promesa

A program for the healthy physical, emotional and intellectual development of young children

By: Glen P. Nimnicht,
Marta Arango
and the CINDE team

Prepared as a contribution to Effectiveness Initiative of The Bernard van Leer Foundation

September 2001

Bernard van Leer Foundation

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Sede Latinoamericana Grupo Consultivo sobre Cuidado y Desarrollo de la Infancia

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Introduction

This document, prepared as a contribution to the Effectiveness Initiative Project (EI) describes the conceptualization, implementation, outcomes and critical events of 20 years of Project PROMESA, a Program for the Improvement of Health, Education and Environment, implemented by CINDE, the International Center for Education and Human Development, in Chocó, one of the most isolated and abandoned areas of Colombia.

The Effectiveness Initiative, a worldwide project initiated by the Bernard van Leer Foundation in 1999, has selected 10 Early Childhood Care and Development (ECCD) projects around the world, with the purpose of identifying factors that have contributed to or hindered their effectiveness and to identify lessons learned. The idea is to establish a dialogue and share the information with foundations and institutions that work with ECCD projects to improve the quality of policies and programs for young children around the world.

The concept and scope of the EI Project, was presented to a wide audience of Foundations, universities, agencies and governments at the International Conference on the Effectiveness Initiative, organized by the Bernard van Leer Foundation on November 11th and 12th, 1999. The information included in the present document was presented at the conference and illustrates in both words and graphics, the basic aspects of the implementation, critical events, conceptualization, evaluation processes and outcomes of twenty years of Project PROMESA.

The idea for this report grew out of the first two meetings we had with other EI team members, as we talked about how PROMESA was financed, who was involved, what were the critical events, the flow of the program activities over 20 years and how the project evolved. We also discussed the data that CINDE had compiled and decided to use the results as one method of looking at effectiveness. In these discussions and the activities that followed we recalled the forgotten events and found new ways of looking at PROMESA. The results were gratifying. This publication will be followed by two longitudinal studies and other publications that analyze the program from the point of view of the different actors.

The program

Project PROMESA was designed to develop an alternative approach to meeting the needs for the healthy development of young children through the creation of an appropriate physical and psychological environment, and to influence the design of early childhood care and education programs in Colombia and other countries. Embedded in PROMESA was a concept of integral and integrated community development based upon the notion that individuals must be involved in their own process of development, and that for this development to occur, there must be a process of change in the intellectual, physical, economic and socio-cultural aspects of their lives and of their environments. This process leads to the strengthening of the individual and collective self-concept of the participants, their ability to identify and solve problems.

In our approach to the creation of better environments for the healthy development of young children we have identified a guarantee of a better future for children and adults, using as a main strategy the active participation of children and adults in the solution of their own problems and community problems.

The program was initiated in 1978, with participation of families and communities, in a series of innovative ECCD approaches such as: Early Stimulation, Preschool at Home, Child to Child, and Play and Learn to Think. It worked gradually towards the generation of a participatory integrated community development program and to the organization of a local NGO to foster the community's own development processes.

Four particular management features have had an important impact on program implementation, and deserve to be highlighted.

a. Community leaders (especially women), have been the main educational agents and organizers of the program. From the beginning, parents have been involved in different aspects of program planning and implementation, although this has varied from community to community according to the variables that affected the project at different moments. Furthermore, most of the project activities have started outside the school or other formal systems.

b. The external agent, CINDE, has not been directly involved with the community, but rather its role has been to educate the community leaders, to serve as facilitators in the development process, and to act as a link with other institutions.

c. Emphasis from the outset on inter-institutional coordination at the local and regional level has contributed a great deal to the success of the program.

d. Despite the impoverishment of the area in which the program is located, attention has primarily been directed towards educational and organizational processes.

Children playing with a puppet made in the program

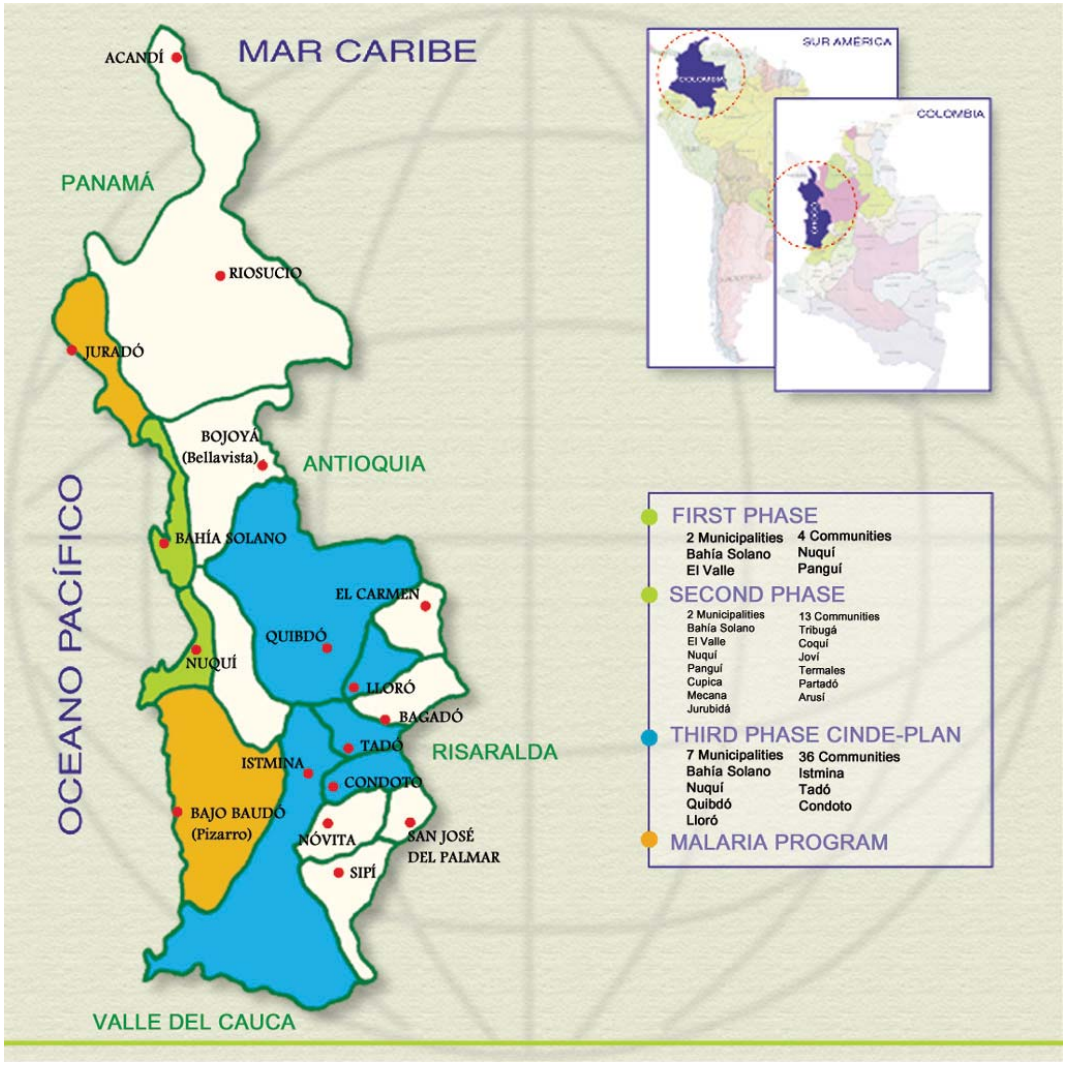

MAR CARIBE
ACANDÍ
PANAMÁ
RIOSUCIO
JURADÓ
BOJOYÁ
(Bellavista)
ANTIOQUIA
BAHÍA SOLANO
EL CARMEN
QUIBDÓ
NUQUÍ
LLORÓ
BAGADÓ
TADÓ
RISARALDA
ISTMINA
CONDOTO
BAJO BAUDÓ
(Pizarro)
NÓVITA
SAN JOSÉ
DEL PALMAR
SIPÍ
OCEANO PACÍFICO
VALLE DEL CAUCA
SUR AMÉRICA
COLOMBIA
FIRST PHASE
2 Municipalities
Bahía Solano
El Valle
4 Communities
Nuquí
Panguí
SECOND PHASE
2 Municipalities
Bahía Solano
El Valle
Nuquí
Panguí
Cupica
Mecana
Jurubidá
13 Communities
Tribugá
Coquí
Jovi
Termales
Partadó
Arusí
THIRD PHASE CINDE-PLAN
7 Municipalities
Bahía Solano
Nuquí
Quibdó
Lloró
36 Communities
Istmina
Tadó
Condoto
MALARIA PROGRAM

Chart No. 2

The setting

PROMESA started in 1978 in four small communities on the Pacific Coast of Colombia in the State of Chocó. The communities were Bahía Solano, with a population of 5.000; Valle with a population of 2.000; Nuquí with 4.000 and Panguí with 500 people.

At the time the project started about 70% percent of the people in these communities were not able to read or write. There were only four incomplete high schools and a teacher training vocational school in the four communities and the elementary schools in all the communities operated on an irregular basis. The few teachers, policemen, other government workers, and small merchants formed the better-educated members of the society. Otherwise, the people were fishermen and farmers, living from the fish they caught, the plantains and rice, which they grew, and fruit from the jungle. They had little or no money, and the main way to obtain goods was by barter.

There was only one road about 10 miles (16 km) long between Bahía Solano - Valle and the airport. Small airplanes landed three times a week when the weather permitted. Other than one or two very picturesque cars on the road, the local transportation was by foot, canoes, and small boats. There were no work animals or cattle in the area.

The climate is hot and humid with one of the highest rates of rainfall in the world. However, despite this, only one community had a good consistent supply of drinking water. Except at the Missions of Catholic Nuns, there were no toilets or latrines in Panguí, one or two in Nuquí and Valle, and 20 or 30 in Bahía Solano. The streets and beaches were the garbage collection areas. The pigs, chickens and dogs were free to roam wherever they liked, and rats were an accepted part of life with no effort made to control them.

Typical houses of the context

The implementation process

The activities which took place were addressed at improving the psychological and physical environment.

Programs to improve the psychological environment

The activities to improve the psychological environment involved the continuous participation of adults through meetings, workshops, self-study groups and follow-up activities aimed at improving the quality of family interactions and community life. Most of the participants were parents of children from zero to six years, interested in improving the quality of their environment where they lived, and in enhancing their development and that of their children. Some of the activities aimed to enhance the ability of the family to attend to the physical and psychosocial needs of children from zero to six. Others aimed to enhance the ability of the parents to attend to their own needs and personal development as a means to improve the psychological environment for their children.

The main strategy used initially was to work with groups of parents (mainly mothers) of children from three to six years of age, who were interested in improving their interaction with their children at home and to stimulate their intellectual development. The mothers attended two-hour meetings every week where they learned how to interact better with their children through play, using educational toys and games in their homes and where they discussed other problems. They also planned activities such as draining away stagnant water from under the houses. The success of seeing the children learn under their tutelage, and the success of organizing community projects, gave them more self-confidence and psychological energy to gradually undertake more complex activities and increase their participation in the project. When activities such as draining away the water were organized, other people from the community, especially men, became involved, but the mothers who attended these meetings were the glue that held the program together.

In 1981, PROMESA extended its activities by organizing a similar program for mothers with children from zero to three. The emphasis in that program was learning to provide a healthy environment for children, to observe their development, and to respond accordingly.

Gradually other programs were added like Adult Education, Child to Child, Play and Learn to Think and Escuela Nueva.

The following paragraphs describe the main activities that emerged to improve the psychological environment to enhance the ability of families to attend the psychosocial needs of their children from zero to six years of age.

Programs to increase the families´ ability to attend to the needs of their children

Early Stimulation and Initial Education at Home

This program serving mothers with children aged birth to three, consisted of a series of meetings (36 or more) in which mothers learned the main aspects of child care and development and how to provide a healthy, safe and stimulating environment for their babies and toddlers. They also learned to observe their babies, respond to their needs, and stimulate their healthy emotional and intellectual development with toys and games and other materials from the environment. The program was carried out by local leaders, most of the time in coordination with the Regional Health Department in order to implement a component of growth and development which encourages mothers and health workers to value the relationship between nutrition, growth and development.

Mother stimulating baby in hanging crib

Preschool Program

Preschool programs for improving the families´ abilities to attend the psychosocial development of children between three and six, were organized in a number of ways.

