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NOTES ON "COMMUNITY MOBILIZATION" FOR REPRODUCTIVE HEALTH IN BOLIVIA

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SOCIAL MOBILIZATION

The term "mobilization" has long been associated often with the incorporation of massive portions of a nation's population to military services for war purposes. Its application to comparable non-military purposes began in the field of politics some decades ago. Only recently the notion started to also be applied to the field of public health when UNICEF established a complex and comprehensive strategy to secure "nation scale" overall support for maternal and child health. The agency called it "social mobilization" and defined it as "a broad movement to engage large numbers of people in action for achieving a specific development goal, or a series of goals, through self-reliant efforts". Aimed at "transforming development goals into societal movements", the strategy seeks, at the policy level, to build a supportive framework for decision-making and resource allocation addressed at empowering communities for action and, at the grassroots level, to secure people's active participation in fulfilling the intended development goals.

Since the late 70's, this innovative development strategy has proved very successful in many countries to make possible close to exhaustive national immunization coverage of children against deadly diseases. Going beyond just epidemics control, vaccination tended to become universal and stable. The outstanding case of it in Latin America is that of Colombia, where the government, assisted by UNICEF, established the Expanded Program of Immunization (EPI in English; PAI in Spanish) in 1979, when immunization coverage reached only 20% of the target population; by 1989, it had grown to a remarkable 80% essentially thanks to having been supported by the social mobilization strategy.

Social mobilization demanded a combination of several important elements, was addressed at various crucial segments of the population and involved numerous institutions for a long period. Understandably, communication was one of these elements, but mass media use was found not to be most effective all by itself. Noted a relatively recent assessment of the Latin American case just mentioned: "The Colombian experience, however, showed that mass media efforts can overshadow the critical need to strengthen mobilization structures and processes at the community level. Any over use of media may create a media fatigue syndrome that, if ignored, can be counterproductive. Efforts are necessary to strengthen a decentralized health infrastructure to meet the demand for services stimulated by mass media mobilization. Community education to foster participation and self-reliance should clearly be an integral part of any social mobilization effort".

As a rule, overall social mobilization is a complex, and some times costly, undertaking that cannot just be applied to any purpose. Only certain endeavours may justify such massive special effort. Community participation is a key component of it. Confusion between one and the other should be avoided.

\* ASPH International Health Committee. Social Mobilization for Health: an Overview. Washington, D. C., November 8, 1992. (mimeo.)

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## MOBILIZATION FOR COMMUNITY PARTICIPATION

No definition of "community mobilization" is provided by the USAID. It probably can be assumed, however, that what is meant by it is not very different from "community participation" defined, for instance, by UNICEF as follows:

*"Community participation is both a process and a development strategy based on two-way communication, consultation, and helping people to identify and understand their own problems, decide how best these problems can be overcome, make their own plans and seek appropriate solution and assistance".*

People's participation in the management of public health services was first advocated in 1978 at the International Conference on Primary Health Care organized by UNICEF and WHO in the Soviet Union. This gathering proclaimed health a basic human right and understood community participation as the process through which individuals and families take responsibility for health and well being of themselves and of their collectivities, as well as for improving their capacity to contribute to development.

In 1986, going beyond the Alma-Ata proposition, the First International Conference on Health Promotion, held in Ottawa, proclaimed a community-oriented and highly participatory policy of promotion, understanding by it the process of empowering people to increase their control over health now taken as the physical, mental, social and economic well being of individuals and communities.

In line with all the preceding conceptualizations and other notions also advocating for the democratization of the public health activities, community mobilization can be understood in the case as the stimulation on a large national scale of the effective and sustained participation of grassroots organizations in the planning, conduct and evaluation of public health services, as those fostering improvements in human reproduction.

Attaining such community mobilization for active involvement in public health certainly demands the use of communication through mass and interpersonal formats, including the traditional, the modern and the alternative. This is to say that mobilization is a development strategy made viable, to a large extent, by communication support.

## PIONEERING BOLIVIAN EXPERIENCES

Between 1982 and 1984, under President Hernán Siles Zuazo, the Ministry of Health of Bolivia launched the region's first and most advanced experiment in "popular mobilization" for health. This community-involving movement was based essentially on these considerations:

1. Health policies were at the time unrelated to any social concern and health services were limited to illness care.
2. Health promotion was nominal and health prevention was allotted resources markedly lower than those allotted to cure and rehabilitation.
3. One way to attempt changing such a state of affairs was to make health defense and element of social struggle.
4. Health defense is to be lead by people's grassroots organizations. Illness care is a social responsibility of medical professionals which should be practiced in close

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contact with said people's organizations if it is ~~not~~ to turn elitist and technocratic. Ideally they should go hand in hand jointly engineered by people's reivindications and professional techniques.

