

INDIGENOUS POPULATIONS RIGHTS AND HEALTH ACCOUNTABILITY: REGIONAL CONSULTATION WORKSHOP

1. INTRODUCTION

The indigenous populations rights and health accountability is one the knowledge hubs that COPASAH is currently developing and implementing for the period 2017-2018. The objectives of the hub are as follows:

- Establishing the thematic hub with an initial concept, objectives and action plan.
- To build alliance and networking of the thematic hub with global and regional networks, academia and with policy makers and policy space.
- Strengthening the practice around indigenous health and accountability through production of knowledge and enhancing the analytical skills of practitioners.
- To generate knowledge of academic standard and dissemination to global audience
- To develop a thematic component for the Global Symposium (GS) on Social Accountability in Health to be held in early 2019

The activities for the hub include a regional consultation about the interest and priorities of practitioners about indigenous populations rights and accountability. The specific objectives of the consultation were:

- Identify, discuss and agree about the current challenges faced by grassroots organizations and practitioners from within indigenous populations in the Latin American region.
- Shared current challenges, opportunities and strategies to advance the practice of participants
- Identify and agree on an action plan to advance both the collaboration within the knowledge hub and the collaboration among practitioners who participated in the consultation.

One month prior to the event, CEGSS staff implemented individual phone interviews with 7 delegates from the grassroots organizations expecting to participate. The purpose of the interview was to identify the central theme for the consultation and the specific products of the event. Among all delegates, it was agreed that the central theme should be the recent increase in the criminalization by state institutions and private corporations, of indigenous leaders who are human rights defenders. This surge in criminalization is directly affecting a) some of the indigenous leaders who work in health accountability

b) their friends and neighbors and c) their communities through increased presence of police forces and private security from extractive industries.

It was also agreed that during the consultation event, there should be a dialogue about criminalization of indigenous leaders with health authorities and the Ombudsman office.

2. THE CONSULTATION EVENT

The consultation was carried-out in Sololá Province (150 kilometers from Guatemala City) from Monday March 19th to Wednesday March 21st. There were a total from 52 participants. These included two participants from Perú who were supported to attend the event. All the participants from grassroots organizations are indigenous leaders known as “Community Defenders”.



Luz Estrada from Perú presenting their experience. Credit: Fernando Jeréz, CEGSS.

During the first of the two days, several key topics were addressed. The first one was on the role of citizen participation in accountability. These presentations reviewed the legal framework and the experiences from the different grassroots organizations. This was followed by presentations by a representative from the Ombudsman’s office for human rights about the right to participation without

fear of criminalization. During the third day, presentations sharing activities and strategies implemented and achievements by the different participants organizations were carried-out. During the third day, there was an emphasis in sharing experiences about negative attitude of authorities to citizen participation and accountability and situation of criminalization. The specific case of a female community leader who suffered criminalization by health authorities in the past months was presented. Finally, the participants gathered in groups by geographical regions and worked on developing their actions plans to tackle the current situation of increased opposition to citizen participation by state officials and the criminalization of indigenous leaders. A detailed agenda on the meeting can be found in Annex 1, while the participant list is presented in annex 2.



Group work by Community Defenders from Sololá Province. Photo: Carlos Quiñonez, CEGSS.

3. SUMMARY OF DELIBERATIONS DURING CONSULTATION

The first part of the meeting was a general update about recent developments within the Ministry of Health, the Parliament, the Judiciary and the way it may affect-directly or indirectly, the work of the community defenders. Participants learned about the appointment of a new Minister of Health who is not showing interest in transparency and accountability. The new Minister even closed down a new office that was established by the previous Minister to investigate corruption in public procurement within the Ministry of Health. For Parliament, there have been recent tensions regarding investigation on corruption by long standing Parliamentarians. The third element of relevance to report was the process for the election of a new General Attorney, which will be a crucial position to continue advancing the fight against corruption in Guatemala.

During the morning of the second day, the main event was a discussion around citizen participation as a way to strengthen the fight against corruption and improving public policy. For this discussion, a regional representative from the Ombudsman office was invited along with the provincial director of health services. The Ombudsman representative presented about the importance of using the existing legal framework when citizens demand for transparency and accountability. He made emphasis in the fact that the legal framework in Guatemala is strong and progressive enough to support citizens participation and demands. The provincial director of health explained how in his view, the work of community defenders is of importance to improve the quality and responsiveness of healthcare services. He stated that users of services are the “ears and eyes” that can tell authorities about problems in health services. He congratulated the community defenders for their work.

