



INNOVATIONS FOR SUCCESSFUL SOCIETIES

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Innovations for Successful Societies, Bobst Center for Peace and Justice
Princeton University, 83 Prospect Avenue, Princeton, New Jersey, 08544, USA
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DEVLIN: Today is October 17th, 2009. We're in Granada, Colombia with Ingrid Morales, the coordinator of social development for the Plan for the Integrated Consolidation of the Macarena [Plan de Consolidación Integral de la Macarena, PCIM].

MORALES: *Thank you.*

DEVLIN: Perhaps we could start with my asking you to describe your position and the responsibilities that you hold.

MORALES: *The Plan for the Integral Consolidation of the Macarena has various coordinations. The one I'm in charge of is social development. It covers the areas of health, education and households.*

DEVLIN: And what is your background? How did you come to have this position?

MORALES: *The consolidation plan has other coordination efforts, such as economic development, infrastructure, and communications. There was a person at the beginning of this year who left for personal reasons, and the plan required a person in this area who other than just knowing the region was required to know the public entities here who would have the availability to see all the municipalities and to have a greater presence here in this zone.*

Basically—I learned about this space. I turned in my resume. I've been working for 20 years. I am a public administrator with a specialty in public finances and human rights, and I also specialize in Japan, and 20 years of work allowed me to get this position.

DEVLIN: Is there any particular aspect of your work where you think it is particularly important that you have this local context, this local knowledge?

MORALES: *Yes. For example, in working in education, I am responsible for knowing the 432 schools that we work with here, which allows us to have education coverage of nearly 100% in this region. To belong to this region and to continually interact with the departmental governments allows me to be a lot more efficient and effective. I have to have a very constant relationship with departmental-level government and with the whole team there. Almost weekly, there is a meeting between the parts to identify needs, to look at the diagnostics, to work on the programs that are going to be implemented in the schools. I, in a way, represent these 432 schools in these rural areas, and I represent them in front of the Secretary of Education of Meta.*

I lobby with the Secretary of Education in order to find solutions to the problems that may come up in these six municipalities I work with. I lobby for programs, for resources. We look, we try to find agreements, and the same thing happens with health.

You have to be here in the region in order to have constant meetings—but more than meetings, to have results by getting resources and by improving the services that the citizens require.

DEVLIN: You mentioned three fields that you are primarily responsible for: health, education, and housing.

MORALES: Yes.

DEVLIN: Perhaps we can go into the details of those, maybe health first? What are the major efforts that the Plan for the Integrated Consolidation is doing on the health front?

MORALES: *To begin with, I'd like to tell you that we have an action plan. The challenge we have is to create trust and strong relationships between the people in the state. That is where we begin. That action plan, these action plans, which are defined by each one of the areas, or themes, or subject coordinators, then becomes approved by the manager, and it is consistently revised by the management of the plan. And it needs to be executed every week according to what activity is defined in the plan, because we need to show results immediately, in a very short timeframe.*

For example, in terms of health, one of the strategies is to ensure that the health centers have the infrastructure supplies that they need and the personnel that they need to offer the services, and that the quality of service to the community be the best. We therefore identify, for every municipality, the state of health in all these sectors. We interact with the directors of all of the health centers, with the entity of the department that is supposed to administer these health centers. So if there are complaints from the community that any of the health centers are closed and that the county requires this micro-post—. For example, this year we have reactivated three micro-posts, the one in Santo Domingo, the one in La Cooperativa, and we have strengthened the one in La Julia. So we have activated these health centers, we've supplied them, we've lobbied in order to ensure that they receive nurses, and now they work very well to serve their communities.

What interests us the most is that the state has a presence in the zones where for many reasons—these are conflicted—wasn't able to be there before. At this moment we are starting the design of a health program to deal with the issues of pregnant, underage girls, the topic of sexuality. So we have roundtables between the departments, the secretary of health at the department level, the coordinator under the department from the Consolidation Plan for the Macarena; and the program we're designing will be implemented in the six municipalities in order to minimize the impact of demographic growth on behalf of girls under the age of 18. This is related to interfamily violence, especially sexual abuse of minors, and is also part of a program of promotion and prevention and health, which is led by the state and which we want to develop in our municipalities. But it is also based on a diagnostic that we've been doing.

