The Construction of the Community Health System of Guarjila: Systemization of an Experience of Primary Health Care in El Salvador, during the period of 1987-2007.

Investigators
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SUMMARY

A community health experience was investigated, arisen in the 1980s during the civil war against the military dictatorship in El Salvador. The objective was to identify, systemize and analyze the construction process of this experience; to demonstrate elements of the Comprehensive Primary Health Care and the interrelation of the processes developed by the people and the social determinants of well-being and health of the population as well as the inequities in health. It consisted of a qualitative study of systemization of experiences, applied to community health, with three axes of systemization: the historical process of construction, the community empowerment and the indicators of impact. Questions framed in the objectives of the research and categories and subcategories of analysis were defined. The data collection was realised through in depth interviews of key players, focal groups, action-observation-participant and bibliographical and documentary revision and documentation.

RESULTS. The community health expereince was constructed and developed by the people of the community and arose in an adverse context during the armed Salvadorian conflict characterized by militarization and institutionalized repression, displacement and migration. The population progressively solved its own basic conditions of life: they constructed a potable water system, houses and latrines; they developed their own food production system; created an educational model popular with teachers and a health model with community agents mainly promoting health and rehabilitation of midwives and groups of volunteer women. The community organisation demonstrates a comunal directive with significant representation organised by the community, teams and local health committees, education, water, agriculture, women, young people, disabled military etc. The community organization has worked from an inter-sectoral confrontation for the solutions to community problems and the decision making involves the majority of the community through these organised groups In this context of solidarity and the constant search for equity there is other evidence that they were in different processes. The community assumed responsibility for their health experience and defended it against multiple attempts of co-optation and involved itself actively in different interventions directed by the health team. The improvements in the living conditions are evidenced by 94% livable (decent) housing, 98% potable water in residences and bathrooms, 95% having electricity. The main indicators of impact on health are reflected in the absence of infant and maternal mortality in 1997, all child births took place in institutions, no homicides took place in the last eight years, the birth rate was 14.4/ 1000 inhabitants, with no moderate or severe malnutrition, the growth retardation was 3% in children less than five and diarrheas had a low incidence of 33.8/1000 inhabitants.

CONCLUSIONS. The health experience comprised, in part by the ample effort of all the community, and the inter-sectoral work and empowerment have been the main elements for the advancement of the health experience and the comprehensive development of the community. Health actions started off with its attention centered on the treatment of disease and progressively shifted to the prevention and promotion of health, up to an approach focusing on human rights and determinants of health. The health team has maintained protagonism and leadership and they became agents of change by transforming the causes of injustices that effect the community.