



BACKGROUND

In 1989, CARE Peru began working with health promoters as part of the Rural Potable Water and Community Health Project. Selected by their communities, volunteer health promoters work in coordination with the Ministry of Health to reach targeted areas. This example of community participation forms the basis of the project strategy and design, with the intent of assuring project impact and sustainability. Health promoters (Promotores de Salud or PROMSA) are one key element in the success of this strategy. Other key elements are the Health Promoter Associations (Asociaciones de Promotores de Salud or APROMSA) and Water Committees (Juntas Administradoras de Agua Potable Rural or JAAPR).

The following case study is based on an evaluation of the Rural Potable Water and Community Health Project. The evaluation was completed in September 1997 and focuses on the role and sustainability of the volunteer health promoters and their organizational association, APROMSA. The evaluation was conducted in project communities in the departments of Cajamarca and La Libertad. Trained CARE Peru staff interviewed 51 health promoters, from 44 communities. Interviews and focus groups were also held with community members, community leaders, health professionals, leaders of APROMSA, and representatives from CARE Peru regarding health promoters and the program.

THE PROJECT

In 1989, CARE Peru implemented the Rural Potable Water and Community Health Project. The project consolidated CARE Peru's 20 years of work helping rural communities build and maintain potable water and basic sanitation systems, as well as providing basic health education in coordination with the Ministry of Health.

The main objective of the project is to improve the health of people living in target areas through the provision of potable water, basic sanitation, and appropriate training in health and water systems maintenance. The project is being implemented simultaneously in the departments of Cajamarca and La Libertad. Identical project strategies exist in the two target areas, based on active community participation and self-management. This approach ensures that project activities focus on the needs expressed by com-

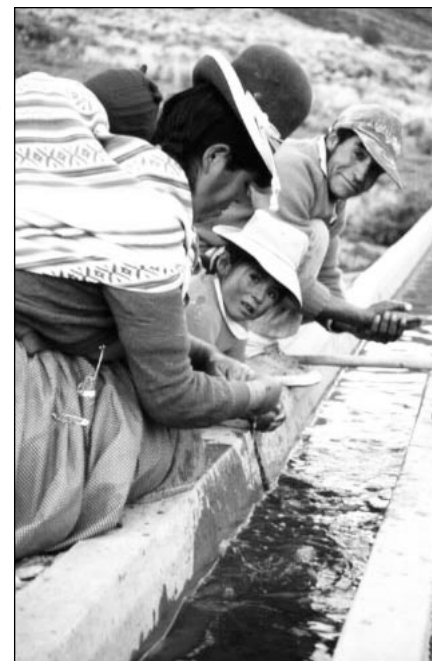
P E R U

The Impact of Health Promoters in Project Areas

munity members, thus promoting project impact and sustainability.

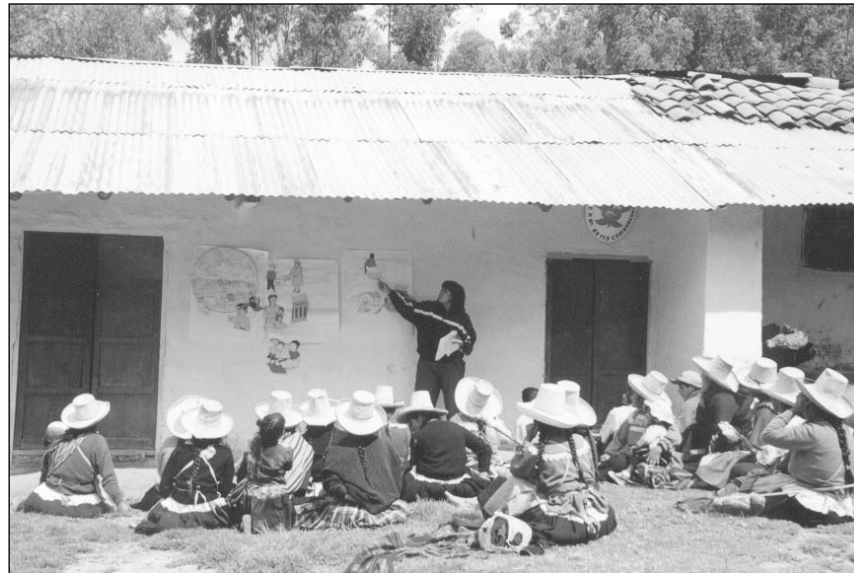
Project activities include installing gravity fed-water systems, constructing latrines, implementing health promotion activities, and providing hygiene and sanitation training. These activities are accomplished through the coordinated efforts of volunteer health promoters, Ministry of Health personnel, Health Promoter Associations (Asociaciones de Promotores de Salud or APROMSA) and Water Committees (Juntas Administradoras de Agua Potable Rural or JAAPR).

