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POLICY ON COMMUNITY PARTICIPATION IN THE DEVELOPMENT OF HEALTH CENTER

February 2003

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FOREWORD

The Ministry of Health has spelled out in motion its Value and Working Principles for the development and strengthening of the health system delivery (the Health Sector Strategic Plan 2003-2007). *"Listening to what people want"* is one of the Ministry of Health's working principles. This principle implies an appropriate frame work be well-established by which the community and health staff can communicate, exchange their views and concerns about health and health related issues with special emphasis on health services intervention by health staff and satisfaction of perceived health care received by the community/service user.

It is worthwhile to mention that the utilization of health services is resulted from an effective interrelation between the people living in community and health staff. By taking this issue into consideration, the Ministry of Health has recognized the community participation as one of leading factors to increase the functioning of health facilities -in particularly health center as a front line facility for the first point of contact with the community. The pilot experiences of the community participation in health center level in many provinces shed the light on the importance of the community participation that need to be formulated in the policy agenda of the Ministry of Health.

I strongly believe that the *Policy on Community Participation in the Development of the Health Center* will facilitate health managers at all levels, especially health center staff and the community representatives to organize and operationalize the community participation in a proper way in reflection to the Royal Government of Cambodia policy on decentralization and de-concentration in order to contribute significantly to the well functioning of the health center which benefits to the improvement of health status of the community, as well as the sustainable development of the community as a whole.

Phnom Penh, February 2003

DR HONG SUN HUOT

SENIOR MINISTER- MINISTER OF HEALTH

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Policy on Community Participation in the Development of Health Center

Health managers at the central, provincial and district level, health center staff as well as local authorities and community representatives especially Svay Rieng province for their contribution through a consultative meeting in the process of the policy development.

KEY NOTES

1. The purpose of the development of the **policy on community participation in development of the health center** is to provide of a clear framework for organizing the community participation in the development of the health center in an effective and sustainable manner.

2. The development of this policy is based on the lessons learned drawn from the pilot implementation of the community participation since 1997 and on the consultation with provincial health department, operational district, health center staff, members of Health Center Management Committee, Fed Back committee, representatives of district authorities and of Commune Council in Svay Rieng Province.

3. This policy paper deals with main features of the community participation as followed:

   - Policy objectives of the community participation;
   - Working principles and scope of works for the community participation;
   - Structures for the community participation i.e. Health Center Management Committee and Village Health Support Group and its role and function;
   - Characteristics of the Community Representative.

4. The implementation of this policy is supported by the Operational Guidelines for the Community Participation in Health Center, which will be developed soon. These guidelines explain the processes for community representative election, how to organize meetings and contain training materials for building the capacity of the HCMC and VHSG members.

5. In practice, there have been several terms used in different places, referring to structures established for community participation at the health center level such as "Feed back Committee" (mostly used); "Supporting Committee"; "Co-financing Committee". In addition, the word "Committee" by its own meaning is more institutional other than informal, and as members of the Feed Back Committee are village-based health activists therefore the term "***Village Health Support Group***" is used to replace all the above-mentioned committees, as it sounds appropriate.

February 2003

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ABBREVIATIONS AND ACRONYMS

DOTs	Direct Observed Treatments
FBC	Feed Back Committee
HC	Health Center
HCMC	Health Center Management Committee
HCT	Health Center Team
HC-AOP	Health Center Annual Operational Plan
IEC	Information Education Communication
MoH	Ministry of Health
MPA	Minimum Packages of Activity
NGO	Non-Governmental Organization
OD	Operational District
PHD	Provincial Health Department
RGC	Royal Government of Cambodia
RH	Referral Hospital
TB	Tuberculosis
TBA	Traditional Birth Attendant
VHSG	Village Health Support Group

- As community members pay for the services, the community has an important voice in running the health center in terms of co-management and co-financing of the health center e.g. setting fees levels, identification of the poor community members for exemption.

- ***Weaknesses***

  - The major concern is to maintain the commitment of the community representatives in the long term. The organization and operationalization of community participation is so far mainly supported technically and financially by the international agencies and NGOs, so the effectiveness of the community participation is likely to be decreased in some places when such assistance is phased out.