5. Community organizations - workers' unions, peasant leagues, artisan guilds, associations of neighbors, mothers' clubs, etc. - can best participate in health defense activities if they act jointly and guided by concrete goals common to all of them. Thus, People's Health Committees (Comités Populares de Salud) ought to be established at national, regional and local community levels in order to secure such empowering coordination.
6. Taking health as a basic human right for which the downtrodden had to fight proved the key for consensus among the grassroots organizations and a strong motivation for participatory mobilization.
7. Because of its nation-scale organization and its outstanding militance, the federation of workers' unions - Central Obrera Boliviana (COB) - was best fit to lead the establishment and operation of the Comités Populares de Salud. However, to be effective and self-sustained, these were to be autonomous, not subdued to paternalistic or manipulatory government authority.

Within such a framework, Comités Populares de Salud were established and well run by the Central Obrera Boliviana (COB). They were assisted in field operations by Responsables Populares de Salud, who received basic training by the government to operate at local community levels as para-medical volunteers and as linkages between the grassroots organizations and the public health services. The chief inspirer and supporter of this movement, the Minister of Health and Social Welfare, doctor Javier Torres Goltia, was to recall this experience in terms as these:

*"Lo popular devino entonces en sujeto real de motivación y acción, pero, sobre todo, de satisfacción por los logros alcanzados. Recuperar un niño deshidratado sin auxilio profesional era para los Responsables Populares de Salud no sólo un motivo de sano orgullo y satisfacción personal por salvar una vida, sino representaba además ingresar a formar parte del poder que les fue siempre vedado. Sentirse autores y, a la vez, responsables de que los niños estuvieran protegidos contra el sarampión y otras enfermedades infecciosas sirvió para sacudir incluso ancestrales complejos de inferioridad, particularmente entre los campesinos\* .*

Many communities established people's units for oral rehydration (UROS) and some even built, in cooperation with the Ministry of Health, modest but reasonably priced people's drugstores, people's children nurseries and free-milk distribution centers. Apparently, however, the main achievement of this community mobilization effort was helping raise the children vaccination coverage from 20 or 25% to 80 or even 90%, an unprecedented gain, which would not have been possible without the mystic and contribution of the Comités Populares de Salud.

In spite of certain ideological differences, the next government - that of President Paz Estenssoro (1985-1989) - did not dismantle the people's health organization. The Comités were for a while still active although the COB was opposed to the regime and some of the UROS and

\* Torres Goltia, Javier. "Condiciones Políticas, Proyectos Políticos y Construcción de Estrategias en Salud". En *Dialéctica Social de la Política de Salud*. La Paz, Colegio Médico de Bolivia/UNICEF, 1992.

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nurseries managed to survive at the local community level. Nonetheless, the movement lost after a while much of its impetus. By the subsequent regime - that of President Jaime Paz Zamora (1989-1992) - the Comités were left aside in favor of a new policy of "gestión social" aimed at multi-institutional coordination, which in practice seemed to derive into the traditional vertical action by the government alone. Still committed, several Comités Locales remained stubbornly alive because their leaders felt entitled and obliged to share in the conduct of the health services even if at lesser levels of intervention.

Relentlessly stimulated by Torres Goltia and assisted by UNICEF, the COB managed to sponsor in 1990 the Primer Congreso de Centrales Sindicales Andinas sobre Salud y Participación Popular, which approved in conclusion a Declaración de Cochabamba. The document claimed that *"... el derecho a la salud constituye para los trabajadores una tarea política de primer orden, en el marco de la lucha por todas nuestras reivindicaciones... Convencidos que la salud es un derecho social, que no se mendiga ni se compra, sino que se conquista con la participación popular y la mejor organización social, decidimos asumir la vanguardia en la lucha por la conquista de la salud colectiva en cada uno de nuestros países, unificando alrededor de ésta a todas las organizaciones sociales"*\*

In recognition of his outstanding contributions to democratizing public health delivery, Torres Goltia has just been awarded in Geneva a prize by the World Health Organization. He happens to be a staunch advocate for reproductive health practice in Bolivia, presently presiding the region's Parliamentary Population Union.

The present government of President Gonzalo Sánchez de Lozada (1992-1996) is a strong believer in community mobilization for health, education, housing and other social endeavours alike. In fact it has passed a Ley de Participación Popular, which is starting to be applied. Its main feature is decentralization of operations through handing down to municipal levels authority and funds to conduct, in compulsory and close association with thousands of existing small grassroots organizations at provincial levels now identified as Organizaciones Territoriales de Base (OTBs), all activities of public interest. This includes absorbing the duties for delivery of health and education field services; i.e., hospitals and schools.