So we are going to locate resources that will come from the Secretariat, as well as local support that will allow us, in the next few months, to develop this very important program. At the same time, we are aware of the issue of vaccination. In our rural areas, it is very complicated to take the vaccines to areas where there is not much access. The health promoters can sometimes not go in due to security reasons. So we, through sessions like the one we saw today in Puerto Rico, we are able to gather a lot of the people in the urban centers so that they can receive integral attention in terms of health. In the case of Puerto Rico, we're in the midst of an important action on surgeries, which is developed by the CCAI [Centro de Coordinación de Acción Integral, Center for Coordination of Integrated Action], the Ministry of Protection, the local administration, and accompanied and strengthened by the Plan for the Consolidation of the Macarena, and, of course, the army. The army at this moment is the access of development for these sessions, accompanying and developing the session. That in terms of health—. We've talked about vaccination, we've talked about infrastructure, we've talked

about medical, surgical sessions, which allow the community to receive specialized assistance for sicknesses or for surgeries they could not access from the rural areas.

Very important, there are women who have had eight to 10 children and wanted to have surgery in order to not have children again, and today we saw how these small surgeries—we were able to have them in Puerto Rico in order to help these women in their condition as mothers.

DEVLIN: So, would it be fair to say that the immediate health priority was, and to some extent still is, these health stations, making sure more of them are present and running?

MORALES: *Yes, that is one of our activities, to consolidate these micro-posts as well as the main posts and the hospitals.*

DEVLIN: What is hard about doing that? Because it seems that you need the resources and you need the staff. What is the toughest part about it?

MORALES: *The department-level government does successful work in terms of personnel; this has not been a problem. They do their work, administrative work, very well. The problem is mostly getting the right equipment, which has to be modern: elements for labs, for x-rays, for small surgeries, which the local administration is unable to purchase due to costs or administration issues. Let's remember that the Department of Meta has 29 municipalities. It is a huge burden in terms of public investment that is necessary, and the royalties that the department receives at the moment only go to four municipalities. Therefore we have 25 municipalities that receive very little investment. Also, most of the municipalities are in level six, which means that they receive very little in terms of resources. And of those 25 municipalities left, we have six that we work with, with the Consolidation Plan for the Macarena. And we work very hard to ensure that these municipalities have great services, in part because they've been affected so harshly by narcotrafficking and by the war.*

DEVLIN: Where do you find the resources for that equipment, then?

MORALES: *That is where we're headed, that's right. So I've identified the problem of equipment, and what I do is, I create a roundtable with the right people at the department level and with the planning people, and we look at the budget, and we look at what can we do in order to bring resources into these municipalities and to meet these needs. So we begin to do a big effort of revising the budgets, and we need to talk with the managers, we need to talk with the governor, we need to talk with the secretariat of finance, and find out how these resources can be brought to these projects. We also look for cooperation from international aid. We speak with the Ministry of Social Protection, anything that we can do with any of these entities of the state.*

DEVLIN: So how do you get someone like the governor, who has to worry about a whole department, to worry about this particular municipality?

MORALES: *This is one of the difficult things we have to do. But the governor knows very well that this region is part of his department and requires a bit more attention due to the confluence of issues that have been here in the past. He is quite conscious of the fact that we need state presence, we need investment, we need public servants, and when we speak with the governor's office and we say that we're from the Consolidation Plan of the Macarena, they're very receptive to us. Offices*

are very receptive. They know that we have to work this. If we don't have the resources for this semester, they tell us we should look into next semester. I'm not saying it's easy, but it's a process of raising awareness, of working together. It is also the policy of the department to attend to these communities that were the hardest hit by violence.

DEVLIN: So we've been talking about the municipal and the departmental government. Does the national government, the Ministry of Health, feature in this story at all?

MORALES: *Yes. The ministry, for example, supported the surgery sessions as well as medication. This is really an integral effort. This is an effort by all institutions. But this is of course planned under—this all has to be planned. I think when we're speaking about strategic planning, one can determine success by the action plans. If everything is planned, if we have objectives that are defined, if we have certain timeframes, and this is what our managing team requires from us, to make sure that every step we take is a sure step—we can't take false steps here, and this is something that the management of this plan requires from us. We can't lose time here doing inadequate actions. Everything has to be planned, approved, to give good results.*

DEVLIN: On that timeframe, that short timeframe, are there any efforts in health that one can do quickly or cheaply but which nevertheless matter, that have a real effect?

