

ISSUE NO - 17 | JANUARY - MARCH 2017

COPASAH

SHARED PRACTICE. GROUNDED KNOWLEDGE.

COMMUNIQUE



Latin America Special Issue



La participación ciudadana y la mejora de
los servicios públicos

Improving Public Services through Citizen
Engagement

ESPAÑOL

La participación ciudadana y la mejora de los servicios públicos

WALTER FLORES



CONTENT

Editorial 01

Importancia de las alianzas y de la participación de las organizaciones de sociedad civil para alcanzar el Acceso Universal a la Salud 04

Defensores Comunitarios por el Derecho a la Salud: Una red de esperanza en Guatemala 06

El agua fuente de vida e Indiferente para muchos ojos 09

Rights-Based Citizen Monitoring in Peru: Evidence of Impact from the Field 12

Giving Voice to The Right to Health In Peru 16

Intercultural Health Dialogues: Promoting citizenship through communication 19

La participación ciudadana en la mejora de los servicios públicos es de larga historia en América Latina. Por ejemplo, en la década de los 80s y 90s, luego de décadas de dictaduras militares, la participación en el monitoreo y toma decisión de los servicios públicos locales eran parte de esfuerzos mayores por democratizar los servicios e instituciones públicas. La ola neoliberal de los años 90 no suprimió la participación ciudadana, sin embargo, la participación se promovió como una forma de mejorar la eficiencia de los servicios y la gente ya no eran “ciudadanos” sino “clientes”. Bajo estas políticas, la participación se redujo a transmitir la “voz de los clientes” a las autoridades de turno. Luego de más de una década

de políticas neoliberales, existe en la región un esfuerzo por recuperar el valor de lo “público” y la importancia de las políticas públicas. La población ha empezado a percibirse de nuevo como “ciudadanos” con derechos y responsabilidades en lugar de clientes. Además, los esfuerzos para democratizar las instituciones públicas han recuperado su fuerza. La ola actual de participación ciudadana se ha beneficiado del desarrollo conceptual en derechos humanos, rendición de cuentas y transparencia. Al mismo tiempo, la historia de movilización social y lucha por la democracia en los países de la región también ha contribuido al campo de la rendición de cuentas. Los artículos en este número especial son ejemplos del trabajo en rendición de cuentas y derechos humanos con poblaciones indígenas en Perú y Guatemala. Todos los artículos han sido escritos por colegas de organizaciones miembros de COPASAH en la región. Espero que los artículos sean de interés a los lectores y que sirva como una puerta de entrada para futuras colaboraciones con organizaciones de América Latina y organizaciones en otras regiones del mundo.



ENGLISH

Improving Public Services through Citizen Engagement

Citizen engagement to improve public services has a long history in Latin America. For instance, in the decades of the 80's and 90's, citizen participation in the monitoring and decision-making of local public services were part of wider efforts to democratize public services and public institutions after decades of military dictatorship. The wave of neoliberal reforms at the end of the 90's did not suppress citizen participation. However, participation was promoted as a way of bringing efficiency in public services and people were not "citizen" anymore but "clients". Participation was reduced to bring "client's voice" to the attention of authorities. Even with neoliberal policies existing for more than a decade, in the region a renewed effort to recuperate the value of "public goods" and the importance of public services. People perceive

themselves as citizens with rights and obligations-instead of clients- and the efforts to democratize public institutions have recovered its strength. The current wave of citizen participation has certainly benefited from the development of human rights, transparency and accountability frameworks and tools. At the same time, the history of collective action and struggle for democracy in the region is also contributing to the accountability field. The articles in this special issue focusing on Latin America region are examples of COPASAH member organizations working in accountability and human rights with indigenous populations in Perú and Guatemala. I hope readers find them interesting and these serve as entry point for collaboration with organizations within Latin America and other parts of the world. ■

About the Author

Walter Flores is the director of the Center for the Study of Equity and Governance in Health Systems (CEGSS), a Guatemalan civil society organization specializing in applied research, capacity building and advocacy around issues affecting indigenous population health rights and other marginalized populations. He is also a steering committee member of the Community of Practitioners on Accountability and Social Action in Health (COPASAH). He holds a PhD and a MCommH from the Liverpool School of Tropical Medicine, UK.

COPASAH SOCIAL ACCOUNTABILITY DIALOGUE SERIES 2017

DIALOGUE 1

Date: 15 March, 2017 (14.00 - 16.00 IST)

Theme: Can Social Accountability
Strengthen Family Planning Programming?
Lessons from small scale efforts in India

PRESENTER:
DR. ABHIJIT DAS,
GLOBAL CONVENER – COPASAH



ANCHOR:
COPASAH COMMUNICATION HUB

[CLICK HERE TO LEARN MORE](#)

Importancia de las alianzas y de la participación de las organizaciones de sociedad civil para alcanzar el Acceso Universal a la Salud

ARIEL FRISANCHO

En la medida que la visión del acceso universal a la salud convoca un alineamiento de distintas iniciativas globales, organizaciones internacionales y redes de sociedad civil global, se hace más evidente la importancia de la armonización de las iniciativas de advocacy, es decir de incidencia política, para fortalecer dichos procesos y ser más efectivos en el logro de cambios hacia sistemas de salud que estén realmente centrados en las personas. ¿Cuál debiera ser el rol de las organizaciones de la sociedad civil (OSC) que trabajan en el nivel nacional y local? Una primera tarea sería no ignorar los debates en los que se definen las prioridades y características del proceso, que luego retornan a los países bajo la forma de tendencias de política de salud internacional. La segunda es luchar por ocupar un necesario y merecido lugar en las reuniones y debates globales y canalizar su experiencia, lecciones aprendidas y especialmente la voz de las poblaciones a las que sirven - desde cuyos ojos y percepciones se pueden entender mejor las virtudes y defectos de las políticas de salud, desde su diseño y especialmente una vez que son implementadas; además de promover procesos de rendición de cuentas por parte de gobiernos y de actores internacionales.



Exhibición pública de fotos

En la reunión de Alto Nivel “Hablando con una sola voz – Más fuertes juntos: Armonización de la incidencia política realizada por actores de salud para la Cobertura Universal en Salud y los Objetivos de Desarrollo Sostenible”, que tuvo lugar en mayo del 2016, en el marco de la realización de la Asamblea Mundial de la Salud, distintos representantes de gobierno, organismos internacionales y organizaciones de la sociedad civil global buscaron generar compromisos políticos para promover una mayor armonización de dichos esfuerzos y para reconocer el importante rol que le corresponde a la sociedad civil y a las

plataformas de salud nacionales. Para ejemplificar ello, se presentaron cuatro estudios de caso sobre el rol y las posibilidades de las plataformas de sociedad civil en acciones de advocacy nacional, uno de los cuales (Perú, ForoSalud) se incorpora a la presente edición del Boletín de COPASAH.

