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Pan American Health Organization

best practices in gender, ethnicity and health

The participation of women and men
of Tutumbaru in monitoring maternal and child
health in Ayacucho, Peru





The participation of women and men of Tutumbaru in monitoring maternal and child health in Ayacucho, Peru

**“Health improvement is possible... men and women
working together can make it happen”**

Also published in Spanish (2012) as “Participación de mujeres y hombres de Tutumbaru en la vigilancia comunal de la salud maternoinfantil. Ayacucho, Perú”.

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Leaders of the rural village of Tutumbaru. Sivia, Ayacucho

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Technical nurse at the Tutumbaru Health Post - Ministry of Health

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PREFACE

As part of the celebration of the International Women's Day, the Gender, Diversity, and Human Rights Office and the Safe Motherhood Initiative of the Pan American Health Organization organized the V Competition to reward Best Practices in incorporating a gender-equality health perspective. This competition aims at identifying the experiences that best address the different needs and opportunities of women and men in attaining optimal health. This occasion saw the participation of 93 experiences from 19 countries in Latin America and the Caribbean.

The experience described in this publication “The participation of women and men of Tutumbaru in monitoring maternal and child health in Ayacucho, Peru”, presented by Management Sciences for Health, was selected as a winner since it had succeeded in transforming the participation of women and men towards promoting and monitoring health through their Community Neighborhood Committee (CNC). This Committee made efforts to promote the role of women as responsible for making health-related decisions and the attitude of men as promoters of health-related behaviors traditionally considered a woman's responsibility.

The achievements are self-evident. The Committee obtained official recognition from the Municipality of Sivia in the Department of Ayacucho. By 2011, the Committee had increased the membership of women and had, for the first time, appointed a woman as chairperson. In addition, Tutumbaru had increased the number of children in possession of a National Identification Card and immunization coverage; feeding practices had improved in children under 2 years of age; and women had increased their knowledge of family planning.

The Office for Gender, Diversity, and Human Rights is proud to present this publication which will elicit lessons that can be replicated and adapted to other contexts.

Dr. Isabel Noguer
Coordinator
Gender, Diversity, and Human Rights Office



SUMMARY

The experience entitled “The participation of women and men of Tutumbaru in monitoring maternal and child health in Ayacucho, Peru”, assisted by the Healthy Communities and Municipalities Project of Management Sciences for Health (MSH), and supported by the U.S. Agency for International Development (USAID), was a response to the scarce participation of women, men, and authorities in community health management in the indigenous community of Tutumbaru.

As compared to the data obtained in 2006, significant achievements have been reached. We observe an increase in the issuance of national identification cards to children (from 14% to 68%); significant improvement in health practices in children under 2 years of age such as increased intake of safe drinking water (22% to 100%), improved intake of 5 solid meals a day (from 22% to 73%), updated vaccines and growth-and-development controls (from 93% to 100%). Women have a greater knowledge of family planning methods (21%) which improves their maternal health. In addition, women have a greater presence in the Community Neighborhood Committee of Tutumbaru (from 13% to 38%) and, in 2011, a woman chaired this Committee.

The methodology and tools of the Healthy Communities and Municipalities model, with emphasis on the “Moral Leadership and Community Management” program, have provided valuable learning as they have contributed to and facilitated the empowerment of women and men in taking on challenges and improving maternal and child health. Sustainability of this initiative is made possible by the participation of health personnel in community counseling under a regulatory framework and by coordinating actions with the local government.

For more information on community monitoring, please visit the following web page:
<http://www.comunidadsaludable.org/inicio.asp>

I. Initial situation and context

1.1 Tutumbaru in the Apurimac River Valley area: a challenging scenario



**Panoramic view
of the Tutumbaru community**

Tutumbaru is one of the rural villages in the Sivia district, located in the Huanta province, department of Ayacucho, Peru. It is located on the left bank of the Apurimac River valley and has a total of 379 residents within 96 families.

This rural village is located in an area that has been hit hard by social and political conflict intensified in the eighties and nineties. It has been noted (1) that this turmoil subsequently weakened the organizations and social structures at different levels, affecting the emotional state of women and men of all ages and social classes. Fear and mistrust set in, mostly due to the assassination of their leaders and authorities.

Starting approximately in the year 2000, this area experienced a period of political, social, and economic restoration which included some interventions to improve the health conditions that had been significantly affected by the events of the preceding decades.

1.2 Why did we do it?

a) Inequities in the roles of women and men regarding health care

Until 2006, the low participation of women in the community health management of Tutumbaru was evident. For example, the presence of women in decision-making positions was minimal or almost absent:


“Before, only women who were the wives of the authorities participated in the meetings, but they themselves held no leadership positions.”

Mr. Juan Coronado Gente (Member of the Tutumbaru Community Committee)

The decision-making roles assigned only to men continued playing out at the social level, with repercussions in the form of scarce participation of women in community management:

“In the past..., our grandfathers did participate; they were agents, lieutenant governors; they monitored health, agriculture; they monitored almost everything.”

Mr. Juan Coronado Gente (Member of the Tutumbaru Community Committee)



One of the reasons that the replication of these social roles persisted was that the existing community organizations during that time period only invited men, a situation that was not conducive to greater opportunities to empower women:

“The agricultural farmer federation invited the men, every farmer or every authority, to attend training in Huanta. No women went”.