The "Preschool at home" or "parent child program" served parents (especially mothers) with children between three and seven years of age. In this program, the mothers and other members of the family attend weekly meetings to learn how to interact in a meaningful way with their children to foster their healthy psychosocial development and how to improve other aspects of their home environment. In the process, they strengthen their role as educators of their children and, using educational games plus other activities, they stimulate the child's intellectual, social and emotional development.

The "integrated home-school program" consisted of community preschools run by local promoters or by mothers and included, in many cases, nutrition programs for children run by the mothers.

These programs have had, as one of their main objectives, the participation of the family in the integrated (physical, intellectual, social and emotional) development of children. The methods used, which ensured the

Mothers and promotors of the integrated home school program weighing their children

productive use of time, community physical facilities, local educational agents and learning materials from the environment. They combine the best elements of traditional center-based models, with the benefits of parent programs. The children come to a community center in the mornings for between two and five days a week, while the mothers or another member of the family come one afternoon per week to a two-hours meeting. During these meetings the mothers learn:

- about the development of their children from 0-6 years;

- to use games to encourage their children's intellectual and social development;
- to use other simple methods to encourage the children's development;
- to improve their interaction with their children;
- to identify problems and possible solutions in their physical or psychological development; and
- to identify other actions they can carry out to improve the environment or the family.

At the center the children learn those concepts which are not easy to teach at home, and they participate in group activities and creative activities such as art, music, drama and field trips. A valuable tool for this program has been the toy library from which mothers can borrow games and toys to use with their children at home.

Child to Child and Youth to Child Program

CINDE's Parent-Child Program has been conceived as a family program that stimulates other members of the family to attend the meetings when the parents can not. What frequently has happened, is that when a parent has been unable to attend a meeting, they have sent an older child aged ten, eleven or twelve. These brothers and sisters have proved to be good substitutes for their parents, and as a result of this, CINDE's Child-to-Child and Youth to Child program was born.

This program, which has been implemented in various communities throughout the state of Chocó, aims to prepare older children up to about 18 years to be community leaders and educational agents for the physical, intellectual and social development of their younger brothers and sisters aged zero to six years. Play, games, cultural activities and other initiatives to improve the environment are the main strategies for learning.

Older child stimulating psychosocially a younger child

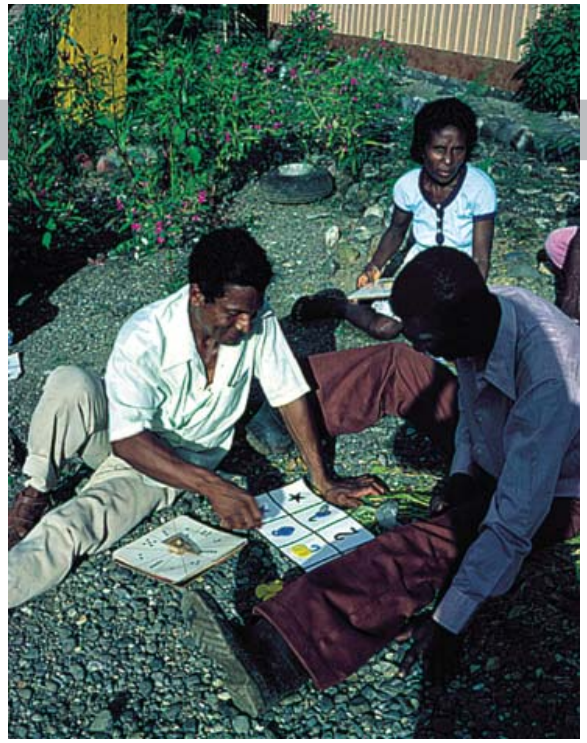
Originally the program was addressed to children between 9 to 12 years old, but gradually to include children up to 18 years of age.

Through the process of stimulating the physical, social and intellectual development of their younger brothers and sisters, and by helping to improve the physical environment in which they live, the older children develop leadership abilities and new learning tools, for their future roles as parents and change agents within their communities.

Play and Learn to Think Program

This program is an educational innovation that seeks to develop in children from first to fifth grade a realistic self-concept, logical thinking and the ability to solve problems.

The program has aimed to develop in children the intellectual abilities and skills required for problem solving, including flexible thinking (inductive and deductive reasoning), the ability to organize and interrelate information, the ability to form and break patterns and categories, etc. This is achieved not only through the interaction of the child with the materials, but also through the orientation and participation of the parents or teachers in weekly sessions lasting at least two hours and involving no less than four or five children.



Two male parents from the program Play and Learn to Think, active during one of the meetings

The materials, which are designed for the different grades, each comes with a corresponding manual or guide of activities which the parents or teachers can carry out with the children. The books for the children consist of cardboard games which the children can cut out and paste together.

The program is conceived as a strategy for complementing the school curriculum introducing games and cognitive development into the classical teaching system which is based largely on memory. The program has become a strategy for encouraging family participation in the school or for organizing a school of parents.

Escuela Nueva Program

Phsysical facilities of one Escuela Nueva

This program was designed to improve the quality of some Escuelas Nuevas in Chocó. Escuela Nueva is a modality of basic education where children participate very actively in their own learning and there is a close relationship between community and school. Educational materials used by the children play a very important role in this educational program. The emphasis on the program was to strengthen the school- community relations and the use of the educational materials to strengthen the learning among the students. Several manuals to improve communicative competencies were developed by teachers and parents.

Programs to enhance the ability of the parents to attend to their own needs and personal development

These programs can be divided into three principle types:

a programs to strengthen the leadership, problem solving and community organization abilities of parents to make better use of their existing resources;

b programs to enable parents to increase their income by improving their vocational skills or developing new skills and by forming production groups to produce goods for sale;

c programs to strengthen the cultural identity of families and communities recover their own history and to use their free time in a healthy enjoyable way.

Programs to strengthen the leadership, problem solving and community organization abilities of parents to make better use of their existing resources

These programs were open to everyone. They consisted of activities aimed at developing leadership skills and abilities, and meetings to discuss community problems, consider alternative solutions and ways to get organized to solve their problems. Often the groups decided to write a proposal to submit to some funding agency. At first, CINDE's staff wrote the proposals but over time it became a joint effort, and many times the community groups did it by themselves. An important outcome of these meetings was the formation of PROMESA as a legal organization, obtaining legal papers for them and the funding of the production groups.

Programs to strengthen parents' vocational skills or develop new skills, and increase their income by forming production groups

These programs included activities such as courses in sewing, cooking, and gardening, aimed at improving the ability of the family to attend to the needs of the families and their children while increasing the income of the family.

Meeting of community leaders and an advisor from CINDE analyzing community problemsand solutions

They also included activities such as the organization of production groups aimed at improving their income generating, organizational and administrative capacities: activities that became very important in all the communities. Some of the strategies used to support and maintain the groups were the establishment of revolving funds and courses aimed at improving the quality of their work and the marketing of their products. There were also vocational training courses, taught by SENA, a government organization in charge of training people to improve their income generating abilities, designed to

respond to needs and interests of the communities and to help increase the income of the family: such as bread making, carpentry, wood-cutting, fishing, farming and running small business.

When SENA offered a course such as carpentry, they provided the tools needed by the people, but when the course was over they took the tools elsewhere. In Chocó that meant that people were trained to do something but were without the tools to do it. For that reason, whenever possible, the program organized a tool bank to loan the tools, and a revolving fund to loan money to buy the tools or materials for their projects.

With technical assistance from CINDE, people started forming groups in 1980. The first groups made arts and crafts, mattresses, mosquito nets, clothing, and baked bread: activities that required little or no money to start. The first material for the mattresses and mosquito nets came as a gift from a textile factory in Medellín and the first two sewing machines were also a gift.

Over time the production groups grew larger, more sophisticated and needed money to start and function on a continuous basis. They needed tools or the first set of materials, seeds or wood –what ever it took to get started. In 1983, with a grant from CEBEMO, a revolving fund was organized. The success was mixed: many of the loans were not repaid in full, but people learned to get organized, to manage and control the accounts, and to improve the quality of the work they did. The bigger the loan and the group involved in the production group, the smaller the percentage of repayment.

Man working on basket weaving, one activity of production groups

It depends upon the criteria whether these experiences can be considered successes or failures. If one uses repayment of the loan as a criterion, many of them failed because the program sometimes lost all of the money had lent. If one judges success on the basis of creating opportunities for people to learn how to get organized, to improve the quality of their products and to learn how to manage the financial and commercial aspects of their work, then the project was more successful. As an educational experience for everyone involved, the programs were considered successful. We are in the process of doing a follow-up study and will report the results in detail in other document, so that others can learn from our experience.

Programs to strengthen the cultural identity of families and communities, to recover their own history and use their free time in a healthy enjoyable way.

These programs emphasized socio-cultural activities that fostered the organization of experiences designed to strengthen the cultural identity of the groups, especially by recovering and analyzing important aspects of their past history and culture.

They included the formation of groups whose objectives were to organize different cultural activities, such as, drama and music; local or folkloric games; and the study of native myths, legends, and cultural medical practices.

Strenghtening the cultural identity through organizing musical groups and using locally made instruments

Programs to improve the physical environment

From the beginning of the program many of the actions were oriented toward the improvement of the physical environment, especially campaigns about specific problems such as cleaning the beaches, draining water away from houses, vaccination campaigns. As the program advanced and there was money for health, nutrition and sanitation, the activities evolved from organizing campaigns to organizing specific programs such as primary health care, biological control of malaria, nutrition, and the latrines. Great emphasis was played on adult education activities related to health matters and how to provide a healthy physical environment for young children at the family, neighborhood and community level.

Drawing made by children showing ths sanitary conditions of the community before and after the program started

Primary Health Care

A primary health care program administered by promoters selected by the community was the first program organized. The promoters became health leaders for each neighborhood and, because there were no pharmacies or doctors in the communities, each one had a micro health center at home, to provide basic medicines at low cost, first aid and health education in the neighborhood. One dimension of the program was to prepare midwives. The program was organized also in some of the Indian villages, where the promoters, who were men, became facilitators and teachers of a national program for recovering natural medicine practices sponsored by the Dutch government. This was a very successful program which lasted until health services improved in the communities.

Controlling Malaria

People from Chocó, a tropical humid region, have always had malaria: one of the major diseases that severely affects the health of the people. For that reason, the fight to control malaria became very important in the program and went through three cycles.

1. An intensive educational program to develop understanding of the causes of malaria and to develop strategies to fight it, took place. As a part of that effort a complete learning unit was developed with community participation to: a) guide people towards understanding its causes, with the support of educational materials and cultural activities like dramatizations; b) take actions to prevent the problem, such as draining water away from the houses, making and using mosquito nets, using a microscope to diagnose the type of malaria, provide medicine and follow the treatments; c) communicate to others what had been learned.

Posters prepared by children for malaria campaing

2. An experiment on biological control combined with the educational program -this program is expanded on the research and evaluation section.

3. A return to the educational program and to the systematic use of the microscope, but with more community education, participation, organization and articulation of actions among different agencies at the state and local levels, and systematization of the methodology and development of materials.

Nutrition

A set of nutrition centers, organized with support from people from France and Switzerland, functioned in centers run by mothers or community leaders, where children attended an informal pre-school program in the morning and had lunch. The program included nutrition education for the family.

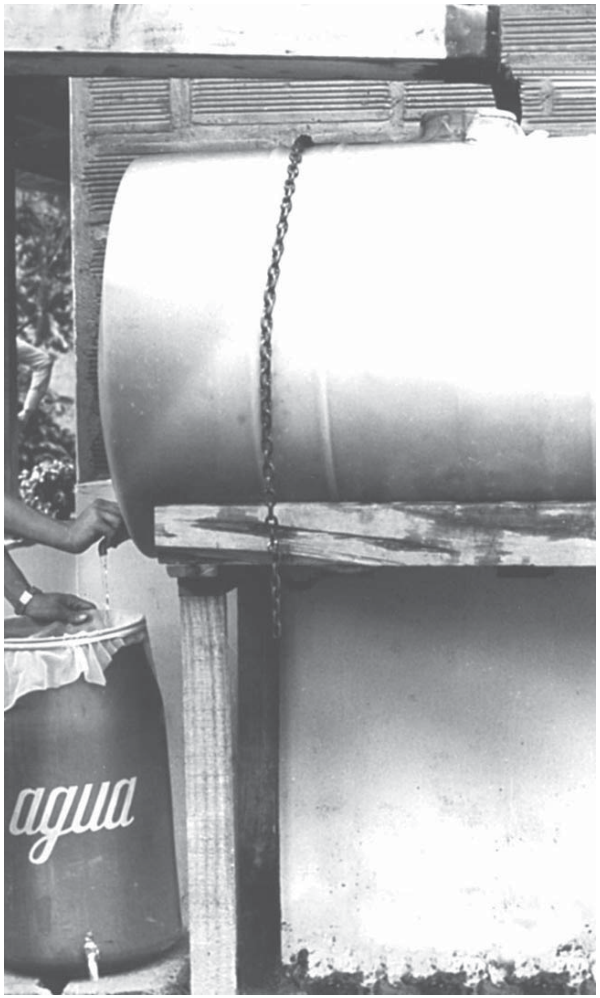
Preeschool children having lunch at the community center

Relevant Technology and Environmental Sanitation

There were many activities organized using appropriate technologies like systems to collect water from the roofs, the use of a dehydrator for vegetables and fruits, ecological mouse traps.