En los meses siguientes, algunas redes globales internacionales también han dado pasos hacia la armonización y sinergia de esfuerzos organizacionales. Así, un mes después de la reunión de Ginebra se realizó una reunión de consulta entre múltiples stakeholders para analizar el proceso de transformación de la Alianza

Internacional para la Salud (International Health Partnership – IHP+) en la Alianza Internacional de Salud para la Cobertura Universal en Salud 2030 (IHP para la UHC 2030) y la potencialidad de esta nueva instancia global para construir alianzas que fortalezcan los sistemas de salud y avancen hacia la Cobertura Universal

en Salud al interior de los países. El análisis continuó con una consulta online para coleccionar las visiones y propuestas sobre la mejor manera de conducir la transformación de la Alianza original (IHP+).

IHP+ también reconoció la importancia de la participación de la

sociedad civil en este proceso. Se ha iniciado un conjunto de consultas a nivel de Organizaciones de la Sociedad Civil y de expertos de las distintas regiones sobre cómo estructurar el mecanismo para su involucramiento. Las OSCs de América latina debieran estar atentas e interesadas en su activa participación y aporte. ■

ENGLISH BRIEF

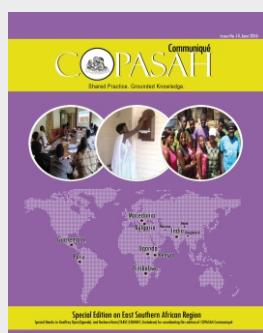
This article highlights the significance of the participatory role of Civil Society Organisations (CSOs) and alliances in obtaining Universal Health Access. Universal Health Access has garnered significant attention through different global initiatives that involve international organizations and civil society networks. The role of advocacy has also emerged as a key factor in strengthening these processes and has helped make

health systems more responsive and people centric. However, it is time to question that what is the role of civil society organizations (CSOs) the national and local level. This article briefly highlights the efforts of the Peruvian network ForoSalud in making the goal of Universal Health Access a reality. The brief also showcases experiences of members of the network in informing the local, national and global health policies.

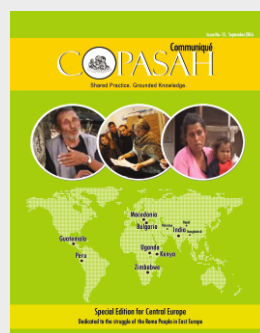
About the Author

Ariel Frisancho: Médico SanFernandino. Maestro en Política, Financiamiento y Planificación en Salud por la Universidad de Londres. Estudios finalizados de Maestría en Salud Pública por la Universidad Peruana Cayetano Heredia. Autor de diversas publicaciones internacionales sobre Derecho a la Salud y Gobernabilidad en Salud. Director Nacional de CMMB – Misión Médica Católica del Perú. Miembro de los Comités Consultivos de la Iniciativa Internacional sobre Salud Materna y Derechos Humanos (IIMMHR) y de la Comunidad Global de Aprendizaje en Rendición de Cuentas y Acción Social en Salud (COPASAH). Past-President del Foro de la Sociedad Civil en Salud – ForoSalud (2012-2013) y miembro de su Consejo Directivo Nacional (2004-2016) . Miembro del Grupo Consultivo de Sociedad Civil para el Banco Mundial en Salud, Población y Nutrición email: AFrisancho@cmmmb.org

OTHER REGIONAL ISSUES



Dedicated to the Struggle of the Roma People in East Europe



Special Edition on East Southern African Region

Defensores Comunitarios por el Derecho a la Salud: Una red de esperanza en Guatemala

ANDREA HERNÁNDEZ AND FERNANDO JEREZ

“Mi hija enfermó y murió, no recibió atención en el Hospital de Alta Verapaz. Me da miedo que mis otros hijos enfermen porque pueden morir” María Cu¹

En muchos municipios de Guatemala, estar enfermo es estar condenado a morir. Este es un país que no invierte en servicios públicos, con altos niveles de corrupción, poca institucionalidad y una población que desconoce sus derechos. Así, las condiciones de acceso a servicios públicos de calidad es precario para la mayoría de los guatemaltecos. Esto es especialmente cierto en las áreas rurales, en donde las distancias, la diversidad de idiomas (24 idiomas aparte del castellano) y las profundas desigualdades sociales se traducen en el abandono de las poblaciones, principalmente las indígenas. A estos problemas se le suman la falta de políticas claras del gobierno para contrarrestar estas inequidades y la poca y decreciente inversión pública en los servicios de salud. El Estado invierte únicamente 2.3% del producto interno bruto en salud, por lo que existen enormes brechas que limitan el acceso de la población a servicios de salud. Esas brechas han significado un rezago de 30 años en los que no se crean establecimientos para la prestación de servicios.²

De los 16 millones de guatemaltecos, el 60% vive en condiciones de pobreza y



presentación resultados vigilancia a autoridades

el 16% se encuentra por debajo de la línea de extrema pobreza. Sin embargo, esta condición no está distribuida equitativamente entre toda la población y el 80% de los indígenas en el país son pobres.³ En estas circunstancias, contar con acceso a servicios de salud pública resulta un tema de vida o muerte. A esto le debemos agregar que estos servicios normalmente operan en condiciones de desabastecimiento, con una falta de personal crónica, sin suficientes recursos e infraestructura deficiente y sin una perspectiva intercultural. Una muestra de esto es la

falta de medicamentos, la ausencia de personal médico, la infraestructura que se encuentra en mal estado y personal poco capacitado para la atención médica, así como el trato discriminatorio que usualmente reciben pacientes indígenas y pobres. La carencia de los servicios públicos genera un vacío que la población no puede llenar debido a que no puede pagar un servicio médico privado ni se puede permitir el comprar medicamentos. Cuando deben hacerlo, es común que las familias deban

¹Se ha utilizado un alias por seguridad de la persona.

²Ministerio de Salud Pública y Asistencia Social. Cuentas Nacionales de salud 2014-2015. Guatemala.

³Ibid.

vender alguna pertenencia y adquirir deudas para cubrir los gastos. Los miembros de las comunidades con las que trabajamos nos han mencionado que, debido al mal servicio que prestan los centros de salud, prefieren ir con una comadrona o un huesero, pues ellos les atienden mejor y les inspiran más confianza.

Trabajando por la comunidad

Ante esta crisis del sistema de salud, los líderes comunitarios se encuentran en una lucha constante para mejorar las condiciones de vida de la población. Como una respuesta ciudadana a estas condiciones, se formó La Red de Defensores por el Derecho a la Salud, que cuenta con la participación de líderes, lideresas y adolescentes que están comprometidos con su comunidad. A pesar que muchos defensores viven en condiciones precarias y han tenido poco acceso a la educación formal los obstáculos no han sido un impedimento para involucrarse y luchar por un sistema de salud más digno y equitativo para todos. Desde hace 6 años la Red ha ido creciendo y consolidándose. Actualmente tiene presencia, en 31 municipios en 5 de los departamentos con mayores índices de pobreza y desigualdad⁴ y cuenta con 141 líderes.

Durante el 2014, los defensores fueron capacitados en el uso de cámaras fotográficas y en el manejo de grabadoras de voz, con el fin de documentar las necesidades en salud que presentaba la comunidad y las violaciones al derecho a la salud. Exitosamente los líderes han logrado dominar las técnicas de documentación

y comunicación, logrando convertirse en difusores de conocimientos e información importante para las comunidades rurales de Guatemala. Esos conocimientos se distribuyen a través de boletines comunitarios, spots radiales, videos, y fotorreportajes.