Mr. Juan Coronado Gente (Member of the Tutumbaru Community Committee)

Prior to 2006, the community organizations and residents of Tutumbaru received various types of interventions from different cooperating institutions in the fields of health, education, agriculture and even community monitoring, although they did not form a Community Neighborhood Committee (CNC). To address a problem or need, the people of Tutumbaru were summoned by their authorities or organizations, led primarily by men, such as the Self-Defense Committee:

“When there was no CNC, we had different authorities; one of those organizations was the self-defense committee; when they played the whistle or trumpet, we gathered and talked about what we should do.”

Mrs. Águida Curo (Chairwoman of the Tutumbaru Community Neighborhood Committee)

Moreover, there was limited participation of women in health-related information spaces or trainings. Access to these spheres was conditional on the decision of their husbands:

“Before, since there was no CNC, the husband did not allow the wife to participate; he wanted her to remain at home cooking food, washing clothes.”

Mrs. Águida Curo (Chairwoman of the Tutumbaru Community Neighborhood Committee)

Men’s participation in health issues was based primarily on attendance at trainings provided by cooperating institutions, though these did not include aspects that were “traditionally exclusive to women” (maternal health, family planning, and childcare).

This situation did not allow women to leave the domain of the private sphere to engage in the public one, a situation that typically relegated them to domestic work and home care (2).^[1] Furthermore, although the community received training in community supervision, it was not until after 2006, when the CNC was established, that both women and men become involved in performing an effective follow-up of mother and child health through monitoring health practices.

¹ Teresita de Barbieri, in her paper entitled “Fields of action for women,” focuses her analysis on two spheres: the public sphere, as the workplace that generates income, collective action, and power; and the private sphere, as the realm of domestic life, unpaid work—and unrecognized as such—family and parental relationships, affection, and daily life. The first is masculine; the latter is feminine.

b) Limited health practices in the care of children and pregnant women^[2]

When the Healthy Communities and Municipalities II (HCM) project of the U.S. Agency for International Development (USAID)^[3] initiated its intervention in 2006, the community had no CNC to monitor the community health practices of Tutumbaru families. The first community-based measurement of these practices highlighted the following results:

Only 14% of children under 2 years of age had a birth certificate

22% of children ages 6 to 23 months drank safe water

Barely 22% of children ages 6 to 23 months were fed 5 solid meals a day

Source: Community-based Information System-SISMUNI 2006-2007. Project USAID/MCS II.

These low indicators reflected the need to monitor healthy practices, as well as to promote and inform individuals, families, and communities about the importance of health care, the participation of the population and authorities in general, and the mobilization of resources in favor of child nutrition and child care during the first years of life starting with conception.

Before 2006, in Tutumbaru the practice of feeding children ages 6 to 23 months a minimum frequency of solid meals a day reported a low percentage, putting children at risk of weight loss and poor nutritional status. In this same population group, the lack of safe drinking water was a factor that put them at risk of having diarrhea and contracting other infectious diseases related to infant mortality and morbidity. Another practice with a low percentage was the possession of a birth certificate, a situation that limited the right of children to bear an identity and to be have access to services provided by the Peruvian government, such as Comprehensive Health Insurance (CHI).

II. The intervention process

2.1 The USAID/HCM Project II: Intervention framework

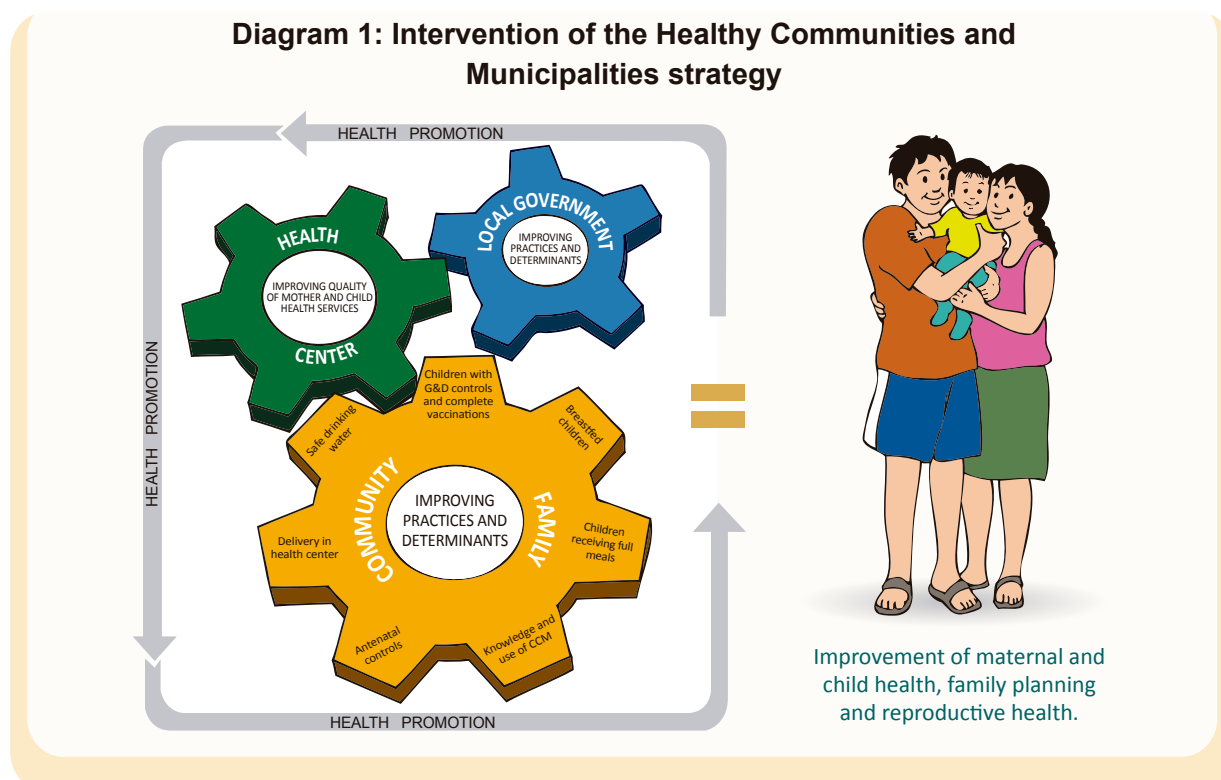
In the context of this initial situation as described, the experience called “Participation of women and men of Tutumbaru in community monitoring of maternal and child health” was developed under the framework of the USAID/HCM Project II. This project aims to improve maternal and child health, and sexual and reproductive health, through the application of the methodology and tools of the Healthy Communities and Municipalities (HCM) strategy.

