EVENT BRIEF

JSDF
Japan Social Development Fund

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PARAGUAY

Adopting Common Goals to Improve Health and Education

Fostering Social Capital at the Community Level

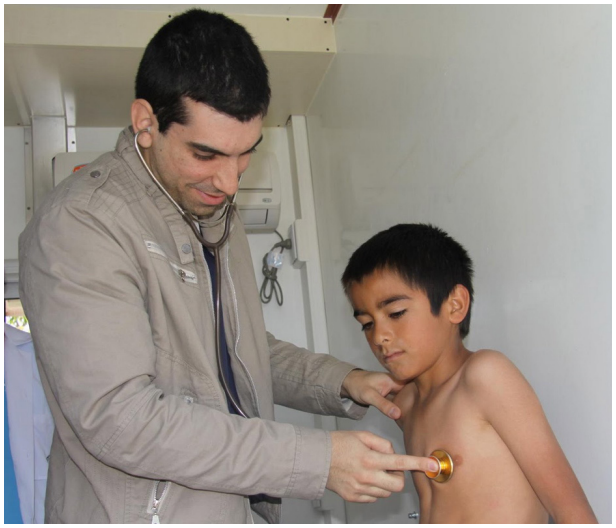
Among Paraguay's poorest and most populous municipalities, ***Carapeguá*** and ***Ñemby*** are a study in contrasts. **Carapeguá**, located in the Department of Paraguarí, is predominantly rural with a young population (31% less than 15 years old) dedicated to agricultural activities (78%), and handicraft production. **Ñemby**, on the other hand, is an urban municipality in the Central Department of Paraguay, part of the 'Gran Asunción' Metropolitan Area. It is considered a "sleeper city" as most of the people commute to Asunción. This Municipality is in an accelerated process of urbanization but approximately 49.3% of the population live below the poverty line with approximately 14.4% living in extreme poverty. (World Factbook 2009).

"Participation of the community in the adoption of common goals and associated norms, strengthening social capital through collective interest, organization and alliances with local and national governments and private sector, were the basis to achieve enhancement in access to basic services, such as health and education."

- Task Team Leader

The Project

The Government recognized the growing urgency associated with improving living conditions among the poorest communities in the Country if substantial progress was to be made towards the targets enshrined in the Millenium Development Goals (MDGs, see Box 1). Including principles such as guaranteed access to education, improved health care and sustainable development, the MDGs



have influenced both Government policy and regulations and were reflected in their emerging views concerning the importance of community engagement.

Government had tested some new approaches to local development in Carapeguá from 2002 onwards, and this experience provided valuable insights into a potential sustainable and replicable model that could be implemented in other areas, notably Ñemby.

Community involvement and participation were at the heart of the innovative intervention model. The aim was to empower communities, strengthen social capital and pilot new approaches to the delivery of high quality social services that responded to local needs.

In 2005, the Japan Social Development Fund (JSDF) provided a grant of $866,590 to support further testing and replication of a sustainable development strategy at the community level. The project established an effective network of Civil Society Organizations (CSOs) to boost community

Box 1
MDGs - the basis for the Paraguayan JSDF Project

The **Millennium Development Goals (MDGs)** are the backbone of this project and served as an inspiration to establish the Paraguayan development plans. The MDGs represent human needs and basic rights that every individual around the world should be able to enjoy—freedom from extreme poverty and hunger; quality education, productive and decent employment, good health and shelter; the right of women to give birth without risking their lives; and a world where environmental sustainability is a priority, and women and men live in equality. Leaders also pledged to forge a wide-ranging global partnership for development to achieve these universal objectives. the eight Millennium Development Goals by 2015.

Source: MDG Report 2010

participation, define local development priorities and manage the implementation of civil works and the provision of services, including health and education.

The framework used social promotion, skills enhancement of local leaders and improved coordination between the CSOs, the public sector (Municipal and Central) and the private sector. Most critically, it fostered community involvement in the selection, implementation and monitoring of activities.

'The Development Institute', (Instituto de desarrollo, TDI)**,** an institution with experience building organizational capacity for social and economic development, was selected as the implementing NGO. TDI played an important role in the whole implementation process. It served as a bridge between the Government and the communities, and helped develop the bottom-up approach to boost active citizen participation.

