitate links between the state and civil society. The culture and indigenous knowledge of the population needs to be integrated into wider development policy. Donors should provide support within well-defined service delivery frameworks based on needs identified by the proposed beneficiaries. Facilitating agents should strengthen the action learning approach and build co-management structures with communities to ensure sustainability.

## **6. IMPLICATIONS FOR PARTNER COUNTRIES**

6.1 In South Africa expectations of financial incentives are already rooted in some CBW initiatives. It will be necessary to transcend this through training and accreditation and career pathing. There are some government initiatives that can be scaled up and strengthened to mirror the CLAS model of co-management. Tendencies towards decentralisation can be strengthened using community based planning and participatory budgeting methods.

6.2 In Uganda CBW activities should be integrated into local government planning frameworks, community systems for community M&E should be developed, and there is a need for integrated planning.

6.3 In Lesotho CBW needs to be entrenched in national development policies and strategies. Processes of decentralisation can be capitalised on to propose CBW as a mechanism for efficient service delivery. Support needs to be restructured to sustain existing service delivery through CBWs.



# 1 INTRODUCTION

## 1.1 Background

Peru is located in western South America, and is bordered by five countries: Ecuador to the northwest, Colombia to the northeast, Brazil and Bolivia to the east, and Chile to the south. The country is divided into three geographic zones: the western coast, the central highlands and Andes Mountains, and the eastern jungle of the Amazon Basin. Peru's climate varies from tropical in the east to dry in the west. The country is susceptible to earthquakes, tsunamis (tidal waves), flooding, landslides and mild volcanic activity, and is plagued by deforestation, desertification and pollution.



Peru is a potentially wealthy country with a rich and varied cultural and architectural heritage. Facing the Pacific, it is an important link between south-east Asia and Brazil. But Peru's development has been hampered by endemic corruption and the failure of successive governments to address social and economic inequality. Presently Peru is the poorest country in South America. Fifty four percent of its population live below the poverty line, with 9% of these in extreme poverty, especially in coastal and urban areas. However this has begun to diminish slowly as Peru has maintained an average economic growth of 5% since 2001. This is evidenced by Peru climbing six positions in the UNDP Human Development Index.

The country's natural resources include crude oil, copper, silver, gold, fish, timber, iron ore, coal, phosphate and potash. Although the economy is primarily agricultural, the mining and fishing industries have become increasingly important. Peru relies heavily on exporting raw materials, especially minerals, farm products and fish meal, to earn foreign exchange to import manufactured goods.

Despite its economic potential Peru faces many social and economic challenges, with the most serious being high unemployment, high inflation and a soaring national debt. These conditions lead to poverty for many Peruvians and make it difficult for the country to provide its citizens with basic social services such as health care, education and safe sanitation. Peru also faces serious environmental challenges such as air and water pollution, deforestation, and overgrazing of the plains and highlands, which causes soil erosion.

A number of initiatives have been started to respond to the challenges of poverty facing the country. These include decentralisation of the state, the definition of new social policies and the focus of developmental programmes more and more targeted to those in extreme poverty. These programmes are being practised in partnership with the poor themselves. Urban and rural families are pursuing activities beyond subsistence to implement strategies that develop their productive capacities and of services. Communities participate in the formulation of plans and budgets with external resources added. These resources have grown annually from US\$600 million in 1997 to US\$15 billion in 2005.

The Peruvian government's development agenda therefore focuses on addressing the following challenges:

- poverty reduction by meeting basic human needs and improving the productive capacity of the poor;

- human rights, democratic development, and good governance;
- economic growth combined with sound environmental management.

## **1.2 Objectives of the visit**

The visit to Peru was intended to widen CBW partners' understanding of service delivery using community-based workers. By the end of the study tour we aimed to have gained understanding of how CBW systems are working in Peru and learn lessons on what works and why. We also wanted to use this as an opportunity to debate and test emerging thinking in a fifth country with the four country project partners, and to identify relevant lessons for each country in taking the action-learning project forward in-country. Finally we wanted to share experiences from Africa with the host country, especially on HIV/AIDS which is not yet a big problem in Peru.

## **1.3 Programme**

Annex 2 shows the full programme for the visit. A delegation of twelve people participated in the study tour: two representatives each from Kenya and Uganda, three each from Lesotho and South Africa and two from Khanya-aicdd. The full list of the delegation is appended in annex 4. All delegates met in Johannesburg and departed together for Sao Paulo in Brazil, on 15 October 2005. The team arrived in Lima in Peru on 16 October and spent a total of fourteen days there, departing for Sao Paulo on 29 October and arriving back in Johannesburg on 30 October.

The first four days were spent in Lima where we visited and met a range of development agencies, including civil society organisations (CSOs), community groups and government (see full list of the agencies met in Annex 3). From 20-24 October two teams visited organisations in Ayacucho and Cuzco regions. The different teams returned to Lima on 24 October and visited more organisations, mainly mother NGOs of the ones met in the two regions. These helped to consolidate and fill in gaps that were still outstanding from the visits. We held a workshop with representative organisations that we had met during the two weeks visit – mainly those in Lima – and introduced the action-learning project as well as providing feedback of our impressions of the work they are doing and what we had observed in the field.

## **1.4 Structure of the report**

The report is in four parts:

- a background to Peru, including relevant governance structures,
- a sample of case studies that were visited,
- emerging lessons,
- summary of learning relevant for each country.

## 2 DEVELOPMENT SYSTEM IN PERU

### 2.1 Socio-economic and political context

**Figure 1 Facts about Peru**

<b>Government:</b>	Constitutional Republic
<b>Area:</b>	1,285,220 km <sup>2</sup>
<b>Population:</b>	27,925,628 (July 2005 est.) <sup>1</sup>
<b>Capital:</b>	Lima 7.5 million inhabitants (2000)
<b>Ethnic groups:</b>	Indian 45%, <i>mestizo</i> 37%, European 15%, other 3%
<b>Infant Mortality rate:</b>	3.9% (1999)
(Source: Save the Children Sweden 2003)	

Peru is divided into 24 Regions also known as Departments, with one constitutional province.<sup>2</sup> A referendum was held in November 2005 to reduce these to eight with greater governance powers. The referendum results were 'no' to decentralisation due to lack of information from the government to voters as to how that would impact on them socially and economically. Only Arequipa Department voted yes. Some departments explained that, although they do want to gain more powers, they would prefer to choose which state to amalgamate with independently from central government dictates.

Neo-liberal macro-economic policies (liberalisation) of the early 1980s and 1990s saw most government-provided services to rural communities stopped. Central government, as the main service provider, was not delivering. International civil society agencies such as CARE and ITDG became more central in filling the vacuum left by the retreating government. Since 2003 Peru has been implementing decentralisation and participatory budgeting processes in district municipalities to respond to the many poverty challenges facing the country.

Twenty to thirty years ago the Peruvian government had difficulties in aligning its policies with the needs of the people, although most basic services such as health and education were made affordable to the majority poor. Issues relating to women and children became priorities, even though interventions were of poor quality. The government's approached service delivery through sectoral programmes but was institutionally weak. The 1970s and 1980s were a turbulent period; the decades were characterised by a violent armed conflict between the army and an armed guerrilla group, *Sendero Luminoso* (Shining Path). Over 70,000 deaths and disappearances were reported between 1980 and 2000 (Save the Children Sweden 2003).

A number of development approaches were pursued. First government opened up to other service providers. This led to the rise of NGOs, who were negatively perceived by government as the opposition, as lobby and pressure groups. Second was a movement towards citizens' rights although government still excluded many, especially the marginalised. A third initiative was government and NGOs becoming complimentary service

<sup>1</sup> Of the total population, 68% live in urban areas, 32% in coastal areas and 10% in the highlands and lowlands (jungle).

<sup>2</sup> Amazonas, Ancash, Apurimac, Arequipa, Ayacucho, Cajamarca, Callao\* (constitutional province), Cusco, Huancavelica, Huanuco, Ica, Junin, La Libertad, Lambayeque, Lima, Lerato, Madre de Dios, Moquegua, Pasco, Piura, Puno, San Martin, Tacna, Tumbes, Ucayali.

providers in which the two begun to join forces through participation and working together to pursue pro-poor development programmes. A new trend during this time was the emergence and rise of populist grassroots community organisations who organised themselves to provide services no longer accessible from the government. Poor/rural communities that had learnt to survive without government support therefore organised themselves to provide services they desperately needed.

From the mid-1980s to 2005 government pursued two processes. The first was the expansion of NGOs working like an opposition party but advocating for citizen's rights. The second was a Public Private Partnership (PPP) arrangement through the extension of the CLAS system (see next section for details). The emergence of PPP came as a result of the dissatisfaction with the Fujimori totalitarian government, characterised as it was by severe human rights abuses, lack of democracy and people's demand for participation in state funding. A transitional government assumed power after the Alberto Fujimori regime to install democracy before the first regional governments were elected in 2002. Since 2003 the Ministry of Health (MINSA) constitution adopted Participatory Municipal Planning (PMP) as the most effective community-based planning process where district municipalities and communities engage in decision-making processes. PMPs are combined with participatory budgeting and direct social fund transfers to district municipalities. This process ensures communities are involved in determining priorities that must be addressed through district budgets that are allocated through a quota system nationally.

We were invited to sit in the *ad hoc* committee meeting session on the Millenium Development Goals (MDGs) meeting with Congressman Dr Victor Velarde of *Congresita de la Republica* (PP, *Partido Popular* or Popular Party) and Sados Himi (opposition member), who presented on the implementation and progress of the MDGs.