The extent to which the community can/will be involved in the development of Health Centers in the longer term depends on many contextual factors, ranging from political (the Administrative Reform Program of the Government i.e. decentralization and deconcentration; good governance; democratization), economic (fiscal reform and macro & microeconomic performance) to cultural (norms and value) and social factors (structures, the rebuilding of a community spirit in the Cambodian society). In addition, such involvement can/will change overtime as the process of community participation is affected inevitably by those factors. It is, however, much needed that the community participation is scaled up countrywide.

1.3 What is the Process of Policy Development?

By stressing the importance of community participation the Ministry of Health aims at enhancing the community participation in the development of health centers. For this reason, a clear policy framework for community participation is necessary to support Provincial Health Department, Operational District, health centers, community itself and other partners in organizing and promoting community participation in an effective and sustainable manner.

This policy paper is developed through a consultative meeting with different actors at both policy-making and implementing level in the health sector including partners working in health and health related sector as well as community. In addition, the lessons learned from the field, which are documented in various documents[2], are also incorporated in this policy paper in order to make the policy practical for implementation.

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2. Community Co-Management & Co-Financing in Health Centers (1997) and Organization of the Community Participation in Health Centers in Siem Reap (1997) MoH/UNICEF; the Recommendation Paper from Medicam on Community Participation in the Public Health Sector in Cambodia (March2000).

1.4 How to Move from Policy into Practical Implementation?

A document named **"Operational Guideline for the Community Participation in Health Centers"**[3] will be developed soon, indicating steps to set up the framework for community participation, and including a set of curricula for the training on community participation at the different levels of health personnel and community representatives. In connection with the above-mentioned guidelines, the ***Implementation Guidelines for the National Policy on Primary Health Care (2002)*** has officially incorporated the Health Center Management Committee and the Village Health Support Group as being fully part of the Primary Health Care structure.

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3. These Operational Guidelines for Community Participation in Health Centers are complementary to Policy Paper on Community Participation in health center and the 'Inter-Ministerial Guidelines for Implementation of Primary Health Care Policy.

CHAPTER 2

POLICY ON COMMUNITY PARTICIPATION IN HEALTH CENTER

2.1 Introduction

The Ministry Health has re-affirmed clearly its mission in the Health Sector Strategic Plan 2003-2007 as cited below:

> *"...is commitment to ensure sector wide equitable, quality health care for all the people of Cambodia through targeting resources, especially to the poor and to areas in greatest need."*

Moving toward this longer-term vision, the Ministry of Health has also spelled out its value and working principles as follow:

VALUE

Rights to Health
Equity
Pro-poor

WORKING PRINCIPLES

Social protection for vulnerable groups
Listening to what people want
Affordability and sustainability
Focus on rural areas and the poor
Capacity building including human resource development
Sector wide management
High quality evidence based intervention
Good governance and accountability

2.2 Policy Objectives of Community Participation

The community participation should be promoted with the aim to achieve the values and working principles of the Ministry of Health on one hand, and to encourage the community to actively participate through various mechanisms in the development of health centers on the other hand.

The policy objectives of the community participation, therefore, are defined as follows:

POLICY OBJECTIVES OF COMMUNITY PARTICIPATION IN HEALTH CENTER DEVELOPMENT

To involve the community in the process of the development and the management of health centers in organizing accessible, affordable, effective, sustainable basic health services of good quality, adapted to the health needs of the people in community;

To increase the Health Center team's accountability to the users regarding their duty to provide such quality services and in view of the needs of the community.

To encourage the community members to make appropriate use of the HC services and to promote informed health-seeking behavior by the community members.

To mobilize local resources in cash and/or in kind to support the development and the functioning of the HC in sustainable and cost-effective service delivery.

2.3 Principles of Community Participation in Health Center

The Community participation is developed and organized based on 5 principles:

WORKING PRINCIPLES FOR COMMUNITY PARTICIPATION

Ownership/Representation
Voluntary/Independence
Gender balance
Transparency
Partnership

(1) Ownership/Representation

For a stronger commitment and a better representation of the community, it is extremely important that the community itself, not through administrative appointment, select their representatives through a free and fair election. In so doing it is hoped that the elected representatives are able to express freely and openly their views and concerns without any interference. In addition, this election will promote community perspectives of the fact that the health center belongs to their community (ownership). Health staff cannot be representative of the community in any structures of community participation in order to avoid conflict of interest.