This strategy intervenes at the local family, community, and government levels, connecting them with the health centers (HC) in their jurisdictions. It should be noted that the local government supports and participates in actions at the community and family level, generating the conditions to apply the regulatory framework and channel the resources in favor of those actions. The intervention at each of these levels is elaborated in the respective guides (3, 4, 5).

² Henceforth, the denomination “health practices for the care of children and pregnant women” will be referred to as healthy practices.

³ The USAID/HCM II Project is the continuation of the first phase of intervention developed between the years 2005 to 2009.

The following diagram illustrates the intervention framework of the HCM strategy in the above-mentioned scenarios.



Source: USAID/HCM II Project.

The HCM strategy's main focus of intervention is that families and communities become empowered in caring for their own health by applying healthy practices, that they improve the conditions of their environment, and that they establish harmonious relations among their members.

The purpose of this report lies in the community monitoring process which takes place at the community level and is one of the processes required to attain a healthy community.

2.2 The purpose of community monitoring: what we aimed to change

Through community monitoring, we aimed to increase the participation of women in decision-making spheres, and involve men and women in monitoring healthy practices in the household and in the community in order to improve maternal and child health and sexual and reproductive health. Thus, community monitoring aims to reverse those attitudes that are not conducive to gender equality, such as the beliefs that the care of children is "exclusive to women", that the authorities should be "only men", and that "men do not involve themselves" in women's issues, etc.

In Tutumbaru, community monitoring of healthy practices began in 2006 and continues to date. The target population is families with children under 2 years of age, pregnant women, and women of childbearing age (from 15 to 49 years old). The focus on the care of children under 2 years of age is due to the fact that the period between birth and 2 years of age is a “critical time window” to ensure adequate growth and development of children, as pointed out by international organizations dedicated to this issue (6, 7). Furthermore, the nutritional status of children is also conditioned by maternal nutrition even before pregnancy.



The CNC of Tutumbaru is the organization that implements the community monitoring of healthy practices process with the participation of both men and women.