Relevant technology was a mixed bag of successes and failures. More often than not, the technology was relevant -that is, it solved the problem it was intended to solve and could be used in the communities- but in many cases, not enough education was provided to use it properly and in a sustained way. Other times, attitudes prevented its use. Sometimes the technology was not relevant because it was impossible to maintain it with the resources of the community.

We are writing a booklet to explain in detail what worked and did not work and why. We think such a booklet will be helpful to other program developers. For now we will give a few examples to make our point.



Collecting of rainwater in a gutter filled with carbon

Water

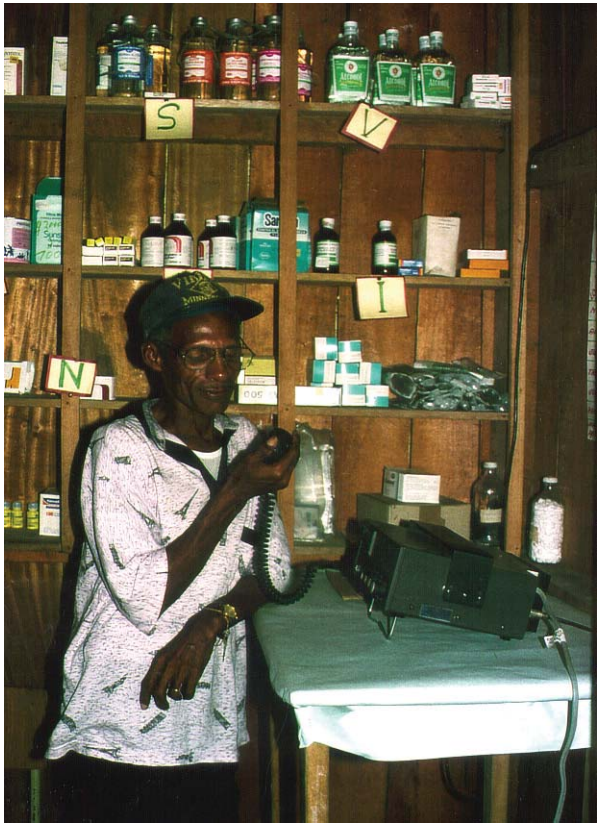
It rains almost every day in Chocó but there was no good drinking water in three of the villages. The solution to the problem was simple -catch the rainwater before it reaches the ground. The technological solution was to use a good grade of flexible plastic that could go over almost any existing roof. We tested it on wooden, metal and tar paper roofs. The best alternative was the tar paper roof, because the heat of the sun melted the tar and the plastic bonded with the paper.

We collected the water in a gutter filled with carbon, which gave the water a very pleasant taste. It did not get used because of people's attitudes: it was more work and they had to be ready to collect the water every time it rained, as well as keep the container clean. Every family got a plastic container donated by the Van Leer Company in Colombia, but they ended up being used for other purposes. The mothers´ reaction was boiling the water for the babies, but everyone else was used to the water they drank and why have good water in the house when the children drank bad water at school and when they were outside the home? People came to the centers to drink water but very seldom, did they carry it home. The exception was an Indian village up the river. The plastic did not work well on the thatched roof but they made a plastic device in the shape of a half funnel to catch water. When it rained they collected water with this device.

Generators

In Valle, a young engineer helped the town build a water-powered generator. It was not too expensive and it worked to charge the batteries that were used in the community center. After it was finished, the first heavy rain washed out a section of plastic pipes that had to be replaced. Another section went down in a mud slide. The pipes were hard to transport to Valle, so the project failed after six months of use.

An English foundation gave Panguí an electric generator that used a gasoline motor for power and an English expert in appropriate technology guided the process of installation. The community put up the wires in the streets. But the training to manage the generator was weak and the person in charge tried to check the oil when the motor was running and stuck the measuring stick into some moving parts of the motor. That was the end of the electricity, because there was no money to make repairs and no system of paying for the electricity had been developed.



Health promotor using the radiophone to ask for advise on health matters

Radiophones and microscopes

The more successful technologies used were the radiophones and the microscopes. They were both widely used in the malaria program.

The radiophone served as an excellent vehicle for communication among very isolated communities, as a vehicle to run a pre-school training program for 34 communities, to make health consultations, and to monitor the implementation of the programs.

Latrines

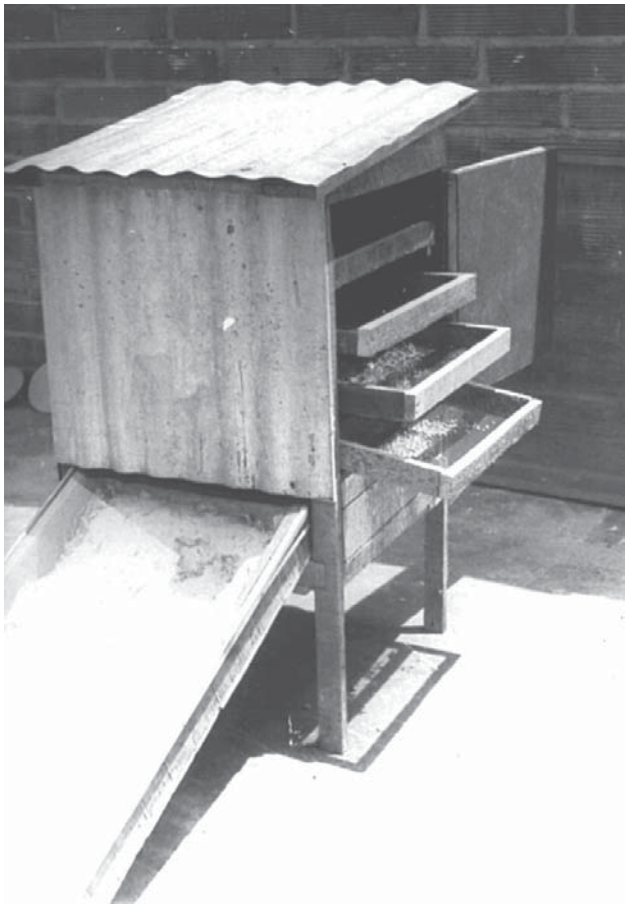
Other things worked well. For example, about 7,000 latrines were built and used appropriately after intensive educational campaigns and people's involvement in building them and teaching others to do so.

Dehydrator

Other successes were a dehydrator using solar energy, hanging gardens from the rafters of the roofs to grow vegetables, and a lathe to turn wood powered by someone peddling a bicycle in a carpenter shop.

Some of these things were copied and used more outside PROMESA than in the program.

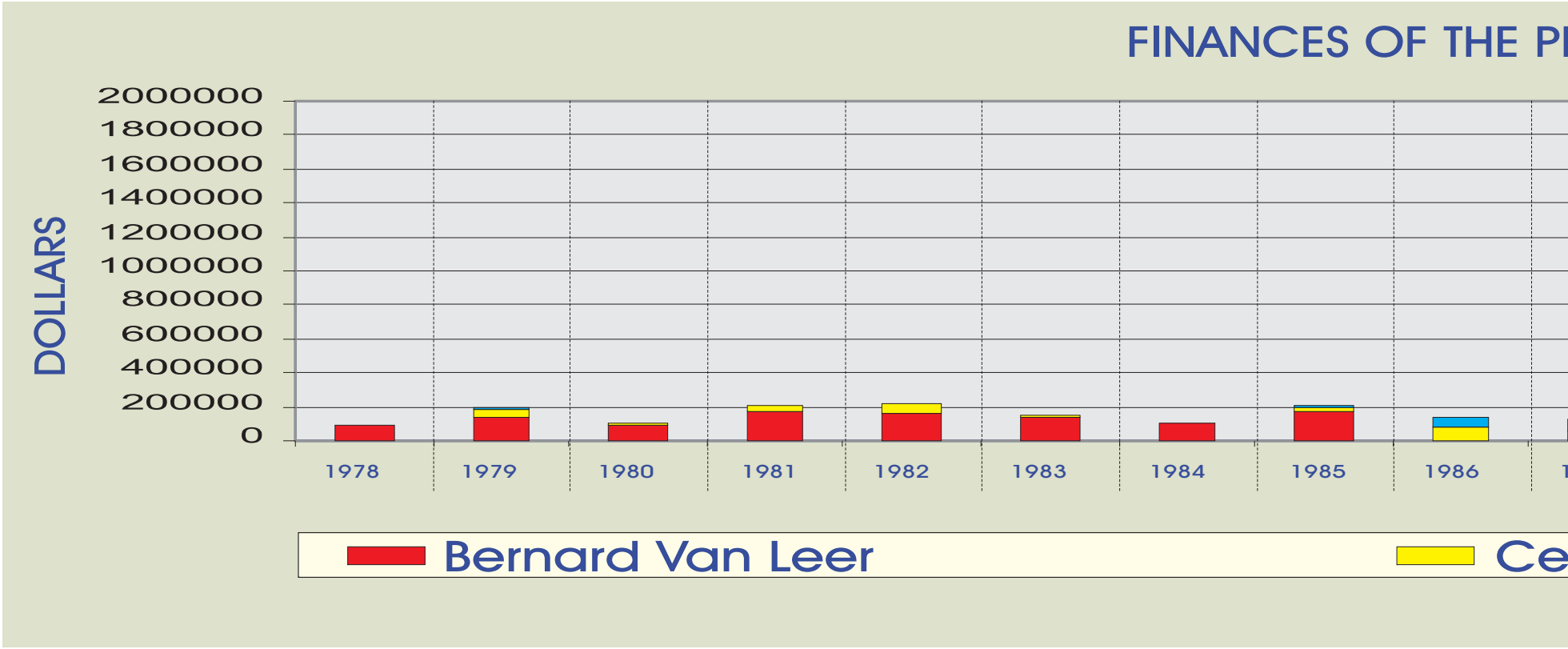
One of several type of latrines installed in the houses



Solar dehydrator used to dry vegetables, herbs, seeds and fruit

Financing

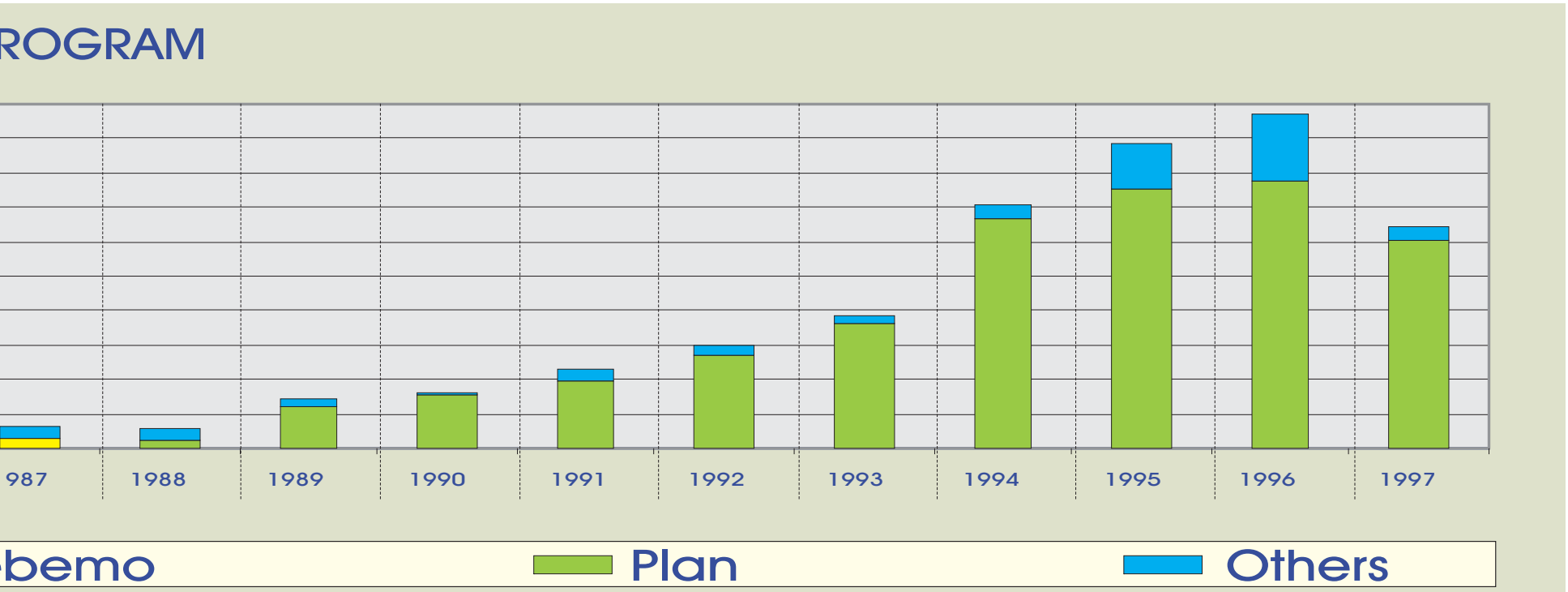
During its first ten years, PROMESA was sponsored primarily by two Dutch organizations, the Bernard van Leer Foundation and CEBEMO, but a number of other foundations and international agencies also gave support.