La Red de Defensores realiza rondas de vigilancias constantemente, pero también llevan a cabo defensoría de pacientes, negociaciones con autoridades y movilización ciudadana a través de entrevistas los prestadores de servicios y pacientes, con el propósito de documentar las experiencias de abuso y discriminación que los pacientes experimentan y abordar a las autoridades para lograr soluciones a esos problemas. Una vez hecho esto se lleva a cabo actividades de divulgación de la evidencia recolectada para dar a conocer a la población los problemas de salud y la necesidad de involucrarse. En esas actividades se invita también a autoridades políticas de sus municipios de origen, pero también se busca que pueda llegar a autoridades nacionales.

Los frutos de la unión y del trabajo comunitario

Los líderes que conforman la red han realizado diversas exposiciones de videos y presentado, boletines y productos audio visuales con el propósito de sistematizar y compartir el conocimiento recopilado en las experiencias de lucha y de defensa de los líderes. Esta información documenta las necesidades y condiciones de la población y ha servido para impulsar procesos de incidencia política para gestionar mejoras para las comunidades como abastecimiento, becas, ambulancias, así como interceder por la población cuando los empleados de los servicios de salud les niegan atención o atienden mal a los pacientes. A partir de estas presentaciones públicas La Red ha logrado involucrar a municipalidades en la gestión y desarrollo de acciones en salud, la participación activa de los directores de área y del diferente distrito de salud. De la misma forma ha logrado darse a conocer y sostiene



planificación actividades de vigilancia

⁴Guatemala. Encuesta Nacional de condiciones de Vida. 2014.

reuniones con parlamentarios, con ministros y viceministros y otras organizaciones con las que buscan y dar a conocer los problemas de salud que vive la población.

A lo largo de los 6 años de trabajo ha sido posible ver una evolución en la organización comunitaria. En un inicio los líderes sentían temor por las amenazas que recibían y la falta de información sobre sus derechos. En la actualidad ellos son capaces de presentar sus demandas y sus necesidades a las autoridades de los servicios de salud con una posición sólida basada en la evidencia que han recopilado, editando sus propios videos

y foto reportajes, convirtiéndose en los actores de todo el proceso de producción e incidencia.

Actualmente los líderes se encuentran en proceso de integración y consolidación de la red nacional. El objetivo con este proceso es generar las bases para que los líderes puedan operar a una escala nacional. Hasta el momento el foco de la acción han sido las instancias locales, pero se han encontrado en que el sistema de salud de Guatemala es altamente centralizado, por lo que muchos los poderes locales tienen poca capacidad para implementar políticas o mecanismos que transformen las

condiciones que generan los problemas. De cara a esa situación, se busca ahora que los líderes puedan tener una presencia y fuerza para entablar demandas y procesos de incidencia con autoridades nacionales y de esa forma presionar por cambios estructurales que conduzcan a mejoras sustantivas en los servicios públicos para todos. Es por esto que CEGSS continúa apoyando la Red de defensores para que siga creciendo y fortaleciéndose y que cada guatemalteco pueda contar con servicios públicos gratuitos y de calidad, colaborando de esta forma a garantizar el derecho a la salud. ■

ENGLISH BRIEF

Community Defenders for the Right to Health in Guatemala

For many indigenous Guatemala natives residing in rural areas falling ill or being sick is similar to a death sentence. The investment in health in Guatemala is only 2.3% of the GDP and most of the health facilities lack quality infrastructure, lack stock of medicines and other facilities and there is also dearth of human resources across health centers. Indigenous people of Guatemala, who are disadvantaged due to poverty and face marginalization, routinely report mistreatment and abuse while seek health care. In this backdrop, CEGSS developed a network of Community Defenders for Right to Health. These defenders have received training in human rights and are versed with the country's legal framework. Besides they have attained photo documentation and evidence-collection skills through use of cameras, videos and also

have gained skills of interviewing patients and families who are abused while receiving health care.

Over the last six years, the Community Defenders have documented cases of abuse and mistreatment of indigenous patients, and have documented and gathered evidence of the dismal state of health facilities and lack of resources and drugs. This evidence has helped the network of Community Defenders and local citizens demand and negotiate for better health care services. The evidence has been showcased at local, regional and national-level health meetings and has been presented to concerned government authorities and parliamentarians. The network of the Community Defenders continues to work and consolidate at the national level.

About Authors

Andrea Hernández: Andrea es psicóloga, egresada de la Universidad de San Carlos de Guatemala. Ha trabajado en temas de abuso sexual infantil, trata de personas, trauma, desde una perspectiva psicosocial. Desde abril del 2014 se integró al equipo del CEGSS, como Asistente de Investigación, interesándose en la dinámica psicosocial de los problemas en Salud y cómo esto se relaciona con la participación de líderes comunitarios en la incidencia política en Salud Pública. Actualmente desempeña el cargo de Asistente de dirección ejecutiva, llevando a cabo el monitoreo y evaluación de los diferentes programas que se desarrollan en CEGSS. email: herae87@gmail.com

Fernando Jerez: Fernando es licenciado en Ciencias Políticas por la Univeridad Rafael Landivar. Actualmente se desempeña como oficial de incidencia política en el CEGSS. Tiene más de 10 años de experiencia en proyectos de investigación sobre temas relacionados a las desigualdades, racismo y la participación social y su impacto en los servicios públicos. Email: ferjep@gmail.com

El agua fuente de vida e Indiferente para muchos ojos (AJAM UNI PINO KAQUIRITATACEN AMUA AHUANO TSITSATSI TIMA DSA UMIAY)

Situación real del Agua en la Provincia de Loreto Nauta (AJAMGA RIMATAKUARA NAUTA CHIRAN TIMINDI UNI IN KURATAMIRA)

Afiliación: Salud Sin Límites Perú

CARLOS GÓNGORA, MARÍA AMALIA PESANTES, CLAUDIA LEMA

*“No importa cuánto caminemos, lo importante es llevar agua a casa”
- Ericka de la comunidad de Grau.*

(TIMA PINU MAPIRI PINU UTSU UNI TATARA)

El acceso al agua segura es un factor determinante para la salud de las comunidades en todo el mundo. Entendemos por agua segura aquella que se encuentra libre de todo microorganismo patógeno y de bacterias características de la contaminación fecal.

A nivel Latinoamericano, la existencia de agua segura constituye un gran problema de salud pública. La Organización Panamericana de la Salud (OPS) ha descrito más de 20 enfermedades en las que el agua actúa directa o indirectamente en su aparición, algunas de ellas con alto impacto en términos de morbilidad y mortalidad.

Las tres regiones del Perú de la costa, la sierra y la selva presentan carencias importantes en el servicio de agua potable. A pesar que la selva alberga una gran diversidad de cuerpos de agua como ríos, quebradas, cochas y lagos,



Mujeres recolectando agua en Nauta.

cuenta con muy poca agua disponible y apropiada para el consumo humano.

