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## Development aid through information

### Trying a new concept in Colombia

R. K. SPILLMANN

#### Summary

The origin, execution, and preliminary results of a development project in Cali (Colombia) are presented. This project, which involves a special concept, aims at breaking new ground in the field of development aid.

The aim of the «Vivamos Mejor» foundation, established in Colombia, is to provide practical help for poor families. The foundation is carrying out two model projects at the moment, which provide urgently required help, and which at the same time investigate the feasibility and effectiveness of the projects in a scientific manner.

Under the first project, teams of native inhabitants provide information and instruct the population thoroughly on questions of nutrition, hygiene, and birth control. Under the second project, children who are suffering from disease and malnutrition are temporarily rehabilitated in crèches, while at the same time their mothers learn how to provide the child and its brothers and sisters with a more healthy home.

On one hand the Swiss projects in Cali aim at helping families in the poor areas there, while on the other, they are being scientifically analyzed as model projects in the hope that they can provide examples for the large cities in other developing countries.

*Key words:* Public Health; Health Education; Nutrition; South America.

#### Introduction

In 1973 a development project started in Colombia which, from the most modest beginnings, has meanwhile developed into quite a considerable operation. Its coming into being was initiated by an anonymous donation from Switzerland of \$ 6000 with the sole added condition that this was to be used for the poor. With this money it was possible to lay the foundations of a project which the originator and his colleagues had developed, based on their observations in

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the municipal slums. The small financial means and the enormity of the distress as well as the very involved and yet different needs of the population characterized the total conception of the operation right from the beginning. Thus, the initial action was not to produce a grand theoretical project and search for finance, but the basic idea was tested on the spot in a typical and very poor area of the city. Only when it was proved that the concept was realizable and the desired aims achievable within this scope, was the project developed any further. In addition, the work of the foundation «Vivamos Mejor» (Let us live better) was never seen as relief work limited to one particular town, but was used as a testing ground for concepts and methods which – adapted to the local needs and peculiarities – could be employed later as tested and efficient instrument of the development aid. The following exposition shows the experiences and results of the first 3½ years. They shall present a contribution to the various experiments made in the past years in the development aid sphere, as they presumably again represent a totally new concept.

## **The situation**

Cali in south western Colombia lies 4° north of the equator and 1000 m above sea level in a fertile valley, the Valle del Cauca. To-day it has about 1.2 million inhabitants and with this it is the third biggest town of the country. Cali was originally a market place for the agricultural products of the valley and the bordering mountain areas. Thanks to its easily accessible position, big industrial enterprises have joined the older factories in Cali and surrounding areas during the past years. In 1970 the Pan-American Games took place in Cali and in 1975 the Swimming Games were held there. The opportunity of finding steady jobs in the industry and local administration with the advantages of social security etc. granted to the employees through progressive labour laws, has for years caused many families, despite shortage of means, to leave the uncertain and often scanty existence in the country and move into the towns. This has led to very fast urban growth and to the creation of big, extremely closely occupied districts with little or no sanitary facilities and usually without any political social infrastructure. These districts remain the abode for those without hope for a steady job, where now a return to the country is no longer possible or desired. The newly arrived families mix with the poor of the town and form a social group which constitutes an estimated 70% of the total population. In many cases the poverty is absolute, without any income, without any welfare contributions and without any hope for change. The adaptation of the first generation of new settlers from the country is incomplete and insufficient. Life in town poses new demands which country experiences cannot satisfy. While there wild berries could always satisfy the want of food to some extent, there's hunger in town; to beg from the neighbours does not help much, as they have precious little themselves. Unemployment is great in the poor districts (an

estimated 30 to 40% of able-bodied people), and the plight leads to the break-up of families often not held together primarily by religious or legal ties.