MORALES: *For example, we just got support from the department-level government in order to give us the people to rebuild, to fix up, three micro-posts. It took us three months to get the resources, but we did it, and for us two months or three months is a lot of time. But we did it. The micro-posts are fixed. The department-level government put 30 million pesos for this, and "Colombia Responde" [Programa "Colombia Responde"] put up the material, the cement, the tiles. This pressure of commitment pressures the state also to act. In this case, "Colombia Responde is giving us this, the department-permanent-level government, what are you going to do? Support?" And together we are going to get to our objectives, to our goal.*

DEVLIN: Another health issue you mentioned is the provision of surgeries, and a very common one, it would seem, is for women who no longer wish to have children.

MORALES: Yes.

DEVLIN: What are the issues around that? Is it controversial? Are there cultural elements that are important to understand?

MORALES: *A cultural element of course here is machismo. Women here do not plan. They have many, many kids. But we have also the problem of the woman who has three kids; she separates from her husband or she is left a widow, and she has a new companion and they have another four kids, and once again there is the possibility that the man leaves, disappears. So this can create a social conflict or a family conflict. And then there are the women who, due to their old age, sometimes their children are born with Down's syndrome or handicapped. Also kids grow up, the guerillas begin to identify them and recruit them. So a woman with 10 children, easily they'll take three of them. So we have to take care of them. We have to take care of the health of the woman, the health of the kids, integrity of life for all of them, even looking into the future, their emotional stability.*

So when women are identified who are of an older age and they have many children, especially in rural areas, we do a campaign to raise awareness, and

once the surgery is accepted, we give them the space, the service, like we did today in the session, and the internal conflicts that they had of "I have too many kids, I don't really know [how] to 'planify', it is very complicated for me that I live in a farm six hours away from the women's center, I don't—" People over there don't really have access to contraceptives.

DEVLIN: Has there ever been any—? As you were saying, there is this machismo culture that opposes this. Has there been any organized opposition to their offering these services, or other services for that matter?

MORALES: *No, we haven't really had opposition in that sense. People have been very receptive. I think even the husbands realize that they have benefits to this, that there is a big burden for a family here, and that this will really help everyone's condition. On the contrary, I believe we have seen very good reception of these services. Even though we have machismo here, I think there is a limit to everything.*

DEVLIN: On the topic of education, what are the major steps that the plan has taken?

MORALES: *Quality in education and coverage in education, and periodically revising the schools, how many students they have, how many teachers are there, and also in terms of infrastructure and supplies. We have done fieldwork with the secretary of education of the department. We've been to certain schools where we find out that—the community tells us that they don't have a wall, or they don't have bathrooms. So what I do is work with the secretary of education, find out what their plans are for the year: is this school within their plan for this year? We analyze, and we ask that this educational community be treated as a priority.*

DEVLIN: In terms of quality of education, how do you work on that?

MORALES: *We have a program called the Escuela Nueva, New School, which the PCIM, the Plan de Consolidación, is organizing in the six municipalities, which has the purpose of training teachers. We strengthen the way that they do pedagogical work in the classroom, what should they do if they have in the same classroom students that are first, fourth and seventh grade, all sitting in the same room, because unfortunately here we can't have teachers for first, second and fifth grade; we can't have different teachers for the four sixth-graders here. So we have them all in the same classroom with one teacher. And when I speak of all of them, we might be speaking about 12, 15 kids, 10 students but different grades. Escuela Nueva supports teachers in teaching them how to work with these children in important roundtables where they all learn to share their space and to study in an integral way without conflicts.*

But other than Escuela Nueva to train teachers, we also have the student council to talk about student government. And in the end, we involve the parents in order to create a baseline in terms of improving the relationships between the schools and the families. It is an excellent program; it's given us great results.

DEVLIN: In terms of expanding coverage, how do you do that?