The afternoon of the second day was devoted to group work to discuss about the issues, themes and arguments presented during the morning. The deliberations were presented in plenary. All participants agreed that they should continue insisting about citizen participation because achieving a more democratic governance in public services is a long process where success is not reaped overnight. It requires a sustained effort from citizens. Success requires also being able to negotiate with authorities to improve the quality of services. They used as examples different recent cases. There was a case in which community defenders accompany patients while assisting to healthcare facilities and they could perceive that patients were well treated by providers. There was another case in which community defenders visit health facilities regularly and collaborate with health authorities that are open to civic participation.

During the group deliberations, they also presented situations in which some healthcare providers don't know their obligations, giving the impression that they only want their salary and not care for patients. These providers do not do their work well and are not trained. In some facilities, the community defenders can work and document violations and stocking-outs, and are able to do this hand-in-hand with health authorities. When they encounter an abusive provider, they are named and shamed, a strategy that has worked in the past. It is also important to work with the Ombudsman's office so that any

documentation about mistreatment has their support. That way, if an offense is repeated, they have stronger evidence and are able to demand a bigger repercussion.

All participants also made emphasis on the importance of organizing to give strength to their demands. Being organized as a community, and as community defenders for the right to health is seen as very positive. Being organized allows people to know what is happening in their community, and how to be prepared when an issue arises. When it comes to health, we need to make sure that the letter of the law is followed, and so, we need to know the law. Civil society organizations help us to do this, and the support we have received from CEGSS has been great and important. A participant summarized the importance of organizing in the following way:

'If we are organized, we will make it. We cannot win if we are apart. We would never get anything we want but if we are together, we are strong. If we are organized, then the authorities will listen to us and will take our opinions into consideration. When this happens, we know that we are not wasting our time but rather defending rights. Being together is what makes us strong'. Participant in group 3.

The deliberations for the third and last days were about the recent criminalization of indigenous leaders in different parts of the country. The group agreed that there is a need to implement a campaign to inform the general population about the work of the community defenders so the risk of criminalization is reduced. The final part of the event was devoted to elaborate an action plan to implement the information campaign.



Group work by Community Defenders from Quiché province. Photo: Carlos Quiñonez, CEGSS.

4. CONCLUSIONS FROM THE CONSULTATION

In the past two years, two worrying situations have been emerging: a) an increased number of public authorities who are becoming negative towards transparency and accountability and citizen participation and b) a growing narrative that criminalizes indigenous leaders, particularly those in the geographical territories affected by mining, hydropower and other extractive industries. Through colleagues from Perú, participants also learned that a similar situation is occurring in that country. Also, some of the Community Defenders are part of human rights defenders network and commented that they learned that similar challenges and growing threat are appearing in many other countries in Latin America.

Participants learned about the recent case of a female Community Defender from Sololá Province, who is being criminalized by local health authorities. They also hear of cases from Quiché and Huehuetenango provinces.

Community Defenders should promote an alternative narrative that demonstrate that demands for transparency and accountability are within the existing legal framework and citizen participation is protected by the Political Constitution. All working groups agreed that this goals should be achieved through information campaigns aimed to the general public and to state authorities in the territories.

The network of community defenders should strengthen their protocols and strategies to protect themselves from the negative developments described above.

There should be concrete efforts to expand the solidarity among indigenous leaders working in accountability and human rights in the different countries of Latin America. If feasible, this exchange should be expanded to exchange with indigenous leaders from outside the Latin American region.

Participants developed an action plan to implement specific activities related to a campaign to inform state officials and the general population on accountability and citizen participation. The action plan is included in Annex 3. Annex 4 included photos from the event.



Participants during the regional consultation. Photo: CEGSS

ANNEX 1: AGENDA

Monday, March 19

Time	Activity	Methods	Responsible	Material
4:00 6:00	Registration	The list of participants will be developed according to the registration of the attendees at the hotel.	Benilda Batzin and Rosaura Medina	Printed registration list
6:00 7:00	Analysis of the current state of the MoH.	<p>Review of the current national context, the process of electing a new general district attorney, the house of representatives and the citizen front against corruption.</p> <p>Status of the fight against corruption in the MoH, like the closing of the dedicated office.</p> <p>-The MoH's negative reactions to citizen monitoring of health services: the cases of Solola, Huehuetenango and Nebaj</p> <p>- Identifying new cases through group work with the CDRH.</p>	Fernando Jerez	Computer
7:00	Dinner			