La región Loreto enfrenta diversos problemas de abastecimiento de este recurso tales como: la escasez de agua potable, la contaminación originada por las actividades diarias que desarrollan los pobladores y la falta de

implementación de proyectos de mejora por parte del Estado peruano.

La ciudad de Nauta está ubicada en la selva, al noreste del país y a 94 Kms de la capital regional de Iquitos. Se encuentra asentada sobre la margen izquierda del río Marañón, con una población de alrededor de 18,000

habitantes. Nauta cuenta con una planta de tratamiento de agua cuya fuente de abastecimiento es la cocha llamada Belén Grande, la cual se alimenta de la capa freática y del agua de las lluvias que pasa por la superficie del suelo y recoge partículas minerales y orgánicas, tales como sales y microorganismos, que alteran la calidad del agua.

Las actividades humanas, así como el rápido crecimiento de la población que habita cerca a la cocha de abastecimiento aumentan considerablemente la descarga de partículas, elementos y compuestos orgánicos y químicos que causan contaminación y que, por lo tanto, pueden afectar directamente la salud de la población.

Fuente de abastecimiento de Agua potable en Nauta – Cocha Belen Grande

Actualmente cerca de 1,200 viviendas del pueblo de Nauta se encuentran conectadas a la red de distribución de agua. El resto se abastece de agua a través de pozos rústicos o artesanales, o por medio de agua de lluvia, quebradas, ríos y cochas con riesgo. Esto presenta el riesgo de contraer enfermedades infecciosas, principalmente de origen intestinal. Todas las familias de las comunidades ribereñas sufren el mismo problema.

Cientos de familia en Nauta esperan las lluvias para poder contar con agua en sus hogares.

La mayoría de los pobladores no

cuentan con información necesaria para el cuidado de sus fuentes de agua. Por lo tanto, su ingesta se convierte en uno de los mayores problemas que tienen que afrontar las que viven en estas áreas.

Nautina recogiendo agua para su hogar de un pozo artesano. Nótese la contaminación de los alrededores y del estanque de agua contaminada cercano. Sin embargo éste la única fuente cercano con de agua para su familia.

Frente a esta preocupante situación, la Organización Social de Base (OSB) de Mayor Nivel Las Nautinas, formada por mujeres líderes de la Provincia de Loreto Nauta de origen Cucama, decidió tomar acción. Las Nautinas elaboraron un Plan de incidencia y vigilancia en salud en donde priorizaron el no contar con Agua Segura como uno de los grandes problemas que afecta a la salud de la población de este distrito. El Plan se diseñó en el marco del desarrollo del Proyecto Monitoreo para la rendición de cuentas en salud en Loreto, ejecutado por Salud Sin Limites Perú con el apoyo financiero de la Open Society Foundation.

Las Nautinas decidieron tomar acciones que puedan contribuir a mejorar esta situación, así como despertar el interés en las autoridades para la ejecución de proyectos que permitan que la población de Nauta pueda contar con este recurso natural de manera inmediata.

Dentro de las acciones realizadas

podemos mencionar el trabajo conjunto con el sector salud. Gracias a las gestiones realizadas por estas mujeres, se logró que el Centro de Salud cumpla con la función de entregar periódicamente cloro para la purificación del agua. A esto se le suma la capacitación a la población sobre el uso correcto para purificar el agua.

Conscientes que esta situación requiere de cambios inmediatos, se buscó elaborar estrategias de sensibilización orientadas a ayudar a las autoridades en la generación de proyectos de potabilización del agua.

Con este fin se utilizaron las fotografías como herramienta de visibilización y sensibilización. Como primer paso, se capacitó a las integrantes de la OSB Las Nautinas para capturar imágenes que sirvan como evidencia a través del uso de cámaras fotográficas.

Nautina aprendiendo a utilizar la cámara fotográfica

Explicación de las fotografías a cargo de las integrantes de la OSB Las Nautinas

Gracias al apoyo financiero del Centro de Estudios para la equidad y gobernanza en salud de Guatemala (CEGGS), se compraron cámaras fotográficas digitales. Estas fueron distribuidas a las Nautinas de la ciudad de Nauta y de las Comunidades de Grau, San Jorge, 09 de Octubre, Villa Canaan, Villa Buen Pastor, Santa Fé y las Palmas quienes, durante un periodo de 20 días, fotografiaron las imágenes que luego pasaron a formar parte de la

exhibición fotográfica. El objetivo de esta exhibición fue sensibilizar a la población acerca de la necesidad de cuidar y proteger el agua, y exaltar su posición como fuente clave de vida. Asimismo, se buscó exigir a las autoridades el desarrollo inmediato y la implementación de proyectos de este tipo, que permitan que la población Nautina pueda gozar del recurso

natural de manera sana y segura.

La exposición fotográfica logró sus objetivos y las autoridades manifestaron de manera inmediata qué acciones vienen realizando para generar proyectos que puedan permitir que la población de Nauta pueda gozar de este recurso.

Sensibilización a autoridades sobre la

importancia de contar con agua segura

Asimismo se incentivó a la población a trabajar de manera conjunta y a estar vigilantes del cumplimiento de los compromisos de las autoridades, como parte del proceso de ejercicio de sus derechos y su ciudadanía. ■

ENGLISH BRIEF

Access to water is a determinant of health all over the world, and in Latin America, water is a great public health issue, Peru being no exception. The country's regions all must tackle with decreased access to the vital liquid but in Loreto, where population growth and industry threaten the water sources, the community-based organization of Las Nautilus, a women's organization, has developed an

incidence and surveillance plan in health that prioritizes access to safe water. This plan was developed for a project about monitoring in health in Loreto, and was implemented by 'salud sin límites', with the support of the Open Society Foundation. The project aims to inform the population about the situation regarding water sources, as well as prevent further pollution. This article presents the process and results of Las Nautilus' work.

About Autores:

Alberto Góngora Cachay: Cirujano Dentista egresado de la Universidad Nacional de la Amazonia Peruana con amplia experiencia en Proyectos de Desarrollo con énfasis en fortalecimientos de capacidades en Habilidades Sociales y Derechos humanos con enfoque intercultural y de género. Formo parte del equipo de Salud Sin Límites Perú. Email: c.gongor@gmail.com

Maria Amalia Pesantes, PhD. Antropóloga, con post grado en desarrollo social, salud comunitaria y antropología médica. Especializada en salud indígena, interculturalidad y servicios de salud para poblaciones vulnerables. Trabajo como investigadora en Salud Sin Límites Perú y en la Universidad Peruana Cayetano Heredia. Correo: Amalia@singho.net

Claudia Lema Dodobara, psicóloga peruana con maestría en antropología médica (UCL), directora de la ONG Salud Sin Límites Perú. Interesada en la acción e investigación en sistemas y políticas de salud, salud de pueblos indígenas, monitoreo y rendición de cuenta de servicios públicos.