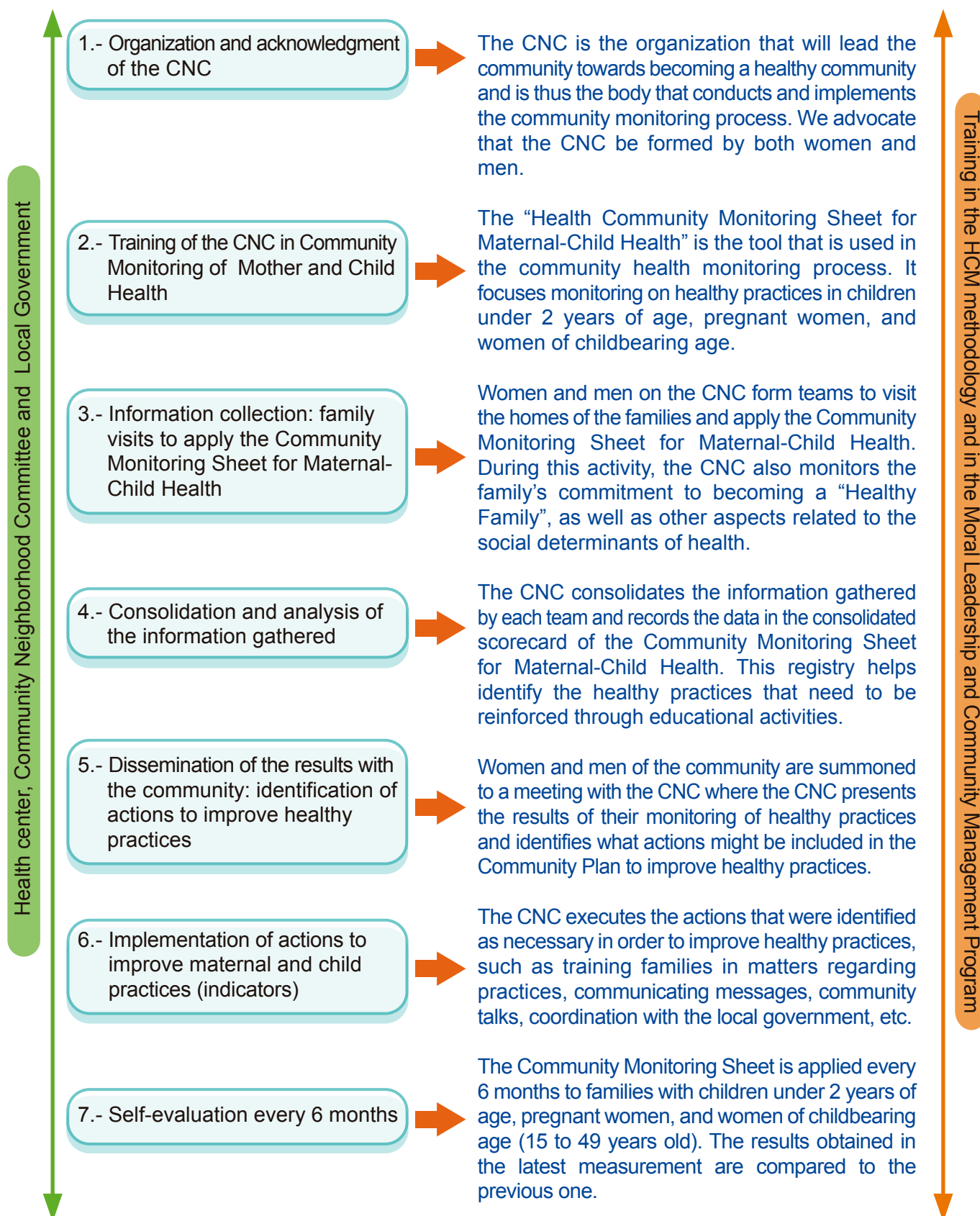
The instrument that they use is the “Community Monitoring Sheet for Maternal-Child Health” (8), which is applied twice a year (in June and December). The instrument indicates the healthy practices that are to be monitored^[4] by the community.

2.3 Implemented steps and strategies

The experience bearing the title “The participation of women and men of Tutumbaru in monitoring maternal and child health in Ayacucho, Peru” was developed by applying the methodology and tools of the HCM strategy. The strategy integrates a gender perspective by promoting the participation of women and men and by strengthening their leadership to take joint action towards improving their health practices and health conditions.

⁴ For more information on the healthy practices indicated in the Community Monitoring Sheet for Maternal-Child Health Monitoring Sheet please visit the following web page: http://www.comunidadsaludable.org/pagina/escenarios_comunidades-saludables_herramientas/

Diagram 2: Steps for the implementation of community monitoring under the framework of the Healthy Communities and Municipalities strategy



Featured below is a description of each one of the steps, highlighting the strategies that have enabled greater participation by women in decision-making spheres and a greater involvement of men in roles “traditionally” assigned to women.

Organization and acknowledgment of the CNC: building a community structure for shared decision-making

Once the community, gathered in a general assembly, accepts the proposal to become a healthy community, it then forms the CNC, which represents the highest organism of coordination with and representation of the community. The CNC is supported and recognized by the Peruvian Municipal Organic Law, in article 116.^[5]

One strategy used to promote inclusion of both men and women in the CNC has been to demonstrate the advantage of having members of both sexes collecting various opinions and proposing alternative actions that involved all the population (not just the men). Also, the social dynamics spurred by other social programs, such as Vaso de Leche (Glass of Milk) and National Food Assistance Program (PRONAA), have encouraged the assignment of women to leadership positions, which has enabled them to integrate into other community decision-making spheres, such as the CNC.

Training the CNC in Community Monitoring of Mother and Child Health



Training in the Community Monitoring Sheet for Maternal-Child Health

This training is required so that the members of the CNC become familiar with the Community Monitoring Sheet for Maternal-Child Health, and its application. This data sheet is one of the tools used to create healthy communities and is part of the “Toolbox” used to implement the HCM strategy.

Personnel from the HC (health post in Tutumbaru), who are part of the CNC, perform the role of “local facilitators” to provide technical assistance to the CNC in applying the Community Monitoring Sheet for Maternal-Child Health.

After the first application, the members of the CNC gain a greater understanding of the monitoring sheet and are able to handle it with ease.

Information collection: family visits to apply the Community Monitoring Sheet for Maternal-Child Health

Every six months, the Community Monitoring Sheet for Maternal-Child Health is applied. To that end, the CNC of Tutumbaru organizes itself into smaller teams comprised of both women and men. Each team is assigned a different section in the community in order to reach every home with children under 2 years of age, women of childbearing age, and pregnant women.

⁵ Corresponding to the Peruvian Organic Law on Municipalities N° 27972, which applies to district and provincial municipalities.

An important finding identified during this process is that the presence of women on the CNC during the visits paid to families has facilitated the participation of men in exploring issues that have “traditionally” been assigned to women. For example, inquiring whether the child has been exclusively breastfed, whether the couple is aware of existing contraceptive methods, or whether the couple uses contraceptives.