(2) Voluntary and Independent

For sustainable involvement, the elected-community representatives are encouraged to work on voluntary basis and this is explained before the election takes place. There is no financial or material incentive as reward for their involvement, but they themselves can get some benefits[1]. If community representatives are to be reimbursed for their travel expenses to attend the meetings with HC team, the Commune Council, according to procedures of financial management of the commune or community funds, should provide budget for this if possible in order to keep community representatives and their opinions independent from the Health Center.

1. The benefits for their involvement in the Health Center are: free treatment in the Health Center, personnel dignity for being elected to represent their village, gaining knowledge on health education, through training and the Village Health Support Group meetings.

(3) Gender Balance

For the trade-off between male and female's view, equal representation of men and women in any structure of community participation has to be realized. The female community representatives are to be encouraged, as women are more aware of the needs for their own health and their children's and more concerned of family issues. It is important to note that the representative of the poor living in the community should be provided an opportunity to have a ***"voice"*** in community participation process.

(4) Transparency

Interaction and communication between Health Center staff and community representative should be based on a ***two-way transparency***. In this regard HC staff provides to the Community Representatives on a monthly basis a HC report on activities and finances (incomes from the MoH, patients' fees, assisting organizations, and expenses including bonus for HC staff). They allow them to access the all original record and keeping books for verification, if requested[3]. In turn the community representatives express frankly and honestly all issues related to improvement of the HC services including community satisfaction and constructive criticism.

(5) Partnership

Establishing a good **partnership** between the communities, the Health Center Team, the health personnel of the Operational District and Provincial level, the local authorities and other sectors including civil society and NGOs is essential. In this the commitment of the Health Center Chief is a key to determine the effectiveness of the participation by the community in a Health Center. Partnership requires all partners to build a common vision and work together towards achieving the policy objectives of the community participation for the sake of the community in terms of improvement in health and well being of the community members. Therefore, individual partners have to understand and participate actively in activities as followed:

3. *The Guidelines for Developing Operational Districts and the Health Financing Charter mention clearly that Health Center staff has to be transparent with the Community Representatives.*

PARTNERS AND THEIR INVOLVEMENT	
The community	Willing to be involved
The Health Center Team	Actively promote the involvement of the community
The Operational District level personnel	Assist the HC Team, monitor and stimulate the process
The Provincial Health Department level personnel	Promote, monitor and assist the Operational District level personnel, advocacy with local authorities
The local authorities (Commune Council members)	Facilitate, support, stimulate the involvement of the community (participation) and monitoring of the Health Center activities

2.4 Scope of Work for Community Participation in Health Center

In order to move from the policy objectives to practical implementation, the scope of work for community participation, based on the 5 Working Principles, covers the following:

SCOPE OF WORK FOR COMMUNITY PARTICIPATION

(1) Communication between HC and the community
(2) Support to the HC activities
(3) Promotion of transparency and accountability of the HC
(4) Increase of HC ownership by the community
(5) Mobilization of resources for sustainability of the HC
(6) Dissemination of health messages in the communities when feasible
(7) Participation in the development of HC annual operational plan

(1) Communication between HC and Community

Facilitation of the information flow between the HC staff and the community is very important in order to promote a better understanding of the health problems of the community by HC staff on one hand and a better understanding of HC services and activities by the community on the other hand. This will make the Health Center staff more client oriented and, through the creation of mechanism for promoting frank, honest and accurate feed-back on the Health Center services, will lead to services of better quality and more adapted to the needs of the population.

(2) Support to the HC activities

Mobilizing community commitment to assist HC team in their efforts to deliver a good quality basic health services and to carry out health activities organized in the community such as

health education campaigns, outreach sessions, organization of transportation for referred patients from villages to the HC and referral hospitals as well.

(3) Promotion of Transparency and Accountability of the HC

Contribution to increase accountable and transparent management and use of financial resources by Health Center team from all sources as Government budget, assisting organizations and especially financial input from the community members through fees for services, pre-payment schemes, or other system of revenue raising.

(4) Increase in Ownership of the HC by the Community

The community has to participate to increase accountability of the Health Center team to provide good quality comprehensive health care services[4], which are responsive to the health needs of the local community. Their participation will create a sense of ownership of the HC by the population. It will also lead to more awareness of their own health needs and of practices for a healthy lifestyle as well as to build confidence in the HC staff for a better health seeking behavior by utilizing HC services timely and appropriately wherever needed.