The Model - Action Lines and Outcomes

There were 5 action lines in this participatory model that were implemented as follows:

- **Community Organization** - TDI convened CSOs and created 20 Community Development Councils (CDCs) and around 900 networks. These networks maximized synergies between the key participants. Working with their communities, the CDCs put together local development plans. Some of the strategies followed were:
  - *Health* - The creation of the health promoters network with the involvement of the Carapeguá and Ñemby Districts' Hospitals was key to the development of social capital. The strategy was to get 'one promoter for each ten families' to get families engaged in health prevention actions. The aim was to reach into communities and broaden the scope of vaccination programs, pre-natal care and other preventive actions. The training of health promoters with the help and involvement of local leaders, along with the Hospitals, the local Councils of Health from each Municipality assured the sustainability of the project.
  - *Employment and income generation* - The Municipalities, Central Government and private sector worked together to articulate several action plans including one aimed at industrial parks and a program to insert youth into the labor market. The Municipality of Nemby, for example, partnered with the private sector to get 133 youth employed and training for 169 others.
  - *Rural road management* - The communities were engaged to identify critical connectivity points, in-road maintenance needs and civil works (drains, bridges, etc.). The innovative aspect was the constitution of specialized regional organizations in rural road management, sub-community councils and the use of local labor that not only increased employment rates but generated ownership in the infrastructure.
  - *Education* - TDI developed a strategy that aimed at reducing the school drop-out and failure (repetition) rates. To determine the causes and possible remedial actions, an active training program was developed with 50 professors in 9 schools (4 in Carapeguá and 5 in Ñemby) related to school drop-outs, and 60 professors from 11 schools (6 in Carapeguá and 5 in Ñemby) in terms of first year of primary school repetition. These participatory workshops helped produced an action plan that reflected the realities facing each school. The Ministries of Culture and Education of Carapeguá and Ñemby gave pedagogic guidance. These measures led to the development of a 20 school initiatives to minimize school drop-out as well as early childhood development programs (1800 children between 0-3 years old were reached).
- **Citizenship and Participation Capacity Building** - TDI carried out intensive training of local actors (school principals, professors and health promoters) including community leaders, to improve their organizational and managerial capacity. Moreover, it provided technical assistance to promote cooperative working arrangements between communities and local and central governments. As a result, 130 social

Project Data
- Implementing Agency: *The Development Institute (Instituto de desarrollo - TDI)*
- Grant (TF054361) Amount: *$0.86 million*
- Implementation Period: *2005-2008*

managers were trained, and subsequently acted as technical volunteers to support productive social initiatives. They assisted in all stages of the sub-grant process (consultation, designing, implementation, and monitoring)(see below).

- **Sub-grants** - grant competitions were rund, aimed at supporting citizen-led initiatives with a clear social and economic impact in the community, and which would address aspects of the MDGs and develop social capital. 52 sub-grants were given to targeted communities (29 in Carapeguá and 23 in Ñemby). Communities became engaged in the project - as reflected in the increased number of people attending the workshops and community meetings. Volunteers played a key role, especially health promoters and education agents.

- **Mobilization of Local resources** - CDCs assisted with the development of the "conditional funds" component, in which communities matched (in kind or cash) resources given by Local and Central Governments. The Central Government allocated at least 15% of the Municipal budgets for projects related to the MDGs.

- **Communication, Dissemination and Awareness Campaign** - An effective communication strategy was established in the two Municipalities, including outreach through press, radio and a revamped web site. Public officials were encouraged to involve communities in public policy making, creating awareness among local and national authorities and motivating them to work together to enhance the visibility of the program.

- **Coordination, Monitoring and Evaluation and Audits** - to provide the basis for meaningful monitoring and evaluation, a systematic and consistent methodology (across target communities) was achieved through the establishment of a Grant Monitoring Council (in 2005) and a Coordination Team. A baseline survey was completed in July 2007 and a Balanced Scorecard created (see Box 3).

Results

The grants' objectives, targets and milestones were achieved. Direct and indirect results were reported by TDI using the baseline in terms of areas of intervention, and were as follows:

Health

- Health promoters successfully penetrated into remote rural areas beyond the public health system. In Carapegua 427 promoters were trained, reaching more than 4,000 families. In Nemby, 427 promoters were trained reaching approximately the same number.
- The vaccination rates of children under one year old were only 21% at the beginning of the project. After two years, the percentage coverage had increased to 100%.
- Men and women in both Municipalities were not used to consulting health professionals - only 24% of the women regularly went to see a doctor. After the intensive campaigns and the effective interaction with the volunteer health promoters, this number doubled to 48% in 2008, and men increased from 23% to 40%.