Furthermore, the information collected through the application of the Community Monitoring Sheet has strengthened the skills of women in community management, mainly in the use of tools, even when they have less education than the men.

Moreover, when the CNC of Tutumbaru visits each family, it not only applies the Community Monitoring Sheet for Maternal-Child Health but also keeps track of the family’s commitment to becoming a “Healthy Family,” records the household’s sanitary conditions and hygiene, and takes the opportunity to offer guidance.

“Ever since we began giving training sessions and informative talks to the people, we have been changing. We as the CNC in accordance with the training we received, also talk... and when we visit the family, we also train them according to what we have learned, and that is the way we share in our village.”

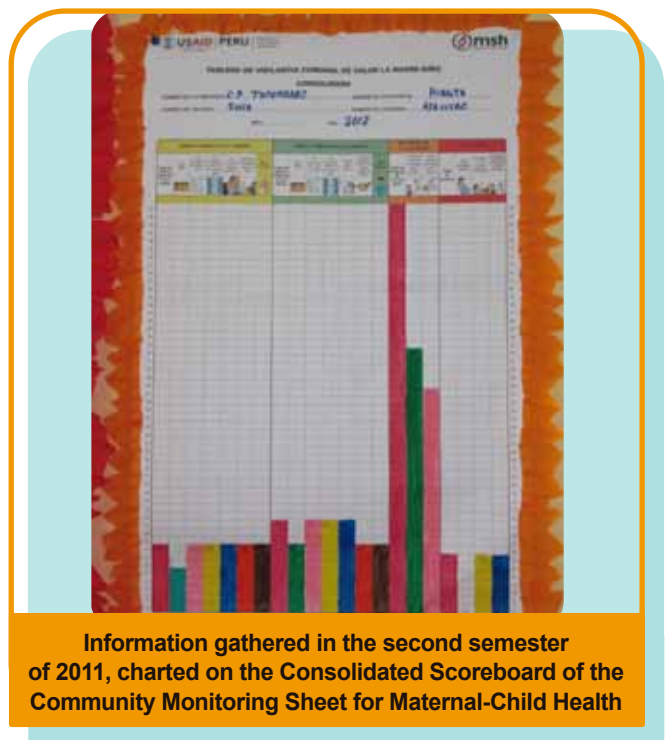
*Águida Curo Vicaña
(Chairwoman of the CNC of Tutumbaru).*


“... whatever problem arises, we solve it by paying a visit to the family. We give them tasks to complete and we tell them what they need to do. This is the way we move ahead.”
Joel Rondinel (Health technician at the Health Post in Tutumbaru).

Consolidation and analysis of the information gathered

The “Consolidated Scoreboard” (the last section of the Community Monitoring Sheet for Maternal and Child Health) identifies which healthy practices need further intervention in order to avoid major risks.

In Tutumbaru, the participation of the women from the CNC in the process of consolidating and analyzing the information, led by its chairwoman, is similar to the participation of the men. Progressive empowerment of women, both in managing the Community Monitoring Sheet and in monitoring health practices, has led to increasingly more active participation. Health personnel have played an important part in this new role, as agents who have reinforced learning and have moderated the process of analysis.





This scoreboard is exhibited in a conspicuous place in the community. In Tutumbaru, it is exhibited for all to see in the main hall of the community.

Dissemination of the results with the community: identification of actions to improve healthy practices

After consolidating the results, the CNC summons all the people in their community to a meeting in order to present, analyze, and discuss the information obtained.

These assemblies have helped identify what healthy practices need to be improved. They have also helped to gain consensus on what actions should be included in the Community Plan.

Implementation of actions to improve maternal and child practices (indicators)

Among the activities to improve the adoption of healthy practices are educational sessions for families to promote these practices. These sessions are conducive to encouraging women's development and their interaction with other members of their community:

"During the trainings, when they work in groups of six or eight people, they lose their fear and embarrassment. Of course, we feel good because most of the women are more active and want to participate in the activities".

Joel Rondinel (Health technician at the Health Post in Tutumbaru)

Members of the CNC also participate in these educational sessions. These are good opportunities to involve men in issues that "traditionally" affect only women:

"During the first household visits, the men on the CNC had some difficulty in inquiring about nutrition because they did not know the "terms" used, as opposed to the women who are the ones in charge of their children's nutrition. After this we offered training in this subject and other subjects, and with the CNC's chairwoman, things have been improving."

Joel Rondinel (Health technician at the Health Post in Tutumbaru)

Other activities sponsored by the CNC are communication actions aimed at the adoption of healthy practices, such as informative talks and broadcasting educational messages through the community loudspeaker. Several authors have indicated (9) that building the CNC's communication skills based on communication for social and behavioral change has enabled the CNC to carry out its own communication activities in its locality.

Also to be noted is the coordination made with the Municipality of Sivia to carry out the proposals aimed at improving the health determinants, among other issues.

The development of the afore-mentioned actions within the family, community, and local government scenarios engages the gender perspective cross-sectionally contributing to strengthening the social capital through the following mechanisms:

- The creation of networks of trust, solidarity, and respect, which include the participation of both women and men.
- The establishment of norms and values that emphasize respect for women and consideration of men in different roles.
- The implementation of community actions that benefit both women and men.