(5) **Mobilization of Resources for HC Sustainability**

The community has to play a key role in the organization of health financing schemes at the HC. To define rational and affordable fee levels and to participate in the identification process of the poor for an exemption system are for instance important parts of the scheme in order to secure access by the majority of the population, especially the poor. This will facilitate the use of Equity Fund to subsidize health care cost of the poor[5] when they use the public health services. In addition, this financial input by the community is used for development/running of the Health Center and for the motivation of the HC staff. As a result the HC will function in a more sustainable manner.

(6) Dissemination of Health Messages in the Community when feasible

Facilitate dissemination of health messages from the Health Center to the community through distribution of Information, Education and Communication materials such as posters, leaflets, videocassettes, audiocassettes, etc. when feasible given the time constraints of the volunteer representative is encouraged. The Community Representatives

4. Preventive, curative and promotive services at one place at one time by multi-skills staff.
5. Equity Fund can cover all health expenditures of the poor OR subsidize some based on assessment of economic status of the poor family. Wherever, the Equity Fund does not operates the poor is still exempted by the HC for services they used.

could take every opportunity to provide health education to the community by using IEC materials in entertainments, festivity organized in the community.

(7) Participation in the Development of the HC Annual Operational Plan

The HC Team is responsible to develop the HC Annual Operational Plan on a regular basis. The Planning Manual of the Ministry of Health stresses that the community representatives are requested to participate in the planning process of the HC[6] in order to ensure that the HC's objectives and activities are really responsive to the health problems and the health needs of the community especially women and children.

2.5 Organization of the community participation in health center

- The process of organizing the community participation should be done as soon as possible without waiting that the HC provides the full Minimum Package of Activities (MPA)[7].

- The process of organizing the election of the Community Representatives in the villages and capacity building of the elected-community representatives can run parallel to the development of MPA.

- The newly elected Community Representatives do not have yet appropriate knowledge to provide meaningful inputs as defined in the scope of work for community participation. Therefore, right after the election the Community Representatives will be provided a short training by the health personnel. Afterwards their capacity will be built through monthly meetings with the HC Team and occasionally a training session can follow those meetings in the afternoon.

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6 Particularly in step 1 and 2 of the planning process of the HC: Annual Review of the HC activities and setting the HC objectives and Targets.
7. In case a HC is newly constructed, setting up the community participation can be done at the same time that the HC is developed.

