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Pan American Health Organization

Accountability for women's advancement:

Municipal Public Hearings on Health

best practices
in gender, ethnicity and health



Accountability for women's advancement: Municipal Public Hearings on Health

Municipality of Colquechaca
Potosí, Bolivia 2012



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Introduction

PAHO/WHO

In order to mark International Women's Day, the Office of Gender, Diversity and Human Rights and the Safe Motherhood Initiative of the Pan American Health Organization organized the V Contest on Best Practices that incorporate a gender equality perspective in health. The goal of the contest was to identify the projects that best address the needs and different opportunities of men and women in order to enjoy optimal health. Ninety-three initiatives from 19 countries in Latin America and the Caribbean were considered.

"Accountability for women's advancement: Municipal Public Hearings on Health," which was submitted by the Department of Environment, Mining Corporation of Bolivia (DIMA-COMIBOL), was chosen as the winner for promoting the most equitable application of Bolivian law that demands the inclusion of communities in municipal budget planning through the training and empowerment of women who come primarily from displaced and indigenous groups in the mining community.

The Office of Gender, Diversity and Human Rights is proud to present this publication, which contains lessons that can be replicated in and adapted to other contexts.

Isabel Noguera, MD
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Introduction

DIMA-COMIBOL

DIMA-COMIBOL is an environmental mitigation program supported by the Royal Danish Embassy. One component of the program is the Female Miners Plan, the objective of which is to provide a gender focus, as well as tend to the most urgent needs of women from mining districts (located in the departments of Potosí, Oruro and La Paz) that are considered to be, according to human development indicators, economically-depressed regions.

In the second half of 2008, the Female Miners Plan, which operates within national policy frameworks, area plans and annual work plans of the municipalities in which DIMA-COMIBOL operates, began developing a series of strategies and small projects on health care and other areas to improve the lives of women who reside in mining centers.

Some of the most important health initiatives concern information fairs; cervical cancer prevention campaigns (identification by means of a Pap test); tuberculosis; training female grassroots journalists to take action on health issues; and holding municipal public hearings, which all constitute innovative mechanisms for accountability in health and other issues that affect women.

The health related public hearings in Colquechaca led to the promulgation of a municipal by-law, which is why accountability on health issues for women has become a successful municipal policy—not only because it empowers women and strengthens their participation in municipal health care management and in accountability processes, but also because the budget assigned to gender issues increased and important progress in gender-based indicators was observed.

The Public Hearings on Health also allow for more active and effective participation of women in decision-making, more consideration toward budget allocation (taking into account gender issues) and monitoring and control of health-care policies as part of an institutionalized process. In this way, women move forward and objectives are reached, resulting in positive health indicators, even in remote municipalities. Consequently, there is improved budget allocation in terms of health, enabling the inclusion of women in its management and promoting gender equality and women's autonomy as per the Millennium Development Goals.

We hope that this initiative can serve as a model for other municipalities, not only in regard to health-related issues but also in regard to others such as domestic violence and education, all aimed at improving women's quality of life. This program has led to other, similar ones in Colquechaca, Atocha, Llallagua and other municipalities.

Jhonny Victoria Pestañas, Engineer

Director a.i. DIMA-COMIBOL



Councilwoman Martha Reynaga presents methodology during Public Hearing on Health, 2011.

SUMMARY

The Female Miners Plan of DIMA-COMIBOL has various strategic objectives, among which the priorities include improving the situation of women, girls and boys in the mining centers of COMIBOL. This objective takes on particular importance because it introduces a gender and social responsibility focus into the program.

The Public Hearings on Health in Colquechaca are part of a methodological and institutionalized process under municipal by-law 04/2012. They are carried out with the active participation of women in the accountability process in regard to health. This process is developed using the budget assigned to health and gender issues, and to progress indicators on already-existing programs.

This process concludes with the setting of an agenda of shared responsibility, where local participants are represented by Colquechaca women's organizations as well as the municipal council for financial oversight and to monitor health in the municipality. The latter must submit

written and oral reports in regard to not only the budget allocation but also the programs, projects and actions contemplated in the annual work plan on health, with particular emphasis on progress indicators.

The Public Hearings include the participation of various groups, including grassroots leaders as well as local and indigenous authorities. Nevertheless, women are the most engaged group, thereby becoming active agents of change.

Women's organizations request the Public Hearings of the municipal council, since the latter, according to Article 19 of Law 2028 on municipalities, is responsible for oversight. The participation of women is made effective through the analysis, evaluation and decision-making concerning reports that are issued. Their participation is key to planning activities that are highlighted in the shared responsibility agenda.



Public Hearings for the Commissions and for the Council were made up differently from the regular meetings of the municipal council.

This experience has been considered a success by incorporating the active participation of women in decision-making; taking into account gender in budget planning and allocation; achieving local spaces for accountability in which women play an active role; and generating changes in conduct among medical staff and municipal authorities, all done through the framework of shared responsibility.



Public Hearing on Health coordination (Municipal authorities and those responsible for health), 2009.



Maria Bedía Q., municipal technician, during the Public Hearing registration.

1 Why did we do it?

The public hearings function under Law 2028 on Municipalities, Article 19 of which states: *“The public hearings of the Municipal Council and Commissions, which are different from the regular meetings of the Municipal Council and its Commissions, are constituted with the purpose of welcoming citizens, individually or as a group, to address issues concerning their responsibilities. The Internal Regulations of the Municipal Council will set their timing and procedures.”*

This law formalized Public Municipal Hearings as a mechanism for “accountability on health issues directed at women.” These hearings on health, even if they are part of the law, do not have a process for specific methodological intervention and are meetings between municipal council authorities and the population. They take place at the request of any group (normally men’s organizations or representations) or of an individual request to solve “any problem,” usually one related to construction work or projects already underway.

In 2005, the public municipal hearings were methodologically implemented to monitor the elaboration of a health care public policy, specifically of the Universal Maternal and Child Health Insurance (SUMI), created because of mother-child mortality. This first initiative had specific objectives to monitor SUMI, prioritizing the strengthening and active participation of women in health care management through implementation of “health care data spaces.” The experience was shared with PAHO/WHO and the Councilors’ Association of Bolivia.