MORALES: *We don't really have a problem with coverage. We don't have a problem. I've identified all the schools. We have the students, we have the teachers. If we are having a problem of school desertion, dropouts, we look at why that happened and how can we solve it. But what we've identified is that when we have dropouts it's because the parents have moved. And since the parents have five or six kids and the school has 15 children and six of them leave, sometimes they're all the*

same family. But the issue of coverage here is managed very well by the Secretary of Education of the department, along with the Colombian Institute of Family Wellbeing [Instituto Colombiano de Bienestar Familiar], because the Wellbeing Institute and the schools work hand in hand. Bienestar Familiar, the Wellbeing Institute, has a program for nutrition, for food security, and it takes it straight to the schools with school breakfasts. Each one of our kids has school nutrition in the morning. There are various programs. There is school nutrition, there is one called Milk for Everyone [Leche para todos], and in some zones, also lunch. So we make sure that everything is integrated, because a kid that goes to school is a kid that needs to be fed, and for that, the Family Wellbeing Institute has mobile units, which you saw yesterday and today at the session. Each one of these mobile stations of the Wellbeing Institute offers us psychology, nutrition and intra-family violence help. These mobile units permanently visit the populated areas and the rural areas of the municipalities, not just ours but the ones throughout the departments and throughout the country.

But my task is also to be aware of the various activities done by the Family Wellbeing Institute. Sometimes we have sessions where we discuss the issues, and we are consistently in communication, by that I mean that every 10 days we meet, and we evaluate what the situation is of our children in these communities—the nursing homes, the moms, the food security, the young people's club—and we're working together to ensure that by next year we have full coverage in terms of children's clubs.

So all this is very integrated. We have health, we have vaccination sessions, we also ensure that they are within the SISBEN [Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales] data system. We're very aware about the SISBEN system and ensuring that they are in the system. I go to Bogotá and I ensure that they are all within the system. We also work hand in hand with Acción Social [Agencia Presidencial para la Acción Social y la Cooperación Internacional], with the displaced.

DEVLIN: What is the SISBEN system?

MORALES: *SISBEN is a system where people are registered if they don't have resources to sustain themselves. When they register themselves as displaced, we—health, education, family wellbeing, all of these services are given to them. If you have a SISBEN card, you can get health services, you can get education, you can get into housing program subsidies, you can get food aid. Moms can get help in terms of economic resources for their children depending on their age. It is to ensure to those citizens that don't have a way of sustaining themselves, to ensure their integrity, their human rights.*

DEVLIN: So we mentioned how coverage isn't a burning problem here, but infrastructure and supplies, that surely must be an issue.

MORALES: *Let's say it's not a problem but it is a weakness, because we have too many schools, 432 schools.*

DEVLIN: So where do you find the money to do all these infrastructure projects?

MORALES: *The department-level government. The state has the obligation of offering these education sectors the services. But it's also very complex, because, for example, there is a school for 11 children. So the investment for the bathrooms in the school, in a school in a county that is 500—or 50 kilometers into the jungle, where it's almost impossible to get there by land; to take bathrooms there, to*

build it, it is very complicated for the department-level government. They are very high-cost, imagine, triple the costs. So it is a huge effort.

DEVLIN: So what do you do in that—it seems like an impossible situation.

MORALES: *It seems impossible. But let's just say that each one of these programs is placed on a queue, and the government has to start addressing these difficulties. They never say no, they just say, "You have to wait. You have to wait until we have more resources. We're taking you into account." And, as I was telling you before, there was no way of getting there. The state could not arrive in these conflict areas. Now the state is being consolidated there, and that requires a process through time. It is a process, it is not immediate; it is not as immediate as we would like, but it is about going in. There are places where it is still impossible to go because it is an inaccessible area. There we do have teachers, we do have very simple schools, with needs, but we can't go in to build a bathroom because there are inaccessible areas.*

DEVLIN: Given that the resources are finite, are there types of projects you prioritize, whether that's a matter of choosing specific schools or choosing specific aspects of a school to improve?

MORALES: *Of course. If there is something that is very grave, we have to come in, and the management of the plan does great efforts to minimize any type of conflict. It is a hard task.*

DEVLIN: In a lot of areas that have a history of violence, teachers have often, for different reasons, been one of the main targets of that violence. Is there a difficult historical legacy here in that regard?

MORALES: Yes.

DEVLIN: So how is that manifested itself in this situation? Or how does that affect how they work today?