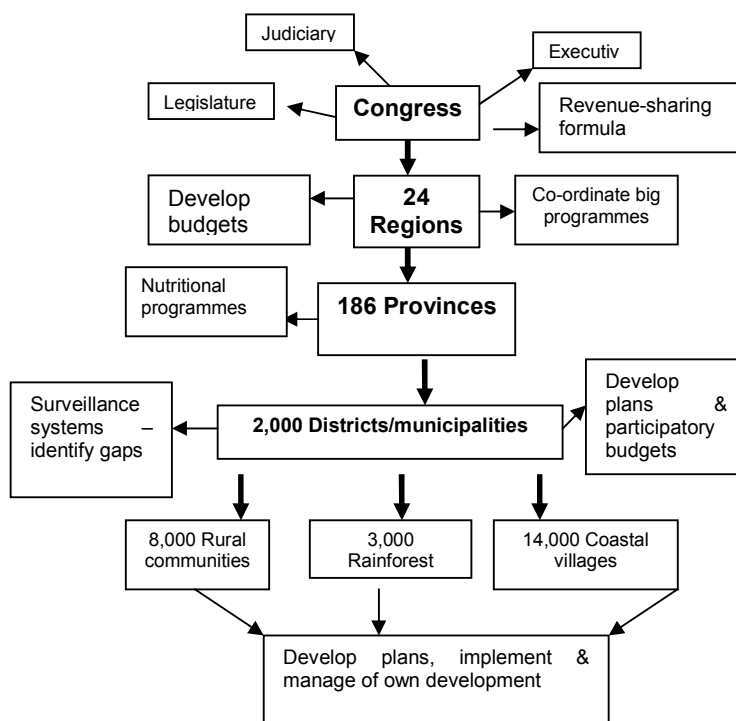
Dr Velarde introduced his fellow congressmen and welcomed us to the session. He began by pointing out a recent public campaign event carried out by the Health Commission where press and media, and women's and children's organisations participated. The objectives of this campaign were to contribute to the rights of girls and boys through media on their human rights, and share information about children's work being implemented. The president and media were present and indicated resources that are available to undertake such work. Agenda 21 is another government initiative in support of the achievement of the MDG. From the Rio conference government has found community-managed solutions to environment and nutrition problems.

Congressman Santos Jaimes (opposition) noted that a lot could be accomplished by utilising community-based solutions with limited resources. He said the current government has not been able to deliver to its people and that there is a huge challenge to meet the MDGs using the current government approach. Santos reiterated that strategies can be put in place to address these challenges by using CBWs.

Hon. Minister Metsing, participating in the delegation, thanked Victor Velarde (the president of the MDG working group) and his colleagues and commended the good work the task group is undertaking. He outlined the purpose of our visit: to learn from a Latin American country that is implementing projects that support the MDGs. He pointed out that many of the strategies being adapted in Africa are mainly those from industrialised countries and not necessary applicable or relevant to Africa's needs. Sharing and learning from Latin American countries could offer some relevance back home, he noted.

The Minister noted that he has been very impressed by work being done using CBWs. He wondered how the Peruvian government had facilitated or created a conducive environment for such grassroots initiatives to thrive. The Minister concluded by narrating a story about a group of climbers all focused to get on top of a mountain. They were challenged by the height

of the mountain and many of them gave up and retreated. But one person was committed to get to the top and persevered with the harsh conditions. He was not naïve but aware of the



dangers and possibility of not making it to the top. He said to his colleagues and family, “if I die whilst trying to get to the top of this mountain, do not write on my epitaph ‘Rest in Peace’. Instead I want you to write ‘He died trying’”. This message was poignant for the visiting team as well as the Congress members – as all are trying to climb a challenging mountain of reducing the incidence of poverty in our respective countries. When we die our children should therefore not write on our epitaphs saying ‘Rest in Peace’ but ‘these women and men died trying to make a difference to their people’.

The visiting delegation had a number of questions. Xoliswa Sibeko from the Department of Provincial and Local Government (dplg) in South Africa noted that in South Africa the challenge of implementing the MDGs is being tackled through a government initiative using Community Development Workers (CDWs). She was keen to learn more from this visit how poverty is being tackled in Peru. From the organisations she had visited so far it was mainly women and young people who are involved in implementing projects. She wondered where the men were. The women she had met were very committed, doing most of the work for free. How did government imbue the notion of self-help and can this be sustainable? In fact, is it right to expect women to continue giving their time for free? Aydrus Daar, from Wajjir South Development Association (WASDA) in Kenya, noted that usually governments are very good at formulating legislation and passing laws but not good at implementing them. How does the Peruvian government ensure legislation is implemented? Mpopo Tsoele, from Khanya-aicdd in Lesotho, raised the issue about the gap between government and civil society organisations, especially NGOs, in community-driven development. In Peru it seems that community-driven development is happening outside the government sphere. How has the Peruvian government ensured this tension is managed and that there is harmonious working relationship between two opposing sectors? Patrick Mbulu, the CBW Project Manager at Khanya-aicdd, pointed out that quality assurance is a major concern many African governments have about implementing service delivery through CBWs. Governments fear that quality standards may be compromised by using CBWs. How has the Congress

ensured quality control and are there fears that working through CBWs would compromise international standards?

In response to the above questions Congressman Victor Velarde responded as follows:

- There are similarities between Africa and Peru. For many years women were mainly confined to the household and occupied household tasks. In Latin America huge inequalities still persist. Although Peruvian women now occupy professional posts, marginalisation of women remains to a large extent. Change in gender roles is happening but slowly. To elaborate, from conception to approval of legislation in the congress could take a month, while mental change on notions about gender has taken humankind decades and centuries. Likewise in Africa there is still a long journey with difficult paths to walk.
- In Latin America it is difficult to implement policies and legislation where there are cost implications for the state. This is written in the constitution, it is a criminal offence and not just a sanction. Acting outside this can lead someone to jail. This act was passed following past years of misadministration with impunity by politicians. The Congress is working with social development not in jails but through citizen vigilantes. There is work with civil society to implement legislation.
- On the tension and gap between state and civil society, however much these tend to be bridged, they resurface again and again. Fiscal controls are in place to ensure citizenship/legislation and international accountability. Indeed 100% of the reported projects (in the MDG progress report) are implemented in collaboration with civil society organisations. There would be no reason for NGOs to exist if government delivered all what is expected of it. However government works with limited funds and therefore there is need for NGOs to fill the gaps that government cannot fill. Many social programmes are executed and implemented hand in hand with government, ministries and departments together with the international community. The role of NGOs is appreciated as contributing to the realisation of the MDGs. Through democracy the government ensures that principles of freedom, equality, and fraternity are executed by all Peruvians. He quoted that "one does not want for a future but builds it".
- On monitoring and ensuring quality control Santos Jaime (opposition member) said there are productive programs implemented by the state. However there is a legacy of poor government execution of many development programmes and all have failed. Many of those reported on the MDGs are no longer productive.

## **2.2 Local Committees for Health Administration (CLAS)**

### 2.2.1 Context

*Ayllu* is a traditional Inca concept that has existed in Peru for many decades. It refers to a system premised on communities mobilising to get rural work done and to provide services they desperately need without government support. The Local Committees for Health Administration or CLAS (*Comites Locales de Administracion de Salud*) system was introduced in 1994 mirroring the traditional *ayllu* concept. It is a decentralised health service where administration and delivery of primary and preventive health care is co-shared between communities and government. The model aims to decentralise health management through the promotion of community participation, involvement of NGO expertise and governmental support. Central government, through the Ministry of Health, provides resources and subsidised technical support (doctors and nurses) while local community administer and manage health projects through the local committees using public funds.

### 2.2.2 How the CLAS system works

CLAS is a shared administration programme, a decentralised financing and management system that allows communities to establish associations which co-manage government primary health centres. CLAS are private non-profit legally registered civil society associations comprised of a seven member, locally elected committee. There are six community members and the health facility manager who is the seventh member, usually a doctor or nurse, on the committee. Legal norms and statutes allow for the transfer of public funds to the commercial bank account of each CLAS, from which the CLAS pays salaries of health personnel who work in the government primary health care facility. Each CLAS Association is accountable to its community members and controls its own funding budget.

This is an innovative people-government partnership system of service delivery, where 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 Primary Health Care (PHC) facilities in Peru are administered through this system and over six million Peruvians access primary health care through health centres managed by the CLAS Associations. Government provides technical support and resources (doctors, nurses and funds) while the local municipality and the community committee manage the implementation of projects and provide labour and oversight.

CLAS administered health centres differ from government run health posts in that:

- They are managed by a legally registered non-profit association composed of the health centre manager (a doctor or nurse) and six people elected by and from the community. They receive public funds transferred from the government for local payment of health personnel who are privately contracted, but who work in a government-owned health facility.
- All money earned by the health centre from a new government health insurance reimbursement programme or from fees for services stays within the CLAS and can be reinvested in the health centre or to meet other community development needs, according to decisions made by CLAS (Future Generations 2003).

Model CLAS aim to become centres for action-learning and experimentation that:

- provide quality services,
- promote equity in terms of access and outreach to poor communities,
- establish municipal and multi-sector partnerships,
- mobilise community action and partnership to meet other needs, including improved sanitation, prevention in the home, income generation etc, and
- train other CLAS in the region.

### 2.2.3 Impact of the CLAS as a model of service delivery

The system is said to be working well with improved quality of services. For example there are major reductions in mortality rates of infants and children and mothers giving birth. Since its introduction in 1994 over 800 CLAS Associations have been established, managing over 2,000 of the 6,700 primary health care centres in Peru. Some advantages of the systems are: increased community participation and involvement in resource management; social control of health services and getting to needy rural poor areas; involvement in participatory planning & management of own projects and in local decision making on discretionary income; and developing yearly plans with priority projects that contribute to their culture. CLAS is therefore

an important manifestation of health reform in Peru; decentralisation of financing, financial, material, and human resources co-managed by the community.

This grassroots system to service delivery is now recognised and built into Peruvian government law. It is supported through subsidised budgets from central government with shared administration of the programme between government, CSOs and communities. The system creates opportunities for communities to lobby for more resources and is a way to get their voices heard and incorporated into policy. It is a sustainable model that achieves quality of services, equity of access and outreach, enhanced community input and control, and mobilisation of community action for community-driven development. The CLAS model is replicable and is being expanded to cover other sectors beyond health, including agriculture, nutrition and education throughout Peru and other parts of the world, e.g Zambia in Africa.

Our discussions with central government (Congress), the Ministries of Finance and Economy and Ministry of Women and Social Development (MIMDES) and some NGOs suggest that the CLAS system has had positive but mixed impacts. For example a joint national nutrition programme implemented by Happiness & Faith, a faith-based organisation (FBO), and communities has resulted in the reduction of infant and maternal mortality rates, while uptake of family planning has increased (for example see the statistics in the MIMDES case study below). Government is providing the funds to employ manual labour for construction of health facilities whilst communities and the FBO manage and deliver the services – similar to the EPWP in South Africa. This provides work needed to unemployed rural people while at the same time enabling them to participate in planning and managing development programmes.