In 1988 Plan International and CINDE formed a cooperative program, CINDE/PLAN, that included PROMESA. That program grew from the original 100 families to 8.000 families in about half the state of Chocó.

The first financing for PROMESA came from the Bernard van Leer Foundation and continued for seven and a half years at an annual rate of about US $100.000 dollars a year. The second funding came from CEBEMO,

Chart No. 3



a foundation also from Holland. CEBEMO funded the project for seven years for a total of US $278.317 dollars.

The support from these two organizations gave CINDE the ability to accept smaller special purpose grants from other agencies. For example: the Dutch Embassy gave PROMESA four grants of about US $5.000 dollars a piece: a Dutch Foundation gave a grant for medicine.; a German foundation gave a grant directly to the communities to build latrines.

One of the largest grants cames from IRDC (International Research Development Center) in Canada to experiment with the biological control of malaria. This grant was much larger than what appeared in CINDE´s accounts because the main recipient was The Center for Biological Research in Medellín.

PROMESA received other grants and volunteer services, which do not appear in CINDE´s accounts. For example, CINDE had the services of four Peace Corp Workers for two years each. A government agency gave PROMESA materials to improve houses.

We also received funding for other projects that enhanced and supported PROMESA. One of these was a grant for PLAIDECOOP, the Plan for the Integral Development of the Pacific Coast to develop training materials for health promoters and other health workers of the region. Several groups of French and Swiss families funded a nutrition program in several communities from 1985.

Counting these small grants and other contributions, the annual funding for PROMESA from 1978 to 1984 was about US $200.000 dollars a year. In 1985, when the funding from the Bernard van Leer Foundation stopped, it was the grant from CEBEMO that kept the project alive until the joint project with Plan International began in 1989. The first year of funding with Plan was US $308.389 dollars and went to a high of US $1.546.000 in 1995.

If one looks at the grants from the Bernard van Leer Foundation as an investment in children, the investment of about US $750.000 dollars has, up to now, attracted additional investments of more than US $8.000.000 million dollars.

Critical events

We have defined "Critical Events" as those events that could affect the continuity or survival of the project, could change its direction or could strengthen the achievement of the objectives. Here we describe some of the most meaningful critical events, as perceived by the organizers of the program. Many of them are related to funding, because in the case of PROMESA, funding has had a great effect on the implementation of the project. In another document to be produced for the Effectiveness Initiative, other critical events, as perceived by different actors in the program, will be analyzed.

1. The first funds from the Bernard van Leer Foundation helped to initiate the process of improving the psychosocial environment in four communities and a few activities related to health and sanitation. The funding by CEBEMO one year later enabled the beginning of the health and production components. Both foundations refunded the project twice.

2. The opening of the community centers in the four communities were all critical events. They provided a place for community meetings, a place for the health program, and a place for the staff of CINDE to sleep. They became key factors for the appropriation of the program by the communities because they participated in the building and they managed them. Before we had community centers, it was necessary for the staff members to stay in the catholic missions in Valle, Panguí and Nuquí.

Community center built and administered by the community

3. The installation of radiophones in the community centers greatly improved communications among communities, since there were no telephones in three of the original communities. Initially four were installed, this later grew to 34.

4. The legal status of PROMESA, a community based organization, gave the groups more decision making power and strengthened their solidarity, quality of participation, involvement in all phases of project implementation, and their ability to identify and solve community problems. It started in four communities and expanded gradually to all the project areas. The same can be said about the organization of production groups.

5. The end of funding by the Bernard van Leer Foundation in 1985 was a major event. We could understand that the foundation could not continue to fund the same program over an extended period of time, but this placed CINDE in a very difficult position. We could continue with the health and production programs and, with the money from CEBEMO, the program could continue to pay one half of the promoters.

   There was no place to turn to get more support for them. There were no provisions in either the Ministry of Education or Health to pay people with less than an elementary education as teachers or health promoters. The Secretary of Education for the State of Chocó offered to help by loaning a teacher to the project. This would help to keep the program going, but would do nothing for the promoters. CINDE's staff and the communities believed very strongly that these local women and men, who became promoters, were the backbone of the program.

In the end the "promotoras" solved the problem. Glen went to Chocó to share with them what was happening. One afternoon he explained the problem to the promoters in Bahía Solano that CINDE only had money for half of them. The next morning they returned as a group to tell him that they would all continue in the program and shared the money that was available. They did it, and over time they worked out other arrangements. For example, two of the promoters shared their responsibility to open and manage a small community pharmacy to sell basic medicines at low cost and share the profits. Similar things happened in the other communities. CINDE received two small grants, one to build latrines and the other to buy medicines. With the solution the promoters worked out, and with the two small grants, PROMESA survived the lean years of 1985, 1986 and 1987.

6. In 1988 CINDE and PLAN International joined together to form CINDE/PLAN in Quibdó. PLAN funded PROMESA, as a separate program. It was not until 1992, that PROMESA became a part of CINDE/PLAN. This was a critical event because it guaranteed continued funding for PROMESA.

7. An unfortunate event was that Marta and Glen had to leave the country at the end of 1988 for three years, for security reasons due to the drug problems in the neighborhood of CINDE. They stayed in contact with the team and attended meetings with PLAN and project personnel both in the United States and Quito. But the team from PLAN and CINDE who got the project started was not the same that had negotiated the joint venture with the international director of PLAN. Thus at a crucial time, the direction of the program was in the hands of two people who have not participated in the initial planning and this created some distortions and difficulties in the program. Upon returning in 1992, Marta and Glen assumed a more active role in CINDE-PLAN and in the relations with PLAN International.

8. The final crucial event was the organizing of CIDEAL, a local NGO in Chocó to assume all dimensions of the management of the program. It was CINDE's intention from the beginning to turn over the responsibility of the program to an NGO in Chocó. We saw this as the final step in the development process. Local people should assume the responsibility and the outsider -CINDE- should know when to go home. PLAN had promised three more years of funding so CIDEAL had the time to establish itself and look for support elsewhere.

CIDEAL, a local NGO assumes the administration of all the dimensions of the program

Conceptualization of the program

Basic concepts

To accomplish the objectives of the program we drew upon a number of the following basic concepts:

1. To foster self-directed learning and self-reliance, an educational program should respond to the needs of children, families and communities and not the reverse, as has often been the case. This concept originates in the psycho-social theories of Moore and Anderson[1], whose work has guided our development of a 'Responsive Educational Model' that CINDE initially applied to the education of young children and at present is being applied for educational development at various levels. The main strategies of this model as applied to PROMESA are: to work within the families' and communities' own cultural frame of reference as a basis for their learning, to strengthen self-concept at the community and individual levels, and to improve the ability of the people to solve problems. Operationally, we have taken the five principles described by Moore and we have expanded and adapted them to define our methodology. Chart No. 4 illustrates the model.

2. The needs of the learners are both physical and psychological. So, to foster a healthy physical and psychological development of children, families and communities, requires an environment with certain physical, social and psychological characteristics. Since such an environment did not exist originally, its creation became one of the program's main objectives.

As a basis to work in the creation of healthier environments, we used a variation of Maslow´s hierarchy of needs[2]. He conceptualized that human energy is spent fulfilling the following basic needs in a hierarchical way: 1)The physical basic needs of food, clothing, shelter; 2) The need for physical and psychological safety and freedom from fear; 3) Affiliation; 4) Love; 5) Self-actualization.

---

[1] Anderson, Alan Ross; and Moore, Omar Khayyam, «Autotelic folk-models», Sociological Quarterly, 1960, 1, 203-216
Anderson, Alan Ross; and Moore, Omar Khayyam, «Autotelic responsive environments and exceptional children», In J. Hellmuth (Ed.), The special child in century 21, Seatle, Special Child Publications, 1964. P. 87-138.

[2] Maslow, Abraham, Motivation and personality, New York, Harper and Row, 1970

PROMESA: PROGRAM FOR THE IMPROVEMENT OF EDUCATION, HEALTH AND THE ENVIRONMENT

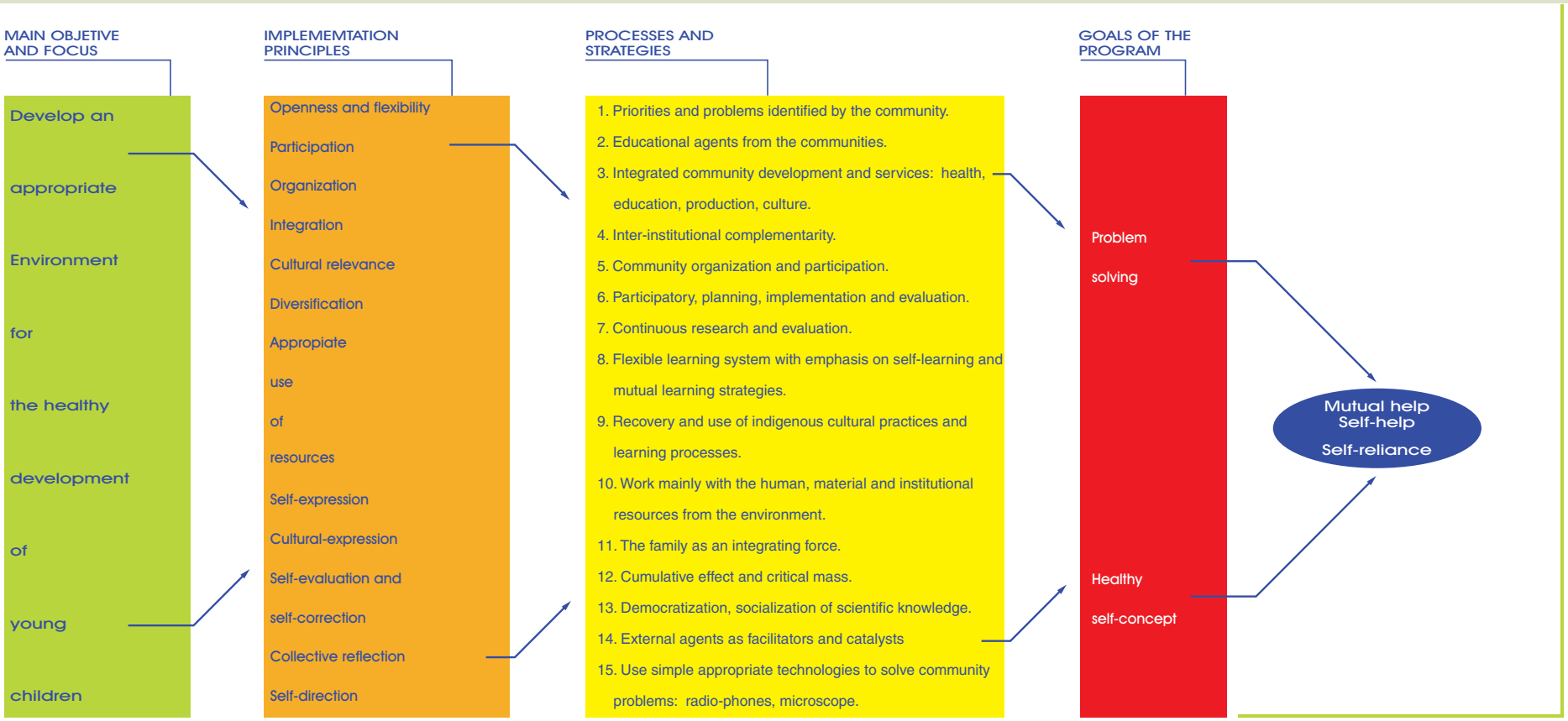


Chart No. 4

We reasoned that these needs apply not only to individuals but also to groups of people, communities, countries and society in general and that to attend to them, the cultural, social, economical and political contexts need to be taken into account. We also reasoned that they are not fulfilled in a hierarchical way, which implies going up from the basic physical needs to self-actualization and that only a person who is completely free of fear or has completely satisfied all of his basic physical needs can experience self-actualization. We strongly believe that all the needs can be met simultaneously and when intentionally done, the skills developed to attend the high level needs can be used very productively to attend the low level physical and psychological needs.