This program was halted by external factors, such as the lack of continuity in the process and a change of municipal authorities.

From 2009 to 2011, this program was revived by DIMA-COMIBOL, through the Female Miners Plan, because it was considered a strategy that could be used to improve health care management,

including all current health care programs and adding an important value to the process: “gender equity on health care accountability.” As a result, this strategy was included in the work plans between 2009 and 2011 as part of the Female Miners Plan. The methodology was adjusted to current circumstances, enriching the process and improving the results of the indicators on health care and gender, and specifically achieving recognition as a policy by means of a municipal by-law that ensures its sustainability.

Municipality of Colquechaca

Colquechaca municipality is situated in the province of Chayanta, in the northern part of the department of Potosí, which has around 11 municipalities (**CHART 1**). According to the 2001 census, more than 81% of the population lives in extreme poverty, with a human development rate of only 0.341.

Poverty is marked among women in Colquechaca, with a lack of financial resources to cover basic needs. Housing is very precarious: there is no plumbing, sewage system or electricity. Moreover, children and women suffer from malnutrition, while levels of education and health care are very low (**CHART 2**). There are few opportunities to engage in activities that promote economic development or a decent job, not to mention scarce possibilities for the political and social participation of women.

There are presently 270 communities in Colquechaca, most of which are remote. This municipality, unlike others where the inhabitants seek to emigrate, attracts people because of the mining industry that has developed over the past few years due to an increase in the price of minerals internationally. This is why Colquechaca has a mobile population and a disorganized concentration, which exceeds the institutional capacities of the municipality and leads to weaknesses in health care, education and other areas that have a negative impact, especially on the quality of life for women and children.

CHART 1: Colquechaca map



SOURCE: Based on archival documents, Colquechaca municipal government.

CHART 2: levels of poverty in Colquechaca¹



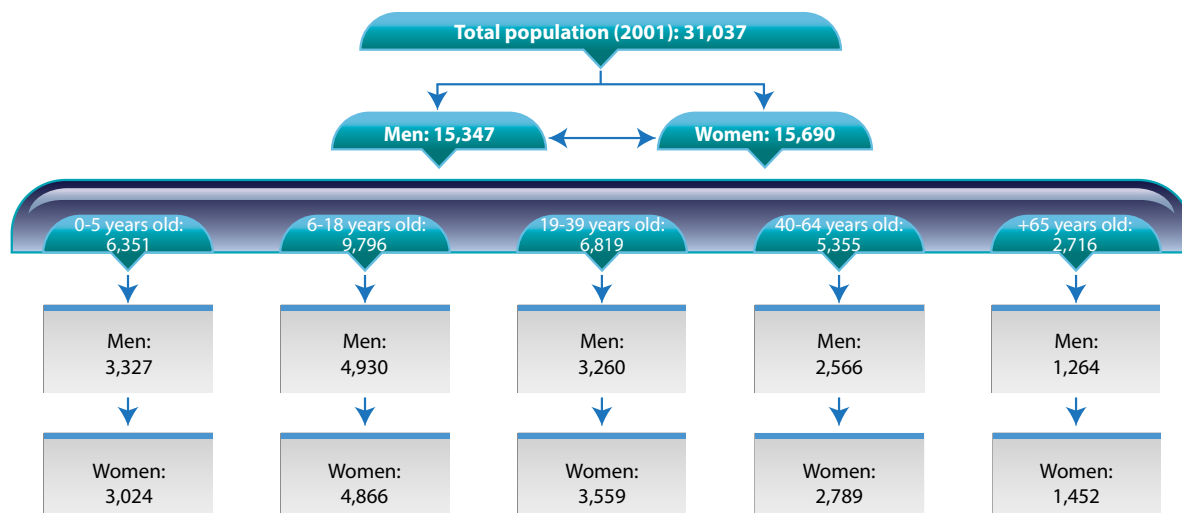
SOURCE: Based on information from the Municipal Statistical Atlas 2005, National Statistics Institute.

The state of women's health

In 2001, the population of Colquechaca rose to 31,037 inhabitants², of which 15,347 were men (49%) and 15,690 (51%) women. In addition, the fertility rate was 8.1; institutional child delivery was 25.49%, since only 24% of pregnant women had prenatal controls, while the average of prenatal consultations was 2.04. The infant mortality rate was 129 per one thousand newborns, with pentavalent vaccination coverage of 10% (**CHART 3**).

Currently, and in accordance with the annual growth rate (2001), the population in 2011 is projected to number 40,565 inhabitants.³

CHART 3: population distribution



SOURCE: Based on information from the Municipal Statistical Atlas 2005, National Statistics Institute

According to information from the Colquechaca Health Care Service, for 2008⁴, women's health care indicators show a slight improvement. For example, institutional child delivery reached 38.7%, while 39% of pregnant women have prenatal control.

Although this information reveals positive changes in the indicators, this progress is not enough, since Colquechaca continues to have one of the lowest health care levels in Bolivia, with a health care rate of 0.260733.⁵

It is probable that this situation is affected by other factors, such as the lack of access to quality education that weakens the condition of women (**CHART 4**).

Over the past decade, Bolivia has undergone many changes as a result of new normative frameworks promoted by succeeding governments, including the new State Political Constitution, which sets out new policies, plans and programs. One of the development pillars, in this context, is

¹ Diagnostic Colquechaca Plans and budgets Pro Gender equity GTZ/UNIFEM 2005.