Within this partnership there is a change from top-down to bottom-up development. It is now at the community level where dialogue between the people, government and NGOs is happening. This ensures harmony and co-operation to expand and reach the poor who need services most. This process has legitimised the decentralisation process. It has ensured the involvement of all actors, especially the poor, not only in voicing their demands but in claiming their rights. This is especially true in allocating budgets to community-prioritised projects. Politically this is democracy in practice.

Opponents of the CLAS system argue that there is danger of replacing services with public works if the decentralisation route is followed. Despite efforts to bring services closer to the people there seems to be overemphasis on constructing physical infrastructure, such as clinics and monuments, which do not necessarily translate into use. There is also a failure to acknowledge the full human potential present, and a failure to align infrastructure with local needs and embedding these into local realities. Practice and theory on the benefits of decentralisation are therefore incongruent. For instance there are not many tangible results on the ground beyond those in the health sector in using the CLAS model of service delivery. Literacy comprehension levels in the country have deteriorated: Peru has the second worst mathematics and numeracy rates in the world. There is therefore need to understand the conflicts that arise from opening up PPP spaces.

#### **Box 1: CLAS in operation**

A recent study conducted by Future Generations Peru 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 Program (IHIP) 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 on other investments that improve the supply and quality of health services provided. This in turn leads to greater demand for services and more self-generated income from fees for service in CLAS as compared to non-CLAS facilities.

Future Generations Peru is offering a systematic way to co-ordinate the varied strategies of the Ministry of Health for health reform through the CLAS financing and co-management model. This includes quality assurance, health promotion and prevention, and decentralised financing through health insurance reimbursements. Using the SEED-SCALE methodology, Future Generations Peru works with community and government partners to design and test this new model of community-based health and development. Regional training centres known as Model CLAS are being established to serve as centres of excellence to then train and support other CLAS Associations and their co-managed health facilities and communities. These centres create a process for evolving solutions systematically and finding sensitive and practical responses to local needs. These centres also integrate health services with the broader community needs of food security, sanitation, education, housing and environmental protection.

*For more information on the CLAS program, see [www.Future.org/](http://www.Future.org/)*

### 3 CASE STUDIES

#### 3.1 Community Technical Assistants, Ayaviri District (CARE)

CARE Peru is implementing a community technical assistant programme in three provinces of Ayaviri District in Puno Region. Adriana Luque Salinas is the programme co-ordinator in the Ayaviri programme. With about thirty staff they support communities to create development plans which are proposed to the Melgar Local Municipality for funding and support. The goal of the programme is to reduce malnutrition by 11% and increase community income by 25%.

The local government (Mergar Province) is the main partner, working very closely with the Umachiri community mayor. The tripartite partnership of province, local municipality and CARE Ayaviri is working very well to reduce poverty. A funding partnership exists based on a 1:1 matched funding ratio. For example CARE provides 10% of own funding, with the local government providing matched funds of another 10%, and a community contribution through communal labour. This is a vibrant working partnership between government and civil society. The municipality gets a share of the central revenue (mainly from taxes charged on goods) which it distributes to relevant communities and CSOs.

The Umachiri programme is a comprehensive community development programme with all major community needs incorporated in the programme. We were introduced to a range of projects that the community manages and runs using CBWs. One of these is the animal health workers project, called the technical assistants support project.



With the decline of government-provided services in the early 1990s, there was lack of technical support for peasants whose livelihoods depend on livestock. CARE introduced Animal Health Workers (AHWs), called technical assistants, selected by fellow cattle owners. They receive basic training (at CARE's technical school) to treat basic animal diseases, provide artificial insemination (AI) services and advise peasants on cattle fattening and milk production techniques. The training is composed of four modules lasting one month in total but structured in single week releases to allow trainees time to continue with other productive activities.



Santos (pictured *left*) is an animal technical assistant in Umasi community. He was chosen by his community because they trusted him as someone who has the community interest at heart. With support from CARE and the local municipality he trained and covered the four modules in basic animal health care. His job involves treating cows with uterus infections, to

prevent potential infertility in future. Before he trained, the community had to seek assistance from town which was hard to get and too expensive for peasant families to afford. The Umasi community has 135 families and Santos provides all relevant animal health services to them. He recently visited one family whose whole herd was infected by mastitis. He was able to isolate the cause to a bull which had infected the rest of the herd. Asked what makes a good animal health assistant Santos said *"dedication to your own profession, hard work and the trust entrusted you by the community to provide quality service"*.

Santos first evaluates the financial status of the family to determine what he can charge. He charges for the cost of the drugs he has used and S/.10 (US\$3) for his time. He has discovered that the very poor do not default in payments and that most families can afford S/.10 because they value and see the benefit of his service. Initially CARE provided him with a loan to buy a motorbike which he has since repaid through proceeds of his work. He also received a starter kit with most basic equipment needed for this job. Most other projects of CARE Ayaviri do not have direct incentives attached. CARE's philosophy is 'teach a person how to fish, provide them with the know-how, but not the fish'. One key incentive that motivates CBWs is seeing their communities improve for the better, seeing poverty reduced as a direct result of their involvement. The training they receive is also a motivation. Santos is thankful to CARE as he now has enough families he is assisting all year round while also benefiting from the mutual arrangements with the community. He lives comfortably with the amount he is able to charge especially because he lives at home where costs are not so high.

We visited the Santa Cruz family (*Ramos and Maria in picture*), beneficiaries of services provided by Santos. One of their cows had not been able to conceive for a long time and Santos diagnosed uterus infection as the cause. We observed Santos clean and treat the cow uterus. When asked how they viewed Santos services, Ramos and Maria Santa-Cruz said they were very happy to have someone in their community who can respond so fast. They believed now their cow will be able to conceive and so provide them with enough milk for their family and surplus to sell to the cheese processing plant – another project run and managed by the Umasi community.



The Mayor of Umachiri municipality was present during our visit. He commended the partnership with CARE who provides technical training and support to the community whilst the municipality provides financial back-up. He said that the community has received a lot of benefits through this partnership and was very proud to be collaborating with CARE. He noted that a new challenge has arisen with greater milk production and hence the need for new markets. The community has opened a cheese processing plant and now it needs to find markets for the cheese outside the district.

Animal technical assistants receive a variety of training including how to grow different animal feeds for milk producing cows, bull fattening, AI, identification of parasite infections and on treatment of various animal health diseases. They are trained by the University of Puno. CARE's programme officer monitors to ensure that animal assistants apply what they have learnt.

The assistants have formed an association of service providers in the province. Government technical experts and other NGOs assist during training. Animal technical assistants are providing quality services with dedication and which clients respect and value. The Umachiri community counsellor, Pedro noted, "*we are from these communities, we don't count the hours we work, we are always here when needed, and we cannot lie about the quality of our work because the community judges our quality*".

The close working relationship between the community and district municipality will continue. The President of Umasi was confident that with 25 years experience in community organising they will continue with their integrated community development programmes to meet the community needs. These are supported by well articulated action plans, pursued through



different community committees, including Water & Sanitation Management, Community Vigilance Services, a Nutrition and Child Feeding programme, and the Animal Health Assistant programme (photo above - new animal health assistant trainees). “Now what we need is to transform our Andean goods and resources to produce more through our community committee”, he said.

### 3.2 *Soluciones Practicas* (Practical Action/ITDG), Canchis Province, Sicuani District

Practical Action’s vision is a world free of poverty and injustice where technology is used to benefit everyone. The organisation’s main aim is to ensure that indigenous knowledge is integrated with outside knowledge using appropriate technology to improve the quality of life of those marginalised. Practical Action’s main focus is work with rural communities, working with groups of peasants who are organised under an administrative structure and managed through an executive organ. Communities differ in population but range from seventy to four hundred families. These communities are linked and organised through an executive organ with direct participation of the community. Sicuani is one of the eight districts in Puno Region and has thirteen provinces. Practical Action works in six of these provinces including Canchis Province.

There are 101 peasant communities with a total population of 101,000 inhabitants in this Province. Practical Action works with 38 of these peasant communities with a total of 3,170 families benefiting from irrigation as a main function, although of late it has diversified to other areas like farming and experimenting with new ways to cure animal diseases using community animal health workers called *kamayoqs*. The Canchis people are Quechua, the indigenous Inca people. Practical Action ensures their indigenous knowledge is complemented by outside knowledge which is appropriate for their needs.

Principles underlying Practical Action’s work are:

- People first – from needs they have articulated and prioritised themselves;
- Ensuring sustainability by taking into account environmental, social and economic concerns;
- Respect for diversity, ensuring religious, ethnicity and cultural issues are not compromised but considered at all times during project planning through to implementation.

Practical Action is an action-learning and policy influencing organisation. It does not implement but works through a committee structure comprised of representatives of the community and local government. The role of the committee is to prioritise the work to be undertaken and to share information on activities that communities implement. An advisory day is organised where leaders from the committee and Practical Action meet to share, discuss issues and give feedback to each other. This is where decision making happens. All work is designed with the communities and needs to be very practical because it is the community who will implement the work.

The Sicuani office works on the following projects/activities:

- Production and access to markets – farming alpacas and improving quality of wool for better prices, and production of native potatoes. There are over 250 species which are adaptable to the region.
- Training of community leaders (*los kamayoqs*) in technologies that are environmentally and culturally appropriate, to lead and manage different projects.
- Processing of produce such as cereals by communities and access to markets.
- Communication by producing videos on the work of the communities, which are shown once a month and heard over the local TV and radio.

Practical Action has been training community farmers called *kamayoqs* in the Canchis Province. A hundred and sixty *kamayoqs* have graduated from seven promotion training schools since 1996. *Kamayoqs* are locally trained farmers, selected by their own communities, interviewed by ITDG to assess level of literacy, and trained over a one-year duration on a one day/week release. The training is designed to allow them to continue with other livelihood activities. Topics taught include livestock (animal husbandry) and crop production techniques (irrigation). The training is based on needs identified by communities. The schools are funded from grants from the Embassy of Japan, USAID, and the EU.

Once trained, *kamayoqs* provide technical assistance to fellow farmers. They are able to identify and treat different animal diseases using both traditional and modern medicines. For example *kamayoqs* have developed a medicine formula using a blend of local herbs that farmers themselves can easily make from locally available plants to develop an affordable and effective treatment for sheep/llama liver fluke. *Kamayoqs* assist fellow farmers on how to make and administer the medicine. They also teach them new ways of using the increased quantities of milk produced by the healthier animals for yoghurt and cheese production. Peasant farmers throughout the Andean region are now producing the medicine.