CHAPTER 3

FRAMEWORK FOR ORGANIZATION OF THE COMMUNITY PARTICIPATION

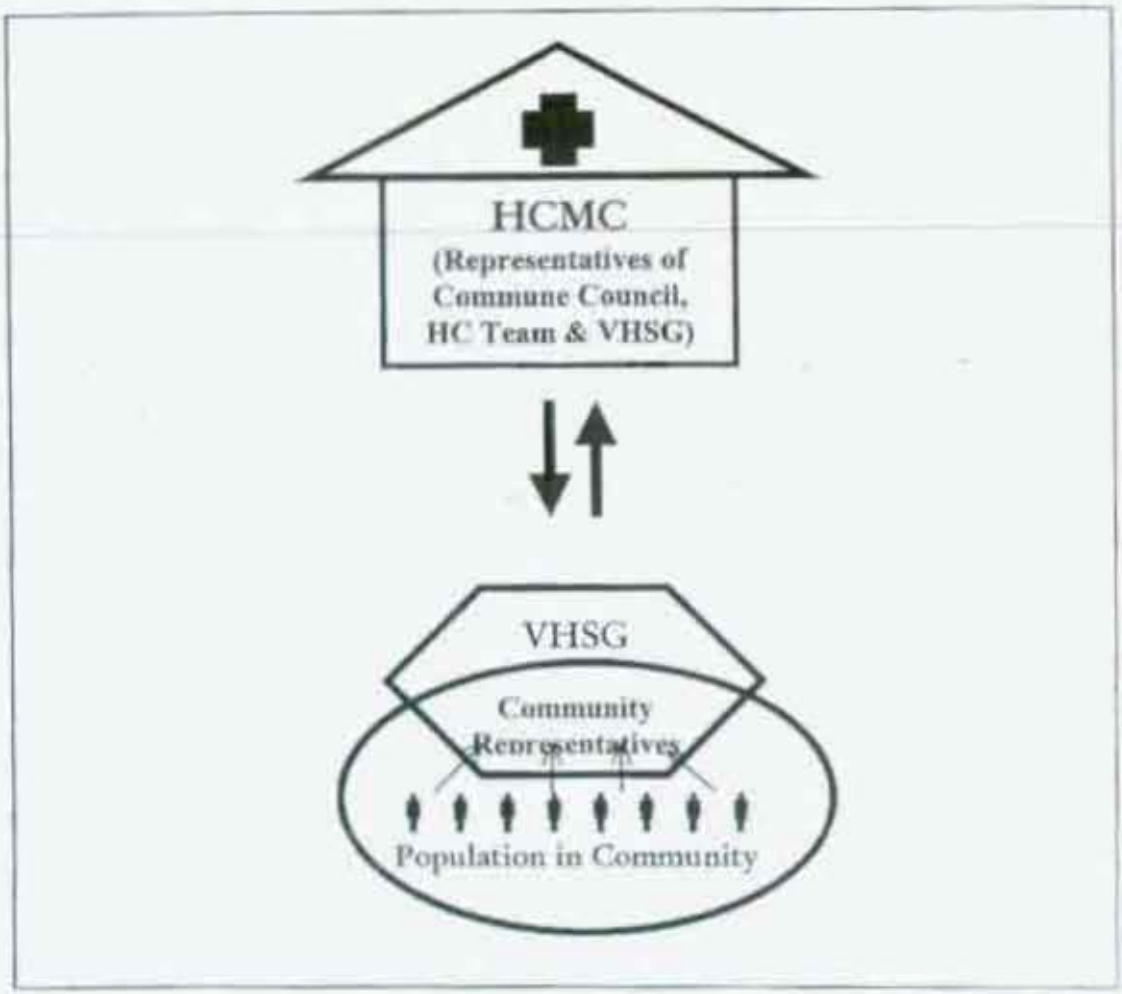
3.1 Introduction

The community participation can work smoothly if appropriate structures are well established in order to provide a framework by which all partners particularly the HC Team and Community Representatives can work together as true partners.

Practical experiences of the implementation of the community participation in the health sector in many provinces have shown that interaction between the HC and community has two main aspects. The first aspect is ***co-management*** and the second aspect information ***exchange***. Both are considered as basis to define the scope of work (as described in Chapter 2, section 2.4) and structures for the community participation. These structures are the ***Health Center Management Committee*** (HCMC) and the ***Village Health Support Group*** (VHSG).

In principle and practice the HCMC and VHSG have to play a complementary role to each other. In other words, each of them caters for an important aspect of the involvement of the community in the functioning of Health Centers. It is important to note that the community representatives have the majority in both structures.

STRUCTURES TO FACILITATE THE COMMUNITY PARTICIPATION IN THE HEALTH CENTER



3.2 Health Center Management Committee

3.2.1 Membership

- The HCMC is made of the representatives of the HC team, Village Health Support Groups and the Commune Council. A representative of the Commune Council should be the chairperson of HCMC. In case the HC catchment area covers more than one commune, each Commune Council must have one representative and one of them will be elected as chairperson of HCMC by HCMC members.

- The HCMC should have 8-12 members. This number is more suitable for decision-making process of the committee;

- ***From the Commune Council***: one representative (woman is encouraged) per commune (1-3)
- ***From the HC***: Chief and Vice Chief of the HC, and midwife (3)
- ***From VHSG***: one man and one woman per commune (2 per commune). In case the HC covers only one commune, two men and two women are elected (4-6)

3.2.2 Role and Functions of HCMC

The main role of the HCMC is to provide direction and guidance to the HC team in management and organization of HC activities to ensure the HC services are available as described in the Ministry of Health's Minimum Package of Activities, accessible to and utilized by the people in the Health Center catchment area.