Gradually an adaptation follows, equalling an attempt at survival, with a high delinquency rate, often turning against its own social classes and the search for work anywhere and at any price. In view of the overwhelming distress and the resulting pressing tasks, the Government cannot see its way clear to offer real, extensive assistance. On account of the extremely fast growth of population through births and migration alone, the duties and problems grow faster than can be solved. Nevertheless, some quarters are gradually structured by the Government and supplied with light and water, etc. Cali now possesses a very good health system, supporting a net of urban and rural health centres (Centros de Salud), apart from a big university clinic, where preventive medical examination can also be had. Furthermore, the public «Instituto Colombiano de Bienestar Familiar» (ICBF) has gained considerable importance during the past years. It grants, above all, to the poor families (of the worker) legal protection and advice on a national level but seldom offers direct aid, apart from that given to children at pre-school age in special day crèches (CAIP). The non-public, national organization PROFAMILIA has been offering the population of the whole country all known methods of birth control for some years. Interested women and men are advised, served and controlled in clinics. The charge is low and may furthermore be adapted to the financial circumstances of the persons concerned. Birth control is tolerated by the church and the state in Colombia, but it is not promoted. Some other, mainly private organizations offer the population certain services on national or local level which would be useful and within everyone's reach. But they, too, just like the other institutes mentioned above, hardly try to propagate their means as aid services or to reach out themselves to the vast poor population. That is why little is known in the poor districts about their existence and their activities. The innumerable families living in the most limited space in these districts have very little knowledge either of things and definitions which in countries with well developed school systems existing for generations, have become second nature. Information is mostly gained from the smallest circle, from members of the family, friends, colleagues, since for many of them the mass media is inaccessible. Newspapers are too expensive, and many cannot read them. Very few can afford a television set and the programmes have little educational value. Only the many local radio stations reach almost every house via the transistor radios. But even here there is only one station (Radio Sutatenza) trying systematically to impart knowledge to the people; but this has to fight against the competition of several other radio stations.

The education system, only developed in the past decades, offers the child of to-day a basic education. The imparted knowledge, however, is often limited to classical educational basic principles such as reading, writing and arithmetic. The terms are short in comparison with industrialized countries. The teachers

are not sufficiently qualified to impart more knowledge and are badly paid and little motivated. There is hardly any quality control, objective examinations or stimulations for good performances. For different reasons, many children cannot go to school even now or leave it again after a short period. Compulsory schooling is unknown. There are many illiterates amongst the older generations. The general knowledge of the poor population, limited to a great extent on account of the missing sources of information, has to be compensated individually by the people. Experiences, observations and casual impressions demand explanations, looked for at the accessible sources. This is how individual ideas and explanations, age old concepts and religious conceptions, etc., are propagated within the circle of friends by him «who knows» and accepted by the others. This leads to the survival of superstition, half truths and often absurd conceptions, often bridging within the existing political social structure and with the utilization of all available legal resources. It shall be achieved through scientific work, implementation and extensive testing of pilot projects with this aim in mind. Two projects are at this moment in the «Field Test» phase.

### **Project I (Programos informativos para la familia)**

The aim of this project is the fast and intensive transmission of basic information to the families of the poor districts in order to protect them from dangers to their health, etc., and to allow them to use to a maximum degree the attainable ways and means of daily life. This was started in 1973 and now operates with four information centres. Three of those are employed in selected slums where they remain for such period as is necessary for the systematic work with the whole population within a radius of about one square kilometre; thereafter they are engaged in a new district. The fourth centre is a mobile one and with a combi bus as a means of transport can be employed everywhere where there is an electric current-supply and seating arrangements available. Each centre is looked after by three people who were especially prepared for their tasks and who originate from the same population classes that we are contacting. They are selected carefully from a big group of applicants and usually have above average general education (6-9 years at school). The two female instructors (promotoras) are usually former assistant nurses (auxiliares de enfermeria) and work solely for the foundation, whereas the programme assistant (assistente al programa) is a young fellow who often goes to school during the day and is employed as assistant at night at half salary.

In the district selected as activity area for the group, a room is chosen which is suitable for the presentation of the programme and can serve as the centre of the group's activities. Class-rooms which for some reason are not used by the school and are made available to us by the municipality free of charge, have proved the best so far. With simple means they are turned into an attractive information centre: with a big screen, curtains – in order to project during the

day, too – cleanly painted walls and the required electrical installations. These preparations and also the furnishing of each centre are exactly in accordance with a design prepared from experience with the programme presentation. From this centre, according to a certain plan, each and every occupied house of the area is visited by our female instructors. They explain to the people in long conversations why these visits take place. All persons above the age of 13 are then invited to look at the programme on a day convenient to them. A list of inhabitants is produced and personal cards of admission are handed over. The female instructors try to invite so many that the presentation can be shown daily to a group of 40–50 people. During five days of the week the programme is shown once a day to a new group of people in each case. It lasts about three hours and includes the following subjects:

1. preventive medicine,
2. sexual education, birth control, the course of a normal pregnancy and birth,
3. feeding and educating the child from birth to the 7th year,
4. nutrition.