MORALES: *There are teachers in some of these inaccessible areas—this year, I only have one case of a teacher who was not able to take it any longer, the life she had so far away. The guerillas would sometimes not allow her to have a cell phone, they wouldn't allow her to leave, they would only allow her to leave every six months. So she felt very threatened. So people in this type of case, they leave, they go to Villavicencio, they resign, and the Secretariat, what they do is look for another teacher to go into this area and work. There, we all do what we can for our motherland.*

DEVLIN: The third and final sector you mentioned was housing. I was wondering if we could talk about what the main efforts on that front are.

MORALES: *What was done in terms of housing is support. We go to the municipalities and we ask them to identify what their difficulties are and their needs so we can start our own program. The central state has certain offers, certain schemes for the displaced and the vulnerable. But the municipalities have to prove that there is a demand for housing projects. And in an agreement with the community, for example, if they are displaced, this community must present its registry saying that they are displaced, accompanying the proposal, and they must work with the Ministry of Housing to help the community find a subsidy. So everyone does their part: the municipality helps with local land, and the state helps with the resources so that this community can get the people to work. So let's say it's an effort by*

everyone: the central level, the municipality, and the community that needs the help.

I think that's also one of the successes of this effort, that here we are all working together. For example, right now in Vista Hermosa we are having a session of women. These women are being helped in order to get subsidies from the national government. And, as we all contribute, we all win.

DEVLIN: So the whole point of this plan is to increase trust, increase the legitimacy of the state?

MORALES: *Yes, when the community is accompanied, when the community feels trustful of the state, they feel the state is answering their needs. At that moment things begin to change. People stop cultivating coca, they stop supporting the armed conflicts, and they come across to the side of the state, to build the local public sector from a participative democracy.*

DEVLIN: That movement of legitimization—. Of all the projects we have been talking about, health, education, and housing, are there any that strike you as most important to getting people to that moment, to encouraging belief in the state?

MORALES: *I think that the quality and coverage of each one of these services and the good relationships of the public servants with the community, that allows people to cross to the other side. It is as if I were extending my hand, and the one on the other side receives it, so that I can pull them in. If I give them attention, if I hear them as a state person, and I hear their needs and I can tell them where the solutions are, I may not have the solution, but I can show them the right path. For example, a woman was telling me yesterday, "My breast hurts and I'm still breastfeeding, what should I do?" The fact that I could listen to her and take her to the hospital and tell her, "You will receive the right attention here, immediately talk with the doctor"—she immediately received attention. This allows her to cross to the other side. This creates trust. They truly believe that the state is attending to their needs.*

DEVLIN: So speed, reaction speed, seems to be key—

MORALES: *It's key, it's fundamental. Speed—it's being there at that moment. If there is a family that for whatever reason is being displaced, it's about how to go to them and open our arms and pick them up with their family and tell them, "Here you can live, with this you can eat..." And if you are going to return, to accompany that family when they return to ensure that they feel safe about returning to their farm, they can be calm that they will be safe. That's vital. If they can't return due to security reasons, we should not permit them. I've had people in Villavicencio who say, "I don't know where to sleep, I'm sleeping on the floor." In those cases, I need to talk with the entity that takes care of the displaced and find them housing and food; that's their right. You don't have a place to sleep, we'll find you a place to sleep. That is why the state is there with its programs—all of us have that clear. You can't tell people, "Come tomorrow," no. If you're sick, we need to take you out. If you need surgery, we'll find a way to get the surgery approved—it's now. No one can be left behind without the hand to pull them in. If they are recruiting children, we have someone in charge of recruitment who creates an immediate program to avoid recruitment. If there is forced displacement, all of us are there, Acción Social, the army, the Consolidation Plan, PCIM, all of us are there. I think that has been a success, that we are all at the right moment and we're right on time. It has been the best, being right on time, in the need that the community has. No one should be suffering from hunger; the children might get*

sick. If someone calls me and says, "I didn't receive the attention I should have received, this happened to me," I immediately have to go contact the public agency and find a fast solution. But this can't be done person by person; this has to be a generalized exercise. Quality is for everyone. This can't happen. We have good health posts, and public servants are very committed to the task. So with them we go, we talk with them, we look at what the situation is. But I think this has been a very important exercise in terms of commitment.

DEVLIN: Thank you so much, Ingrid, for talking with us.