*Kamayoqs* are also involved in the improvement of their own land, run small micro-businesses, organise vaccination campaigns and so on. They are also contracted out by other institutions to train other *kamayoqs* in other districts. A true *kamayoq* is one who can identify a healthy or sick animal and is able to identify a well-fed or malnourished animal, according to Ilario Aron, a *kamayoq* from Chihuaco village. Thirty eight communities are served by two to three *kamayoqs* per community. They are evaluated by their communities. They have become true leaders and are professionals in their work. They are valued and trusted by the community more than external leaders because they are dedicated and seen as part of the community, i.e. they do not seek work outside their community.

*Ilario Aron* (pictured above) is from Chihuaco village. He graduated from the second promotional school where he trained in agricultural matters. He is very proud of what he learnt and what he is achieving with the knowledge he acquired. In his home compound he is

using an irrigation (sprinkler) system which Practical Action assisted him to install. He is experimenting with planting different fruit trees, flowers and herbs, integrated with beekeeping. These he sells at marginal prices to the larger community, at the local markets and as far out as Cuzco town. He also offers free training to his customers on how best to utilise their home gardens for vegetables, and fruit-tree budding/grafting to improve yield and produce.

Ilario also breeds guinea pigs, an important source of improving his family nutrition. From these projects Ilario's family livelihood has improved dramatically. Not only is he selling plants but he is also being contracted out and consulted on agro-forest and natural resource management matters. These projects complement one another for a greater impact. For example the flowers provide bees with nectar while the guinea pigs provide manure for the plants. A key learning for Ilario and other *kamayoqs* is that they do not need to rely on outside help to change their livelihoods; there are resources within their own communities where they can earn a little by providing advice, teaching community members how to use traditional medicines and experimenting with the knowledge they acquired in the *kamayoq* schools. "We are an example to others to emulate, because we work from our heart" Ilario commented.

Other direct benefits to *kamayoqs* include access to technical assistance for their agricultural needs, for instance support in installing sprinklers. The majority of *kamayoqs* have highly valued potable water for domestic use and animal and crop use. There is active participation of all family members and this increases income. The whole community is involved in the improvement of the quality of life with better management of natural resources. The community is actively involved in the management of infrastructures such as cleaning water canals. This ensures ownership.

A government system of research and extension that assisted farmers on technical matters was dismantled in the 1980s. The system was not effective because it was neither accessible nor affordable by peasant farmers. Government technical assistants (TAs) did not identify with the people they were supposed to serve because they were coming from big cities. ITDG introduced the *kamayoq* programme in response to the pressing need for animal health care following the gap left by government withdrawal of services. The focus is around community participation where communities identify the problem, the intervention and execution as well as evaluate their projects.

A committee co-ordinate the work of NGOs and the community by ensuring that information is shared and projects are run effectively and efficiently, for example training on financial management and technical matters. The committee is also a platform for discussions and dialogue, and it makes decisions and prioritises projects. Practicing *kamayoqs* join a *kamayoq* association that meets twice a year and acts as a forum for reflection on practice. The association connects *kamayoqs* with policy makers, with one another and with research institutions. They also collaborate with SANASA, an animal and sanitation government body that recognises their work and awards certificates. ITDG is working towards formalising *kamayoq* work with other government institutions like health care promoters who are now linked to formal government systems. ITDG has produced a book which was presented as case study at an ILO conference and has been adopted as a successful experience of service delivery. It will present this to public and private sectors as a best practice model for extension services. It has recently signed a collaborative agreement with the Ministry of Agriculture to work on native potatoes and will collaborate with agricultural research institutions to implement the project.

### 3.3 **Ministerio de la Mujer y Desarrollo Social (MIMDES)**

The *Ministerio de la Mujer y Desarrollo Social* (Ministry of Women and Social Development) was created four years ago to introduce social programmes to fight poverty and gender imbalances through participative approaches in planning and budgeting. The neo-liberal politics of the 1980s saw a proliferation of many fragmented government programmes in the country. The Ministry was created to provide leadership and co-ordination of these programmes into concrete processes.

The Ministry has the following objectives:

- To align its goals with those of the MDGs.
- To develop national agreements (32 policies between government and civil society).

The above objectives are pursued through the following strategies:

- Development of human capacities and exercising of rights: a national strategy on food security includes strategic investments in feeding, nutrition, education, security and health.
- Access to economic opportunities: a national plan for eradication of poverty.
- Protection nets: a national strategy for rural development and competitiveness including the reconstruction of Peru (to repair the damage caused by many years of civil war).

Fundamental to these strategies is the integration of the Andean culture and knowledge of Peruvians into the wider development agenda. MIMDES promotes native knowledge ensuring these are incorporated into public policy. These are pursued through the promotion of equal opportunities and improvement of family economy and social protection. Women and children are a high priority. Voluntarism is advocated as a desired approach where poor people help others through the decentralisation process. Centralisation of services has been associated with poverty, and the Ministry is committed to align and promote decentralisation by working territorially rather than sectorally. It has managed to reduce levels of gender disparity, poverty, inequality and exclusion. Eight thousand communities are targeted, mainly in rural areas where most needs are. There is a need to link these communities with both local and provincial governments to pursue territorial development. MIMDES also spearheads the establishment of child day care centres (*wawa wasis*) and public kitchens as a way of improving health and nutrition of children.

MIMDES works very closely with other government departments and ministries to fulfil its mandate. Through this arrangement it ensures that gender issues are mainstreamed in all government plans, activities and programmes. However relationships and co-ordination between different ministries is still very weak. Co-ordination is needed so that all actors can complement one another instead of competing. Participatory budgeting happens at the local and regional municipalities where the mayor decides on the budget with community involvement. The integration of local communities is critical at these levels as these are knit communities with strong social networks and it is the only forum where communities meet with government. They are representatives of the people not the state.

The Ministry has 5,500 employed staff in the *wawa wasis*, benefiting over 47,000 boys and girls in 178 districts. Health promoters are a key to effective management of the feeding programme. They are the first passage for transmitting information and civic education to the community for effective implementation of public policies. MIMDES provides basic training and also co-ordinates their operations. It also works closely with some NGOs and other civil society organisations dealing directly with CBWs. The table below shows the achievements through work carried in collaboration with MIMDES between 2001 and 2005.

**TABLE 1 Achievements and impacts**

Activity area	Districts covered	Number of beneficiaries
Territorial Coverage	1670 districts (90% of rural districts)	8,000 communities where most needs are
Potable water system and health		1,500 water systems 1.5 million users
Rural roads	Jungle	20,000 km rural roads 32 km of bridges 250 km access roads
Rural electricity		3,000 km <i>redes secundarias</i> (secondary networks)
Nutritional Programmes	826 districts	521,253 boys/girls
Food assistance (Social Capital Programme)	15,000 communal kitchens - 20% costs covered by government, 80% by community through rural women working in communal kitchens as volunteers	Three million children out of seven million benefiting
School Feeding Programme	1,687 districts	2,8 million children
Street teachers		9,000 children and adolescents

Over 8,000 poor communities have benefited from the MIMDES' work. These need to be linked to local and regional government participatory budgeting processes. The Ministry's focus is territorial development linking participatory budgets, the forum where communities and local municipalities meet to prioritise projects and elaborate their plans. This is where all different social groupings are represented and where development plans are prioritised and agreed upon. Every year from October to December, civil society and communities present three to four thematic priorities, aligned to the government's broad development goals.

**TABLE 2 Changes in the last three years**

Factor	Changed from	Changed to
Diarrhoea	25.6%	13%
Malnutrition	5.3	3.3
Breastfeeding	65	84
Vaccination	23	75
Prenatal attendance in hospitals	48	84

The training offered to *wawa wasi* teachers puts the trainees a level higher than the rest of the community and therefore is seen as an incentive. In addition staff working in the *wawa wasi* and public kitchens gets meals free of charge as opposed to the rest of the community members who pay a minimal fee for the service rendered. The Ministry also organises competitions among communities in poverty eradication where the winners are given awards. This promotes a spirit of competition and encourages hard work.

Even though there is no clear and formal relationship between the government and CSOs, MIMDES works with these vital organs to fulfil its social, cultural and economic agenda. The Ministry actively mobilises other stakeholders such as national and international development partners to support the work of CBWs in the community. There is need for stronger collaboration with NGOs as they represent the voices of the people and not the state. Currently there is no formal arrangement between government and NGOs except through *Agencia Peruana de Co-operation Internacional* (APCI), a government body established to supervise and provide government oversight to NGO activities.

MIMDES also fosters the transfer of large programmes that are managed by local authorities at the community level. It supports communal ownership of land, especially by women, to foster food security. Peru has a rich base of biodiversity that these interventions built on. For example, although only producing one percent of the world's coffee, it has the best quality coffee in the world and this can be harnessed in rural development plans. Migrant worker remittances to families is an important contribution to the country's GDP. Remittances grew from US\$600 million in 1975 to over US\$ 1.5 billion/year in 2005, constituting a large source of financial support to families and the country economy. There is need to capitalise on this to expand the job opportunities through PYMES (small and medium micro-enterprises or SMMEs).

Lessons learned include:

- Human resources are the most important tool in poverty eradication. These must be combined with indigenous models of development addressing both the materials and spiritual needs of the community.
- Decentralisation fosters the territorial and social redistribution of opportunities and resources. It ensures democratisation in decision making and community-based management. Through planning and sharing of visions, decentralisation can promote effective participatory budgets. It has strengthened government and sub-national management by putting people at the centre and forcing government to adopt diversity in policy formulation.
- Fifteen hundred consultation tables, dialogue and solution tables have been formed where the development priorities of communities were discussed. Development in Peru is happening whilst recognising cultural diversity to create peaceful cultures.
- MIMDES sees state presence as providing legitimacy and governability, public and private institutions as adding value and efforts, while national, regional and local government provide complementary roles.