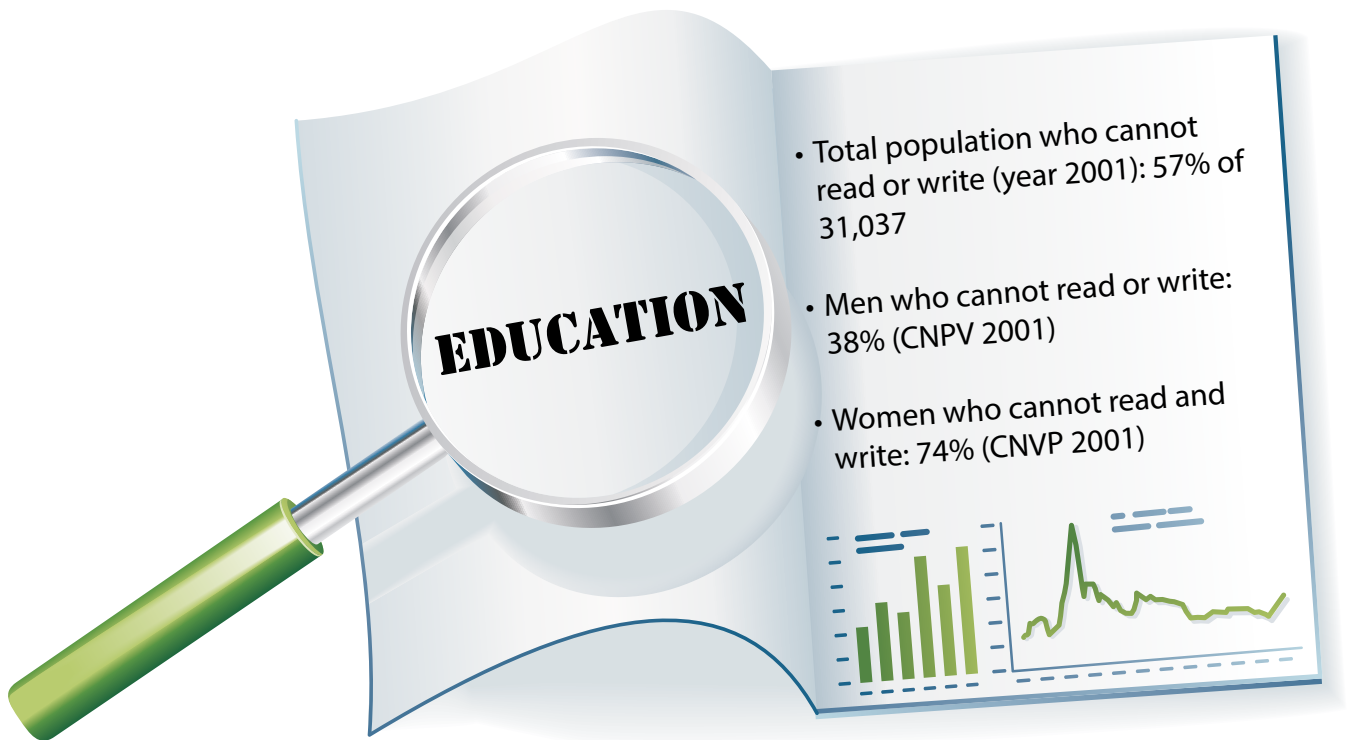
² Colquechaca Municipal Development Plan 2008-2012.

³ Idem.

⁴ Health Atlas of the Department of Potosí, 2005. PAHO/WHO-SEDES POTOSÍ Bolivia. Municipal Health Index, 2008, Ministry of Health and Sports, FAM-BOLIVIA, PAHO/WHO.

⁵ Health Atlas of the Department of Potosí, 2005. PAHO/WHO-SEDES POTOSÍ Bolivia.

CHART 4: educational indicators



SOURCE: Municipal Statistical Atlas, 2005. National Institute of Statistics.

comprehensive health care that focuses on two vulnerable groups: women and children.

Although it is true that, in Colquechaca, these new policies are being applied and that some changes have been seen in regard to women's health, clearly this progress is not enough because health indicators remain significantly below the departmental and national average. This means that women's health in Colquechaca must receive special attention from the municipal and departmental governments, and from the organizations and institutions that work in this area.

In this context of women's health and considering other areas where women are put at a disadvantage, in October 2008 DIMA promoted an initial meeting of women from Colquechaca, in order to analyze the particular condition of women and reach consensus on a way forward. The meeting helped to identify the situation of women from many perspectives that were being classified in different action areas. One of the issues given priority was health care, because of the factors that are discussed below.

Problems related to health care service and staff:

- Abuse and discrimination from health care staff towards women.
- The hours of service do not respond to the needs and availability of women due to the roles that they carry out.
- Medical care is limited because staff is off attending courses, seminars and other functions.
- There are insufficient medical personnel because they attend to not only the local population but also those from outlying areas.
- Lack of quality medical supplies and medicines.
- Medicines are not available when needed.
- Misuse of public property (e.g., ambulances).

Problems related to health care management:

- The budget for health care is insufficient.
- Preventive efforts are insufficient because medical personnel focus more on treatment than prevention.
- Health reports are too general, difficult to understand and women's participation in them is negligible.
- Even though Health Care Data Analysis Councils (CAI)⁶ take place every month, only medical staff and civil society representatives—who are usually men—participate.
- Municipal authorities, women and the population in general have no knowledge of any legal framework on health issues.
- Medical staff is appointed by political motivation.
- The projects and health care activities as part of the annual work plan respond to needs that are generally set by men; therefore, it can be assumed that women's needs are not included.

Problems related to women's participation in health care management:

- Women are unfamiliar with statistical data and health indicators.
- Women's participation in preparing an annual work plan and a health care budget is low, almost non-existent.
- Women's participation is neither active nor effective in regard to health care management.

- There is a lack of participation by women in the CAIs.
- There is no due consideration given to the essential needs of women, their proposals or their conditions, particularly on the part of health and municipal authorities.
- There is little participation from women in positions of responsibility where important decisions are made, because women are not part of health committees.
- There are very few local institutionalized spaces with decision-making authority that promote and allow for greater participation of women in health care management.
- There is no real empowerment of women.

The valuable contributions of the women who participated in the event resulted in the following conclusions concerning their situation:

- It is not enough to have extensive legal frameworks and to be disposed to attend to and include women.
- It is not enough only to have guidelines to develop annual work plans that allocate a budget for gender subjects, since they can later lose focus when carried out.
- It is essential to have a participative management process that includes both women and men, in order to incorporate the gender focus from the beginning and from the planning stage, with budget allocation concluding with participative health accountability.