We used a variation of Maslow's concept of needs, as part of the conceptual framework of our project in three ways: 1) to define short-term and long-term objectives; 2) to define the methodology to achieve them; and 3) to develop indicators of the quality of the environments where children and families live, taking into account all their "needs" as defined by Maslow[3].

We defined as our short-term objectives those that are related to the first two needs defined by Maslow, in order to obtain tangible results relating to people's basic needs and to their physical and psychological safety. However, the most important objectives are those related to satisfying the three other levels of needs: affiliation, love and self-motivation. These become the long-term objectives and are evident in the improvement of quality of the human resources in each community, the improvement of their organizational skills, the ability to solve their problems in new and creative ways using mainly the resources from their environment, the improvement of the individual and collective self-concept. (See Chart No. 5).

3. An educational model that responds to the needs of learners should look at those needs in a broader context than the immediate environment, because many forces that come from the broader sociopolitical environment influence every individual or group.

An environment that sustains learning needs to turn many of those "unseen" forces that play a negative role in social and human development into positive forces on a permanent and continuous basis. It also needs to respond to those needs in a broader context than the immediate environment, because every individual or group is influenced by many forces that come from the broader sociopolitical environment.

[3] Maslow, Abraham, Motivation and personality, New York, Harper and Row, 1970.

PROMESA
SHORT AND LONG TERM OBJECTIVES BASED ON THE RECONCEPTUALIZATION OF MASLOW´ HIERACHY OF NEEDS

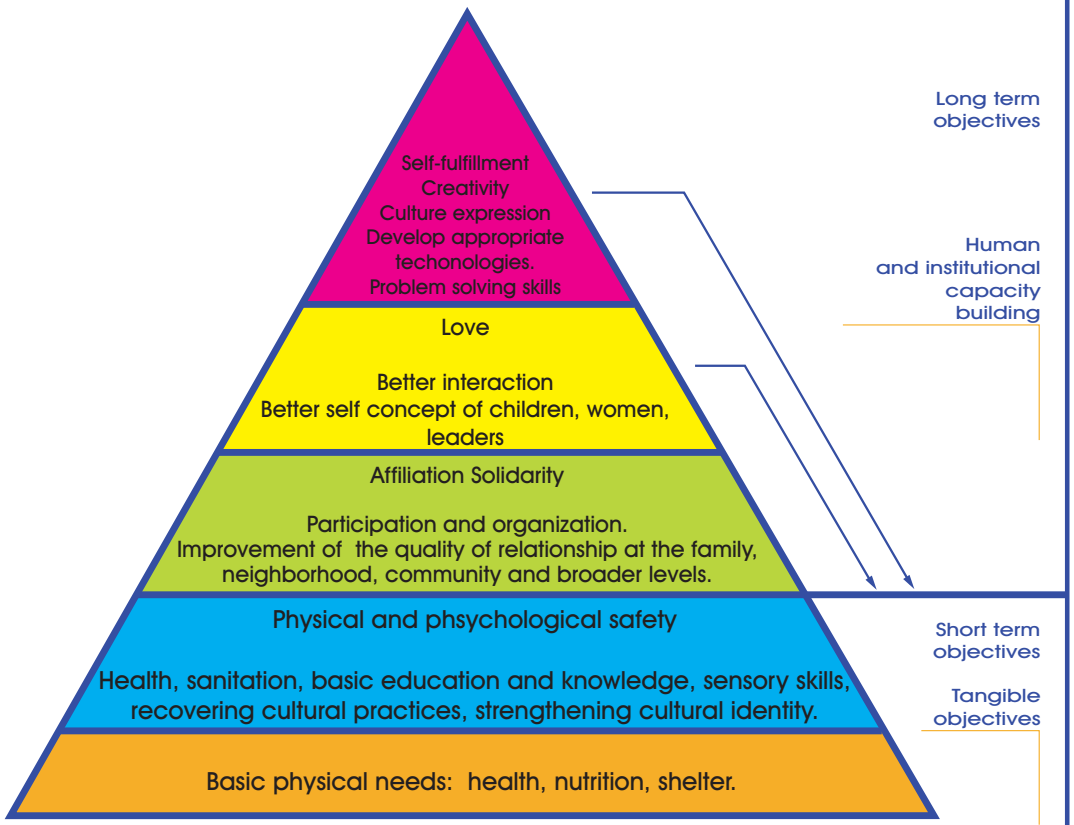


Chart No. 5

This concept, derived from "the human ecology perspective" outlined by Bronfenbrenner[4], helped us clarify the types of relationships that were needed among different environments and institutions represented in the project. The concept also implies a broader definition of cultural context and what is culturally relevant.

Considering the environment as all those forces, elements, roles and relations, that define an individual's or group's physical and psychological space, and which contribute, in a direct way, to developing their potential, PROMESA focused initially on the family and the community as the most important environments in the development of the child during the early years and which are also crucial in the development of the potential of individuals and groups. Later, the program focused on the school, other institutions and on using strategies to influence the larger context. As the environment for the child and the family was improved, participation of the different community groups and institutions increased in quality and quantity. (See Chart No 6, 6a and 7).

4. An educational model that fosters the healthy physical and psychological development of children needs to use an integrated approach dealing with different aspects of development and involving all the people from the communities in different activities.

PROMESA started with an educational component, but gradually emerged into an integrated approach, as people identified new needs and activities.

To influence early childhood education policies and programs it is not enough to implement programs at the community level and improve the quality of life of children and families. There is also a need to disseminate information to politicians, policy makers, trainers of personnel and program implementers at different stages of the implementation process.

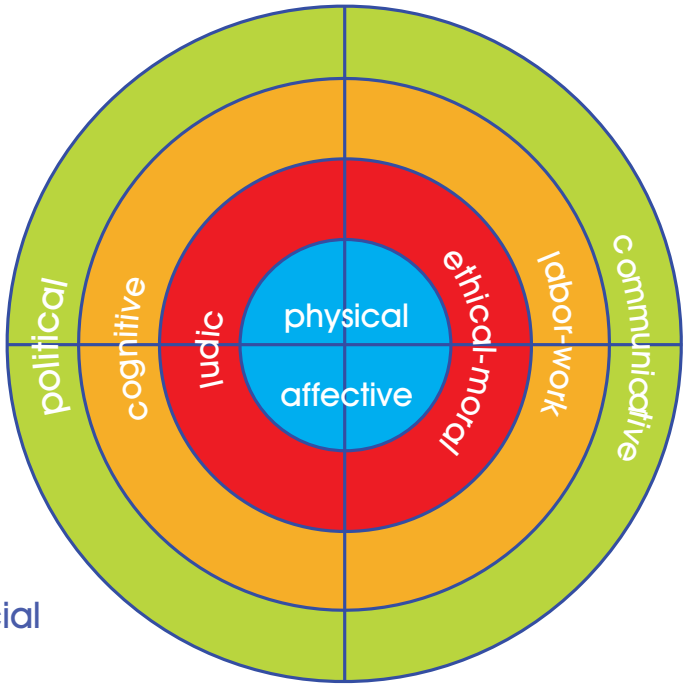
The implementation process included strategies and activities such as national and international meetings, visits to projects, publications and group discussions, designed to influence top decision makers, program designers and implementers, to generate policies and programs for integral care and education of children from 0 to 6 and for the improvement of the physical and psychological environments where they grow and develop. Great emphasis was placed in the training of institutional leaders at the international, national and regional levels in the design and implementation of innovative participatory early childhood programs. The design and use of educational materials to support program design and implementation has been part of these processes.

[4] Bronfenbrenner, Urich, The ecology of human development, Cambridge MA, Harvard University Press, 1979.