These subjects are presented to the public by short lectures, including many slides, films, demonstrations, discussions and a puppetshow with many variations. The public is addressed directly, often individually, and is encouraged over and over again to ask questions. At the end, every family receives a pamphlet, free of charge, containing a summary of the information given. This is illustrated in colour and the script can already be read by pupils in the fourth class.

The people are expressly asked to keep the booklet and refer to it. The language used for the explanations, the examples and illustrations were carefully adapted to the local customs, imaginations and the educational standard of the population groups. Any technical terms are explained over and over again. In the case of the sexual education, too, all is clearly explained and illustrated. No actual demands are made such as «you will have to boil the water», but it is made clear why it is important to do just this. If the public is asked to make use of the existing opportunities, then exact details are given as to where such services are available. And reference is only made to such opportunities which are indeed available. A simple system enables an exact control of the people who have not followed our invitation. By repeated visits in their houses they are asked more than once to participate. Personal problems of the families are discussed here as well if they are brought to the attention of our promoters. In cases of acute distress our personnel has instructions to take immediate action and to find a permanent and adequate solution according to the circumstances. The district is worked systematically until walking distance to the centre is so long that people accept our invitations less and less. The mobile information centre is employed everywhere where our programme is especially demanded. This happens mainly in schools, but also in health centres, hospitals, district associations, factories and private organizations. Theoretically, within one

month about 1000 people may be informed by each information centre. The work lasts several months to over a year, according to the density of population in a district.

## **Project II (Hogares educativos)**

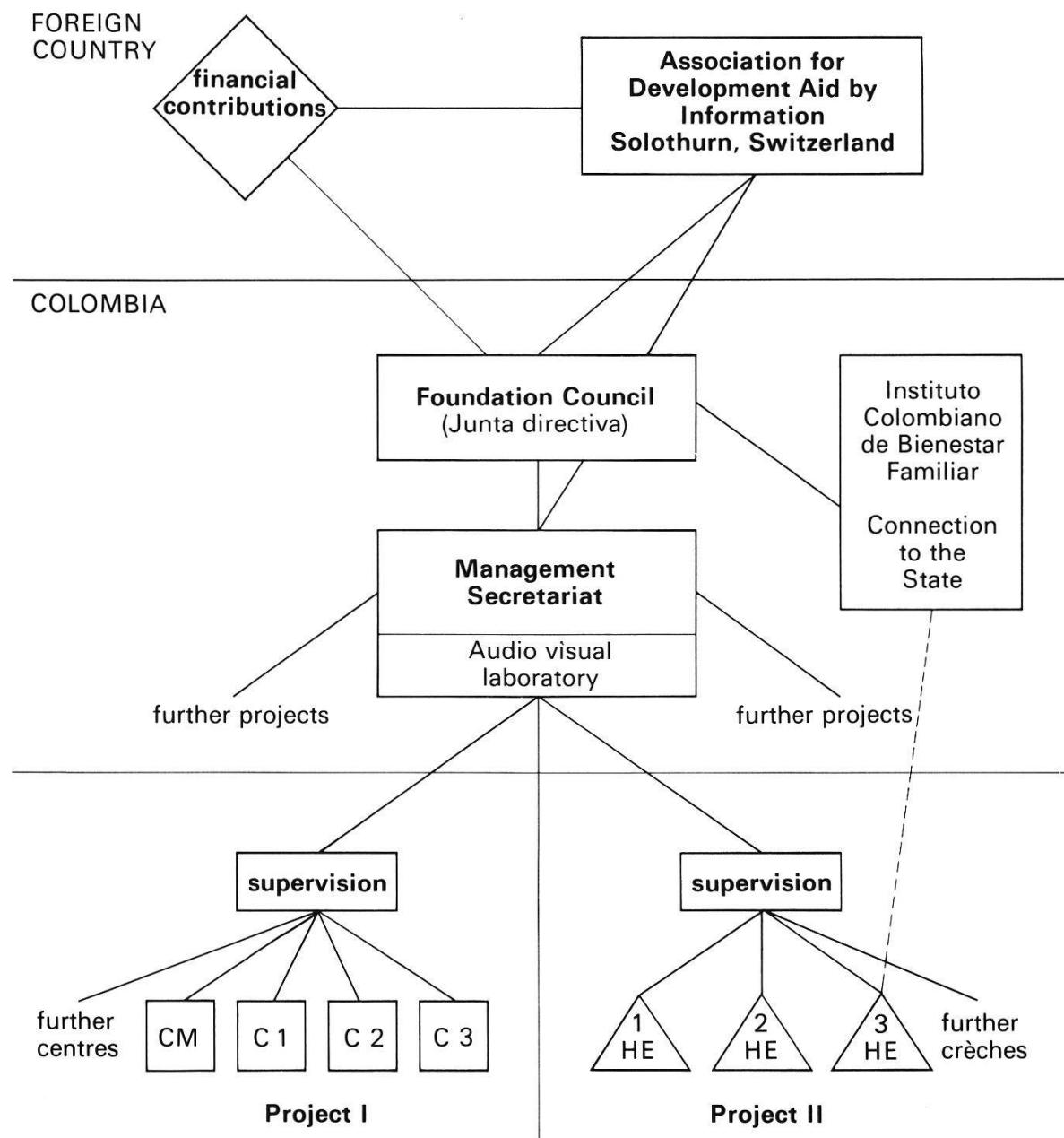
This project has only started a few months ago and is therefore only mentioned shortly. Our experiences are still small, and so far there has been no evaluation. The aim of this project is to create centres where neglected or under-nourished children are rehabilitated while their mothers through active work with us and significant instructions obtain the required knowledge in order to offer the child and its brothers a better home afterwards. This shall be achieved by day crèches (Hogares educativos), two of which are already in operation. These are run by two women, one a nursery-school teacher and the other a lady welfare worker (promotora social) who have been carefully trained by us for their tasks. The centres are intended for 25 children and their mothers and are always in close proximity to the information centre (Project I). The children are selected by their instructors or in the next health centre. Only one child of a family may attend the day crèche. This is free of charge but the mother has to promise to work there actively for a certain day of the week. In this way our personnel can count on the assistance of several mothers each day. The children receive 3 protein enriched meals daily, and one tries, by group play and instructions, to develop them actively and psychically. The mothers are trained systematically to take over the care of their children and they are taught for instance the selection, preparation and keeping of the best food they can afford. The welfare worker spends her afternoons in turn with the families and tries to analyze the most important problems and to find a cure with joint effort. This active cooperation of the mother should enable us after 5 months to return a healthy and vital child into a considerably improved home. This in turn enables us to take in each crèche, with a minimum expense of personnel, 50 families per year.