⁶ CAI is a forum for discussion, analysis and exchange of opinions about problems related to health care in a given community or population. Is part of a process aimed at organizing a work meeting to analyze epidemiological and management indicators, as well as conditions and determinants related to health care problems in order to take decisions, monitoring, evaluation and periodic control of health care services and the community. Application Guide of the Committee of Analysis and Information, Ministry of Health and Sports 2008. Participation is an inter-sectorial and inter-institutional intervention of social and community organizations, national, departmental, municipal and local authorities, observation committees, and others related to health care. Note: women's participation in these is nil.

In this context, it is important to include mechanisms such as “accountability” through Public Hearings on Health promoted and carried out by women, since they constitute a vulnerable group and are the ones who are directly affected.



First Public Hearing in Colchecaca, 2005.

The idea is to make health care a right that is put into practice through the allocation of a budget for gender issues and for accountability with a gender perspective, thereby ensuring that the most affected participate in institutionalized local spaces, such as in the case of the Public Hearings. Through them, the agendas that are created will be linked to the annual work plans and to the budget, and their actions will form part of the obligations of the municipal council in its oversight role.



First Public Hearing, SUMI follow-up with local authorities responsible for health, 2005.



Councilman Rene Quintana during Municipal Public Hearing, 2009.

2 What were we looking for?

Even though it is important to have the financial resources that enable the planning and execution of programs and activities to improve health care, they are not enough to achieve participative health care management with a gender approach. In the same way, financial resources are no guarantee for attaining optimal health indicators for women and children, or for assuring their participation in decision-making.

Other factors are needed in order to reach those optimal indicators and demonstrate the effective participation of women, such as greater involvement of women in health care management; more commitment on the part of medical staff; improvement in care; less bureaucracy; coherent planning that responds to the needs of women and children; and setting aside political or personal interests.

An analysis of women's health care concerns allowed for the prioritization of their needs in different action areas and defining the strategy and work methodology. The areas that were prioritized included:

- In regard to health, it was agreed that it was necessary to improve health care management generally and to make it more participative by integrating women into the process, from information analysis, planning and budgeting to accountability



The analysis of women's health problems allowed the participants to prioritize their needs and fields for action.

- It is particularly important to improve women's access to health care services when pregnant or at a child-bearing age.
- Improve preventive health care, especially for such illnesses as cervical-uterine cancer and breast cancer, sexually transmitted diseases, as well as HIV and tuberculosis. They also stressed the need to deal with gender-based violence, alcoholism, malnutrition and teenage pregnancy.
- A need was also identified to have an institutionalized space to promote women's participation in health care management so they could be duly informed of their health situation and, at the same time, have the opportunity to make and manage their demands and points of view and to present proposals on how to improve their health care situation.
- Women's needs were restricted only to the acknowledgement of proposals and demands. Women asked that those proposals and demands be part of municipal planning (annual work plan and budgeting). With this, they sought to give the municipality's management procedures a gender focus.
- Finally, in order to achieve the institutionalized participative space, the acknowledgement of their demands and proposals, as well as their inclusion in municipal planning (annual work plans and budgeting), the commitment of the municipal authorities was required and it was necessary to define both the strategy and the methodology within the responsibilities

prescribed by law. This is why the Public Hearings were chosen, since they were already recognized by the Law on Municipalities and are spaces that allow meetings between authorities and civil society to discuss subjects of general interest. The activities that arise from these Public Hearings are also the responsibility of the municipal council.

Based on all these assessments from the women, the following objectives were set:

Primary objective

Contribute to improving the health care situation for women and children in the mining municipalities in areas in which DIMA-COMIBOL works through the implementation of Public Hearings and applying a strategy and methodology that encompass accountability in all policies, health care programs and sectorial budgets.

Specific objectives

- Create an institutionalized space for accountability on health issues with a gender focus.
- Encourage planning and budgets on health care in the municipality of Colquechaca to be gender-sensitive.
- Promote the empowerment of women so they can participate more actively and effectively when it comes to health care management.



Municipal Council of Colquechaca - Public Hearing 2011.

3 How did we do it?

In 2004, the Pan American Health Organization, as part of its program of Universal Maternal and Child Health Insurance (SUMI) in Bolivia, developed a methodology of Public Municipal Hearings for monitoring SUMI and health care management.

This methodology was part of an information process on health issues, where written and oral reports were part of: the resources used in this area; the reach of the services, principally from SUMI; analysis of the information on the part of women; and the creation of an agenda of responsibilities.

During the search for the objectives set out for this initiative and for the sustainability of the accountability process on health care issues with a gender focus, DIMA-COMIBOL, through the Female Miners Plan, proceeded to revive and adjust this methodology to the current normative context, new policies and health care programs. These frameworks and programs now have greater inclusion and a more explicit orientation toward gender equity and the respect of human rights for women.

Although the methodology maintains the principle of inclusive information towards women in regard to decision-making, it is more comprehensive to programs that it must consider and more direct in terms of its purpose—among them, institutionalizing accountability for wo-