ASPECTS OF HUMAN DEVELOPMENT AND THEIR RELATIONSHIPS TO PROGRAMS OF INTEGRATED SOCIAL DEVELOPMENT

socio economic

health - nutrition environment



cognitive and phsycho - social

cultural

Chart No. 6

PARTICIPATION OF THE DIFFERENT AGE GROUPS IN THE PROGRAM

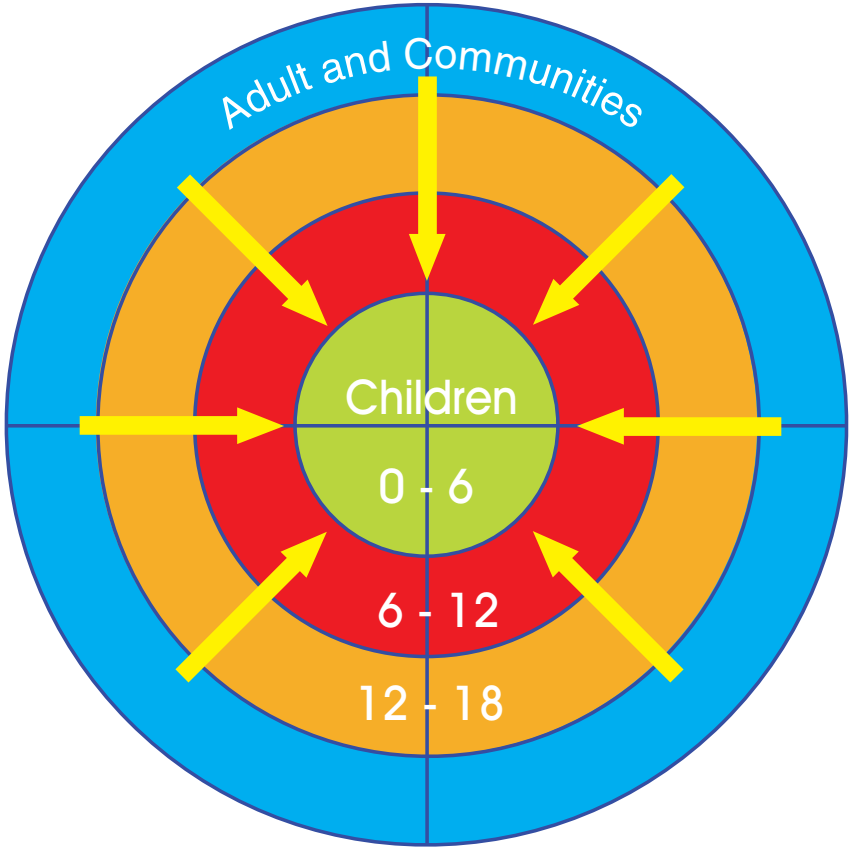


Chart No. 6a

PROMESA AS A MODEL FOR SOCIAL DEVELOMENT

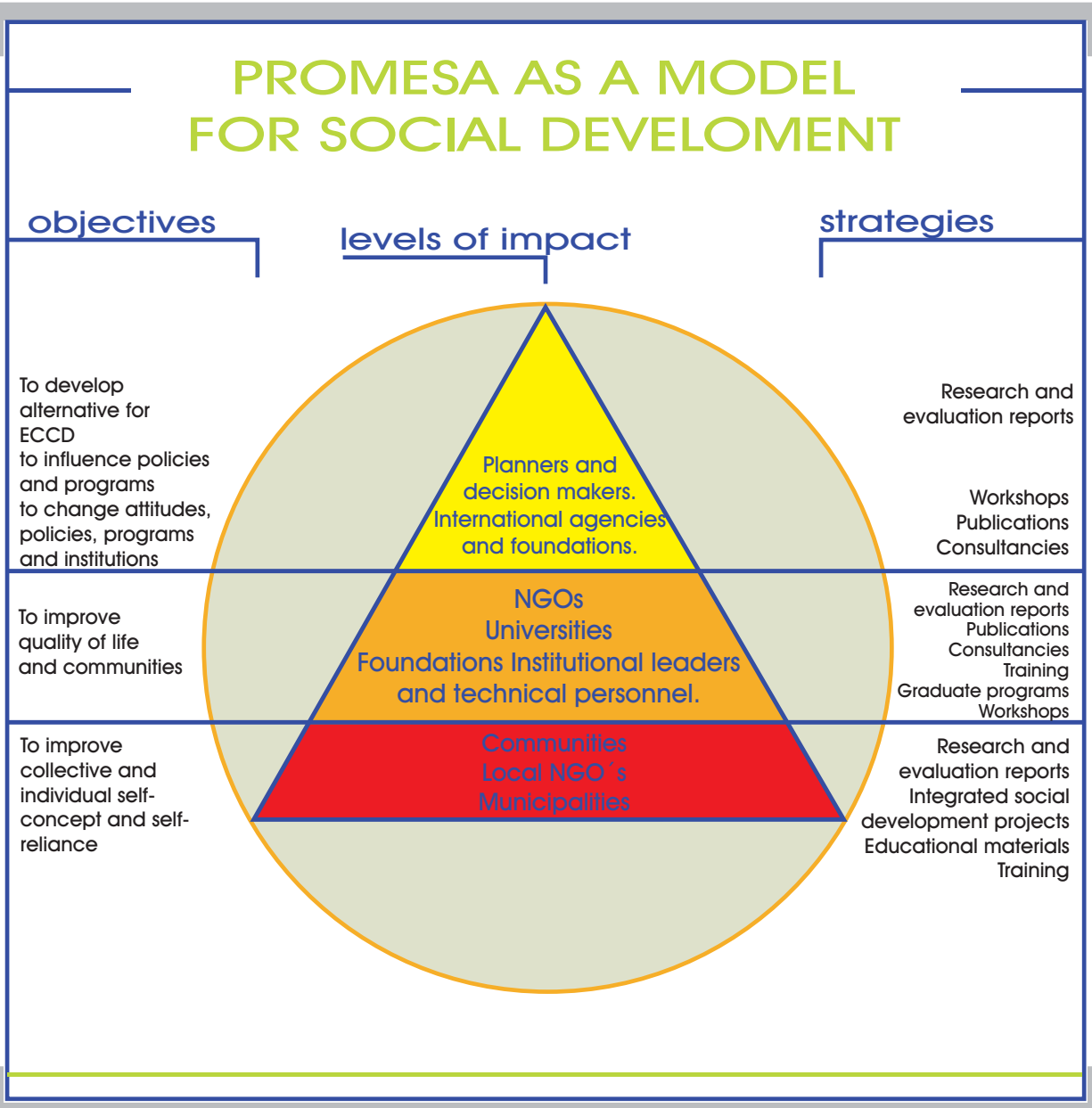


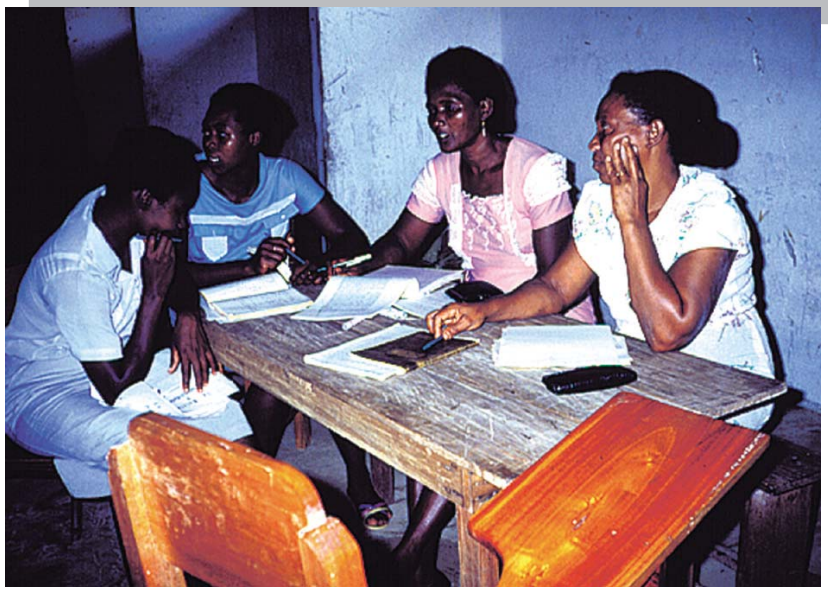
Chart No. 7

Evaluation, monitoring and research

Evaluation and monitoring

Since CINDE was created as a research and development institution, this component was high on our agenda in spite of the economic and time limitations over the life of the project.

The information gathering process started in 1978 with base line data about the families and the community environments. We collected data about the intellectual development of children at the end of every year during the first years of the project, but we discarded the test results for the first two years. We had developed a test for young children called the "Ability to Learn Test". We taught the nuns, who were the coordinators of the program at that time, to administer the test to the children, but they did not understand the function of the exercise, they probably thought they were being evaluated and were very helpful to the children! As a result the children in Chocó tested extremely well and ended up scoring higher than middle class children in Sabaneta who, in addition to the mothers attending similar weekly meetings to those in Chocó, attended a very well run center by CINDE two days a week. So we had to ignore that data. From 1980 CINDE's staff did the testing. We thought at the time that the interviews with the parents were not good, because of the responses we were getting. For example, we wanted to get an idea of the level of aspirations the mother had for her child, so we asked, "What would you like your child to become when he grows up? a fisherman?, a worker?, a policeman?, a teacher?, a businessman?, a doctor?" We reasoned that the higher the level of aspirations the mother had for her child, the higher occupation she would choose. What happened, in fact, was that all the mothers responded that they would be happy whatever the child became. When we reflected, this reaction made sense. Most of the mothers could not read or write, they were all married to farmers or fishermen, the highest level occupations they knew much about were policemen and teachers. That question turned out to be better than we thought because, after many of them had been in the program for a while, they developed a higher level of aspirations for their children. Many of them wanted the children to go to the university and become doctors, and this has happened and continues to happen.



A group of promotors revising the interviews to the mothers

Another question that we asked was related to locus of control. The mothers were asked, "Who will have the greatest influence on the future of the child?, the mother?, the father?, the school?, luck?, god? Some of them did not understand the question. Most of those who did understand the question answered "God." Our reflection was -What should one expect from an uneducated catholic woman answering this question when a nun asked it? This question also proved to be useful because, as the program continued, the women more and more expressed the idea that they would make the greatest difference!!

We think the most important lesson we got from those first two years was that evaluation, if it is to be as a real process of learning and development and culturally relevant, requires involvement of the people and knowledge about their language, culture and life style.

By 1980 we were expanding the evaluation process to the elementary school. We developed math and language tests with questions based upon the official curriculum of Colombia, and the distribution of the scores was good. The third test was on logical thinking and problem solving. It had nothing directly to do with the curriculum, it was still in an experimental stage but the distribution of scores was good. We did not have the money to check the reliability of the test systematically but could make comparisons with other groups. During the next three or four years we used the test in a variety of places including private and public schools in Bogotá, in a public school serving middle class children, in several public schools in Envigado and Sabaneta, and in a school in a slum area in Medellín. We got predictable results, so we assumed that the tests were reliable.

We started testing the children in the four communities in 1980 and continued until 1985. In 1980 very few children in the first grade could have been influenced by PROMESA but the numbers increased each year. We stopped testing in 1985 because the grant from the

Bernard van Leer Foundation had ended and we did not have other resources to continue.

The interviewing with the mothers started in 1978 and still continues. Since 1980 all the interviews have included some of the same questions, but others have been modified as we gained experience. The interviews have been useful and we believe the answers to the matter-of-fact questions have been reliable. Questions such as the one on the percentage of live births and mortality in the first five years of life have been very productive. We tried at first to obtain information on school attendance and drop out rates from the schools but the information we got was highly questionable. For example, in communities with a very stable population some teachers reported having more children in school at the end of the year than at the beginning. We learned that they keep children on the lists, even though the child had dropped out months before, so they looked good with the government. The information from the mothers' interviews was far better. The interviews included a question on the composition of the family, and from that, we could obtain the level of formal education for every member in the family.

Responses on the kind and extent of participation of the women in PROMESA were also reasonably reliable, and could be verified by talking to the instructors who had records of attendance and knew the mothers.

The results from the questions related to the self-concept of the child and mother, the mothers' attitudes towards the child, and the ability of the mother and other members of the family to attend to the needs of the child were more questionable. There is always a tendency with this type of question to tell the interviewer what s/he wants to hear and to look good. These women were less sophisticated than most, so their answers were probably more reliable, nevertheless the tendency was there. However, the responses were usable as there was significant positive correlation between the different subjects we were testing.

In 1995, we resumed the testing and interviewing and started developing a profile of children and their development environments as they entered the first grade. We also developed a profile of the school and the teacher. In 1997 we repeated the process and started testing children as they entered second, third, fourth and fifth grades. We are using this as base line data to evaluate CINDE/PLAN educational programs and are writing a report on the impact of that part of the program.

Research

Researching the feasibility of using biological control of malaria

We tested the use of biological control of malaria through three phases. The first one in Valle started in 1982 where we used nematodes as the biological agent. Nematodes are small agents that eat the larvae of the mosquito that produces malaria. We had a donation of 100 million nematodes, which we used in small pounds of water near Valle. Valle was a good place for the test because it is located on a small peninsula cut off from the main land by a small ridge of hills. The nematodes grow in the mud in the bottom of the pool of water and if they do not find the larvae of mosquitoes to eat, they die within 24 hours.

The tests appeared to be a success. The rate of malaria among school children dropped from 30 to 3 percent, however, after six months, the rate started raising again and we found that the population of nematodes was decreasing in the ponds where we were collecting the samples of muddy water. The reasons for the decrease were probably that as the mosquito population decreased so did the nematodes, the heavy rains washed some of them into the sea, and there was a possibility that some other insect was eating them. The researchers concluded

Personnel from the Center for Biological Control of Malaria get sample of water from ponds

that probably it would be necessary to reseed the ponds with nematodes every six months to use them to control malaria. This would be costly and would require laboratories to grow them.

The decision was made to try another agent, a bacterium (a fungus), to control the mosquito population. The researchers chose some very small villages along the coast and set up an experiment. Some villages received education and medicine only. In some villages someone was trained to diagnose malaria using a microscope to read blood samples and treat accordingly. This also included an educational program and community participation. The third group of villages received the same treatment plus biological control.

This experiment was repeated in another area using another bacterium as the agent. The conclusion was that the biological control was too expensive and did not significantly improve the control of malaria. In fact, with an integrated approach using education, and a high percentage of people participating in the program with preventive strategies, the appropriate use of the microscope to diagnose plus the appropriate treatment and follow-up, malaria decreased between 25 and 40 percent and there were no deaths or mental disturbances caused by malaria in the population.

Based on these conclusions, CINDE/PLAN included the malaria program in all of the program areas in Chocó and it has now become a national program. CINDE has trained people of other municipalities to deal with the problem under the sponsorship of the Ministry of Health or State Health Offices.

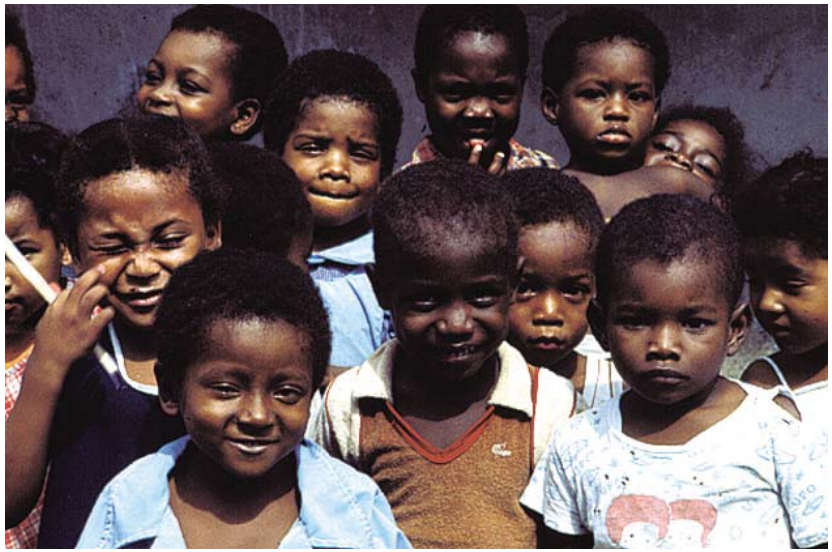
Student research

CINDE offers specialization and Master Degree programs in research, education and social development with different emphasis, such as community education and community health. This is in association with several universities and from the four locations where CINDE has offices. Many of the participants in these programs have written their thesis on diverse aspects of education and development in Chocó, where we have had programs associated with the Technological University of Chocó. About 17 of them have been associated with PROMESA one way or another.