Rights-Based Citizen Monitoring in Peru: Evidence of Impact from the Field¹

JEANNIE SAMUEL AND ARIEL FRISANCHO

“This is a story of how women have taken the lead in becoming change agents – leading citizen led drives in Puno, Peru, where today women have the mantel to monitor their government run health facilities. This is the tale of the spirit of the indigenous Quechua-speaking women who despite facing cultural barriers, abusive treatment, social exclusion and discrimination in the health care system, have taken on the lead to create spaces of justice, equity and identity for them and their community. It highlights that using an approach of “citizen monitoring” (vigilancia ciudadana), the project in Puno has brought together local, national, and transnational partners in an effort to address different problems faced by, propelling more transparency, meaningful citizen participation and constructive accountability.

Examining Health Inequities in Peru
Puno is a majority indigenous region located high in the Andean mountains. It is one of the poorest regions in Peru. The social exclusion historically experienced by indigenous women in Puno continues to be high. Indigenous women face both institutional discrimination and social exclusion within the health care system. While Peru has made advances in addressing its maternal mortality rate, maternal mortality continues to be unevenly distributed across the country.



Eugenia itme, health vigilant

For example, in 2000 the ratio for the capital city, Lima, was 52 deaths per 100,000 live births, while in Puno the ratio was 361 per 100,000 live births.

How the Citizen Monitoring Initiative Works

The idea for the citizen monitoring project was originally developed collaboratively by CARE Peru and Physicians for Human Rights, a US-based NGO. These NGOs developed a partnership with ForoSalud, Peru's largest civil society network on health, and the Puno office of Peru's national Ombudsman Office (the Defensoría del Pueblo). These groups also had important linkages with a transnational community of scholars, practitioners,

and activists.

In 2008, the project recruited approximately 60 women, elected by their communities, to act as citizen monitors to conduct monitoring activities in twelve health care facilities (hospitals, health centers, and health posts) in the district of Azangaro (in the province of Azangaro) and in the district of Ayaviri (in the province of Melgar). Many of these women are leaders in their communities. They received training from a technical team comprised of staff from the partner NGOs, the Defensoría del Pueblo, and, more recently, from the public health system's insurance scheme (the Seguro Integral de Salud or SIS). The monitors received training on a wide range of

¹This is a summary of an article published by Samuel, J. and Frisancho, A. in Health and Human Rights Journal, vol. 17, issue 2. The references are available in the original article. The full article is available at: <https://www.hhrjournal.org/volume-17-issue-2/>

topics, including human rights, democracy and citizenship rights, sexual and reproductive health and rights, rights of citizen participation, rights of SIS users and health ministry policies.

In Puno, the indigenous women are met with lackadaisical attitude of the staff in the health facilities. The women are often not taken seriously when they report about their health concerns.

To address the uneven power relation faced by citizen monitors, the initiative in Puno uses human rights based approach (HRBA). This is an approach that emphasizes that the indigenous communities have the legal right to health care services free from discrimination and abuse. HRBA reckons that public participation, such as citizen monitoring is as fundamental to realizing the human right to health.

The project's human rights based approach is supported by recent changes in law and policy in Peru. This includes ministerial resolutions passed in 2008 and 2011 that recognize the right to citizen monitoring of public health facilities. The Ministry of Health in Peru enacted resolutions supporting the promotion of human rights, gender equity, and interculturalism in health, and recognizing the right to give birth according to indigenous cultural norms with support from public health workers. Today, the implementation of these resolutions remains weak. However, the fact that they are in the resolutions makes them a resource that the monitors can draw on in their work. As a result of their training, the community members who are pursuing

monitoring are more knowledgeable about human rights-related national laws and policies than many of the health workers and administrators they encounter. The Health Monitors are quick to apply this knowledge when carrying out their facility-level monitoring.

From Observers to Advocacy Persons: How Citizen Monitors Create Change Officially, the Citizen Monitors observe health service delivery in their local health facilities and report on what they see. The monitors' observations are later presented at regular meetings with district health officials. But in practice, the monitors do more than this. Much of their work takes place in the moment as events occur. When the Monitors are concerned about something they encounter, they often call their allies for backup and support. For example if they feel there is a pressing need to intervene in an urgent care issue, they call the lawyers from the Defensoria del Pueblo. If there is an insurance-related concern they may call SIS officials. If they need more general advice, they may call their NGO colleagues.

While the line between the monitors' official role as observer and their informal role as an advocacy person is sometimes fluid, the overall approach focuses on building dialogue with health workers and health officials. Although inevitably tensions sometimes do arise, the intention is not to antagonize workers but to stress on the rights of the users of local health facilities. This was especially apparent in the early stages of the monitoring initiative, but has seen improvement

over time.

Some health workers noted that despite initial misgivings, they began to see ways in which the monitors' presence supported their work. For example, the presence of and feedback from citizen monitors has been important in improving the physical conditions of hospital-based deliveries. A senior midwife from one of the district hospitals recalled her initial mistrust of the Citizen Monitors' presence, followed by a realization that the monitors could actually help her improve service provision.

Evidence of Impact

Studies of Citizen Monitoring in Puno suggest that monitoring is starting to change practices in some health care facilities. Informants of all categories (monitors, health care workers, Defensoria del Pueblo officials, and NGO staff) commonly observed that discriminatory and abusive behavior diminished when monitors were present, as did incidents of informal payments and culturally insensitive care. This may have translated into greater usage of local health facilities. The project has also had an impact on the monitors themselves. Citizen Monitors reported that their involvement in monitoring has increased their leadership ability, boosted confidence in engaging with officials, and their capacity to act effectively in both the private and public spheres has enhanced.

Citizen Monitors and their allies often find it difficult to make gains through the formal district-level meeting

process. In general, they achieve success in addressing facility-level issues that concern forms of misconduct by health workers, such as informal and unjust payments charged for medical facilities, patient mistreatment, and poor care. Problems that are caused by broader resourcing and management issues—such as the lack of equipment and supplies, lack of transport, and staff shortages—are more of a challenge. This reflects the realities of trying to influence macro issues within a micro-level space. These issues are not unique to Puno and are pervasive throughout the public health system, especially in remote areas. While individual problems are addressed in some instances, it is difficult to resolve them at a more systemic level.

Bearing Witness to Everyday Injustices
Bearing witness to denial of health right and injustices is vital to human rights practice. Before human rights abuses can be acted upon, they need to be observed and named. Without this kind of work, abusive acts go unseen and are not identified as violations of human rights.

Through the regular presence of citizen monitors in local health facilities, they bear witness to the everyday injustices faced by indigenous women and other poor people—problems that are entrenched within the health care system. By everyday injustices, we mean those common acts of disrespect, disregard, cultural superiority, or discrimination faced by members of socially excluded groups. In health facilities, these kinds of injustices can include demanding illegal financial charges, abusive or dismissive



Analazing data collected, puno

treatment, extended wait times, and culturally insensitive care. Everyday injustices are hard to address using conventional human rights tools. They can be difficult to prove. They may involve demanding small amounts of money for health checkups or invisible kinds of damage, such as emotional harm. They are perpetrated against members of society who are least empowered to make official complaints, and against whom this kind of abusive treatment may be seen as normal.

Human rights bodies, such as the Defensoria del Pueblo, are often not equipped to effectively detect or deal with these very micro issues. However, the citizen monitors are able to identify and often act on these injustices through their regular presence in health care facilities bridging the social distance separating them from health care users. Their training, ability to call on influential allies, and ability to bring matters to district-level meetings all

help provide citizen monitors with the authority to address these injustices in the moment.