Terms of Reference

Of The Health Center Management Committee

- ***Participate in decision making over the overall management and development of the HC services; ensuring the HC functioning in the best possible ways and services provided are good quality and adapted to the health needs of the community.***
  - Setting objectives for the HC annual operational plan;
  - Monitor the HC annual operational plan implementation (activities and results);
  - Introduction and management of financing schemes i.e. user fees: setting and periodically reviewing the fees level and identification mechanism of the poor to be exempted;
  - Management and use of the HC budget: national budget, fees revenue, generous donation, assisting organizations;
  - Maintaining buildings, transports and other equipment used to deliver services by the health center;
  - Organizing transport for referred patients from village to HC and to referral hospital.
- ***Provide the link between the heath services and the community and facilitate intersectoral coordination efforts - mobilizing the population and other sectors, in promoting community participation around health and health-related issues.***

- Obtain and act upon comments/suggestion and complaints of the community members/service users regarding the HC management and service delivery through discussion to find appropriate solutions and opportunity for the improvement;
- Ensure, through the VHSG and/or other channels, that important health information is given to the population especially at times of disease outbreaks e.g. cholera, updates on HIV/AIDS, Tuberculosis, Malaria, Dengue information, etc.;
- Keep information exchange between the community and the HC by informing the community about services available at the HC and getting information about health problems in the community.

- ***Promote community participation in the Health Center activities through mobilizing the population and other sectors for a common cause:***
  - Campaigns for health activities such as immunization, the control of disease outbreaks as cholera, diarrhea, dengue..., hygiene education at schools, in the villages, markets etc.
  - Campaigns for communicable disease prevention, mainly HIV/AIDS, Tuberculosis, Malaria, Dengue etc.
  - Encourage peoples in the community to use the HC services timely whenever they have health problem.

- ***Strengthen an effective functioning of the HCMC:***
  - Review the HC monthly reports (activities and finance) prepared by the HC Chief, and discuss problems/issues encountered in implementation of the health center activity and take action for the future.
  - Review the VHSG feedback provided by the representative of VHSG and discusses all issues raised and address through monthly and/or quarterly work plan of the HC.
  - Distribute HC report to the Village Health Support Group in its bi- monthly meetings to keep the population in the catchment area fully informed about the Health Center activities, results and other important health related issues;
  - Hold regular HCMC meeting[1] with minutes of the meeting(s) produced and used in the next meeting(s) to follow-up the action taken. The minutes are kept at the HC, one copy is sent to the Operational District Office and one to the Commune Council.

[1] *Pure medical & technical aspects of the Health Center services are not discussed in this meeting.*

3.3 Village Health Support Group

3.3.1 Membership

- The VHSG is made of the representatives of ***all*** villages in the HC catchment area, the HCMC and the HC team. A Group leader has to be selected with consensus of the all VHSG members. Members from the HC team and the HCMC cannot be a Group leader of the VHSG as well as the representative of the Commune Council cannot be a member of VHSG[2].

- The VHSG can have a large membership, approximately ± 35, and is used for securing a (bi-) monthly [3] information exchange between the Health Center Team and representatives from every village.
  - ***From villages***: 1 man and 1 woman per village
  - ***From HCMC***: 1 man and 1 woman (both are elected community representatives not HC staff).
  - ***From HC team:*** the HC Chief or a HC staff representative has to participate in the meeting of the VHSG.

3.3.2 Role of VHSG

The main role of the VHSG is to ensure regular flow of information between the community and the health center. One way is the opportunity for the population and health service users to provide feedback to the HC team. On the other way, VHSG keep the community informed about the health center activities and assist the HC team in various activities.

2This is because we want to keep the discussion open and create a non-formal atmosphere by which the community representatives can express their views and concerns freely and frankly.
3. It is advised that Village Health Support Group meets also once per month. If they meet only once every two months and the meeting is cancelled (for ex. when the villagers are busy with rice planting/ harvesting), the health personnel and the villagers have no contact for four months!