The main themes covered have been: recovering cultural practices in health; indigenous play activities; designing a flexible learning system to prepare promoters and community leaders; the integrated approach to biological control of malaria; the education and social aspects of the malaria program; the locus of control of the women in PROMESA, the effect of the nutrition program on children's physical development; preparation of community leaders for CIDEAL with a participatory approach.

Meeting preparing leaders for CIDEAL

Outcomes



"The result... health psysical, emotional and intellectual development of the children"

The following section describes the main outcomes of the program for children, families, communities, promoters and institutions.

Outcomes for children

Our expected outcomes for children were that their physical and emotional health and intellectual development would improve.

The Indicators were:

1. The percentage of live births will go up.
2. The level of mortality in the first five years of life will go down.
3. The level of education will go up.
4. And the children will achieve more in school.

The graphs on the following pages report the results.

INPUTS AND OUTCOMES - CHILDREN

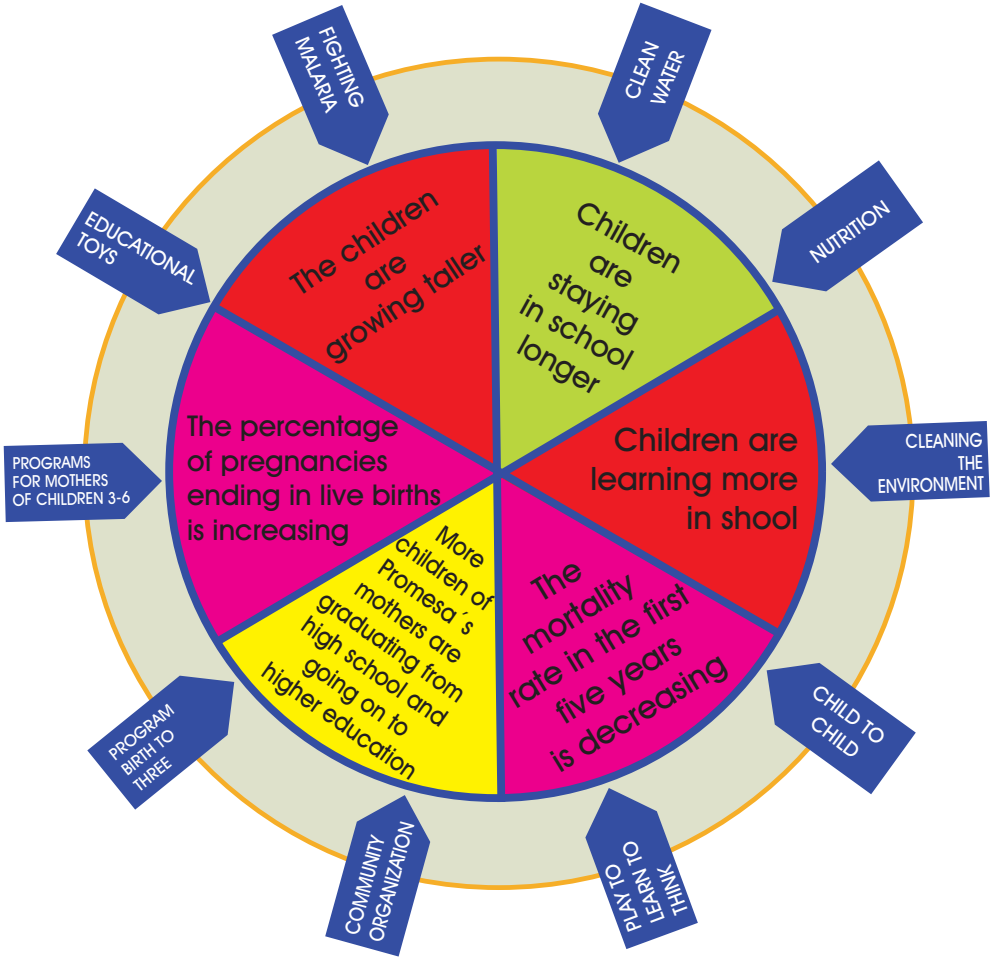


Chart No. 8

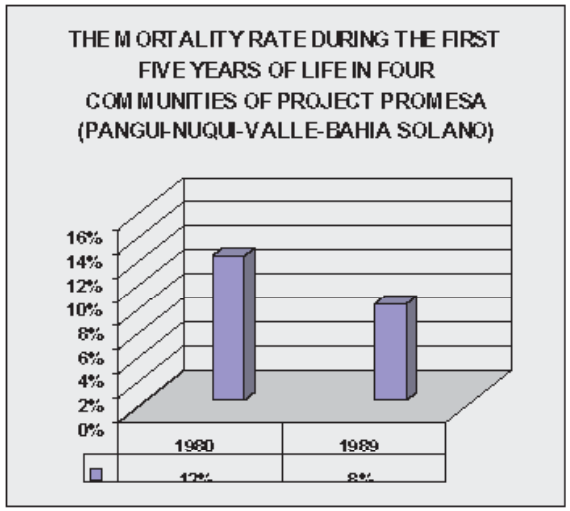


Chart No. 9

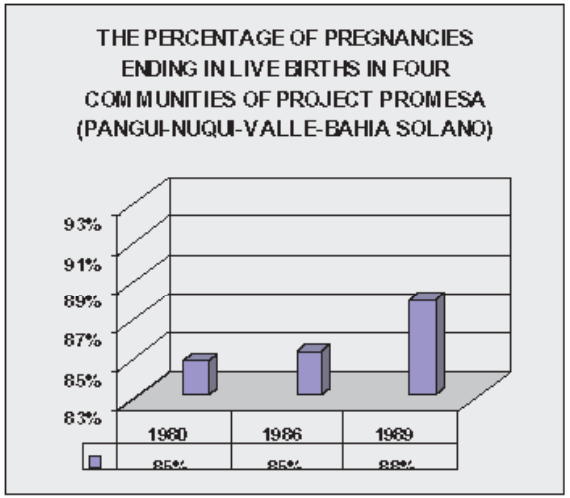


Chart No. 10

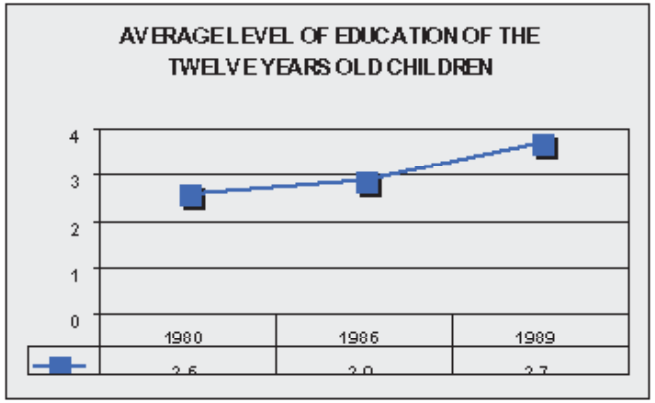


Chart No. 11

AVERAGE TEST SCORE IN PROJECT PROMESA			
1981 and 1985			
MATHEMATICS			
GRADE	1980	1981	1985
1	15,40	15,86	17,5
2	17,65	17,06	21,0
3	24,11	29,85	33,0
4		25,42	27,0
5		30,81	34,2
LANGUAGE			
GRADE	1980	1981	1985
1	15,07	20,71	19,3
2	18,06	16,73	25,1
3	23,48	23,36	32,5
4		29,53	30,5
5		33,56	35,0
LOGICAL THINKING			
GRADE	1980	1981	1985
1	13,04	9,44	12,0
2	9,90	8,41	11,0
3	12,07	10,51	16,0

Chart No. 12

The results can be summarized as follows:

The percentage of live births went up and the mortality rate in the first five years of live went down.

The children were staying in school longer and learning more.

The quotations that follow are taken from interviews that doctors Robert Myers, Leonardo Yáñez and Arelys Yáñez had with people from the Bernard van Leer Foundation, CINDE staff members, people in the program and cooperating institutions.

Perceptions of impact on children

- "Now there is hardly diarrhea". (C, Local Coordinator)

- "Perhaps the most thrilling thing for me in the project was showing that, through community action, it was possible to have an effect on academic performance of children and on the malaria scourge". (AW, Founder)

- "For instance, there was a mother with 13 children. The first ones were educated in the wild (a la brava); the others who went through the program are completing their bachillerato and one has graduated in Languages" . (IA., Staff)

Young girl who participated in the program and now studies medicine

INPUTS AND OUTCOMES - FAMILIES, PROMOTORS AND LEADERS

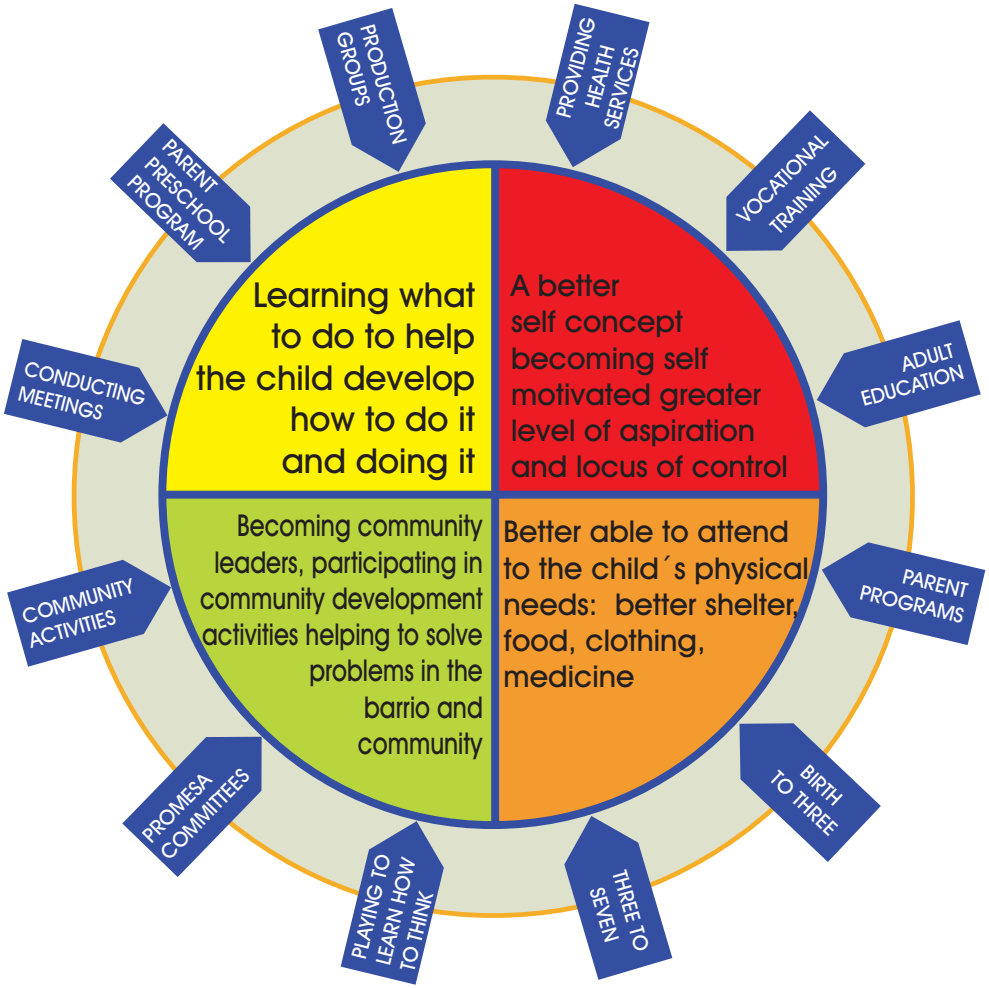


Chart No. 13

Perceptions of impact on the families and promoters

- I could see changes in the confidence of the women, in their expressions and in their participation in meetings and evaluations. One could see the process of development occurring, captured in the phrase "Grow with the children". (EZ, Founder)

- "I heard an illiterate mother make a presentation on early development, explaining well how to use toys and local materials and explaining the need for good hygiene". (JO, Board of Directors)

- "A project is successful if it manages to incorporate an educational process that helps the people advance; a central result was the personal growth of promoters, personally". (FP, Staff)

- "One promoter was elected by the community and was working well but she did not send us reports. She told us she did not know how to read or write and promised to become literate. She hired a good teacher, learned to read, married the teacher and is now a coordinator in Nuquí". (IA, Staff)

- "I see life in another way". (Local Coordinator)

The personal development becomes evident in the way they conduct meetings

- "Visible changes occurred in the way the para-professionals worked with the children". (EZ, Founder)

- "I, for example, decided to finish my bachillerato, and I did it". (Local Promoter and Coordinator)