Employment and income generation

- At the beginning of the project, around 45% of men and 32% of women above 18 years old were employed. After the two years of the project the male employment rate had increased by 10% and women by 12%. Improvements in social capital bolstered efforts by the Municipalities to attract foreign investment, develop industrial parks, provide job training to young people, and initiate productive incubator initiatives.

Education

- In the 20 schools operated by the program on a pilot basis, the repetition and dropout rates were reduced by 25%. For each year of repetition the net present value of the loss of income in the

Box 3 - Balanced Scorecard - a step forward

The Balanced Scorecard approach was used as the basis for an innovative information system developed by TDI. This served as a tool to track results based on the analysis of objectives as well as specific indicators, within a time line. These processes were prioritized in terms of the needs of the communities, establishing a diagnosis by level of importance. Community leaders and citizens gathered together to develop this Strategic Plan in each of the Municipalities. The technical team was trained to maintain and administer this new technology. There are still some challenges in terms of access to technology, primarily due to the inadequate technical infrastructure in Carapeguá and Ñemby However, the introduction of the methodology and information system were seen as significant progress which provided focus and the basis for consensus.

productive life cycle is estimated at US$6300. The cost of dropout has a even higher impact due to its longer lasting effect.

- A total of 1627 children aged from 0 to 3 years old (about 55% of the total), assessed on the basis of their cognitive, motor and social-emotional skills received an early childhood stimulation program tailored to their needs.

Rural road management

- Approximately 40 kilometers of rural roads were repaired and maintained with community participation. Many sections in disuse for decades were rehabilitated. This intervention reduced the cost of road maintenance works by 25%, improved transportation times, and expanded public transport services. The signage on the roads was also improved; 150 promoters were trained in Carapegua and 56 in Nemby to disseminate technical knowledge related to road management. In terms of the critical connectivity points: 40 critical points were identified in Carapegua and 23 in Nemby.

In terms of the **indirect effects** of the program, TDI noted the following:

- The appropriate stimulation of children 0-3 years old;
- Enrichment of the local education curriculum;
- Strengthening of community social capital;
- Generation of a critical mass of local developers that could identify and capture opportunities for their communities;
- Establishment of an enabling environment likely to foster social innovation in the Municipalities, and
- Improved local governance and cooperation.

Lessons Learned

This program was very successful in empowering the people of Carapeguá and Ñemby to identify their own solutions and actively participate in their communities, enhancing the quality of education and health services in a manner consistent with the goals of the MDGs. Some of the lessons learned are as follows:

1. **Working with NGO's** - *TDI* was key to the satisfactory implementation of the grant. Through technical assistance, mentoring of local institutions, capacity building and on time performance, it far exceeded the objectives of the program.
2. **Community social capital enhanced** - Both cognitive and structural social capital were strengthened during the implementation of the grant. The cognitive component was developed through the various training courses. The structural capital led to an enhancement of communication among stakeholders with the face-to-face interactions proving the most successful. The health community councils were an example of how to build social capital through 'face to face' interaction that not only promoted health but also created emotional ties between the community members.
3. **Participatory activities** - The community strategic planning sessions led to mid-term and long-term shared goals for the Municipalities to contribute to, and improved, health and education services.
4. **Strong internal and external communication** - The whole process, including the communication campaign, stressed the core values of the program, such as solidarity and participation. All sub-grants were implemented with the help of local cooperatives and associations in both, Carapeguá and Ñemby.
5. **Involving the government and community leaders** - Strengthening social capital for strategies and actions that are defined in participatory processes becomes more agile when government agencies and authorities are involved. For this type of intervention it is essential to establish a strategic partnership with the official health and education services. In the case of Council members, the program showed a higher level of credibility when it included local leaders and/or reknowned people.
6. **Diagnosis of schools and health institutions**- Taking time and resources to know the status of the institutions to be provided assistance is essential for viable community initiatives.
7. **Access to technology** - Establishing a technical team to help maintain information systems is essential, especially in municipalities with poor access to technology.