Essential Elements and Limitations
What are the essential elements of the project? First, the project ensures that citizen monitors who are members of the vulnerable group of health users, and who are trained in human rights as they maintain a regular presence in health facilities. As peers, monitors are keenly aware of the position of the marginalized health users; their regular presence enables them to act as events take place. Second, the project provides monitors with important resources: it helps them to reference laws and policies that protect health rights and rights to public participation, and to call on support from influential allies (for example, officials from the Defensoría del Pueblo and SIS) when needed. Third, monitors have direct access to senior health authorities through regular

district-level meetings. This empowers the monitors to become significant actors within their local health care facilities who cannot simply be ignored.

The project also faces challenges. For example, there is frequent change among senior staff in the regional government's health authority. This makes it hard to establish lasting relationships between monitors and health officials beyond a health facility level. However, many monitors from the two Community Based Organizations in Ayaviri and Azangaro remain committed to the intervention and continue to volunteer their time for the initiative.

Any attempt to replicate the project would need to be adapted to the circumstances of each new place. However, certain core principles need to be kept in mind: the creation of

spaces and opportunities for monitors from marginalized groups to not only observe and identify problems but also receive advice and advocacy support from influential allies; formal mechanisms that enable monitors to have direct access to health authorities and hold them accountable for health services responsiveness; and systematic opportunities for collective learning and the sharing of experiences among monitors, which allows them to strengthen their sense of agency in relation to HRBAs. Mechanisms that facilitate vertical integration between grassroots action and higher-level policy making processes are needed to address systemic failures at a macro level.

Conclusion:

Evidence of the impact of an HRBA through an examination of the citizen monitoring process in Puno, Peru finds that the rights-based citizen monitoring

initiative enables socially excluded, mainly Quechua-speaking women to exercise a nascent oversight role in state-run health facilities in a context of vastly uneven power relations. As a result of their training, their regular presence in the health facilities and their partnerships with key allies, monitors are able to witness, document, and address persistent forms of human rights abuse that affect their communities.

Based on our research and practical experience with the citizen monitoring initiative in Puno, we see a need for long-term partnerships between research institutions and practitioners aimed at evaluating and researching the impact of HRBAs. Where such partnerships are established, participants would be able to engage in an ongoing cycle of reflection and learning about the complexities surrounding the use of HRBAs. ■

RESUMEN EN ESPAÑOL

Vigilancia ciudadana basado en derechos humanos en el Perú: evidencia del impacto en el campo

Este artículo cuenta la historia del programa de vigilancia ciudadana desarrollado en Puno, Perú. En este programa mujeres quechua monitorean instalaciones de salud públicas. Estas mujeres indígenas enfrentan barreras culturales, trato abusivo, exclusión social y discriminación en el sistema de salud. Utilizando un

enfoque de vigilancia ciudadana, el proyecto en Puno une a socios a nivel local, nacional y transnacional con el propósito de abordar estos problemas. Esto lleva a que exista más transparencia, más participación ciudadana y que esta ocurra de una manera más significativa y también apoya la construcción del procesos de rendición de cuentas

About Authors

Dr. Jeannie Samuel is an Assistant Professor in the School of Health Studies at Western University in London, Ontario, Canada. She teaches and conducts research in the areas of global health and health promotion. Jeannie has also worked with the United Nations and various civil society organizations in parts of Africa, Latin America and Canada. Email: jsamue9@uwo.ca

Ariel Frisancho is Steering Committee member of COPASAH and is the Country Director of the Catholic Medical Mission Board in Peru. Ariel Frisancho is the former Director of CARE Peru's Health Rights Program and the former President of ForoSalud, both of which supported the citizen monitoring initiative in Puno.

Giving Voice to the Right to Health in Peru

MATHILDE MAILFER AND ARIEL FRISANCHO

BACKGROUND

In Peru, the concept of Universal Health Coverage has already influenced national health policies over the past few decades. Despite this, successive governmental approaches focused primarily on social insurance coverage, where there is need for improvement in access to health services.

ForoSalud is a well-established advocacy platform. Ever since its inception ForoSalud is one of the leading actors campaigning for health rights in the Peruvian civil society landscape.

Forosalud

ForoSalud was founded in 2001 by civil society leaders and academicians with the goal of advocating for universal health rights through the medium of social dialogue.

Today, it has an umbrella of over 80 organisations and 1,200 registered individuals, including International NGOs (INGOs and NGOs), professional unions, youth and grass-root organizations, independent journalists as well as health services users' organisations, and independent citizens. Membership is open to all, but sharing a rights-based approach to health is the basic criteria to join the organization. In order to avoid conflict of interests, ForoSalud members cannot be civil servants. This allows for a clear separation between duty bearers and rights holders.



Community Assembly

Our advocacy goals include: a “Universal Health System”, a legally binding citizen participation, promotion of accountability, respect of sexual and reproductive rights, with appropriate focus on social determinants of health.

ForoSalud's executive committee takes great care in choosing its advocacy messages that is reflective of the citizen monitoring of health rights. The empirical evidence gathered through the engagement of communities at the grassroots' helps in defining slogans of universal impact. The process of authoring the advocacy messages helps provide concrete examples in highlighting the shortfalls in policies, lack of coordination between social programs and transfers, or on sounding an alarm when national health policies and norms are either not implemented partially or completely. ForoSalud

collaborates with other national coalitions who focus on aspects such as: access to drugs, sexual and reproductive rights, and organizations campaigning for the rights of people with disabilities.

The coalition is also part of global networks such as the People's Health Movement. In 2011 and 2014 it collaborated with the Latin-American association ALAMES by organising conferences on the harmful consequences of deficient UHC reforms, with the participation of national and international stakeholders.

ForoSalud also engages with the allied bodies of the United Nations bodies such as: Pan American Health Organization (PAHO), United Nations Population Fund (UNFPA).

Since 2006, the coalition is dependent

HEALTH INDICATORS AT A GLANCE

Health Indicators	Value	Year
Health Outcomes		
Life expectancy at birth	77	2013
Under-five mortality rate (per 1,000 live births)	16.9	2015
Maternal Mortality Ratio (per 100,000 live births)	68	2015
Health Financing		
General Government Health Expenditure as % of General Government Expenditure (GGE)	15	2014
General Government Health Expenditure per Capita in US\$	217	2014
Out of Pocket Expenditure as % of Total Health Expenditure	29	2014

on grants, from Department for International Development (DFID) and USAID as the main supporters of the platform during the first five years.

Actions

ForoSalud designs policy proposals that are communicated to the concerned authorities. A National Health Conference is conducted once every two years, as this serves as a platform for the community to evaluate and critique policy proposals that will be made to the government. In addition, ForoSalud has been particularly successful in creating new spaces for policy dialogue at the grassroots level. Public meetings have been held in more than 15 regions in Peru in order to formulate proposals for health policy.

ForoSalud also undertook activities related to social monitoring at the local level in some regions of Peru. In partnership with CARE and the Ombudsman office, it supported rural female leaders who directly monitored women's experiences of health services. The coalition helped to strengthen their capacities in data collection and analysis work.