- "When I began, my husband was a problem and opposed me. I insisted. At last he understood. Now my husband helps me". (Local Coordinator)

INPUTS AND OUTCOMES - COMMUNITIES

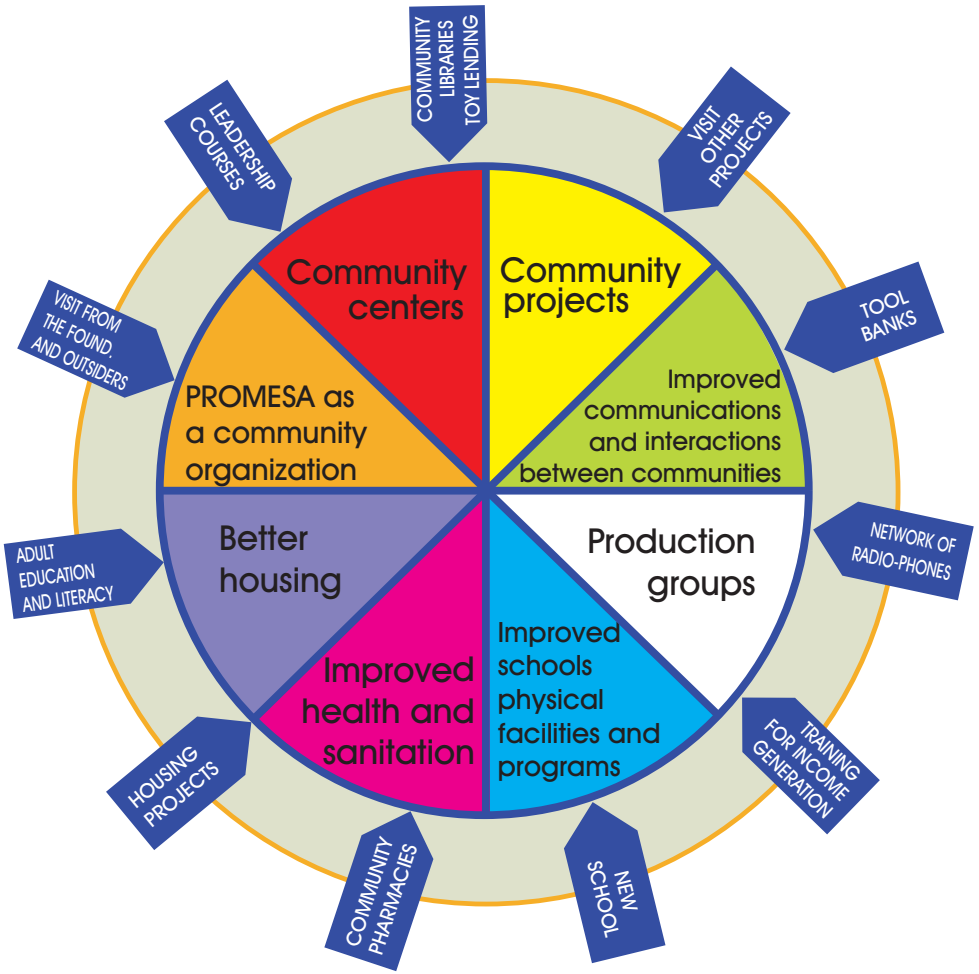


Chart No. 14

Perceptions of impact on the communities

- "Associations were generated and began to make their own deals with government and the Dutch Embassy". (AW, Founder)

- "PROMESA managed to install the use of participatory processes". (FP, Staff)

- "The people became more aware of their problems and possible solutions". (SA, Staff)

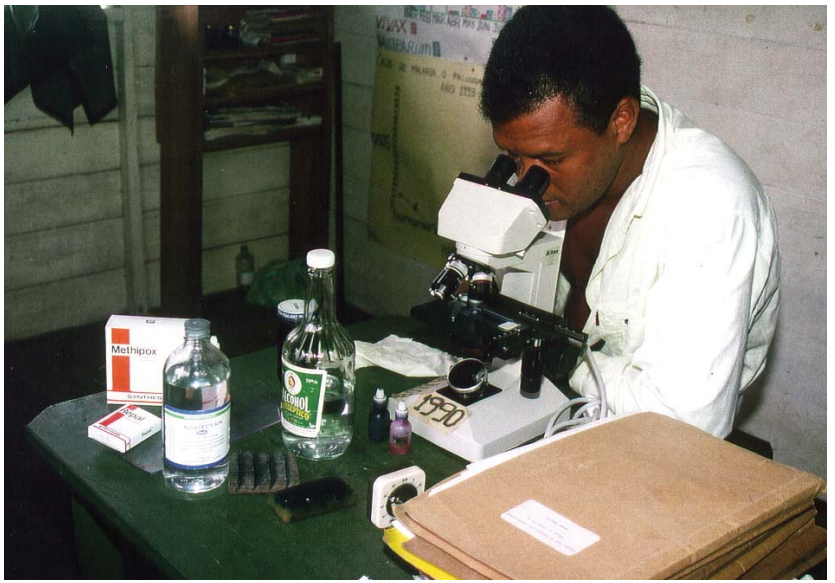
- A project that manages to spread itself and expand is successful"…. "I never expected the project to spread out" . (EZ, Founder)

- "When I came back to visit the project after 11 years, the roofs were made of Eternit, families were boiling their water, a nutrition center was functioning and there was a microscope in the community. The son of one of the original indigenous promoters was taking the blood samples to make the diagnosis for malaria". (SA, Staff)

- "Our satisfaction came from knowing that we were having an effect on the community". (AG, collaborating Institution)

- "The program was converted into a real promise and a guarantee that CINDE did not necessarily have to be always present because the people were the doners and CINDE was simply an advisor". (JAA, Staff)

- "The people have taken possession of the project. CINDE was able to withdraw from the project. Leaving human resources in place at all levels". (MA, Founder)



A health promotor analizing a blood sample to diagnose malaria

INPUTS AND OUTCOMES - INFLUENCING OTHER INSTITUTIONS NATIONAL AND INTERNATIONAL

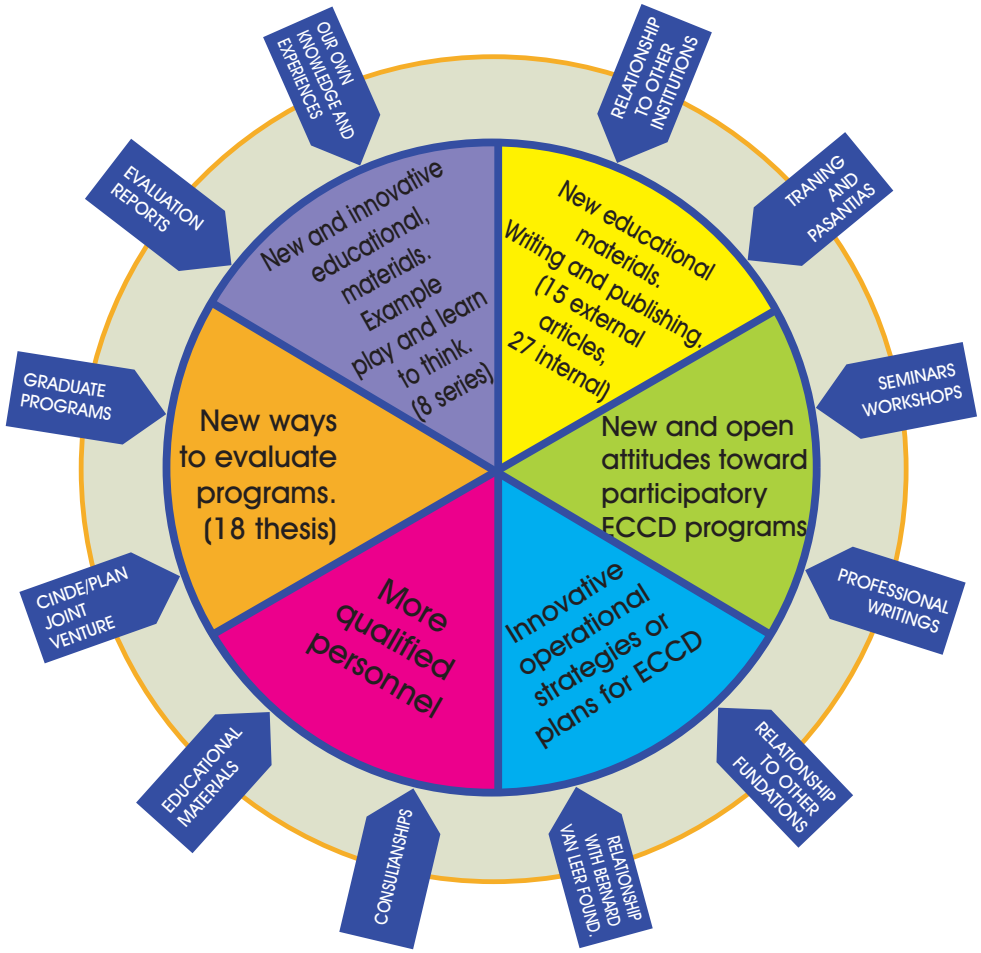


Chart No. 15

Perception of impact on other institutions

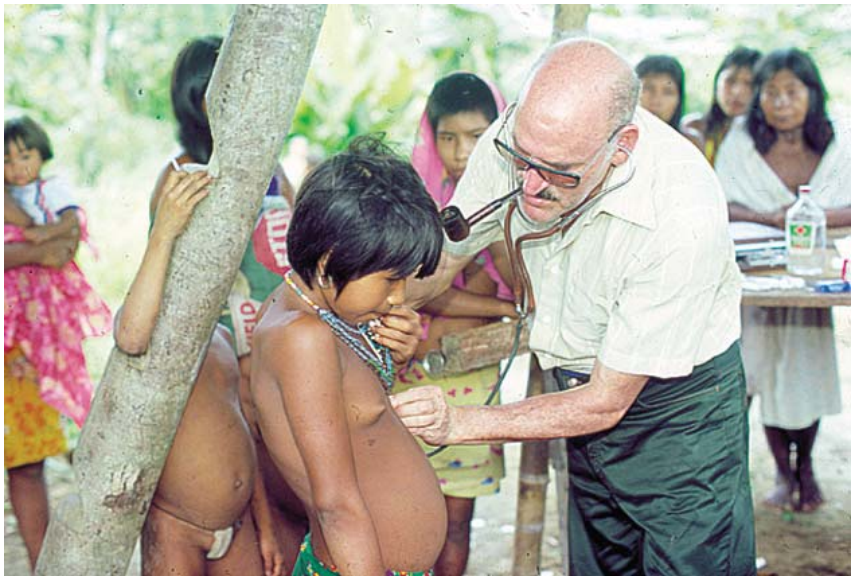
- "The research results were spectacular. We went from 15 deaths per year to none. There were no cases of "cerebral malaria". The cases that needed hospitalization dropped from 120 to 4. The incidence of cases of malaria was cut in half". (WR, (Collaborating Institution)

- "This was, for me, one of the most important experiences of my life. It helped to change the way I thought about dealing with malaria". (WR, Collaborating Institution)

- "The project helped the nuns in their personal development, to speak much better and to learn to be promoters". (MO, Collaborating Institution)

- "The method of work opened new avenues which were transferred to work in other countries such as Ecuador and the Ivory Coast". (SA Collaborating Institution and then Staff)

- "It changed our way of working with the people". (SA, Collaborating Institutions and Staff)



A medical doctor from the air patrol examining an indian child

- "I have used the concept of "Growing With Children! In other settings". (LZ, founder)

Impact on policy at national and local levels

- "In combination with other institutions, the project helped to give rise to a non-formal approach to attending to children. A mini-seminar in Medellín helped the Director of ICBF see the importance of programs for young children when she had not assigned importance to them". (Paraphrase, GB, BvLF)

- "It was accepted as a model to be disseminated as useful in other settings". (GB, BvLF)

- "Van Leer used CINDE a lot to help design and evaluate projects in other places: Nicaragua, Pernambuco, Argentina, Kenya". (AW, Founder)

- "It has opened up spaces for contact between local and national institutions. It brought in other actors". (MA, Founder)

Final comments

We are very happy to have the opportunity to share the systematization of some aspects of PROMESA; a program that has been a great learning experience for all of those involved directly or indirectly. We welcome any questions, comments or reflections that emerge from reading the booklet.

Preeschool children playing happily with toys from the program

PROMESA

A program for the healthy physical, emotional and intellectual development of young children

THE FLOW OF CRITICAL EVENTS, PROGRAMS AND EVALUATION