This government has also effected a radical transformation of the public administration structure. A main feature of it has been the establishment of a huge Ministerio de Desarrollo Humano, which absorbs, through a format of Secretarías Nacionales, the duties of health and sanitation, social insurance, education (involved in a deep and overall reform process) and low-cost housing. Another major feature has been the creation of a Ministry of Sustainable Development, which includes overall planning, agricultural development and environmental protection, as well as a Secretaría Nacional de Participación Popular.

In a partial and semi-official manner, the Secretaría Nacional de Salud of the Ministerio de Desarrollo Humano has sought to reactivate the Comités Populares de Salud. It did so, however, in a provisional manner since it had to wait for global orientation and articulation of the people's participation efforts across the entire social sector of public administration. On the other hand, it was revising overall health policies and building a new health model based on community participation as well as preparing the decentralization of its services to local levels for municipal and community administration. The model has just been completed and its implementation should begin within the next two months or so.

\* Primer Congreso de Centrales Sindicales Andinas sobre Salud y Participación Popular. "Declaración de Cochabamba". En: Consejo Laboral Andino - Central Obrera Boliviana - Consejo Nacional Popular de Salud - UNICEF. La Paz, 1990.

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## COMMUNITY MOBILIZATION FOR REPRODUCTIVE HEALTH

There are no indications of any substantive and steady application in Bolivia of the community mobilization strategy to the specific area of reproductive health, including its family planning component. Occasionally a few government agencies and some non-governmental organizations committed to this area recourse to consultation with community associations, especially in peri-urban districts, but this tends to happen more for simple validation than for full, and protagonic involvement and participation. A good potential for this, however, does appear to exist in the public sector as indicated by the following prospects:

1. Under the brand new public health model mentioned above, the Comités Populares de Salud are unlikely to be revived inspite of the fact that Dr. Torres Goltia is now a government Senator and that his son is the Undersecretary for Health in the Ministry of Human Development. Present relationships of the Central Obrera Boliviana with the government are so tense that cooperation between them looks hardly possible. The model establishes a leadership pattern consisting of coordination Councils to be formed by the Secretaría Nacional de Salud, as normative agency and represented in the field by Direcciones Territoriales de Salud soon to be established, the Municipalities, as operational organs, and the respective grassroots organizations at local levels ("Organizaciones Territoriales de Base") as vehicles for community participation through planning, support and evaluation. To secure the performance of this role by the latter, Secretaría Nacional de Salud will foster the organization of a Comité de Vigilancia (surveillance) to group all such organizations in each community. This probably means that mobilization for reproductive health would have to be in this case stimulated as a part of overall mobilization for health in general through contacts with both the Consejos de Coordinación and the Comités de Vigilancia, bearing in mind that, as different from the case of COB, a nation-scale organization embracing all of them does not exist.

2. Another key connection with the public sector is given by the Subsecretaría de Género of the Ministry of Human Development. Mostly concerned with women reindications, this newly-created organ is quite active and well related with networks of women organizations, especially in peri-urban areas across the nation.

3. Not directly related to reproductive health concerns but having an across-the-board mandate to foster popular participation in national development, the Secretaría Nacional de Participación Popular of the Ministry of Human Development may well prove a valuable supplementary vehicle to stimulate community mobilization for reproductive health.

4. A third additional vehicle may be the Subsecretaría de Educación Ambiental of the Ministry of Sustainable Development since it should not be very difficult to link family planning with ecological protection.

5. A fourth channel may come to be DINAPRE, the government agency for the prevention of use of illegal drugs. Its mandate makes its work often through youth networks and parents associations.

6. Another channel may be represented by the Secretaría Nacional de Deportes y Juventudes of the Ministry of Human Development, which also operates through networks that should not be impossible to vinculate with the reproductive health concern.

7. Another pertinent government agency is the Organización del Niño, la Mujer y la Familia (ONAMEA), which had been granted autonomy by the previous government and has been apparently absorbed by the Ministry of Human Development in the present regime. Possibilities for working also through it should be explored.

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8. And yet one more channel may even be constituted by the Armed Forces since military service is compulsory for all Bolivian men of age 19, who come to constitute a sort of captive audience to which the essentials of reproductive health behaviours could be taught.

9. Finally, the regional and autonomous Corporaciones de Desarrollo - one for each of the nine states of the republic - should perhaps also be explored to prospect opportunities to channel reproductive health concerns through their provincial public works contacts.

Outside the realm of the State structure, there are three nation-scale organizations of crucial importance to community mobilization, one operating mostly at urban locations and the other in the country side. The former are the Central Obrera Boliviana (COB) and the Federación de Juntas Vecinales. The latter is the Confederación Sindical de Trabajadores Campesinos (CSTC). Because of their frequently divergent positions in reference to the government, these organizations would have to be approached by themselves, not through the Secretariats of Health and Participation of the Ministry of Human Development. As shown above, COB is already committed to having a strong say in the conduct of general public health programs and, if at present may not be participating much in them, it could perhaps develop an interest to share in the activities of the specific reproductive health area. Work with CSTC may be deemed of no less importance especially because reproductive health programs will soon be reaching much more the rural population, especially that of autochthonous origin. And the Federación de Juntas Vecinales is most influential with Municipalities at least in the capital cities of the nine States (Departamentos).