Tuesday, March 20

Time	Activity	Methods	Responsible	Material
7:00 8:00	Breakfast			
8:00 - 9:00	Registration for guests.	Each guest will be registered according to the participant list.	Erick and Osmundo	Participant list and pens
9:00 - 9:10	Welcome and presenting the meeting agenda.	<p>Welcome to authorities and other organizations.</p> <p>Reading the agenda for the meeting.</p>	Ismael Gómez	Microphone
9:10 12:10	Group discussion: the role of citizen participation in transparency and	How citizen participation strengthens transparency, the right against corruption and improves public policy.	Facilitator: Lesly Participation from	Projector and discussion guide

Time	Activity	Methods	Responsible	Material
	accountability. Why it is important to strengthen these processes.		the governor, as well as from the ombudsman's office, and two CDRH (Ana Victoria and Paulina and Fernando Jerez).	
12:10 1:10	Lunch			
1:10 1:30	Presentation from the ombudsman's office.	Confirm the name of the participant.	Benilda and the representative from the ombudsman's office.	Computer and projector
1:30 1:50	Presentation from the governor.	Confirm the name of the participant.	Benilda and the representative from the governor's office.	Computer and projector
1:50 4:00	Exchange of experiences.	<p>'How citizen participation improves health services'.</p> <p>Five worktables will each discuss one issue: defending patients, promoting the right to health, improving care, fighting corruption, and community organization.</p> <p>Participants will be assigned a number between 1-5 and will then work in that table. Each group will have one facilitator and will work in two 30-min cycles. Afterwards one representative from each table will present what was discussed.</p>	Rosaura will explain the methodology and organize the groups. The facilitators are Erick, Osmundo, Benilda, Ismael and Andrea.	Printed discussion guides, flip charts, markers and voice recorders.
4:00 4:30	Changing hotels and break.	Change to the Hotel Kaqchiquel for the next session.	Benilda will give the instructions	
4:30 5:30	Strengthening the topics we discussed.	Osmundo and Erick will present the methodology used and it will be discussed by the group.	Erick and Osmundo	
7:00	Dinner			

Wednesday 21 March

Time	Activity	Methods	Responsible	Material
7:00 - 8:00	Breakfast			
8:00 - 8:30	Criminalization of CDRH by the MoH: the cases of Paulina, Vilma and Nebaj.	Lesly introduces the topic. Vilma will have 5 minutes to talk about her case and one CDRH from Nebaj will also speak.	Lesly	

Time	Activity	Methods	Responsible	Material
8:30 -9:00	Estrategies and aliances for dealing with criminalization.	Lesly explains the alliance with a law firm that focuses on human rights and the work the journals have done. Q&A session.	Lesly	
9:00 - 9:30	Explain the activities planned for raising the CDRH' profile: videos, banners, radio spots and others.	Explain why it is important to raise the profile through media and then present the activities that are beig proposed for each region and municipality.	Fernando	Presentation and projector.
9:30-10:00	Reviewing the materials for the campaign.	In regional groups, go over the text for their campaigns and suggest any changes.		
10:00 - 10:30	Coffee break			
10:30 - 11:30	Campaign for a medical emergency system that does not discriminate	Walter presents the reasons for the campaign, the main strategies and when it would laungh. Q&A session	Walter	
1 1:30 - 12:00	Instructions to plan and start the campaign activities by region. Work on budgets with tutors.	Using a planning matrix that includes material, trnaslation, visits to local media offices and distributing material. It should include videos, banners, radio spots and fliers, among others.	Andrea and tutors	Matrix Flip chart Markers
12:00 - 1:00	Lunch			
1:00 - 3:00	Planing at the regional level	Regional matrix and flip charts	Andrea and tutors	Flipcharts and markers
3:00 - 4:00	Presentation of the plans	Each group presents their plan	Osmundo	
4:00 - 4:15	Introducing the new tutor for Totonicapan and Quiche.	Rosaura is introduced as teh new tutor for Totonicapan and Osmundo as the new tutor for Quiche.	Andrea	
4:15	Perdiem and free time	Each tutor hands out the perdiem	tutors	Attendance list and perdiem list
7:00	dinner			