Self-evaluation every 6 months: identification of new findings and follow-up to proposals

The CNC applies the “Community Monitoring Sheet for Maternal-Child Health” twice a year following the above-mentioned steps. The purpose of these measurements is to compare the current situation of healthy practices reported periodically. The CNC also monitors the actions that were included in the Community Plan to improve the situation of the health practices and the health determinants.

Cross-sectional processes:

Training in the HCM methodology and in the “Moral Leadership and Community Management Program (MLCMP)”: promoting social capital with a gender perspective

“We like the subject of leadership very much... and it has helped me a lot in my management work; If I had not been trained in leadership, I would not have known how to do anything. This subject, offered by MSH, has helped us a lot”.

*Ágüida Curo Vicaña
(Chairwoman of the CNC in Tutumbaru)*

As cross-sectional themes in capacity building, competencies are developed in the use of the methodology and the tools in order to form healthy families and communities. The CNC is also trained in the MLCMP (10), a tool that has enabled the development and strengthening of the leadership and management capacities of women and men of the CNC in favor of improving their health and overall development.

In Tutumbaru, as evidence of these interventions, the role of female leaders in the community was recognized and noted that their participation is just as important as is that of a male leader, and that women have the same capacities, responsibilities, and obligations that men do.

In the case of the male leaders, it was important to involve them in strengthening democratic leadership and to generate a more participatory management, linked with other sectors.

To be noted is the fact that the training activities and technical assistance are explained in the native Quechua language, thus facilitating shared understanding of the messages received and the exchange of views among the female and male participants.

“I am happy with what I was taught in the leadership program... they taught me how to be an authority and how to step forward, how to speak in front of others, how to be patient, and how to guide men and women...”.

*Mr. Juan Coronado Gente
(Member of the Community Neighborhood
Committee of Tutumbaru)*

Linking the HC, the CNC, and the local government: defining strategies and sharing interests in favor of healthy practices

Parallel to the process of community monitoring, meetings are held between the CNC, the HC and local government, in order to: disseminate the information on the nutritional status of children (information required by the Community Monitoring Sheet for Maternal-Child Health); organize the execution of actions pre-established in the Community Plan in order to improve the status of healthy practices; or address a particular problem.

To be highlighted as a result of this coordination is the improved organization among the groups to address health emergencies in which the members of the CNC, the HC and the local government participate coordinately:

“... we are organized for any emergency that may occur. For example, in case of an obstetric emergency... the community neighborhood committee comes to the health post and notifies me... we are organized for this. Always, at every meeting we are coordinating these things.” Joel Rondinel (Health technician at the Health Post of Tutumbaru)

2.4 Participating actors

The Community Neighborhood Committee is formed by women and men. This organization has guided the community in becoming a Healthy Community, in which the process of community monitoring of health practices to improve mother and child health is paramount.

A key player in this process is Mrs. Águida Curo Vicaña, chairwoman of the CNC of Tutumbaru, who is very resolutely leading the CNC and the community.

The families in the community of Tutumbaru have played a central role in promoting actions to improve the performance of healthy practices as part of their commitment to becoming healthy families and a healthy community.



Members of the Tutumbaru CNC

The Sivia Municipality is the organism that grants recognition of the CNC in compliance with the Peruvian Organic Law on Municipalities. The Local Development Management Office of the Municipality is the organism with which technical coordinations and channeling of resources are established in order to develop actions with the CNC.

The staff at the community HC (Health Post of Tutumbaru - Ministry of Health) are the ones who, together with the CNC, coordinate and carry out actions in favor of improving community health.

The governing boards of the Ministry of Health, such as the Ayna micro network, the San Francisco health network, and the Regional Health Directorate of Ayacucho, offer technical assistance to the community and monitor the actions that the health personnel at the Tutumbaru Health Post conduct in the context of health promotion and community monitoring of health practices.

III. Results achieved

3.1 Improved adoption of healthy practices

In comparison with the initial situation (2006), by the end of 2011, evidence was found of improved adoption of the following healthy practices: children in possession of an ID card (increased 54%), children drinking safe water (increased 78%), intake of 5 solid meals a day (increased 51%), and children under 2 years of age with complete vaccinations and updated Growth and Development Card (G&D) (increased 7%).

As for maternal health practices, an increase could be seen in the percentage of women of childbearing age that were aware of at least one family planning method (21%). These results are processed and recorded in the Community-Based Information System (SISMUNI) installed in local government.^[6]

Qualitatively, the surveillance of healthy family practices, the guidance offered at home, and the promotion of self-care by the CNC, have all contributed to the constitution of healthy families, who achieve better living conditions in their homes, more harmonious standards of coexistence among their members, a greater exercise of healthy practices and improved social determinants of health,^[7] such as landfills, street cleaning, availability of latrines, access to water, etc.

"When we compare the previous situation to the current one, it's not the same anymore, because before, when the community was summoned to a meeting, they didn't participate... they very seldom showed up, because they were not aware and continued to live in dirt; they did not care about changing. Now it's different".

*Ágüida Curo Vicaña
(Chairwoman of the Tutumbaru CNC)*

The trainings on the tools required to form a healthy community (8, 11), which include health promotion issues under the HCM methodology, have been a key factor in this achievement. The understanding of shared knowledge is made evident in the CNC's handling and use of these instruments.