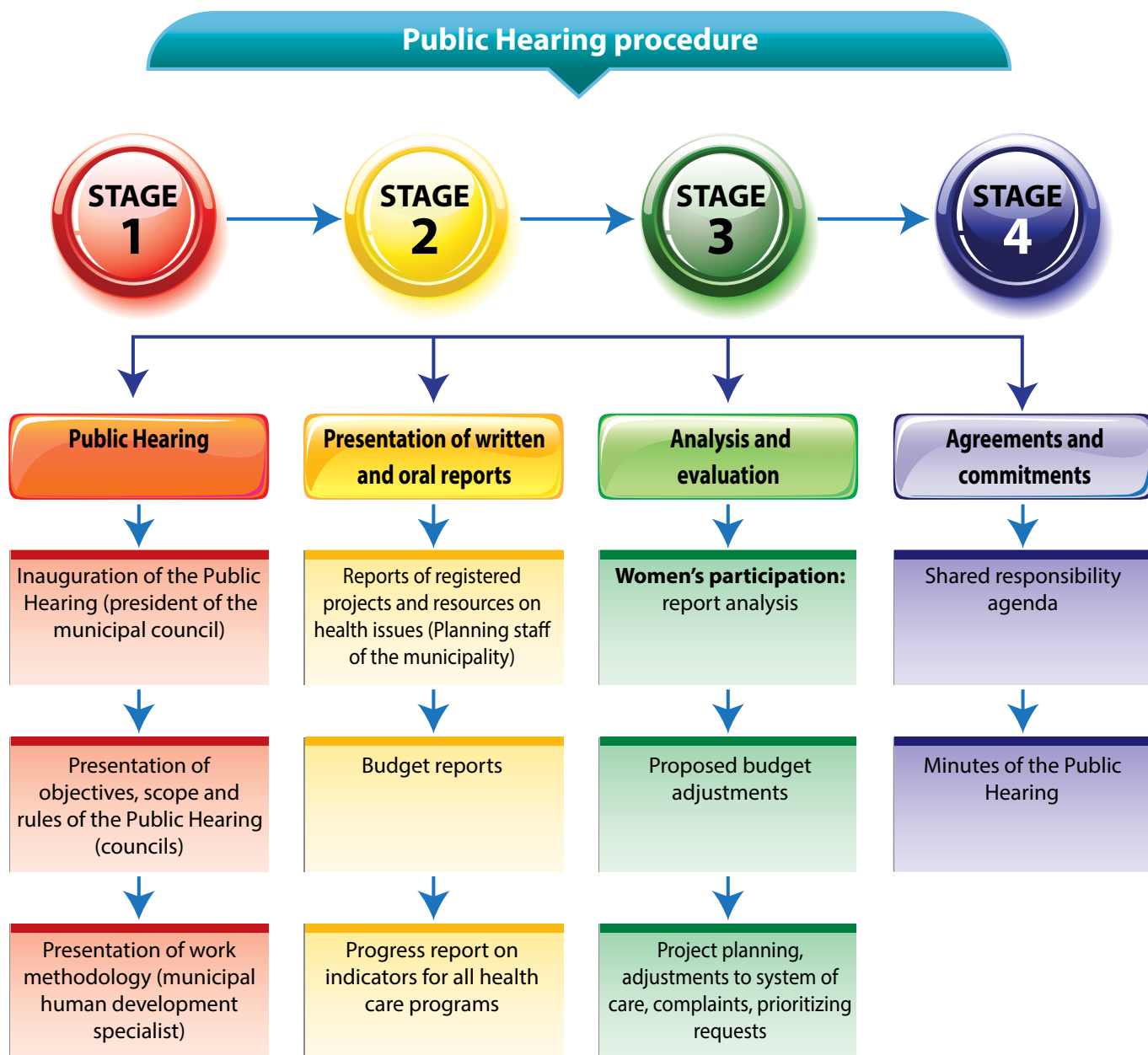


Women's participation Public Hearing, 2011.

for women and acknowledgement of Public Hearings as a municipal policy and a tool that integrates participative diagnosis, planning, annual work plans, a municipal budget and accountability.

Public Hearings are a participation mechanism set out in the Law on Municipalities. Their goal is to receive citizens, individually or as a group, in order to discuss issues related to municipal development whose main function is oversight.

CHART 5: Critical Path of a Public Hearing on Health Coordination and Preparation of a Public Hearing



SOURCE: Own (Jaqueline Duran C.). *Methodology of Public Hearing*, 2011.

Coordination and preparation of the Public Hearing

It begins with the identification of individuals in the municipality; that is, those who, because of their roles and responsibilities in regard to health issues, have to participate in the Public Hearing. It is with these people that meetings for coordinating and preparing the hearing take place, based on the proposed methodology. This allows for the wide participation of women (grassroots leaders), local authorities and persons in charge of health care.

With the willingness of the municipal council and that of women's groups empowered by the methodological process, the municipal Public Hearing on Health is organized according to these steps:

- **Public Hearing request to the municipal council:** with the support of DIMA-COMIBOL, women prepare a request for a Public Hearing, outlining its characteristics, such as accountability, written and oral reports on the health care situation, and progress indicators, including limitations or problems.
- **Approval of the Public Hearing:** the council approves the request, setting a date, time and place, circulating this information by way of a notice to the public, particularly women's organizations.
- **Notice preparation:** the municipal council, with the assistance of the human development department of the mayor's office, prepares the notices, which detail the contents, e.g., accountability in health.
- **Report preparation:** the municipal council instructs the municipality's health care chiefs to prepare reports about budget allocation, progress in all health care programs and everything



Methodology Presentation Dra. Gladis Cruz Rocha, Public Hearing 2009.



Approval of the Public Hearing by the Municipal Council of Colquechaca 2010.

related to their presentation in the hearing. The reports must be written using simple and clear words so that they can be understood by all. After the hearing, these reports are sent to the municipal council for revision, follow-up and filing.

- **Notice distribution:** these notices are given to the main players and are circulated among local media.

Development of the Public Hearing on Health

The hearing takes place according to the date, time and location approved by the municipal council.

Hearing process

Stage 1: background

- a) **Inauguration of the Public Hearing on Health:** in charge of the president of the municipal council, who explains the reasons behind it and its legal framework.
- b) **Presentation of objectives, scope and rules of the Public Hearing:** they are explained in order to clarify the objective for implementing it, as well as defining the rules for participation that is free of discrimination, orderly and built on respect.

- c) **Presentation of methodology:** the steps to follow in order (presentations, reports, explanations, plenary participation, preparation of the agenda of responsibility, minutes and closure of the hearing).

Stage 2: presentation of (oral and written) reports

Which reports are presented?

- Health care allocation budget reports.
- Technical progress reports concerning the implementation of health policies and programs.
- Progress reports on indicators.

Who presents these reports?

They are presented by the director of health services for the municipality, with the help of technical, administrative and health care personnel.

What is recommended at this stage?

Medical staff should ensure that the reports be prepared in the most clear and transparent way, taking into account the native language of the inhabitants. The reports must be easy to understand.



Public Hearing 2010 Colquechaca-president and councilwomen.

