JOURNAL OF COMMUNITY SYSTEMS FOR HEALTH
2025, VOL. 2
https://doi.org/10.36368/jcsh.v2i1.1107

CONVERSATIONS WITH

Nelvy Cáceres. World Vision Bolivia and community health workers in Bolivia: a historical reflection

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Received 26 October 2024; Accepted 25 November 2024; Published 5 January 2025

ABSTRACT

Dr. Nelvy Cáceres was a key figure in the development of the work with health promoters at World Vision Bolivia (WVB). Since joining in 1989, Nelvy has been involved in multiple stages of this effort, playing key roles in the training of health promoters, management of water and sanitation projects, and training in healthy and nutritional practices. Since 1983, WVB has been developing programmes and projects with a multidisciplinary approach and focused on the well-being and quality of life of the most vulnerable children, families and communities in rural, peri-urban and urban areas of Bolivia. WVB has fought against inequality and injustice with the aim of transforming the conditions of vulnerability of its inhabitants, together with local leaders, authorities and communities. The first decade of WVB's work was linked to the work of local evangelical churches, which served as administrators of community programmes that directly supported children. The second decade was characterised by transformative development in health, education, agro-ecology and community leadership, emergency preparedness and justice promotion, strengthening the resilience and capacity of communities and partners to respond to current and future challenges to child well-being, including disaster response. In this narrated interview, Nelvy takes a historical look at WVB's work with health promoters and reflects on their future and challenges as agents of change in the Bolivian context.

Keywords: Community health worker; non-governmental organization; promotion; Bolivia

Abstract in Español at the end of the article

THE BEGINNING OF THE PROJECTS

World Vision Bolivia (WVB) is an international non-governmental organization (NGO) dedicated to the protection and comprehensive development (health, nutrition, and education) of the most vulnerable populations. In our country, it initiated its work in collaboration with local evangelical churches, undertaking projects that provided direct support to children in both rural and urban areas. The churches facilitated the establishment of a local administration to manage the project. This administration not only interacted directly with the children and their families but also began to train local human resources, including community health workers (CHWs).

The CHWs were (and are) elected by the communities themselves and have received extensive and intensive training. Through their dedicated and practical

Image 1. Community health workers training mothers.

work, they have become local authorities on comprehensive health issues and serve as community watchdogs in nutritional and epidemiological matters.

At this stage, their primary role was to serve as a link between the community, the health system, and WVB. Their tasks predominantly involved prevention and health promotion, including support for food provision (snacks, lunches) at schools, monitoring weight and height, and overseeing the health status of children and their families to ensure a healthy and high-quality life.

THE EVOLVING ROLE OF HEALTH PROMOTERS

Over the years, WVB's programs and projects have grown in complexity. Previously, projects that were purely community-based and largely managed by churches began to be implemented by WVB through the Area Development Program (ADP) model. This shift facilitated a more direct management approach and strengthened the capacities and skills of the CHWs. Initially, the CHWs focused on nutrition and hygiene promotion, but with the development of 'nucleated' projects, the CHWs began receiving more specialized technical training. These nucleated projects brought several communities together under a single initiative, necessitating higher specialization among the CHWs.

As the number of projects increased and the need for more structured intervention became apparent, the CHWs assumed new responsibilities. For example, in the 1990s, promoters were trained to support activities such as weight control, vaccination campaigns, and the promotion of preventive health practices among children, mothers, and the broader population. I supervised these trainings, ensuring that the CHWs were equipped to meet the demands and requirements of their communities.

One significant change in the role of CHWs was their active involvement in disease control and healthcare support programs in communities where access to health services was limited or non-existent. In remote areas, CHWs became an essential part of the community health system, not only as CHWs, but also as agents of transformation who could provide direct support in primary healthcare.

At the intervention sites, it was determined that there should be one CHW per community and at least two or three CHWs per basic community unit in urban or peri-urban areas. Currently, there are about 300 CHWs across seven departments, who are dedicated as agents and watchdogs of comprehensive health.

Sustainability of Their Work

Despite progress, I recognize that one of the biggest challenges facing WVB is ensuring the sustainability of the work of CHWs. Although approximately 50% of the trained promoters eventually leave their positions, the knowledge they have acquired remains as a capital asset and a valuable reference for their communities. Even after departing from WVB, many CHWs continue to offer health, counselling, and support services in their communities or places of residence. For instance, some CHWs have relocated to countries like Spain, where they have utilized the knowledge gained in Bolivia in roles related to elderly care, demonstrating the durability and applicability of their skills across different age groups.

The motivation and commitment of the CHWs have been crucial to the success of the programs and projects. Since CHWs do not receive financial compensation from WVB, alternative methods of motivation and ensuring their participation have been implemented. One strategy involved connecting them with local health services, where they received priority in medical care for them-

selves and their families. Another approach linked them with municipal governments that provided budgets for their equipment. Additionally, we engaged with the community itself, exempting them from community work to facilitate their mobility for meetings with health services and training sessions. Furthermore, to establish their presence and make them visible within the community, the CHWs were provided with uniforms. These uniforms not only foster a sense of belonging but also serve as tangible recognition of their contributions to the community (Image 1).

Another significant factor in the sustainability of the CHWs' work is the emphasis on continuous training. WVB consistently collaborates with other organizations to train CHWs, ensuring they are well-versed in the best practices of community and integrated health. This training process encompasses not only technical knowledge but also focuses on health promotion from a holistic perspective. It is essential for CHWs to act as agents and exemplars of healthy families, as their effectiveness relies not just on the information they impart, but also on their ability to demonstrate the benefits of healthy living through their own examples.