### 3.4 Condoray Women's Centre for Professional Formation

Condoray is a professional training centre devoted to integrated development and the promotion of women in the Cañete Valley, 144 kilometres south of Lima. It is sponsored by PROSIP (Promoter of Social Work and Popular Instruction), an educational non-profit organisation. Condoray was started in 1963 to raise the standard of living and condition of Cañete families by providing women with education with a deep formative focus that generates real human progress. It is a corporative work of the Prelature of Opus Dei, a personal prelature of the Catholic Church, based on Christian values and a culture of service and solidarity.

Condoray works in eighteen village communities in the valley of Cañete with poor women from different racial backgrounds - Indian, Afro-Peruvian and *mestizo*. Its main focus is the development and integrated promotion of women as actors in their own development. Instead of focusing on poverty alleviation as an end by itself, Condoray promotes education as a means and as the best tool to tackle poverty and to develop the livelihoods of rural women. Monica Rios, the Chief Director, said that "the main difficulties confronting rural women is part of a larger problem that has kept Peru from making strides towards meeting the Millennium Development Goal - the re-evaluation of womanhood to be aware of the important role of education as the tool for tackling poverty. We need legislation that guarantees equal rights for women, but policy seems to focus only on programmes that provide food or other forms of assistance."

Condoray has developed Professional Training Programmes offering three year technical careers in executive secretary, accounting and hotel management. It also has Rural Improvement Programmes covering literacy, nutrition, health care, hygiene and sanitation

and the Rural Promoter Programme. It also has a business training centre for women looking for business development.

Rural women promoters work in eighteen villages, involving over 1,800 poor women as beneficiaries. The majority of these women were illiterate when they joined this programme but have developed reading and writing skills. Every week 56 promoters gather at the Condoray centre where they learn different skills and which they take back to their communities and apply. These include reading and writing; basic work training; family education, leadership abilities; nutrition, hygiene, sanitation and service to others; basic training on health; a "Child by Child" programme and report writing on the work they do.

We were privileged to meet and discuss with the rural promoters about their work. The women spoke passionately about what they do, mainly emanating from their strong spiritual backgrounds and also driven by the successes and positive changes that they can see in their communities. Rural promoters work eight hours a week with the rest of the time dedicated to productive activities to improve their household livelihoods. They took us around and we witnessed many changes and positive impacts as a result of their direct involvement.



For example, Maria Rodriguez (*in picture*) has been trained on how best to care for her compound and now she is helping her neighbour to do the same.

The majority of the rural promoters are women aged thirty years or older. They are recruited from the communities where they live and go back to work there. Condoray identifies the potential women using criteria focusing on enthusiasm, spirit of service and Christian values. Women promoters are carefully selected, emphasising service as a vocation and volunteers are vetted to ensure they have this attribute. Promoters are invited for training that 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. Some of the young women attending technical training in the Condoray Institute also provide voluntary time to their communities. Some have become staff members of the Centre.

Rural promoters are not paid, nor do they expect to be paid. Condoray assists them 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 as well as service to their communities. Libertad García is one of the rural promoters and has been involved for over 37 years. She was emphatic in disputing the idea that women are exploited working as volunteers. Libertad said "for sure, once you introduce payment this is the end of all the wonderful work that has been going on for such a long time, and which the community values." She continued "...It is the trust that people have entrusted on us. We take this as a serious responsibility since it is for our benefit and our children."

Other women we met supported Libertad's views. They clearly articulated the many intangible benefits of being associated with Condoray. These include improved social status, training they received that has promoted them to become advocates for their communities. Seeing that the work they do makes a difference in their communities, for example improved sanitation through cleaning campaigns, the women are motivated to continue. An additional motivation is seeing their daughters benefiting directly from the Training Institute.

The plentiful training that rural promoters are exposed to focus on income-generating activities including sewing, handcrafts, animal husbandry and marketing. This training ensures that their livelihoods are catered for. They are encouraged and supported to establish productive projects in their homes such as growing vegetables and animal production.

The Ministry of Health provides technical support, especially to 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 weekly medical assistance to women and children. The private sector also provides material and financial support.

There is a lot of legislation in Peru. However much of it remains on paper only and is never implemented. For example there is a law that taxes raised by local municipalities should be re-invested in local projects in the area. But government bureaucracy complicates the matter in that it will only fund through a specific Ministry rather than directly to the organisation. Condoray does and continues to collaborate with the Cañete Local Municipality but has not realised the full benefits that are supposed to accrue from such partnership

### **3.5 Association KALLPA**

KALLPA is a network of NGOs committed to improving the lives of the poor in cities through the strengthening of primary health, promotion of culture and policy that deepens the wellbeing of young people. The goal of the organisation is the elimination of STDs and HIV in Peru. This is done by concentrating its programmes on the youth as future leaders. KALLPA operates in partnership with local government and other CSOs in four regions: Lima, Loreto, Ayacucho and Cuzco. KALLPA is funded by CORDAID and ICCO from the Netherlands and other donors from Spain. It also receives funding from local government and various ministries including Health and Education. KALLPA also receives disbursements from regional government generated from mining companies and local municipal levies.

KALLPA's key focus areas of work include lobbying and advocacy for policy development, promotion of positive health attitudes, environmental considerations and socio-cultural animation. Specific programmes are citizenship, gender, participation and train the trainer. These are aimed at strengthening the capacity of youth to work with others in their communities, and youth as leaders. In the latter programme youth are capacitated to identify their own problems - such as isolation, prostitution, pornography and alcoholism - and to plan how best to deal with these. Mechanisms include radio shows and roundtables where institutions working with youth meet to plan together. In Cuzco KALLPA is working with community-based schools, municipalities, and youth and HIV & AIDS organisations. The centre in Cuzco also provides a telephone and email counselling advice service focusing on sexuality and youth initiatives for a healthy city. KALLPA also produces and distributes educational materials designed to be interactive with the audience. The organisation targets young people aged 15-27 years old. Work is also carried out in markets and social gathering places.

Statistics on prevalence rates of HIV/AIDS are ambiguous. A 2002 UNAIDS national survey gave a figure of 82,000 people infected and living with HIV/AIDS. Another survey from 2004 gave a figure of between 55,000 and 144,000 while Ministry of Health statistics show 37,258 people infected. Infection is concentrated in high risk groups with an infection rate of about 5%, while women have a rate lower than 1%. Within these figures 82% of the infected are men who have sex with other men.

KALLPA's staff works as a facilitating agent with communities to run their own projects. The work is monitored through health committees established between communities and local municipalities. KALLPA capacitates these committees to be dynamic and understand and carry out their functions effectively.

KALLPA also funds the young people's projects rather than remunerating them as volunteers. The youth gain in self-esteem which they value highly. Shirley Olivera, KALLPA's Regional Director, informed us that community work is a principle of service in Andean culture. She told us a Quechua proverb which says "You are only poor if alone, not if you do but not have food".

KALLPA works in close collaboration and in association with the Ministries of Health and Education. KALLPA refers clients who want to test for their HIV status to the Ministry of Health which also carries out quick tests for pregnant women in hospitals and health centres. Seventy five NGOs including youth organisations, PLWHAs, self help groups, schools and colleges form part the citizen sensitisation programme. Work with universities involves research on the pandemic.

Impacts of KALLPA's work include sanitation improvement in towns by organised youth who provide a range of services including recycling and waste disposal. The youth are involved in social integration programmes - working together in youth focus groups - to provide facilities where they can meet and discuss. Youth also work closely with churches, other youth groups, local government and private agencies to provide neighbourhood watch. Another impact is in empowerment of youth to have space in the public arena. In the north-west of Cuzco, 43% of young women have committed to improve the quality of life for residents in their neighbourhoods.

Key challenges include:

- Stigma and discrimination. There is very little information about HIV/AIDS both within and outside the network. Nationally stigma is expressed by a blame culture and pointing figures at those infected. Stigma surrounding sexual orientation is endemic and mainly targeted at men who have sex with other men, the highest risk group in Peru. A lot of work needs to be done to change this.
- In the past there was no ministry for youth. This has been created but KALLPA feels it is not yet well grounded.

All KALLPA's programmes have a start and end point. KALLPA works with stable institutions such as ministries, universities and local authorities, all of which will continue to exist beyond KALLPA's programmes. The 'train a trainer' programme is also aimed at sustainability as the youth will stay in their communities and support the development of others.

## **4 EMERGING LESSONS**

### **4.1 Focus of CBWs**

#### 4.1.1 Who are the CBWs?

CBWs are members of the community who, through own willingness, devote time to community development services in their respective communities. The pride of a CBW is seeing their communities' socio-economic status improve for the better. The process of becoming a CBW is initiated with one's own commitment to serve the community voluntarily and is complemented through exposure to appropriate training that enables her/him to provide effective services. Observations and interactions with various stakeholders pointed out that not all CBWs are unemployed people. Some employed people (mainly professionals) give a certain percentage of their time towards community stewardship. Many of the facilitating agents (FAs) interviewed did not expect CBWs to have prior training or academic qualifications, or even the ability to read and write as a prerequisite for selection. However some organisations, depending on the complexity of service they provide, would require specific technical skills and other personal attributes to become a volunteer in their organisation. For example Manuela Ramos, which uses technical clinical testing procedures, requires people with specific technical know how.

The Peruvian model of CBW is predicated on a sustainable livelihoods approach where the strengths, weakness, opportunities and threats of an individual are assessed and appropriate training and skills programmes identified to strengthen and expand their capacities. In other circumstances some CBWs are generally legitimised because of their charismatic traits like leadership, community standing, trouble shooting capabilities or willingness to work for the community without expecting compensation.

#### 4.1.2 How are they selected?

The majority of the CBWs started as volunteers responding to an FA identifying a project requiring the community to select their own representatives for implementation. A criterion for selection is worked out with relevant stakeholders for the type of volunteers required. Community residents then either nominate or select the individual to represent them. Attributes like personal leadership, interpersonal skills, trust within the community, dedication to service and the strength of an individual are critical to being selected to become a CBW.

### **4.2 Financing of CBWs**

#### 4.2.1 How are CBWs remunerated?

The Peruvian experience of service delivery using CBWs show they are largely unpaid volunteers. The majority do not expect monetary remuneration for their contribution to their respective communities. Different CBWs and FAs in Lima, Ayacucho and Cuzco that were visited testified that what motivated volunteers was less the material gain for the individual but the socio-economic and cultural development of their communities. CBWs proudly spoke about the recognition afforded them by their communities as leaders and representatives of their communities as a more worthwhile incentive than monetary gains. Training and capacity building offered to CBWs was highly regarded as an incentive. There are instances where some CBWs receive monetary and material incentives (fees charged for a service provided, t-shirts and uniforms, identity documents, training materials etc, for example the CARE

Ayaviri and ITDG *kamayoqs* projects), depending on the project or programme structure. But the majority of CBWs do not receive monetary incentives for their work.