Stage 3: analysis and evaluation of the reports in the plenary

During this stage of the public hearing, planning, the municipal budget and health accountability are developed; the characteristics of applying gender issues through the participation of women in decision-making are defined; budgets are set; and the agenda of responsibilities is finalized.

Women can also participate by requesting more information and explanations of contents in the reports. Additionally, they can put forth their health concerns, proposed solutions, strategic demands and “complaints.”

In this stage, municipal authorities in charge of oversight gain in-depth familiarity with the situation of women and take into consideration everything that is established in the Public Hearing in order to do the respective follow-up. As a result, the decisions of this stage are directly linked to the annual work plans and the municipal budget.



Presentation of Public Hearing reports, 2011- Colquechaca.

Stage 4: agreements and commitments

Shared responsibility agenda

After the participative analysis and evaluation, which is done with a majority representation of women, the “shared responsibility agenda” is prepared based on the most important points that are agreed upon.

This agenda is also directly connected to the annual work plan and the municipal budget.



Public Hearing 2010, Colquechaca-women's participation.

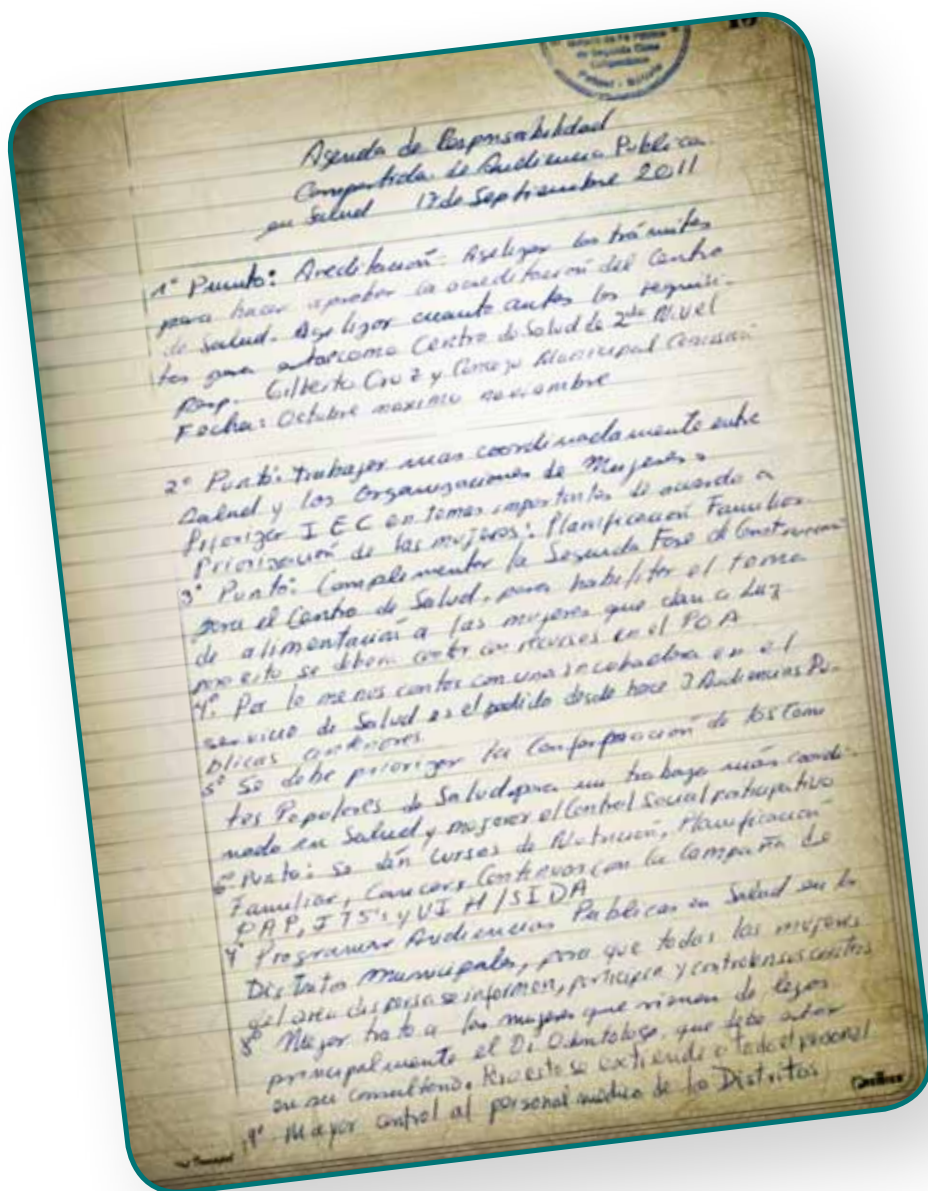
It establishes responsibilities and timeframes for activity. Minutes from the hearing are prepared as a document of the meeting and the shared responsibility agenda is included.

Both the minutes and the agenda remain with the municipal council, which, as the oversight entity and, according to law, has the responsibility for follow-up and monitoring in order to ensure compliance with the agreed-upon points. Copies of this document are distributed to women's organizations representatives, territory organizations and other civil society organizations. They are also diffused through the local media (television and radio).

Closure of the hearing

The hearing ends with the reading of the minutes and the agenda by the president of the municipal council. It is important that, during this moment, the president set the date for the next hearing, placing a reasonable period of time between one and another to accomplish everything that was agreed upon.

It is recommend that the next hearing take place in one year. During the first six months, progress on the commitments will be evaluated; in the following six months, the annual health care management, compliance with the minutes and the shared responsibility agenda will be evaluated.



Act of Public Hearing Colquechaca 2011- an agenda of shared responsibility.



Municipal Council Representatives Colquechaca and women's participation in Public Hearing on Health, 2011.

4 With whom did we do it?

Municipal jurisdictions in Bolivia establish that those responsible for implementing the national policies and health care programs are municipal governments through health care services under the supervision of departmental health care services.

The response to health care-related issues by authorities and those in charge of health care at this sub-national level varies because it depends on the budgets that are provided to them from the General Treasury (TGN), on the municipality's own resources, on the intervention of external sources

and their distribution, on technical and infrastructure capacities, on the political will concerning the commitment of medical staff and on the level of women's empowerment. These variables differ significantly from one municipality to the other.