In addition, ForoSalud also engages in influencing the political leaders, including the Ministry of Health

(MoH), regional directors and local health authorities, including political parties and politicians. The coalition organised public demonstrations and led the legal citizens' initiative to pass the law on health rights of health services users. ForoSalud also works with the media to disseminate messages.

Engaging with the government

The Peruvian government acknowledges the role of Civil Society Organizations (CSOs) in interventions and proposals that help in building and implementing public policies. The participation of advocacy platforms contributes to strengthening the legitimacy of health policies. It also brings an opportunity for the MoH to receive feedback on those policies and strategies.

Furthermore, ForoSalud is regularly invited to listen to proposals for guidelines and policies/strategies, and validate them. Although this is valued by the government; CSOs consider it insufficient, as the technical assistance is not appreciated as they believe that this leads to political polarization of the spaces.

Since 2002, ForoSalud was elected as a

CSO member of the National Health Council, the main advisory committee for the MoH. Lately, this elected membership has been complemented by an invitation from the MoH to join the council. However, this invitation is seen more as the action of an individual, minister than as a sign of the sustainable implementation of citizens' participation processes.

Impact

Since the emergence of ForoSalud, much has been achieved in terms of health policies and norms in Peru. Progress has been made on user's rights, thanks in part to the law on health services users' rights passed in 2009, and mechanisms for citizen surveillance that have been implemented. This has helped to promote the importance of having high quality health services and accountability to the population. ForoSalud and CARE officially supported the design of the MoH National Guidelines to foster citizen monitoring in the health sector in 2011.

Despite successful advocacy actions leading to the adoption of policies, the Peruvian Government has been far from consistent. In 2008, the National Health Council agreed to increase its

share of patients' representatives. However, the measure was cancelled following a change in leadership at the MoH.

Nevertheless, ForoSalud was successful in broadening the Government's approach to UHC.

Challenges and way forward

Recently, informants note a loss of influence of ForoSalud. This is partly explained by an increasing opposition to the government's stance on some specific topics interpreted as the defence of personal or partisan interests by state's representatives. Integrating professional unions further amplified this impression. However, the recent change in ForoSalud's leadership is seeing a change in newer evolving of strategies thus overcoming the challenges that presents itself.

As ForoSalud is an integrated platform

with its own hierarchical structure, it has become less cooperative and does less “joint” advocacy work. Transitions in leadership often result in a loss of capacities, particularly in the understanding of how the government works.

Like many Peruvian CSOs, ForoSalud experiences a progressive lack of funding. This is not only problematic for the day-to-day functioning of the platform, but also for its status: the financial support of international donors gave legitimacy to ForoSalud, and allowed it to be seen as a “third actor” between the government and cooperation agencies. Currently, from the donors' side, there is little space for grants to promote health governance and accountability within middle-income countries. Resources are needed to secure and maintain the network, its connections and position.

Lessons learnt

Increasing participation at the local level constitutes an accurate and reliable source of evidence to inform and feed advocacy strategies and messages. This process has been conceptualised as the “sandwich strategy” by Fox (2015). However, making citizen participation systematic involves setting up a structured dialogue space, where decisions are legally binding and where accountability is guaranteed.

When CSOs are aligned with government priorities, advocacy messages are more likely to be heard, as in the case of prioritizing neonatal care and the management of obstetric emergencies. Furthermore, recognising not only the shortcomings and needs of the system, but also the progresses and achievements made by the government, can help open a dialogue. ■

RESUMEN EN ESPAÑOL

En Perú, la cobertura universal en salud ha influenciado a la política pública desde hace décadas. A pesar de esto, el gobierno continúa enfocándose en los seguros sociales en lugar de en la mejora en el acceso a los servicios. Forosalud es una plataforma de abogacía por el derecho a la salud que unifica a 80 organizaciones y a 1,200 personas que pertenecen a ONGs, organizaciones profesionales, de la juventud y organizaciones socailes de base, así como a periodistas independientes y usuarios de servicios públicos con el propósito de diseñar políticas para ser presentadas en el Foro Nacional de Salud, que se lleva a cabo cada dos años en el país.

Desde la emergencia de Forosalud se han logrado varios avances en políticas de salud en cuanto a los derechos de los usuarios, como aquellas del 2009, así como mecanismos de vigilancia ciudadana. Esto ha ayudado a promover la importancia de tener servicios de calidad así como de la importancia de la rendición de cuentas. Forosalud y CARE apoyaron oficialmente el monitoreo de servicios por parte de la ciudadanía desde el 2011. A pesar de servicios de abogacía exitosos, el gobierno del Perú no ha respondido de forma consistente. Sin embargo, Forosalud continúa ampliando el enfoque del gobierno con la meta de lograr la cobertura universal en salud.

About Authors

Mathilde Mailfer, is a consultant for the World Health Organization.

Ariel Frisancho is Steering Committee member of COPASAH and is the Country Director of the Catholic Medical Mission Board in Peru. Ariel Frisancho is the former Director of CARE Peru's Health Rights Program and the former President of ForoSalud, both of which supported the citizen monitoring initiative in Puno.

Intercultural Health Dialogues: Promoting Citizenship through Communication

MARIA AMALIA PESANTES

Salud Sin Límites Perú (SSL), a Peruvian NGO is dedicated to promoting right to health since 2010 in Peru. The organization has used Intercultural Health Dialogues (IHD) methodology to promote citizenship participation in shaping health services for indigenous people. This methodology was systematized by Peru's National Intercultural Health Center, and is based on the idea that community participation is crucial to providing health services which are culturally fitting. The IHD method aims to change the current approach to primary health care from a monocultural and biomedical approach to one that is aligned with the culture of the local indigenous population. The goal of IHDs is to improve health services for indigenous people by adapting the available public health care system to local demands through a structured dialogue between communities and health workers. The goal is to use 'structured dialogue' and move from unplanned, informal dialogues to a model of scheduled meetings and interactions. Salud Sin Límites Perú implemented IHDs in the Andean region of Ayacucho between 2009 and 2012. This article summarizes SSLs experiences in using this methodology and the lessons learned from this experience.

In the Intercultural health dialogue methodology three types of meetings are held which include preparatory

ones for planning on the set of actions to be taken up, meetings to reach agreement between participating stakeholders and the third type are the monitoring meetings. There is no fixed number for meetings as the number and duration of the meetings vary depending on the relationship between communities and the health service providers. Before a dialogue, preparatory sessions are held with both community members and health workers. In such preparatory sessions, community members facilitated by the SSL staff, share their demands and expectations on health services. In the end of the meetings expectations of the community members are documented and recorded in writing. The expectations are then ranked according to their importance and on the basis of urgency.

Salud Sin Límites Perú also holds similar meetings with health workers to know about the challenges they face while serving the community. Following this a final meeting is held where both community members and health service providers mutually share their ideas and discuss the changes that can be introduced to improve health service provision. In discerns from the experience of SSL that it is necessary to form a monitoring commission which ensures that the agreements arrived at by both the community members and the health service providers are implemented.