The Government of Colombia has already participated in this project with its Instituto Colombiano de Bienestar Familiar. A model crèche was equipped by this institute, and its operation is financed by it according to our plans and designs and under our supervision.

## **The administration**

Particular care was taken to organize the administration as simply as possible and to permit the creation of further centres or crèches for each project without changing the administrative structure. The organigramme of Table 1 shows the structure of the entire project.

Table 1. Organigramme of the foundation and representative organization



CM = Mobile Centre; C 1 = Information Centre 1; HE = Day Crèche

## Results

Since the foundation was started on very scanty means and project I, on account of the limited and irregularly arriving funds, grew only hesitantly to its present size of four information centres, a continual, scientific evaluation as provided for by the basic concept of the foundation was not possible so far. Only in 1975, 1½ years after commencement of the first information centre, a group of sociologists with no direct connection to the foundation were ordered to make

a study of the effects of our activities upon our public. We shall report about the results of this study and our subjective experience as follows:

*a) Interim evaluation of project I (July-September 1975)<sup>1</sup>*

It is a balance, not an evaluation included in the project. Three data sources were used: a) survey amongst the population (KAP survey), b) interview with our personnel, c) analysis of data collected through our activities.

The most important results were gained from a survey amongst 3 groups of 100 women aged between 15 and 49. The first two were selected at random in the district worked in by us. Women who had attended the information programme were gathered in one group (A), and those who had no knowledge of it in a second group (B). In addition, an incidental group of women of a comparable other district not yet touched by our work was asked (group C).

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<i>District I:</i>	<i>District II:</i>
– group A knows our programme	– group C
– group B does not know our programme	– control group
1½ years' activity of project I	not touched by our activities

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Questions were posed about knowledge, recognition of danger and health precautions with regard to the five subjects treated by us. Groups were made up for the answers, with marks (between 0–15), which would permit a comparison between the different subjects.