Terms of Reference
of the Village Health Support Group

- Get information on the perception of the community: about what they like and/or dislike in the HC services regarding the quality as perceived by the community, access, opening hours, user fees system, exemption etc including outreach sessions, and inform the HCMC and/or the HC team to consider and take action if necessary.
- Distribute/post IEC materials and create opportunity to provide health education to villagers and during the VHSG meeting, discuss on topics that the villagers are interested in;
- Collect and provide information as much as possible on health and health-related problems encountered by the community to the HC team:
  - Babies birth and death
  - Mothers and child death,
  - Adult/elderly death
- Assist the HC team in various activities if possible such as:
  - Inform and/or organize outreach activities and health campaigns in villages/communes and other important information if necessary e.g. cholera /dengue outbreaks, HIV/AIDS, TB etc.)
  - Detection of the new case of tuberculosis and follow-up DOTs for TB patients living in the village.
  - Identify the poor in their villages to be exempted from payment for health services.
  - Organize transport for referred patient to the HC/Referral hospital
- VHSG has to meet regularly on a (bi-) monthly basis:
  - The agenda of the meeting should include the discussion on the HC report [4] provided by the HC team. The information of the HC activities, including dates and place of outreach activities, to every Village should be distributed. VHSG can put any main issues/problems that the community is interested in on their agenda for discussion.
  - Distribute IEC materials to all VHSG members to disseminate to villagers when appropriate.
  - The minutes of the meeting(s) are produced and used to follow-up action taken in the next meeting. The minutes are kept at the HC and a copy sent to the HCMC, to the village Chief for individual action if appropriate.

4. The HC Chief prepares a monthly report on an A4 paper and provides a copy for every village

3.4 Linkages between HCMC/VHSG and Other Community-Based Health Activists

In practice, there have been complex structures established at village and commune level by different line ministries. For instance, Village Development Committees are established through the Ministry of Rural Development, while the HCMC and the VHSG (former Feedback Committee) are put in place by the Ministry of Health. Nevertheless, the overall purpose is to promote decentralization, intersectoral co-ordination and co-operation, as well as to encourage community to participate actively in the overall process of the sustainable development of their community as underlined in the "Inter-Ministerial Guidelines for Implementation of Primary Health Care Policy". Therefore, a synchronizing community-based effort is a great challenge for concerned individuals and institutions.

The link between HCMC/VHSG and all community based-health activists has to be based on a complementary role of each other, rather than a competitive role.

Examples of Community-Based Health Activists

- *Village Health Volunteers: put in place by the Ministry of Rural Development and/or Non-Governmental Organizations and/or International Organizations*
- *Red Cross Volunteers: put in place by the Cambodian Red Cross*
- *Community Based Distribution workers of for example Birth Spacing services: by NGOs, the Ministry of Women & Veterans Affairs,*
- *Village Development Committee members: by the Ministry of Rural Development and assigned members of this committee has a role in the health issues of the population.*
- *HCMC / VHSG: by the Ministry of Health*
- *Village malaria workers in very remote and malaria endemic area put in place by the Ministry of Health National Center for Malaria for making early diagnosis (using dipstick rapid test), and providing 3 day treatment A+M (artesunate+ mefloquine).*
- *Traditional Birth Attendants (TBA). Linkage between them and the HC midwives is promoted by the Ministry of Health, international and NGOs working on maternal care.*

In general, all these peoples work on the betterment of the health of the villagers. This sounds very encouraging. From the Ministry of Health perspective, the HCMC/VHSG should understand very well that their involvement and efforts is entirely on a voluntary basis, if they get regular material or financial benefits, this might give confusion or disillusion in time. Therefore, a clear distinction has to be made between TRUE VOLUNTEERS and those who get incentives; in such cases the more correct name is VILLAGE HEALTH WORKER.

3.5 Characteristics of Community Representatives

In reflection to the working principles for the community participation stated in Chapter 2, the election of the community representatives is essential to ensure a "REAL REPRESENTATION of the WHOLE community" in terms of community voice and benefits. The criteria set below are for selection of candidates who participate in the election at her/his own free will. Everyone among the villagers as specified in the box above, as well as health activist, TBA and Kru Khmer (Traditional healer), are eligible to stand for election if they meet the election criteria. The OD health management team and HC Team are responsible for organizing the election of the community representatives.

Criteria for Selection of Community Representative Candidate(s)
- Live in the village where he/she stands for election - Both female and male as one male and one female per village has to be selected; - Age 25 to 65 - Regardless economic status - Preferably be literate - Be respected by the majority of villagers, good personality/relation/ communication - Be in good health - Be motivated to work for the community benefits - Have her/his own means of transport [6] - Personal history without any criminal record

6. In places where the Commune Representatives have to travel many hours, this cannot be asked and the community/authorities have to arrange for the transport (costs).