#### 4.2.2 Are CBWs paid allowances or fees generated through a service?

Some organisations such as CARE Peru and Practical Action provide a private sector model of service delivery where animal health assistants and *kamayoqs* charge a nominal fee for a service rendered. They charge mark-up fees to cover the cost of drugs and a small amount as fees. Some organisations like Condoray charge a small amount of money to CBWs which is re-invested in their training and capacity building. Condoray realised that providing free training created dependency and undermined ownership of the programmes. Contributing towards training ensures that CBWs value learning and are committed to it and also want to implement what has been learnt.

#### 4.2.3 When is it feasible to expect fees?

CBWs can expect fees to compensate for out-of-pocket expenses incurred when attending training if it is not convened and offered in their respective communities. Many organisations try to organise training using a day release process to allow trainees to continue with their livelihoods. A number of private sector models are being tested including the animal health assistants and *kamayoqs*. Although it is gradually becoming clear that the system needs to provide incentives to volunteers to succeed, currently their motivation is not profit but service to their communities.

#### 4.2.4 Who pays for their services and how is the system currently funded or paid for?

With the integration of CBW work in the Peruvian national polices and the MDGs, different tiers of government, International Non-Governmental Organisations (INGO) partners, the private sector and the local CSOs subsidise part of the payment of such services. Communities pay a small fraction of the total costs for services rendered by CBWs. One example is the low service fees charged to communities accessing the health services by Manuela Ramos, an NGO in Lima. This community contribution goes towards health and legal services of CBWs working with the organisation. Some services come at no cost at all to communities in particular services legislated in the Bill of Rights. Participatory budgeting at district and municipal levels ensures that funding for services is channelled downwards with the well to do paying a higher premium.

#### 4.2.5 Is this working effectively?

The model appears to be working effectively, enabling government and its partners to channel state resources where they are most needed within a framework of a Public-Private-People's partnership. Like many developing countries Peru is faced with an increasing scarcity of resources coupled with increasing and conflicting demands from its people. Cognisant of this scarcity the government has created an environment conducive for PPPPs to thrive, and policies that maximise the returns such partnerships can yield. The latter is evident in the aggressive levy of sales tax which is then ploughed back into developmental activities through the participatory budgeting process.

The small payment communities contribute for the service also attaches some value to the service offered. No matter how little, payment attaches an element of dignity, pride and self-esteem to the communities receiving services. It also fosters a sense of community responsibility and ownership. Handouts and aid in many African countries have only created a dependency syndrome in many communities.

#### 4.2.6 What are the lessons and gaps from this experience?

The CBW system is integrated in all the different spheres of government and governance. In Ayacucho the budget for CBW capacity development forms an integral part of the regional government. One example is the regional government's budget set aside for Community Health Promoters within the Health Sector and the Ministry of Health.

Linking the macro, meso and micro levels has ensured that CBW work is sustainable and is able to meet certain minimum delivery standards. Unlike in many African countries where community work is not mainstreamed in the broader government and governance structures that guarantee resource allocation, the civil society fraternity in Peru is able to sustain a model of community-based service delivery. These linkages also ensure that the work of CBWs is co-ordinated more effectively by both the community and the local government structures. Another lesson learnt is that volunteer 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 and self-fulfilment. People are motivated when they see positive changes arising from their involvement.

It is noteworthy to mention that while a PPPP system is encouraged in Peru, there remains a large gap between the work of CSOs and government. This can largely be explained by the historical mistrust of government by CSOs. Many CSOs still structure programmes and projects or interventions in a manner that predominantly addresses the needs of funding agencies rather than the policies and community development strategies of the government. For example KALLPA in Ayacucho and in Cuzco demonstrated its good intentions in terms of community social and welfare development. But there was an oversight in its approach because it provided services directly to communities without a meaningful role played by the CBW structure that government is trying to promote. Practical Action, too, did not feel it needed to collaborate with government in all its activities, highlighting fear of government bureaucracy as the reason. Condoray also pointed out issues of lack of quality assurance in the work that NGOs do. Despite its good work on the ground, there is a lack of mutual benefit, participation and co-operation between the NGO and government. The fundamental challenge is how to ensure sustainability of the good work the NGO has started should it phase out. Will the Cañete community be able to continue this good work without the necessary linkages with local and provincial municipalities?

To ensure that a CBW attaches value to the work they do, as well as the training received, some form of payment needs to be levied. Condoray CBWs contribute S/.1.50 per training. This approach ensures that CBWs do not drop out in the middle of training because they have invested in that training and therefore a vested interest. It also gives them a sense of pride and ownership of the programme they are involved in.

### **4.3 Relationship of community structures to CBW**

#### 4.3.1 What involvement do other community structures have in CBW processes?

The CBW system is in itself a community-based structure. It relies on the effective participation of a community in the initial stages of formulating, planning, implementing and controlling/managing the activities of the whole CBW model. Without the community the CBW model remains a distant mirage that can never be sustained. CARE Ayaviri, Practical Action in Sicuani and Consejo de Desarrollo del Comunal (CODECO), local community development councils, in Achipampa ensures that no priorities are planned without the participation of the community through their representation in local CODECOs. The whole system is premised on direct participation of the community, with comprehensive community development plans developed, supported by the local municipality.

#### 4.3.2 What are the implications of this relationship?

For many CSOs the logic of working with communities starts with the principle of 'people first', working with people's priorities and respect for their dignity, not from the agendas of CSOs or government. The continuous support and participation of communities in their work therefore has ensured that the CBW model is focused on addressing real needs and interests of the people. This approach has helped the communities to know their strengths, weaknesses, opportunities and threats to enable better planning and service delivery targeted to those most in need. The community vigilance model, supported by CARE in Achipumpa and the district of ATILIDO, has enabled a clear prioritisation and channelling of resources by higher tiers of government to the communities. A community that has a clear understanding of its strengths and needs is able to put in place locally focused and appropriate development projects and programmes. The close working relationship between communities and CBWs ensures that communities take ownership and are stewards of their own development.

### **4.4 Involvement of other stakeholders**

#### 4.4.1 How is the private sector/business involved in the delivery of services?

The policy environment in Peru maximises the strengths of all stakeholders to contribute to the development challenges facing the country. Through corporate responsibility initiatives the private sector provides funds to NGOs, CBWs and government. The local CODECOs are the appropriate forums bringing together all stakeholders to prioritise programmes. They also ensure co-ordination of development activities. The mining sector for instance is working closely with communities where they have operations.

#### 4.4.2 What roles do government and other departments play?

Government and the different tiers of governance play a critical role in providing an enabling framework for the operations of the CBWs and other development actors. This framework recognises that development is for the people and should be led by the people themselves rather than government. The PPPP approach is a sustainable approach to community-driven development. Some ministries such as MIMDES promote joint planning and execution of programmes with CSOs. MIMDES provides necessary funding to complement community and CSO initiatives. The Children's Centre in Lima is an example where MIMDES collaborates with community volunteers to assist children with mental, psychological and learning difficulties. Over 2,000 children's centres exist in the country, assisted by MIMDES and run largely by volunteers. The partnership arrangement between CARE Ayaviri, the local municipality and the community is another example of a vibrant working partnership between government and civil society.

To ensure that CBW work does not compromise professional standards of service delivery, government departments and ministries second staff to provide technical assistance to such institutions. Ministries also assist with the development of training materials and ensuring that the training of CBWs is accredited with higher education institutions.

#### 4.4.3 How are formal and informal structures involved?

The CBW system in Peru is premised on formalising the informal. Every agency, whether government or CSO, works on the basis of integrating indigenous knowledge into any intervention proposed. As the case studies demonstrated, all sectors take account of the target beneficiaries with culture as a starting point. Public participation and co-ordination structures through CODECOs bring together formal and informal stakeholders to a round

table of development discussions (*mesa de concertación*). Such fora define the type of development the community needs, a plan to achieve priorities that communities formulate, and roles and responsibilities assigned in terms of the community SWOT analysis. *Instituto de Ecología y Plantas Medicinales* (IEPLAM), the ecological institute, utilises indigenous knowledge about traditional medicines and plants to formalise a traditional activity of the Inca people.

#### 4.4.4 How does the linkage with formal structures work in practice?

The CODECO forum brings together all stakeholders in community development. Government is represented by appropriate structures such as the *Agencia Peruana de Cooperación Internacional* (APCI). It is not mandatory to register with APCI but NGOs that register qualify for a twenty percent reimbursement of their expenditure from sales tax revenue. Monthly CODECO meetings are used for monitoring and evaluation of community development projects, to ensure development agencies harmonise their action with those of government and to allow development actors to share experiences and lobby for particular interests. APCI acts as the intermediary for NGOs and government to avoid the often aggressive/confrontational relationship that exists between the two. Many INGOs and donors don't approve of this system but government (and especially the new Prime Minister) is wary of NGOs transparency regarding where funds are coming from and how they are spend. Government wants to ensure projects meet specific requirements and standards. At regional and district municipality levels APCI is involved mainly in getting recommendations from the municipalities and from local beneficiaries. It sometimes intervenes to contract NGOs to provide capacity where it is lacking.

#### 4.4.5 What other stakeholders are involved in service provision?

Besides government and CBWs, INGOs, the private sector and national NGOs are involved in service provision. APCI attempts to co-ordinate their efforts in order to ensure integrated service delivery in line with achieving the MDGs and the poverty challenges facing the people of Peru. This is in pursuance of one of Peru's decentralisation goals - to see fluid and ongoing flow of resources from the government and foreign governments to poor areas.

### **4.5 Training, support, supervision and accountability needs**

#### 4.5.1 What training is needed and for who? Who should provide this?

The stakeholder planning forums (*mesa de concertación*) are used to draw different roles and responsibilities for different players. Training is then customised to meet requirements and the different roles stakeholders will play. For example some stakeholders play a role at the macro or policy level (politicians, mayors, regional directors etc) and their role is to support and provide oversight. INGOs such as CARE Peru, Save the Children Sweden and Practical Action have developed appropriate training to respond to the specific area of work they focus on. In some instances CBWs are both policy interpreters and implementers, and training is customised to enable them to play this role effectively.