The results were as follows:

1. The group which had seen the programme (A), has greater knowledge about health concepts than the other two groups (B and C). 42 points versus 35 and 40. The difference between the groups A and B (both district I) is significant ( $p \leq 0.05$ ). In all 5 groups of questions group A finished better than group B and in four of them better than C.
2. On being questioned on the recognition of danger for the health, once again group A did better than the other two (33 points versus 28 and 31 respectively). The difference between the two groups once again is significantly on the 5% level.
3. In the case of questions concerning the application of knowledge about health problems, it proved clearly that a significantly greater part of the women of group A behaved «correctly» in most of the fields covered by the survey, although the percentage difference is not very great.

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<sup>1</sup> Bertrand Wm. et al.: Final Report, Evaluation of the Vivamos Mejor Project, September 1975.

Table 2. Application of knowledge about health: examples of some interview results

Variable*	Group		
	A	B	C
<i>Preventive medicine</i>			
children inoculated at home .....	92%	73%	79%
Papanicolaou smear during the past year .....	41%	29%	38%
routine examination of children by the doctor .....	19%	21%	18%
<i>Nutrition</i>			
Are bones or meat preferred for nourishment?**			
meat .....	52%	27%	41%
bones .....	38%	62%	39%
on the day of the survey, vegetables too were prepared for the family .....	41%	31Qœ	29%
<i>Education and care of the children</i>			
playfully occupying oneself with the child for long periods every day .....	25%	14%	30%
indifferent reaction on observing child playing with its genitals .....	21%	7%	12%
mother making an effort to answer the child, even upon constant questioning .....	56%	33%	55%
<i>Birth control</i>			
using a common method .....	38%	31%	32%
the pill, loop, sterilization .....	36%	26%	27%
other, less effective methods .....	3%	7%	6%
<i>Sexual education</i>			
mother discussing sex with son .....	18%	8%	17%
mother discussing sex with daughter .....	28%	27%	28%

\* The questions throughout referred to subjects explained in the programme.

\*\* The view prevails in the poor districts of Cali that bones with marrow are more nourishing than meat.

Table 2 shows some examples.

The comparison of the three groups produced unexpected results. While the women of the two groups of the same district clearly differed in their knowledge, the difference between group A and in comparison group C was less marked, although the tested customary variations showed that both groups of population are very similar. The authors of the study found out afterwards that in this district courses similar to ours had been held by another party (a UN programme). This circumstance alone could explain the unexpectedly small difference of the results in groups A and C.

Further, more important results of the study showed that at the time that our instructors felt they had addressed a great part of the population, only about a quarter of people between 14 and 50 years of age had actually seen the

programme. This discovery combined with further particular results uncovering the weaknesses of the method were used in future to improve the project. Since the end of 1975 critical observations of the evaluation study of the project I work no longer apply. The proof would be essential that such short influence of this uneducated but nevertheless interested population by means of a great deal of basic information in the form of a varied programme could lead to a significant increase of knowledge and even to a change in behaviour. This proof could not so far be produced for methodological reasons, although several results seem to be evidence for it, particularly in the field of nutrition where group A comes off better compared with B and also with C. It has to be emphasized here that the evaluation took place a year and a half ago and that therefore the effects of several improvements of the method had not then been felt.

Any further details of the present results of project I are of a subjective nature. More scientific evaluations are planned for the future.

*b) Acceptance by the population*

There is no doubt that the great section of the population of a poor district in Cali welcomes the establishment of an information centre and shows great interest in it. For the women it represents a relief station not accessible for them anywhere else. Initially the novelty, the films and slides as well as the sexual education hitherto regarded as a taboo arouse the interest. But once the people realize that they are offered useful and relatively simple facts, realizable and within reach, the interest deepens and shifts to a form of cooperation. Thereafter, information is always demanded, in the houses, in the street, before and after the programme. The instructors become a kind of welfare worker who not only impart general knowledge but are confronted with innumerable concrete problems, usually give good advice and often give direct assistance. But in every district there are persons who are indifferent against the programme and actually even act defensively. The indifferent ones let themselves be talked into a visit, the others hardly ever. The share in the total population increases in this group in districts with a higher standard of education, where this can obviously reach a critical level which is expressed by general rejection of our information. We have, however, only come across this once (Barrio Guabal). There was no open opposition but a lower participation of the population. Important factors in the indifference of the middle classes are also the increased stress due to work, school and evening classes. Open, direct opposition has not been met with anywhere yet.