3.2 Empowering and strengthening community organization and participation with a gender perspective

- Improving leadership capabilities. One effect of this training is evident in the increased participation of the women in the CNC: in 2006, women's participation in the CNC was 13% (out of 8 members, only one was a woman). By 2011, their participation was up to 38% (out of 13 members, 5 are women). Also noteworthy is the fact that, for the first time in the community's history, a woman gets to lead its development processes.

⁶ At the end of each semester, the CNCs turn over to the local governments the consolidated information that was gathered as a result of the application of the Community Monitoring Sheet for Maternal-Child Health.

⁷ MOH Ministerial Resolution No. 464-2011 that approves the technical document "Manual for Family and Community-based Comprehensive Healthcare" defines the social determinants of health as the structural factors and circumstances of life that are the cause of most of the health inequalities between countries and within each country.

My capacity for management has improved. I am not a professional so what I apply to my management work comes more from practice than theory. Being an authority, I have achieved many things... and, at the same time, I have learned many things for my personal life. I now have more knowledge. Nobody can take that away from me; that will stay with me.” Águida Curo Vicaña (Chairwoman of the Tutumbaru CNC)

- Involving men in the maternal-child health community monitoring processes, mainly in areas that have traditionally been assigned only to women, such as monitoring and promoting the care of young children, family planning, and maternal health.

3.3 Community-based monitoring under the framework of the HCM strategy, as part of local and regional policies

- At the local level, the Municipality of Sivia gives priority to policy guidelines aimed at reducing child malnutrition, and recognizes the HCM strategy as a valid and useful intervention to address priority issues.
- At the regional level, the Healthy Families and Communities strategy has been incorporated into the management of the regional strategy to combat chronic child malnutrition in the department of Ayacucho: Crecer Wari (aimed at reducing poverty and improving child nutrition).

3.4 Linking the CNC with the HC and the local government in order to improve health practices

- The results obtained by the CNC from the exercise of monitoring maternal and child health practices are reviewed together with personnel from the town's HC and a representative of the local government. Stemming from this review, agreements are made to address the needs identified.
- For the health center, these results are a reference to define or redirect activities for disease prevention and for the promotion of healthy practices that need strengthening. For the local government, the results of community monitoring of health practices are recorded in the SISMUNI^[8] and considered useful information both for updating their management records (Joint District Development Plan) and for deciding on the investment of economic resources in favor of improving healthy practices.

In summary, this intervention has been successful in increasing the participation of women in decision-making spheres in the community and involving men in monitoring community healthy practices traditionally assigned to women (child care, family planning, antenatal care, institutional delivery).

⁸ This system follows a basic flow of information and is characterized by involving the people, the leaders, and the authorities, and generates community-based information. It is computer-supported with an application (software) that is administered by the local governments. The processed information is used at this level to make decisions.

IV. Sustainability

Regarding social sustainability, the development of community monitoring under the framework of the HCM strategy prioritizes strengthening the leadership and community management capacities of women and men in monitoring maternal and child health and community management of health. To this effect, the MLCMP has become a powerful tool for generating social capital and installing capacities and community leadership that will maintain community management in favor of health beyond the project's assistance.

Furthermore, technical sustainability is promoted based on work coordinated and linked with the governing boards and health authorities, creating the conditions for institutionalization of the community health-monitoring process in coordination with the CNCs and the local governments.



The CNC presenting results of the application of the Community Monitoring Sheet to the townspeople

"The example we followed is within us..., we need to continue working using what we've learned."

*Mrs. Ágüida Curo Vicaña
(Chairwoman of the Tutumbaru CNC)*

As part of the sustainability policy, the community authorities (Community Neighborhood Committee) are sought to be legally recognized by their Municipality (Organic Law on Municipalities in Peru). They are expected to promote the participation of women in their institutional structure. In the case of Tutumbaru, this role falls to the Sivia Municipality.

This legal framework for local governments is very important for local political sustainability right from the beginning of the process (constitution of the CNC) in order to implement community monitoring of health practices.

Financial sustainability is promoted upon the commitment of the local authorities to channel funds to finance actions in favor of improving healthy practices and health determinants.

V. Lessons learned

The Tutumbaru community experience has been developed in the context of the methodology developed by the USAID/Healthy Communities and Municipalities II Project. Certain lessons and recommendations are identified below:



5.1 Factors that contributed to making the Tutumbaru experience a transformational one

- Mechanisms for capacity building under the HCM strategy (shaping healthy family scenarios and exercising healthy family practices) and the “Moral Leadership and Community Management” program have triggered processes of empowerment of women and men to take responsibility for their own health and to mobilize resources in favor of improving healthy practices in their community.
- The methodology and tools for monitoring community health are easy for the population to understand and apply, a quality that promotes equal opportunities for women and men to participate in this process.
- The SISMUNI, a tool for recording and processing the results of community monitoring of health practices, provides information to the local government, the HC and the CNC so that they may take action in order to improve healthy practices and health determinants.
- Training the CNC and the health personnel in handling the HCM tools and methodology is a factor that facilitates their involvement in implementing the exercise of community health monitoring of health practices.
- Communication actions for social and behavioral change, aimed at the members of the CNC and the families, have been key in promoting and informing them of health practices.
- The educational and informative sessions on healthy practices, to which both women and men are invited and participate in, are ideal settings for the CNC to become aware of the usefulness of the community monitoring process and to generate greater involvement on their part.
- Community organization with the participation of both men and women helps strengthen social capital, as evidenced by networks of trust, solidarity and cooperation, and norms and values that facilitate the actions and collaboration of the members of the community.
- The coordination between the local government, the HC and the organized community (CNC) enables an analysis of the results of community monitoring from different points of view, as well as joint proposals for actions for improvement at the family and community, thus creating intersectoral interventions.
- The local government’s official recognition of the CNC empowers and motivates the work to become a healthy community, in which community monitoring is emphasized.
- The presence of other state social programs has contributed to strengthen the capacities and leadership, especially of women, who have acquired greater self-assurance to participate in decision-making spheres in the community.