Training is customised to be both relevant and appropriate to the local conditions. The majority of development actors have a deliberate focus on working with communities in Peru, in which interventions have to take account of cultural and social factors and capitalise on the wealth of knowledge of the Andean people. Training is therefore developed with the people in mind to ensure it integrates their cultural values.

Training programmes have very high significance and value for learners. We were amazed by the number of technical institutions wherever we visited. These collaborate and are

closely linked to a university or other higher education institution. The animal health technicians in Ayaviri, the *kamayoqs* in Sicuani, or the young women trainees in Condoray are all linked with a higher institution or a university for accreditation. The key lesson for Africa is the need to get our CBWs accredited by higher education institutions so that it adds value and at some point people can be able to further their studies. South Africa is heading this way with the learnership and accreditation programmes with different sector education and training authorities (SETAs).

However training should equip learners with practical and relevant skills for work they are expected to undertake. Trainees must be grouped according to the services they provide and according to their interest to ensure that the training is tailor made to suit their needs and meet the development challenges of their communities.

#### 4.5.2 How are CBWs supported?

Joint monitoring and supervision by community/municipality committees, for example CLAS and CODECOs, provide ongoing support to CBWs. Where CBWs are organised into associations, these act as reference forums for support and revision of their practice, eg *kamayoqs* associations. In many of the organisations we visited there was a technical staff member whose role was to work with the CBWs and identifying the support structure these volunteers require was included in their job description. Regular meetings were seen to be essential to ensure cohesion among CBWs members. These meetings also act as peer learning processes for reflection and support. It is important that FAs and managers promote a mindset that gives CBWs a sense of pride and self-esteem in the work they do. Investment in continuous and appropriate training of CBWs is therefore important to renew their faith and commitment to their work.

Socio-economic support of CBWs is another critical element. Although many development agencies and CBWs themselves underplayed this element, we felt it was important to highlight. Condoray assists/supports its community promoters with income generating activities (IGAs)/projects that are a motivating factor for sustainability of volunteers in the organisation. Some CBWs are not employed and this presents a serious challenge to the wellbeing and welfare of their families.

#### 4.5.3 Who are CBWs accountable to?

CBWs first and foremost account to the communities they serve. Over and above this they are accountable to development stakeholders like government, and private sector and civil society organisations who act as FAs. For example in Ayacucho we observed that CBWs provide monthly reports to the FA who checks them for quality then submits to the Ministry of Health on a monthly basis. CBWs also have monthly meetings with the community they serve where they also account for their activities. In other communities we visited in Puno and Cuzco, CBWs are also accountable to a committee comprised of community members, the local municipality, professional practitioners and the FA. Some have formed associations which act as a forum for accountability and referencing.

#### 4.5.4 What other support would be needed to keep a CBW process going in a meaningful way?

Government needs to draw up legislation that ensures that other service providers take on board the CBW approach to service delivery. This will mainstream and integrate many other services with the work CBWs are doing, hence strengthening and promoting the CBW system. The CBW model should be formalised, recognised and legitimised as a structure of

service delivery. This will institute and mainstream the work of CBWs in the broader machinery of government, making resource allocation obligatory and meaningful. The state and other structures of government should dedicate more financial and technical resources in support of the work of the CBW.

The major challenge facing the majority of CBWs is how to tackle other socio-economic challenges like poverty and unemployment in their families whilst providing time in support of their communities. The CBW system needs to integrate and address such challenges in order to reduce the high attrition rate many FAs face. Many CBWs leave to look for employment opportunities. While understandable this tendency does not add value to the investment (in terms of capacity building) many FAs make. CBWs should be encouraged to take other jobs and employment opportunities concomitantly with their CBW work. Training and ongoing capacity building to sustain CBWs livelihoods, for example IGAs and other sustainable livelihoods strategies should be supported.

The concept of CBW should not be restricted to unemployed people but widened to include professionals and full-time employees who need to invest and plough back time and expertise to their communities.

## **4.6 Roles and linkages required**

### 4.6.1 What are the relevant community roles in terms of monitoring and managing CBWs?

Communities need to be involved in CBW work from day one. They need to organise and take an active role in defining development opportunities, challenges and strategies to achieve these. Some communities we visited had very strong structures in place to support work of CBWs. Community committees closely monitored the CARE Ayaviri and Practical Action programmes, and were well equipped to provide the necessary support and also monitor the work of the CBWs. Community ownership and engagement in these places was very strong, hence there was clear evidence of sustainability of community projects beyond the FA project period.

### 4.6.2 What are the relevant roles for government/local government departments, facilitating and implementing organisations?

Governments and other relevant stakeholders should create a policy environment conducive to the functioning of the CBW system. Government's role should include establishing legislation and pro-poor policies acknowledging that CBWs are filling an important gap. This should be matched by resources and technical support to communities. Bureaucratic barriers currently characterising many government services need to be removed and a partnership arrangement put in place, for example CLAS which is implementing a joint management structure for the health sector in Peru. All stakeholders must have clear guidelines for monitoring and evaluating the work of CBWs. In addition government or the relevant department should be responsible for monitoring quality and ensuring legislative requirements are met, that is, adherence to minimum standards.

### 4.6.3 What are the implications for roles and linkages if the CBW system is to be effective?

A clear partnership framework spelling out roles, responsibilities, integration and co-operation must be drawn up and agreed upon by all stakeholders involved in community development. Such a framework will ensure that service providers and communities co-ordinate their approaches and development initiatives. A relevant memorandum of understanding or partnership documents must be signed to formalise such arrangements and also ensure that each partner implements what they committed to do. For instance MIMDES has 32 national

agreements with CSOs on how they will work. Unfortunately we could not establish whether these were operational at the time of the visit.

## 4.7 Impacts and sustainability

### 4.7.1 What evidence exists to show the impact of using CBWs?

Our interactions with CBWs provided testimony that their work was making a difference in the lives of poor people in the communities. As the case studies demonstrate, meetings held with NGOs and different government ministries, including the Congress and regional and local municipalities all showed that the work of CBWs has made a noticeable impact in poor communities. Different communities implement different projects and programmes using CBWs, such as improved health and nutrition and food security. Based on data from the vigilante groups, demographic patterns have changed for the better. For example there are fewer incidents of malnutrition and reductions in mother and child mortality rates.

Because CBWs come from inside the areas they serve and are under no pressure to leave, project sustainability is ensured. They are also engaged in constant training of other community members to participate in community initiatives, and therefore the work would be sustained should they decide to move on. In addition by focusing on interventions with immediate results and direct benefits to the community, communities are motivated while confidence is built for a longer term interventions. Evidence of impacts through use of CBWs as service providers was observed in reduced maternal and infant mortality rates, improved nutrition, enhanced household food security and motivated communities. For example in Condoray we saw noticeable changes to the lives of poor households. Maria and her husband Jorge (in picture) have a herd of over twenty dairy cows in their yard from the IGAs that Condoray helped them to establish. Also the majority of Rural Promoters in the Condoray project have similar IGAs as that of Maria and Jorge in their homesteads.



### 4.7.2 Is there evidence that professional standards are compromised by using CBWs? How have these been avoided?

The chances of CBWs compromising professional standards are minimised through the formalised and standardised co-ordination fora between communities and other stakeholders in the development arena. These fora act as monitoring and quality assurance guarantors. Continuous and appropriate training ensure that CBWs are on top of emerging professional standards. For example IEPLAM globally markets indigenous herbal medicines and other plant products produced by communities in the Andean mountains. Its marketing department ensures that products comply with professional and internationally accepted quality standards. IEPLAM works with and trains CBWs in their communities to ensure that the end product meets the minimum accepted international standards. Practical Action's *kamayoqs*, CARE's animal health assistants, as well as Condoray's rural promoters are affiliated to university institutions who ensure the work CBWs do is of quality and meets laid out standards.

Many CBWs work closely with professionals who are either volunteers themselves or attached to the same organisation for research purposes. CBWs also refer clients needing professional help to doctors and clinical nurses. For example CBWs working on maternal health care collaborate with district government hospitals and encourage/refer pregnant mothers to attend antenatal clinics. Wider members of the community are also referred to professional counselling by the psychologist in cases where they cannot deal with issues at hand. Professionals also value the work of the CBWs and support and ensure they are rendering quality work. Rather than see CBWs as a threat or competition, they view them as complementary and contributing to their work.

#### 4.7.3 In what conditions do CBWs work most effectively to support the rights of poor and vulnerable households?

The Peruvian experience shows that CBWs work well in their own communities. One reason is that CBWs can see positive benefits of their involvement accruing to their communities, they are motivated to do better. This also acts as a self fulfilment and pride (kudos) that they are giving back to their community. They are familiar with and understand the socio-cultural needs of that community, they speak the same language and share the same culture. Thus they are motivated to contribute back to their community. Continuous training and professional support acts as additional motivation as do the linkages and partnership with government structures.

#### 4.7.4 How long can CBW systems operate bearing in mind their vulnerability to shocks and stresses linked to poverty? Is it appropriate to think of exit strategies?

CBW programmes must be planned well and should be part of the community development plan for service delivery. Sustainability of such programmes can be assured where the community is co-ordinated in partnership with local and national government and financially supported. The CLAS system and the comprehensive community planning in Umasi are demonstrable examples where such long term thinking has been factored in the planning. These partnerships ensure that communities take ownership of their own development. Exit strategies should be in place and should include IGAs for self-sustainability of CBWs who are not necessarily full-time volunteers but can look after their own livelihoods.

The concept of CBWs should be strengthened as motors of development and should be integrated into the mainstream government service delivery system. Long term funding of these approaches needs to be seen as part of the exit strategy, with donor agencies committing adequate resources to respond to sustainable community initiatives. Empowering communities with entrepreneurial skills is also critical to ensure that they effectively manage and run projects.

#### 4.7.5 What are the positive and negative experiences of using CBWs?

On the positive side, CBWs can ensure:

- community ownership of programmes,
- community involvement in planning and strategic development of plans,
- community contribution to participatory budgeting processes,
- initiation and management of their communities' own development projects and priorities,
- contribution to democratic election processes,
- accountability to their communities and other stakeholders,
- observation of human rights principles,
- capacity building,

- involvement in citizen surveillance,
- quality of service delivery,
- personnel development,
- a conduit for information system for services,
- communities are empowered to deal with their own challenges and come up with tailor-made solutions to their situation (problems).