*c) Judgement by the experts*

The basic concept and the operation of project I, according to the evaluation of 1975, have met with general approval. Before, the feasibility of quickly informing the poor population by intensive confrontation with so much knowledge, was doubted. The method arrived at by project I, to employ with mini-

mum investments the funds available for rapid information of big population groups, has aroused interest also outside of Colombia and enabled the present work.

*d) Further projects*

Upon critical examination of the methodology of project I, the question is posed how one could impart basic knowledge in the country, and how one would have to go about it in a small town. It seems to be important to us to work out some specific methods for these areas too, and this should be one of the first projects to be realized in future.

The realization of the two projects and the systematical intrusion into the poorest population group of the town uncovered a series of emergencies and opportunities which we had not been aware of before. Thus, the creation of project II was the logical conclusion of our observations in families, and the confrontation with individual, particularly grave fates of children gave rise to further projects now being developed. Only two of these I should like to mention. Children who, in spite of the solidarity of the population, are in dire need require adoptive parents or a home in a different, slightly better-off family. A mechanism to have such children adopted by families of industrialized countries does exist already, but is most complicated and painstaking. Despite the enormous need, many married couples who want to adopt a child often have to wait a very long time. Through the work of the foundation in the periphery of the social descent in Cali, we are in a position to identify safely as adoptive children innumerable grave cases and could in time contribute to the simplification of the adoption process. For children in Cali who are assigned to a family without any possibility of adoption, it is important that they remain in a family of the same social standing. Here we shall participate in a project where wealthy families in Colombia can enable the children to stay with other families, by contributing monthly to a central organization. The connections to and the work with other organizations too have always offered new possibilities for engagement and have uncovered many new resources. To sum up, one may say that from the practical operation of such projects in the field, a possibly general rule may be gained: with intensified intrusion into the structure of poverty it produces the identification of new needs, but also the better understanding of its associations and the recognition of new ways of rendering assistance.

*e) Difficulties*

The operation of the projects met with a number of difficulties attributable in most cases to the following reasons:

1. constant financial insecurity which made any planning for a longer period impossible and often did not permit important purchases;
2. the lack, from the beginning, of a full-time, active project leader who would

have coordinated and intensified the work in Cali and at the same time represented the foundation opposite the donating organizations;

3. the particular peculiarities of the developing countries with their complicated structure of bureaucracy, financial difficulties etc., which affect all population classes;
4. the cultural peculiarities of Colombian habits often not understood from our points of view;
5. the lack of experience of all concerned who, with pilot projects, operate under a new concept.

It is interesting to note that we came up against hardly any political and certainly not religious or moral opposition (against our sexual education programme, for instance). As such opposition to a project in a developing country could easily cause insurmountable barriers, we always took particular care to avoid these wherever possible in the interest of the project. The difficulties, surely not amiss in any project, were expected as an important factor, constantly influencing the work and were considered right from the beginning. We perceived the task of finding solutions as essential in realizing the projects. The answer to the problems was often found by better adaptation of the project to the given circumstances, a process which indirectly also improved the results. It is our view that the thorough, systematical study of difficulties arising in a project and their possible solutions are an indispensable task of any bigger development programme. With this, the use of experience for the realization of the same aims in other fields should be strived for.

## **Discussion**

The attempts three and a half years ago to grant development aid and at the same time to evaluate it according to scientific principles and interpret it as a working model were not without their risks. Nevertheless this was necessary because, in the field of health education, it is only too easy for inefficiency to occur, and so projects must be continuously checked if any efforts are to satisfy the aims which have been established. Today, we know, at least, that those concepts based on the conditions prevailing in the large South American cities appear to be completely applicable. The supplying of the needed health information follows accordingly so that, within a comparatively short time, a great proportion of the population can benefit.

On the other hand, the long-term efficacy and suitability of the working models for the other different regions (e. g. small cities and rural areas) must still be tested. Only when the scientific evaluations which accompany the project show definite results, will the working models of health education and the rehabilitation of health-deprived children in Cali and surrounds be functional as working models to be applied in other developing countries.

Already it has been learnt from highly-placed sources in another South American country that there is considerable interest there in adopting ideas arising out of the Cali project and it is also known that similar requirements exist in the fast-growing cities in Asia and Africa. Not the least because of the potentially vast expansion of our thoroughly tested working models, is it therefore essential that the accompanying scientific tests should be carried out with an irreproachable methodology as demanded by the goals of the institution "Vivamos Mejor".