The experiences also delineate that arriving at point of agreement is not easy, as there are different aspirations from both sides and different opinions on what needs to be improved. Most of the time health workers feel attacked. Community members are also reluctant in expressing their demands. The experience has also showed that is significant to discuss with communities about their right to health but it is also essential to prepare them to be able to express their opinions and demands in a non-confrontational way.

Intercultural Health Dialogues provide an opportunity for communities to do a joint assessment of the local health problems and develop a plan to improve existing health conditions. In this context, communities get an opportunity to express their demands and negotiate for their rights, while health providers also get a chance to explain their obligations as state health workers and the challenges they face in providing the services. IHDs help in bridging the gaps between health providers and local communities and also aim to incorporate indigenous medical practices in health services. IHD also encourages understanding of indigenous medical practices:

“These dialogues help bring together the traditional medicine and biomedicine and provide an interface to the community people and the State's health system, wherein community

members can negotiate for their demands. The IHD also allows increased knowledge about traditional medicinal and the understanding of cultural syndromes”

Intercultural Dialogues represent an important strategy and follow some of the principles that Fernández Juárez identifies as core for an intercultural approach. These include 'mutual respect and continuous dialogue between providers and indigenous users regarding the quality of the services and validating the importance of each other's medical knowledge'(p.11).The most complex issue the Intercultural Dialogues has encountered is racial discrimination in Peru. Experiences suggest that it cannot be assumed that a dialogue between health providers and indigenous users would be smooth and a horizontal one right from the start. Health providers' stand at one spectrum of powerful symbolic dichotomies they

are urban, with high educational qualifications and holding strong government positions. The health service providers are largely non-indigenous are symbolically in a “higher” social position.

Studies on intercultural communication or intercultural dialogues outline that often the conditions and possibilities for the dialogues are not conducive. Flower (2008) argues that “we stand within a history that has alternately marginalized and ignored the knowledge of the powerless”. In such dialogues, you ask the “powerful”. In the case of IHDs the health service providers are the powerful who listen, integrate and assimilate the principles of indigenous medical knowledge into mainstream Western schema of healthcare provision . Intercultural Dialogues are an attempt at solving the issue of the existing mistrust between two sets of cultural approaches to

health and healthcare that have been living with their backs turned to each other. The experience suggests that through IHD it is possible to overcome such mistrust and improve health services.

References

Instituto Nacional de Salud (2016) Diálogo intercultural en salud: documento técnico. Elaborado por Doris Irene Dionisio Astuhuamán ; Julio Portocarrero Gutiérrez ; Oswaldo Salaverry García. Lima: Ministerio de Salud, Instituto Nacional de Salud, 2014. 41 p. : graf., tab., 20.5 x 29.7 cm.

Fernandez-Juarez, G. (2010) [Surgery and Amerindian peoples: an intercultural challenge] Rev Peru Med Exp Salud Publica. Vol 27 Issue 1

Flower, Linda (2008) Community Literacy and the Rhetoric of Public Engagement. Pittsburgh: Southern Illinois University Press ■

RESUMEN EN ESPAÑOL

Salud sin Límites (SSL) es una ONG peruana que, desde el 2010, se dedica a la promoción del derecho a la salud en el Perú. Esto se lleva a cabo utilizando el método de diálogos de salud interculturales, con el propósito de promover la participación ciudadana de los pueblos indígenas en salud. Para hacer esto se trabaja tanto con los pueblos indígenas como con los prestadores de salud. Los diálogos interculturales se realizan en tres reuniones, cada

una con un propósito diferente pero con la meta de mejorar la comunicación cultural. Esto ha llevado a desarrollar una estrategia que se fortalice a partir de un enfoque intercultural que incluye el desarrollo de respeto mutuo y diálogo continuo entre los proveedores y los usuarios indígenas con la meta de mejorar la calidad de los servicios y validar la importancia del conocer el entendimiento al rededor de la medicina de cada grupo.

About the Author

Maria Amalia Pesantes is an Anthropologist with post-graduation in social development, community health and medical anthropology. She specializes in indigenous health, inter culturality cultural and health services for vulnerable populations. She works as a researcher in Health without Limits Peru and at the Universidad Peruana Cayetano Heredia.

She can be reached at: Amalia@singho.net

COPASAH Steering Committee Members

The COPASAH Steering Committee (SC) includes representatives from each of the three geographical regions represented in the convening (Africa, India and Latin America) and a representative from Open Society Foundations (OSF). The SC is composed of the following members

Abhijit Das, Global Convener - COPASAH
Centre for Health and Social Justice (CHSJ), India

Abhay Shukla, Member (South Asia)
Support for Advocacy and Training to Health Initiatives (SATHI), India

Ariel Frisancho Arroyo, Member, Peru (Latin America)

Renu Khanna, Member (South Asia)
Founder Member, SAHAJ Society for Health Alternatives, Baroda

Robinah Kaitiritimba, Member (East Southern Africa)
National Health Users/Consumers Organization (UNHCO), Uganda

Walter Flores, Member (Latin America) and Ex-Global Convener
Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (Center for the Study of Equity and Governance in Health Systems)-CEGSS, Guatemala

Dhananjay Kakade, (Ex-officio - Special Invitee)
Open Society Foundations

COPASAH Steering Committee Associate Members

Gulbaz Ali Khan
CIG, Pakistan

Borjan Pavlovski
ESE, Macedonia

Deyan Kolev
Amaliye, Bulgaria

Samia Afrin
Naripokkho, Bangladesh

Editorial Team

Abhijit Das- Global Convener COPASAH

E. Premdas Pinto - COPASAH-Global Secretariat Coordinator

Renu Khanna - SAHAJ, India

Walter Flores - CEGSS, Guatemala

Opio Geoffrey Atim - Uganda

Sambit Mohanty & Surekha Dhaleta—COPASAH Communication Hub

Lavanya Devdas - COPASAH Communiqué— Technical Associate

COPASAH COMMUNICATION CHANNELS



Community of Practitioners on Social Action in Health



Community of Practitioners on Accountability and Social Action in Health

Community

Like

Message



Timeline

About

Photos

Likes

PEOPLE

Post

Photo/Video

222 likes

Write something on this page

Invite your friends to like this page

ABOUT

COPASAH is a network in which practitioners come together through their common interest and passion for the field of community monitoring for...

[READ MORE](#)

**BECOME
A MEMBER**

Visit us at
www.copasah.net

facebook

<https://www.facebook.com/pages/Community-of-Practitioners-on-Accountability-and-Social-Action-in-Health/226700847451158>

Community of Practitioners on Accountability and Social Action in Health

Platform for Sharing

Forum for Dissemination

Resource for Learning

COPASAH BLOG



COPASAH



COPASAH WEB

eLearn Health CBM

www.copasah.wordpress.com

www.copasah.net

www.copasah.net

www.copasah.net/cbm-e-learning-resource.html

Published by Centre for Health and Social Justice
Global Secretariat & Communication Hub for COPASAH
Basement of Young Women's Hostel No. 2, Near Bank of India, Avenue 21, G Block, Saket, New Delhi-110017, India
www.copasah.net