There are a few negatives. In some instances CBWs might be implementing the agenda of the donor agencies or government party politics and not necessarily the agenda of their communities. Also in areas of extreme poverty it is difficult to expect people to volunteer without any remuneration. Many of the communities we visited had expectations that people give time selflessly with no expectation of remuneration.

## **5 SUMMARY OF LEARNINGS**

### **5.1 Key implications for policy and practice**

Policy should ensure that CBWs are formalised within the official structures of government at district and local levels. The work that CBWs do needs to be recognised as contributing to the gap in service delivery that government is unable to bridge. This should be built into policy as with the CLAS and Schools Municipality systems in Peru.

#### **Government**

- Provide for CBW activities in the sector budgets and the presence of an intermediate public entity, for example APCI, to facilitate the interface between state and civil society. Such a body can monitor and evaluate co-managed projects between communities, NGOs and the state and ensure quality assurance and improved equity benefits by marginalised communities. The Ministry of Economy and Finance and the opposition congressman, Santos Jaimes voiced the concern that government is preoccupied with constructing monuments and facilities that are not the key priorities for ameliorating poverty in Peru. Government needs to show commitment and transparency in maintaining funding levels, without which these joint agreements between the state and community organisations cannot be fulfilled.
- Integration of peoples' culture and their indigenous knowledge into wider development policy is critical if development is to be pro-people. Peru's strong tradition of community organisation and social development is in accordance with the poverty framework of 'people first'. Respect for diversity, including religious, ethnic and cultural values should be considered in all interventions. Participation of women, children and minority groups who are vulnerable and adversely affected by socio-economic development should be encouraged. This will yield greater dynamism and better development strategies for improved equity.

#### **Donors**

- Provide financial support within well-defined service delivery frameworks of development goals. These should complement specific government, district and community level priorities. Funding should not only be according to the agenda of the donor but respond to the real needs identified by the planned beneficiaries of the intervention. Sustainability models must accompany such funding with ample timing provided to show impact before identifying new priorities. This is in recognition that most donors funding timescales are often restrictive for impact to be realised or analysed.
- Funding support is also needed for continual improvements of methods of participatory community-based planning, budgeting, monitoring and evaluation.

#### **FAs**

- Strengthen the action-learning and policy influencing approach with communities and ensure that learning is shared across different sectors. Sharing of knowledge, information, networking, collaboration and proper documentation of programme activities are critical to the sustainability of community based programmes.
- Active community participation through established co-management committee structures will ensure sustainability beyond FA involvement. This also makes an important contribution to the impact and sustainability of development initiatives.

- Build the capacity of the management/co-ordination committees to adequately plan and prioritise projects that the community will undertake.
- Intensify work with rural communities, local municipalities, youth and HIV and advice centres, etc. Also promote the use of information and communication technologies, for example telephone and email counselling in advice service centres, and design interactive IEC materials for young people.

## **6 IMPLICATIONS FOR PARTNER COUNTRIES**

### **6.1 South Africa**

The home-based carers (HBCs) model of service delivery in South Africa provides stipends as incentives. Not all HBCs receive this incentive and many NGOs have their own compensation mechanisms in place. It is difficult to reverse this trend and the expectations that have already been created. For those not covered, the focus should be on career pathing through training and accreditation as an incentive to ensure collaboration and positive attitudes towards service delivery.

Current government initiatives on CDWs as intermediaries between government and communities can be scaled up and strengthened to mirror the CLAS model of co-management of resources at the grassroots level. However, the challenge for the CDW programme is to find the right home and to have the necessary authority to undertake the duties expected of them effectively. This can be complemented by training of politicians, in particular local councillors, to better understand their mandate and to link community needs into the integrated development plans (IDPs) of local municipalities.

As the South African government continues with its modernisation and reform of services, the discourse of decentralisation will be strengthened by more involvement of CSOs in informing government planning. This should be supported through community-based planning and participatory budgeting at the local and provincial municipal levels, informed by comprehensive development plans from the ward level.

### **6.2 Uganda**

There is a need to integrate CBW activities within local government plans at sub-country and district level. There is a need for a community/village vigilance system to monitor and evaluate programmes by community members. There is also need for integrated planning and an integrated approach at community, district and sub-country level to service delivery.

### **6.3 Lesotho**

For the CBW system to be successful Lesotho require a concerted effort of all key stakeholders including the executive, public sector, private sector, NGOs, other CSOs and international development partners. As a concept CBW should be entrenched in national policies and strategies for service delivery. More importantly the leadership of the country and stakeholders should embrace it in the implementation of the service delivery initiatives. The introduction of a decentralisation process in Lesotho should be capitalised on to promote the CBW system as mechanism for efficient service delivery to the rural communities. Existing CBW arrangements should be resuscitated (where service has declined) and enhanced. Necessary capacity building and financial and material resources should be made available to facilitate the work of CBWs. There is a need to build in a national policy around appropriate incentives to encourage and keep CBWs motivated. A stakeholder review and/or development of policy guidelines and procedures should be undertaken in order to ensure a consistent approach and service delivery through the CBW system. Enhancement of existing initiatives should be given a priority with a view to replicate countywide.

The existing system of day care centres both in urban and rural areas need to be reviewed in Lesotho. In urban areas services are mainly sponsored by NGOs who charge fees for the service provided. In other instances day care centres are privately owned and established as a business. Meanwhile day care centres in rural areas are provided as in-kind service. They

are predominantly run on the basis of voluntary arrangements sponsored by the communities or individuals. However due to the escalating number of orphans and vulnerable children (OVC) more day care centres are mushrooming in both the urban and rural settings. Community based workers are also emerging to provide volunteer services in both instances. Community Home Based Care is another common intervention. The level of support to these initiatives varies and is largely dependent on resource endowment and commitment from the stakeholders. The implications for Lesotho are therefore to restructure the technical, material and financial support required to sustain service delivery through the CBW approach. Clear strategy and policy guidelines should be developed and supported in order to ensure sustainability of the interventions.

## ANNEX 1: REFERENCES

- Future Generations, (2003) "Country Programs." [www.Future.org/pages/03](http://www.Future.org/pages/03)
- Save the Children Sweden (2003) 'The Experience of the School Municipality model in Peru: Learning democracy.' Save the Children Sweden.



The delegation team to Peru with Condoray staff

## ANNEX 2: PROGRAMME

Day	Sunday	Mon	Tues	Wed	Thurs	Friday	Sat	Sun	Mon	Tuesday	Wed	Thus	Friday	Sat								
Oct	16	17	18	19	20	21	22	23	24	25	26	27	28	29								
Location	Arrival	Lima			Cuzco (See AYACUCHO below)				Lima					Depart								
8:00-9:00		Breakfast			Manuela Ramos District & Municipality Villa El Salvador Lunch Terra de los Ninos – Villa El Salvador Congress – Republic of Peru Reflectio	Depart hotel 6.30 am Arrive Cuzco 10 am, hotel transfer, rest and acclimatize Lunch	4 hrs bus journey to Puno	Travel to Sicuani (2.5 hrs from Ayaviri (Cuzco))	Free for tourism	Travel back to Lima	Breakfast	Breakfast		RAE Red de Agricultura Ecologica de Peru – Ecological Agriculture Network IDMA – Town of Lurin Report writing and presentation prep CBW project presentation to	BIO FAIR – visit Ecol. Produce Assn Fair Depart for Airport and to Brazil flight							
9:00-10:00		ASODEH (Dr. Jorge Ramiles) 9-10.30	Save the Children (Gina Solari)	Lunch						CARE – Ayaviri – Umasi Community	ITDG - kamayoqs & IFAD corridor project	AYACUCHO team – meeting with IFAD in Lima	FONCODES/ CARE Peru & MIMDES			Ministry of Economy & Finance	PRISMA	MoH	Lunch	Lunch	Lunch	Lunch
10:00-11:00																						
11:00-12:00		15:00-16:00	16:00-17:00	Late Lunch						Reflection	CARE –	Travel back to Cuzco	APCI - Orozco; Charpentier; Schedl			ANC	Report	Lunch	Lunch	Lunch	Lunch	
12:00-13:00																						17:00
13:00-14:00		17:00	Study Tour	Reflection						CARE –	CARE –	Travel back to Cuzco	APCI - Orozco; Charpentier; Schedl			ANC	Report	Lunch	Lunch	Lunch	Lunch	
14:00-15:00																						17:00
15:00-16:00		17:00	Study Tour	Reflection						CARE –	CARE –	Travel back to Cuzco	APCI - Orozco; Charpentier; Schedl			ANC	Report	Lunch	Lunch	Lunch	Lunch	
16:00-17:00	17:00				Study Tour	Reflection	CARE –	CARE –	Travel back to Cuzco					APCI - Orozco; Charpentier; Schedl	ANC							Report
17:00		17:00	Study Tour	Reflection						CARE –	CARE –	Travel back to Cuzco	APCI - Orozco; Charpentier; Schedl			ANC	Report	Lunch	Lunch	Lunch	Lunch	

19:00	overview	time – report writ	n time	AHAs trn	bauer	KALLPA /CARIT AS	writing	partner s	ITDG event & DINNER
<b>PARALLEL AGENDA for AYACUCHO</b>									
Day				Thurs	Friday	Sat	Sun	Mon	
October				20	21	22	23	24	
8:00-9:00				3:30 am Depart, Arrive 6:30 am				Depart ure- 7AM	
9:00-10:00							Free for tourism	Check in Hotel in Lima	
10:00-11:00								See above for assign ment	
11:00-12:00									
12:00-13:00					PRSIMA	KALL PA			
13:00-14:00									
14:00-15:00					Lunch	Lunch			Lunch
15:00-16:00									
16:00-17:00									
17:00-18:00									
18:00-19:00				CARE - Farmer' s Union	CEDAP/ ARPOA	Ayacu cho Comp etitivo			
19:00-20:00				Dinner and stroll about town					
20:00-21:00				Retire to bed					

**ANNEX 3: LIST OF PEOPLE MET, WITH CONTACT DETAILS**

Name	Organisation	Position	Address	Telephone/	Fax	Email
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**ANNEX 4: DELEGATE LIST**

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