Eligibility criteria for new health promoters includes being 18-40 years of age, living in the community they serve, having the ability to read and write, being accepted as a leader within the community, and being prepared to work as a volunteer. No prior experience working in health is necessary. In addition, health promoters must be willing to provide the Ministry of Health with information regarding their activities on a monthly basis. Health promoters must provide the Ministry of Health with an epidemic report, immediately after a situation arises in their community. Also, health promoters must report their stock of medicines to the Ministry of Health, so that additional supplies can be provided when necessary. Finally, health promoters performance is based on the following criteria: their participation in the different phases of training, the number of home visits they make per month, their measurement and supervision of the height and weight of children under five years of age in their community, and their relationship with the Ministry of Health and Water Committees. CARE advocates having two health promoters, one male and one female, per community. To date, 70 percent of health promoters are male and 30 percent female.



Health promoters have organized themselves into legal associations, referred to as APROMSA; all health promoters are eligible for membership in an APROMSA. The main role of APROMSA is to organize all health promoters in a province. This includes supervising the health and health promoters in communities, working with the Ministry of Health to promote preventive health in communities, and providing support for the training efforts of health promoters. The Ministry of Health in each province recognizes the importance of the health promoter associations and through monthly meetings the organizations are able to coordinate project activities.

The APROMSA works directly with the Ministry of Health and CARE to provide training to health promoters. Initial training consists of four phases, over a one-year period. Training sessions are four days, with participants provided with food and lodging. Participants receive no additional economic incentive for their involvement as a health promoter. The focus of training during the initial three phases concentrates on prevention measures, while the final phase concentrates on support techniques. Topics covered during the three prevention sessions are: the strategy of the project, the role of the Ministry of Health, the role of health promoters, basic rural sanitation, immunization, gender, diarrhea, oral re-hydration therapy, control and monitoring of nutrition for children less than five years, promotion of nutrition, respiratory infection, TB control, and training of health promoters on how to teach communities. Topics covered during the



support session are management of basic medicine and first aid. During the initial three phases of training, health extensionists work along side new health promoters in their communities. This assistance ceases at the initiation of the final phase of training, at which time health promoters start working independently. After the first year of training, CARE provides a second year of service to communities, conducting needs assessments every three months, or four times a year. Refresher courses are provided based on the needs of the communities, with CARE providing refresher training in water and sanitation and the Ministry of Health providing refresher training on all other health topics. After CARE leaves a community, at the end of the second year, the Ministry of Health continues providing periodic refresher training.



Water committees also play a significant role in project communities. The committees are responsible for the collection and management of funds, operation and maintenance of infrastructure, supervision of sanitation projects, and administration of sanctions and fines when an individual does not pay user fees or abuses the water system e.g. uses water for irrigation or wastes water through leakage. In addition, 85 percent of health promoters work directly with committee members to accomplish project activities. Specifically, health promoters and committee members work in groups to visit every home in their community. During these visits, groups observe household use of water and hygiene behavior. Problems observed are resolved at the time of each visit. Through the combined efforts of health promoters and committee members, every home is visited during a two-month cycle.

KEY FINDINGS

The health promoter strategy implemented by CARE Peru has led to significant improvements in health in project areas. As illustrated in Table 1, the child immunization rate is 100 percent; a large number of households now have latrines in addition to potable water connections; and hand-washing and proper disposal of excrement are regularly practiced by a majority of households. These factors have led to a rapid increase in control of diarrheal disease and improved child nutritional status. The decrease in child morbidity and mortality rates in rural communities is the most noteworthy achievement of the Rural Potable Water and Community Health Project.

The evaluation conducted in September of 1997 clearly shows improvements in the health and environment of targeted communities. It is important to recognize that results are closely tied to the individual capacity of health promoters. Statistics show that immunization coverage occurs more rapidly in communities with "good" health promoters. After three or four months in a community, a "good" promoter can increase immunization rates by up to 60 percent for children less than five years of age. It can take three times as long to obtain the same results in communities with "bad" health promoters.

During the evaluation process, 107 inhabitants of selected project communities were randomly selected for interviews. Of those selected, 96 were aware that health promoters existed in their community, and more than half recognized that they carried out preventive and promotional health activities. Furthermore, the majority considered their health promoters performance to be effective.

During the evaluation process, 51 health promoters were interviewed. Only one individual indicated that activities would terminate after CARE left their community. The remaining individuals indicated that activities would continue as normal or activities would continue but only in part. CARE also found that 59 percent of the originally selected health promoters continued working after five years of service. Of the 41 percent that left before five years, reasons for departure included lack of incentives, lack of time to dedicate to community, or moved from the community they served. Further inquiry found that 82 percent of the health promoters want to continue their work indefinitely. Finally, knowing the importance of their relationship with the Ministry of Health, 44 of the 51 health promoters interviewed indicated that they have good or excellent working relationships with Ministry of Health personnel.