In the development of this initiative, women are considered key players because of their roles and responsibilities in the process, taking into account the objective of the Public Hearing.

CHART 6: actors/ objectives of Public Hearing





Lucy Ordoñez Pacheco, President of women's organization from San Miguel of Colquecheca, during Public Hearing on Health, 2009.

5 What did we achieve?

Accountability on health issues management, through Public Hearings, has an impact on four important areas:

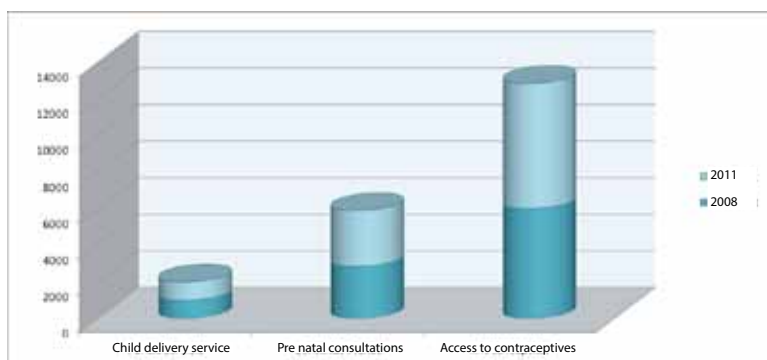
Municipal management: because it manages to achieve, by municipal decree (as a recognized policy), progress on a participative diagnosis, planning, budgeting and accountability, all related to gender issues.

Change in conduct: empowerment of women allows for their active and effective participation within the established processes as well as in

decision-making in the past three municipal administrations. The change in conduct is also seen in medical staff insofar as this must result in a commitment to improve the quality of care. A change in conduct is also sought for municipal authorities, specifically ones on the municipal council, who acquire a new approach in carrying out their oversight role.

Indicators: even if it is not done directly, the Public Hearings tend to press for improvements in the indicators. For example, here is a comparative

CHART 7: gynecologist consultations (2008/2011)



SOURCE: Based on Colquechaca health Service data, 2008-2011.

chart showing positive changes between 2008 and 2011.⁷

Outcomes

Although the Public Hearings on Health are mechanisms that help fulfill the health-related policies and programs in the municipality, indicators are not their responsibility. Nevertheless, the Public Hearings become mechanisms that demand and exert pressure on fulfillment of those policies and programs.

In 2011, and in agreement with the 2009 and 2010 agendas, the following was achieved:

- The purchase and operation of an incubator for premature babies in order to reduce infant mortality, which the women from Colquechaca had indicated as a priority. (Method of verification: 2011 annual work plan and budget management.)
- A feeding program, with the purchase of kitchenware, for women who give birth. As a result, they do not have to return home immediately and thereby suffer any medical complication. (Method of verification: 2011 annual work plan and budget management).
- Improvements to health care services at the first level of complexity (2009-2011) through expansion of their infrastructure and provision of equipment. (Method of verification: 2009 and 2010 annual work plans and budget management).
- 2009 saw the beginning of efforts to certify health care services as a second level health care institution. In 2010 and 2011, significant progress was achieved in spite of the complexity of the endeavor. All municipal authorities and those responsible for health care worked toward this objective.

- Prevention activities. According to the 2011 reports, prevention activities in the communities increased by way of information fairs, campaigns, community visits and house calls. (Method of verification: SNIS reports from 2008 to 2011).

- Improvement in indicators of access to health care for women, since many were no longer ashamed or had any fear of the doctor. In addition, there were higher indicators of greater access to Pap smears, family planning and treatment of sexually transmitted infections **(CHART 7)**.

- An increase in prenatal controls and institutional child delivery.
- The organization of health care committees (during 2011).
- Financial support for guiding women's strategic demands.

Qualitative and transformative outcomes

- The empowerment of the women of Colquechaca, who speak up and seek to analyze their problems in order to solve them.
- The active and effective participation of women, who lost the fear of speaking and expressing their problems and needs in public and before authorities.
- Women take decisions with the ability to include budgets or to modify them in order to improve their health.
- Women demand accountability and inclusive participation, with rights equal to those of men, on issues of health care management.

⁷ Data from the reports submitted to the Public Hearings from 2009 to 2011 and validated by information from the Health Care National Information Service (SNIS) and the Ministry of Health and Sports website: www.sns.gob.bo

- Municipal health care management is carried out with gender equity including the diagnosis, planning (annual work plans), budget allocation and accountability.

Other qualitative outcomes

There is a better adapted and enriched methodology that includes accountability in health in order to improve the participation of women in municipal management.



Women of Choquechaca.

Three Public Hearings were held in Colquechaca in 2009, 2010 and 2011, with between 100 and 150 women participants in each one.

Women in Colquechaca now have an “institutionalized participative space” for accountability. The recognition of this process by a municipal by-law ensures that the Public Hearings on accountability become a municipal policy. Therefore, this guarantees its sustainability for years to come, even if municipal or health care authorities are replaced.

The Public Hearings, as mechanisms for accountability, were recommended for inclusion in the charter of Colquechaca municipality.

The proposal that DIMA-COMIBOL submitted, in coordination with Office of Gender of the government of Potosí, is in the process of including Public Hearings Autonomous Statute of the department of Potosí.

The Public Hearings on Health are an example for other areas to develop similar participative methodologies. For example, the municipalities of Colquechaca and Llallagua have recently begun to apply this methodology to the issue of domestic (gender and generational) violence. At the same time, accountability on education is being carried out.