As of the middle of the 50s, there have been in operation in Bolivia numerous groups committed to reinvigorating the rights of women. Since early in the 80s most of them have become federated through the Coordinadora Nacional de la Mujer. This movement is presently assisted by the government, mostly through the Subsecretaría de Género. It is, however, an autonomous organization that could be approached directly and independently for community mobilization purposes. Two of its members are most notorious for their dynamism and influence, especially in the La Paz jurisdiction. One is CIDEM, a study and promotion organization of middle-class and urban constituency. The other is Centro Gregoria Apaza, much newer but most active at the level of peri-urban women of the lower classes, especially those at the mushrooming town of El Alto that absorbs a very fast (rate migration) from the country-side; it has a broadcasting station of its own: Radio Pachamama. These two organizations are certainly key for community mobilization ends. Some Clubes de Madres in El Alto itself and in other heavily populated and economically depressed districts should also be considered.

There are in Bolivia easily some 600 non-governmental organizations moved by diverse objectives and supported by different foreign sources at varying levels of funding. Most work at peri-urban areas but some specialize in service to the peasant population. State surveillance over their activities seems to be minimal, but several of them operate in relationship with municipal authorities. Since it appears that at least a third of them tend to give priority to health/sanitation and educational needs, these ONGs certainly can be considered as a very important channel to mobilize communities for reproductive health. It may be necessary to approach individually some of them, such as PROA in El Alto. But approaching a set of them should prove most convenient jointly through UNITAS, a solid and prestigious coordinating agency.

There even exists in the country a grassroots communication organization: the Asociación

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in addition the only nation-wide network for news about small towns in the highlands, valleys and jungles. Within ERBOL there has recently emerged a sub-grouping of women broadcasters called Red-Adx. Perhaps through this unit attempts can be made to gain ERBOL's contribution to the intended mobilization. Another couple of private and non-profit communication institutions committed to people's education is constituted by SEAMOS and CESE, both working for years, with USAID funding, among the young people to prevent the consumption of illegal drugs. Close cooperation with them should be considered.

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### JHU'S POTENTIAL TO STIMULATE MOBILIZATION

Since 1990 JHU/CCP has given a substantive contribution to the establishment in Bolivia of a cooperative network of institutions, private and public, committed to reproductive health: the Programa Nacional de Salud Reproductiva, sponsored by USAID/Bolivia. This agency entrusted to JHU the responsibility of communication support through assistance to the Program's IEC Committee as well as by means of projects with individual institutions. This strategy of working through such a network has proved clearly successful at the urban and peri-urban levels. Thus, in seeking to generate community mobilization, the first and main channel at hand would be indeed the program (PNSR).

Another parallel channel recently built is a network around the non-governmental organization PROCOSI specialized in addressing the rural population, including the autochthonous peasantry that speaks languages other than Spanish. The PROCOSI network has joined the Programa Nacional and, therefore, has appointed a delegate to its IEC Committee. Here then is another option at hand for mobilization, in this case of country-side communities.

In addition to these established advantages, JHU has also good connections with several of the organizations and agencies mentioned above. For instance:

- It has a steady work relationship with Secretaría Nacional de Salud, all the way from the Secretario Nacional to communication organs and district delegations.
- The Local Coordinator gave technical assistance to the Subsecretaría de Género for the formulation of an overall communication strategy.
- The Local Coordinator is presently involved in helping formulate a communication strategy for rural communication on reproductive health through the PROCOSI network.
- The Local Coordinator has ties with Centro Gregoria Apaza.
- JHU's Regional Adviser - stationed in La Paz - designed for the Secretario Nacional the basis for a ministerial resolution through which the latter came to establish, for the first time in Bolivia and second only to one in Ecuador in the region, an overall communication policy for public health.
- The Regional Adviser was a member of the National Commission for Popular Participation, which drafted the law for this process and established the basis for the creation of the Secretaría Nacional de Participación Popular. He has kept in touch with it, especially through its communication organ, to which it provided some guidance in policy formulation.
- The Regional Adviser has long-standing ties with ERBOL, the Asociación de Radialistas y Comunicadores en Lenguas Nativas, CESE, SEAMOS and DINAPRE, as well as with CIDEM, with the Subsecretaría de Educación Ecológica (to which it provided initial orientation for policy formulation) and with the Armed Forces through its training services.

It is, thus, evident that JHU is very well qualified and situated to undertake the promotion of community mobilization for reproductive health in Bolivia.