TABLE 1.
CHANGES DUE TO INTERVENTION OF CARE PERU'S
RURAL POTABLE WATER AND COMMUNITY HEALTH PROJECT
IN TARGETED COMMUNITIES IN CAJAMARCA AND LA LIBERTAD

CAJAMARCA	BEFORE INTERVENTION	AFTER INTERVENTION
Children Immunized	49.4-69.5%	100.0%
Acute Diarrheal Disease	22.0-36.5%	4.0-15.2%
Malnutrition	22.6-71.4%	14.4-57.7%
Families with Potable Water	Less than 10%	65.1-82.6%
Families with Latrines	Less than 10%	75.9-91.4%
LA LIBERTAD		
Children Immunized	21.0-47.8%	100.0%
Acute Diarrheal Disease	12.6-53.7%	4.5-11.5%
Malnutrition	13.3-59.4%	11.5-40.6%
Families with Potable Water	Less than 10%	75.0-88.6%
Families with Latrines	Less than 10%	57.0-92.0%

Source: Promoter interviews

Of the 51 health promoters interviewed, 46 are members of APROMSA. Reasons for membership include: provides training opportunities, formalizes their role as a health promoter and their commitment to their community, makes them feel "secure" in the community, and membership is recognized by the Ministry of Health.

LESSONS LEARNED

The concept of volunteer health promoters has been a part of Peruvian culture since 1930. At that time, Dr. Manuel Nunez Butron organized health promoters to meet the health needs of the rural population. In fact, CARE Peru has always trained health promoters as part of their water and sanitation projects, in coordination with the Ministry of Health. The Rural Potable Water and Community Health Project, embraces past promoter experiences and provides valuable insight for working through volunteer health promoters to accomplish project objectives.

1. The CARE Peru promoter experience has proved to be successful because it arose from the needs articulated by the community.
2. Establishing a good relationship between the volunteer health promoters and the Ministry of Health has benefited the Rural Potable Water and Community Health Project. When CARE Peru leaves a community, health promoters work directly with the Ministry of Health. Therefore, a strong relationship between the local health post of the Ministry of Health and health promoters is essential for the sustainability of activities

beyond the presence of CARE. With 44 of the health promoters rating their relationship with the Ministry of Health as good or excellent, CARE Peru has fostered a relationship likely to ensure the longevity of activities.

3. CARE Peru's strategy of working with health promoters was based on a pre-determined need to establish a linkage between the Ministry of Health service system and communities. The Ministry of Health system operates with regional, sub-regional, departmental, provincial, and district offices. However, Ministry of Health officials often work in health centers located in district capitals and larger towns. Involving health promoters has helped close this gap and provided health services to remote populations that would otherwise be without medical attention.
4. Training is a basic element in the work developed by CARE. For the Rural Potable Water and Community Health Project, most of the training focuses on hygiene and sanitation. The project evaluation, however, indicted a need to train promoters in a more comprehensive manner, incorporating additional aspects of primary health care. There is an expressed need for training in birth deliveries, women's reproductive phases, and use of medications, medical kits, and oral rehydration units. Health promoters are valuable health care agents and with additional training could provide additional services to the communities they serve.
5. Ministry of Health center directors have indicated that health promoters are valuable health care agents; they serve as liaisons between the Ministry of Health and the community, are good workers committed to improving the health of their community, give timely referrals, and carry out preventive and promotional activities. In addition, Ministry of Health officials indicated that APROMSA's provide advantages at the institutional level. For example, APROMSA's can facilitate meetings between the Ministry of Health and community authorities. However, disadvantages of the promoter system include the tendency of promoters to directly treat patients, some APROMSA leaders take advantage of their position for personal gain, and there is a lack of organization within the APROMSA's.
6. One of the main challenges facing the promoters is a lack of economic resources. All of the project's promoters are volunteers and are not compensated for their work. Thus, some promoters have left the community, after receiving training, to look for employment. The number of promoters that have left is relatively small, although in some areas it has reached

ten percent. There is a need for economic incentives for promoters; some promoters stated they receive moral support, such as being recognized as an authority by the Ministry of Health and their communities, but there is a need for material support. The lack of material support is believed to be responsible for promoters eventually resigning. Both Ministry of Health officials and APROMSA leaders are seeking mechanisms that would provide health promoters with economic incentives.

7. Of the health promoters interviewed, some reported feeling a lack of support from their communities. However, where communities lack the inclination and the ability to support their health promoters, APROMOSA's fill the need. Most health promoters belong to an APROMSA because they feel the association formalizes their role as a health promoter and makes them feel "secure" in the community. The support that health promoters receive from APROMOSA's gives them the support and encouragement needed to carry on with their work. In addition, membership in an APROMSA allows health promoters to acquire medicine at a reduced cost.

FOR FURTHER INFORMATION CONTACT



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