EARLY CHILD DEVELOPMENT AND NEW AREAS OF INTERVENTION

One of WVB´s primary focuses recently has been on promoting early childhood development (ECD). This program emphasizes the early stimulation of children, initially from pregnancy to 2 years of age, and subsequently from 2 to 5 years of age. I believe this is one of WVB's most innovative and successful programs, as it addresses a crucial yet often overlooked aspect of human development: the importance of early stimulation across the five key areas—cognitive-motor, fine motor, socio-emotional, cognitive, and communication and language.

Through the training of CHWs in the implementation and/or enhancement of childcare, the ECD program has been rolled out in several communities. The CHWs focus on visiting families to provide timely advice to mothers on how to stimulate their children through play and attentive interaction appropriate to their developmental stages. This personalized approach significantly enhances the quality of the intervention, enabling CHWs to tailor their visits and advice to meet the specific needs of each family.

In addition, CHWs support activities related to access to water and sanitation and food security. Projects related to production, water, and sanitation are critical in reducing the incidence of infectious and nutritional diseases, as access to these resources is fundamental for improving community health. CHWs play a vital role in raising awareness and sensitizing families about the importance of producing highly nutritious food (e.g., home gardens), accessing safe drinking water, and maintaining basic sanitation in coordination with local water and sanitation committees.

Image 2. CHW training in hand washing.

RELATIONSHIP WITH THE HEALTH SYSTEM AND CURRENT CHALLENGES

Integrating CHWs into Bolivia's formal health system has been a significant challenge for WVB. Although CHWs are integral to the community health system, their role is not always officially recognized by health services, leading to tensions, particularly where doctors and other health professionals view CHWs as competitors rather than allies.

A major obstacle has been the ambiguity regarding the responsibilities of CHWs within the community. While their primary focus is on health promotion and disease prevention, CHWs in some remote areas assume broader responsibilities, such as providing primary and basic health care in the absence of medical staff, which has sometimes led to conflicts with health professionals who may view CHWs as overstepping their roles. WVB has strived to resolve these issues by ensuring that CHWs are not involved in the curative aspects of healthcare except when no other options are available, strengthening the oversight of CHWs by health staff,

and promoting their participation in quarterly meetings to report on their activities.

I remain convinced of the critical role CHWs play in improving the health of rural communities in Bolivia. Their belief in and commitment to empowering their communities are paramount. Furthermore, their work not only supports the formal health system but also contributes to community development through a holistic health approach (Image 2).

In conclusion, current challenges for WVB include securing recognition from local health services for CHWs as an essential part of the health team and enhancing community organization to address health determinants such as nutrition, access to local food products, water, and sanitation.

WVB'S IMPACT AND LEGACY

Despite these challenges, WVB's work has significantly impacted the lives of thousands of people. I believe its success is largely due to its focus on long-term engagement. Unlike other organizations, WVB commits to communities for periods ranging from 10 to 15 years, enabling its projects to make a lasting impact.

One of the most notable legacies of WVB has been the training, capacity building, and establishment of a network of CHWs. Although they may not always continue their belonging to the organization, they remain key actors and influencers in promoting healthy behaviors among the population and in increasing the use of healthcare services. The CHWs have gained in-depth knowledge of integrated community health, which they apply not only in their community work but also in their personal and family lives. In this regard, I am convinced that even if WVB were to withdraw from a community, the impact of its work would continue through the CHWs, who promote healthy practices (Image 3).

Looking to the future with optimism, I believe the work of CHWs in communities will continue to grow and expand as agents of change. Nevertheless, I recognize that many challenges remain in accessing health care. Thus, I am convinced that the community health intervention model, through CHWs can function as a powerful interlocutor to strengthen community surveillance, empower and improve the health of the most vulnerable populations.

DECLARATIONS

Publication Consent

Not aplicable.

Competing interests

Not aplicable.

Funding

This study is part of the project "Community Health Workers to achieve universal health coverage: Building on the Latin American legacy" funded by the Swedish Research Council (VR).

Author contributions

DE conducted the interview, which was later read and approved by NC.

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Image 3. Trained community health workers.

Nelvy Cáceres. Visión Mundial Bolivia y los promotores de salud en Bolivia: una reflexión histórica

RESUMEN

La doctora Nelvy Cáceres fue una figura clave en el desarrollo del trabajo con promotores de salud, en Visión Mundial Bolivia (VMB). Desde su ingreso en 1989, Nelvy ha estado involucrada en múltiples etapas de este esfuerzo, desempeñando roles fundamentales en la formación de promotores de salud, gestión de proyectos de agua y saneamiento, y capacitación en prácticas saludables y nutricionales. Desde 1983, VMB ha estado desarrollando programas y proyectos con un enfoque multidisciplinario y centrados en el bienestar y la calidad de vida de la niñez, familias y comunidades más vulnerables en áreas rurales, periurbanas y urbanas de Bolivia. Desde VMB se ha luchado contra la inequidad e injusticia con el propósito de transformar, junto a líderes locales, autoridades y comunidades, las condiciones de vulnerabilidad de sus pobladores. En la primera década de trabajo de VMB, estaban vinculados al trabajo junto a las iglesias evangélicas locales, que servían como administradoras de los programas comunitarios con un foco especial en la niñez. En la segunda década, se caracterizó por el desarrollo transformador en salud, educación, agroecología y liderazgo comunitario, prevención de emergencias y promoción de la justicia, fortaleciendo la resiliencia y capacidad de las comunidades y socios para responder a los retos actuales y futuros del Bienestar del niño y niña, incluyendo respuesta a desastres. En esta entrevista narrada, Nelvy hace un recorrido histórico sobre el trabajo de VMB en relación a los promotores de salud, reflexionando sobre su futuro y desafíos como agentes de cambio en el contexto boliviano.

Palabras clave: Promotor de salud; organización no gubernamental; promoción; Bolivia.