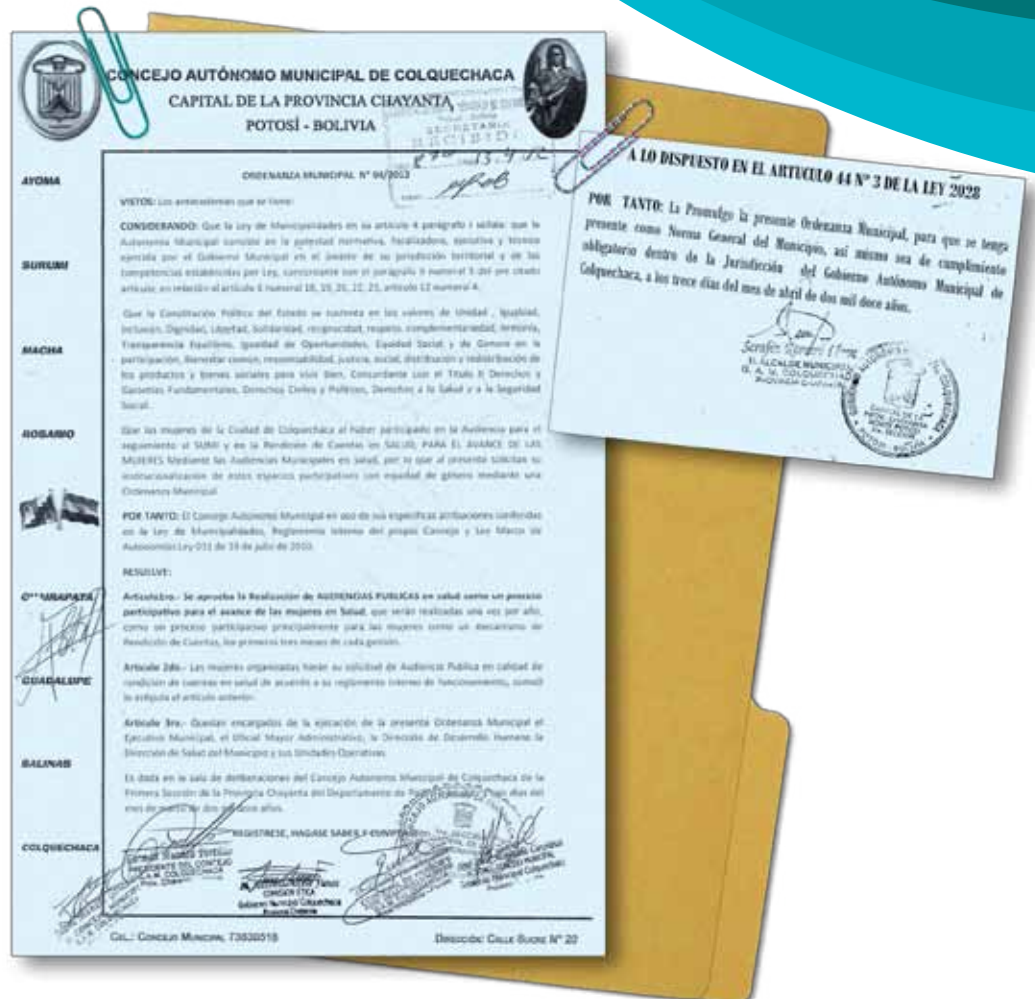
Women's Organization of Colquechaca



Commission of Human Development of Municipal Council during approval of the municipal ordinance No. 04 (Municipal Hearings on Health).

6 How do we sustain it?

The sustainability of accountability on health, through the Public Hearings in the Municipality of Colquechaca, is guaranteed by the municipal decree promulgated by the municipal government and by its inclusion in its charter, which is currently being drafted.



Commission of Human Development of Municipal Council during the approval of the municipal ordinance No. 04 (Municipal Hearings on Health).



Lucy Ordonez Pacheco, President of women's organization from San Miguel of Colquecheca, during Public Hearing on Health, 2009.

7 What did we learn?

One of the most valuable lessons learned is the realization by medical staff and municipal authorities that municipal health care management “cannot take place without the presence on women” in all stages: from the recognition of their situation (diagnosis), to planning (shared agendas), budgeting and gender-sensitive accountability (Public Hearings and management reports).

The lesson learned by leaders and those at the grass roots level, as well as by council authorities who represent men who participated in the Public Health Hearings, is that women should not have solely a domestic role (cooking, caring for their children and husband, and housekeeping), because they realized that women’s ideas, contributions and decisions have a bearing on health issues and are valuable for improving the health care system.

Another lesson learned is that policies, programs, state directives and budgets are not always enough to achieve positive health indicators and municipal management that incorporates gender equity. Individual and institutional commitment is also required in order to achieve progress.



Women's participation Public Hearing 2011.

Difficulties

Promoting change in women in order to ensure their active and effective participation demands innovative processes and methodologies that are developed jointly. Patience is also needed because they are women whose voices and participation have been excluded for a long time, resulting in low self-esteem and an absence of leadership. Because they did not have freedom of speech, the women had a secondary role both in terms of municipal management and in health care management.

This was one of the main problems with having the active and effective participation of women, who, by not having the right to voice their opinions or take decisions, were not taken into account.

Another problem was getting the municipal council to institutionalize this process, acknowledging that it enriches its oversight function and facilitates transparency and accountability.

It was also difficult to have the health sector draft their reports for the Public Hearing and present them as accountability processes concerning budget allocation and indicators reached. Normally, this information is not made available

to the population, much less to women. On many occasions, the indicators are not reached and the budgets are reassigned or do not respond to women's health needs.

Because it is an information and accountability space, many problems emerge. Thus, it is necessary to take things slowly, reach consensus, offer solutions and avoid taking steps back.

Challenges

One challenge is to turn Public Hearings into tools for channeling accountability and thereby benefiting women not only in terms of health care, but also in regard to the institutional and departmental spheres through their inclusion in the Autonomous Statutes of the department of Potosí and others (departmental government).

This means that each municipality must recognize the Public Hearings on Health and on other topics as valid procedures through the municipal decrees and charters. In this case, the challenge is for the methodology to be applied to issues of violence and rights, as well as to education and other matters that women believe are key for their development with equity, as has been done in the municipality of Colquechaca.

8. Abbreviations

CAI	Health Care Data Analysis Councils
DIMA-COMIBOL	Department of Environment–Mining Corporation of Bolivia
GAM	Autonomous Municipal Government
POA	Annual Operative Program
SUMI	Universal Maternal and Child Health Insurance

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