5.2 Problems encountered

At the beginning of project intervention, the interest of women and men in monitoring healthy practices and creating a healthy community was minimal. Due to the training sessions and communication campaigns aimed at raising their awareness of the importance of having the community monitor healthy practices, the people began to get involved in the process.

5.3 Recommendations

- It is suggested that the community organizations, such as the CNC, inform the population of the benefits to be found in implementing a community monitoring of health practices. This action encourages the people to continue participating in this process and generates greater trust in their leaders.
- To form a facilitator team^[9] at the local government level to promote the institutionalization and sustainability of the HCM model's methodology and tools aiming at offering technical assistance to the various intervention scenarios (family, community, and municipality).
- Encourage ongoing coordination between the local government, the HC and the CNC in order to keep information exchange flowing regarding the health status of the communities, and to take immediate and coordinated action concerning identified problems.
- In order to achieve the institutionalization of the participation of women and men, with equal opportunities for health improvement in their community, it is necessary to work from different dimensions:
 - a) Political: this refers to political and regulatory conditions, which must incorporate strategies that promote gender equity, such as the allocation of a quota for women's participation in the CNC.
 - b) Institutional: related to the implementation, at the local level, of a gender perspective in the technical and program guidelines of the various institutions (local government, health centers of the Ministry of Health, etc.) to ensure the participation of women and men in activities of a preventive and promotional nature, such as community monitoring of health practices, in which responsibilities are shared.
 - c) Cultural: this is linked to the creation of conditions for both women and men to have equal opportunities to participate and have "a say" in the community's decision-making spheres.
- To promote the social capital strengthening at the community level by implementing leadership and community management programs that motivate the participation of the population, especially of women, and generate sustainable change.
- To implement interventions that address health determinants and practices in families and in the community, in order to increase the coverage of the health programs and to contribute to the improvement of the population's quality of life.

⁹ A facilitator team consists of health personnel and/or representatives of the local government. Its profile is suitable for training in the Healthy Communities and Municipalities (HCM) methodology and tools. The formation and preparation of this facilitator team is a key factor for the sustainability of the HCM methodology and tools.



ABBREVIATIONS

CHI	Comprehensive Health Insurance
CNC	Community Neighborhood Committee
G&D	Growth and Development
HC	Health center
HCM II	Healthy Communities and Municipalities II
ID	National Identity Card
MLCMP	Moral Leadership and Community Management Program
MOH	Ministry of Health
SISMUNI	Community-Based Municipal Information System
USAID	United State Agency for International Development



REFERENCES

1. Li D. Ayacucho: Análisis de situación en población (Analysis of population situation) (August 2009). Found at <http://www.unfpa.org.pe/publicaciones/publicacionesperu/UNFPA-CIES-ASP-Ayacucho.pdf>. Accessed on March 16, 2012.
2. Barbieri M. Teresita. Los ámbitos de acción de las mujeres. (Women's spheres of action) *Rev Mex Soc*; 1991, LIII (1): 203-222.
3. Management Sciences for Health- USAID/ Healthy Communities and Municipalities Project II.- Guide to having a healthy family. 4th. ed.; Lima: Grupo Exactum; 2011.
4. Management Sciences for Health- USAID/ Healthy Communities and Municipalities Project II.- Guide to having a healthy community. 1st. ed.; Lima: Grupo Exactum; 2011.
5. Management Sciences for Health- USAID/ Healthy Communities and Municipalities Project II.- Guide to having a healthy municipality. 4th. ed.; Lima: Grupo Exactum; 2011.
6. World Health Organization. Guiding principles for complementary feeding of the breastfed child. Found at http://whqlibdoc.who.int/paho/2003/9275324603_spa.pdf. Accessed on August 5, 2012.
7. United Nations Fund for Children. How important is nutrition? Found at http://www.unicef.org/spanish/nutrition/index_role.html. Accessed on August 5, 2012.
8. Management Sciences for Health- USAID/ Healthy Communities and Municipalities Project II.- Community Monitoring Sheet for Maternal-Child Health. 4th. ed.; Lima; 2011.
9. Gumucio A., Tufte, T. Anthology of communication for social change: historical and contemporary readings. 2008.
10. Management Sciences for Health-USAID/ Healthy Communities and Municipalities Project II.- Moral Leadership and Community Management Program. Lima: A3 Studio; 2011.
11. Management Sciences for Health-USAID/ Healthy Communities and Municipalities Project II.- Diagnosis Booklet and plan for a healthy community. 5th. ed.; 2011: Grupo Exactum; 2011.