ANNEX 2: PARTICIPANT LIST

Number	NAME AND SURNAME	MUNICIPALITY
	Sololá	
1	Paulina Culum Xajil	San Pablo La Laguna
2	Rosa Cecilia Sojven Ixcayá	San Pablo La Laguna
3	Cecilia Matzar Porón	San Pablo La Laguna
4	Dolores Xelemango	San Pablo La Laguna
5	Salvador Sancoy Martín	San Marcos La Laguna
6	José Ulario Sacach	San Marcos La Laguna
7	María Sajvin Mendoza	San Marcos La Laguna
8	Candelaria Sajvín Mendoza	San Marcos La Laguna
9	Santiago Simón Pérez	Santa Cruz La Laguna
10	Cruz Santos Mendoza	Santa Cruz La Laguna
11	María Santos Alvarez	Santa Cruz La Laguna
12	Emiliana Sancoy Martín	Santa Cruz La Laguna
13	Mario Juracán Xiap	Concepción
14	Joaquín Juracán	Concepción
15	Victoriano Ben Salazar	Concepción
16	Francisco Tos Juracán	Concepción
17	Catarina Ixtós Tambríz	Nahualá
18	Antonia Juana Ajquí Sac	Nahualá
19	Adela Guarchaj López	Nahualá
20	Mará Ubalda Tzaj	Nahualá
	Quiche	
21	Pedro Sambrano Medina	Cotzal Quiché
22	Miguel Ordoñez Sarat	Cunén
23	Juana Chaperon	San Pedro Jocopilas
24	Bartolo Benito Us	San Bartolme Jocotenango
25	Guadalupe Caal	Zona Reina Uspantan
26	Lucia de Leon	Nebaj
	Totonicapán	
27	Bonifacio Puac	San Cristobal Totonicapán
28	Isaias Chiti	Santa Maria Chiquimula
29	Alberto Días Pérez	San Bartolo Aguas Calientes
30	María Morales	Totonicapán
31	Isabel Mejía	Santa Lucia la Reforma
	Huehuetenango	
32	Eulalio Cruz Ramires	Tectitan
33	Alejandro Ortiz	Ixtahuacan
34	Vilama Leticia Sales	San Sebastian
35	Maria Patricia Ramirez	San Pablo Soloma
36	Rafael Calmo Sanchez	Santa Barbara
	Alta Verapaz	
37	Sebastián Cucul	Chisec
38	Ana Victoria Ax	Chisec

Number	NAME AND SURNAME	MUNICIPALITY
39	Romelia Cal Jalal	Tamahu
40	Antonio Pop	La Tinta
41	Crisanto Asig	Lanquín
	Perú	
42	Gloria Corimayhua	Puno, Perú
43	Luz Estrada	Puno, Perú
	Personal CEGSS	
44	Walter Flores	Guatemala
45	Rosaura Medina	Totonicapán
46	Osmundo Oxlaj	Quiché
47	Erick Cuc	Alta Verapaz
48	Ismael Gomez	Huehuetenango
49	Benilda Batzin	Sololá
50	Lesly Ramirez	Guatemala
51	Fernando Jerez	Guatemala
52	Andrea Hernández	Guatemala

ANNEX 3: ACTION PLAN FOR INFORMATION CAMPAIGN

Objective: to promote and position the roles, activities and profiles of the Community Defenders for the Right to Health in the REDC-SALUD.																
Municipality: San Pedro La Laguna																
Tutor(s): Benito Batz																
Activity	Description (includes methods and procedures)	Participants (descriptions include defenders, ancestral authorities, municipal authorities, health authorities, families and others. Indicate the number of people).	Other materials (description and amounts)	Responsible party	May 21-25	May 28-31	June 03-08	June 11-15	June 18-22	June 25-29	July 02-06	July 09-13	July 16-20	July 23-27		Observations
1	Campaign preparation															
1.1	Municipal meeting with CDRH to plan the activities pertaining to the campaign.	The active CDRH will be asked to participate in the detailed planning for the implementation of the campaign. There will also be specialized commissions within the group.	7 CDRH	Printing the municipal plan, flip charts, Markers	Tutor and CDRH											
1.2	Visiting media offices in San Pedro La Laguna, Radio San Pedro, Radio Sembrador	We will visit community radio stations in San Pedro La Laguna in order to inform about the campaign and negotiate transmitting the radio spot.	3 CDRHs (1 each from San Pedro, San Marcos y Santa Cruz)	Leaflets on the REDC-Salud and a copy of the radio spot, Notebooks, Pens, Vests, ID cards	Tutor and CDRH											
1.3	Recording a radio spot in Tzutzul, San Pedro La Laguna.	Two CDRH will record the radio spot in Tzutzul.	2 CDRH	Tzutzul language script for the radio spot, Notebooks, Pens, Recording Q300.00	Tutor and CDRH											
2	Campaign implementation															
2.1	Visiting community based organizations to inform them on the content of the campaign.	The CDRH will visit TSAs, COCODES, women's organizations and others to inform about the work they do with the REDC in the two neighborhoods of the town, COMUDES.	7 CDRH that will take turns to go on each of the three visits.	15 stories, 10 posters, 25 fliers, 20 leaflets, 15 stickers	Tutor and CDRH											
2.2	Transmission of spot in community radios	The radio spot will be transmitted on local radio stations and will inform on the work carried out by the RED and about the right to health	CDs with the radio spots, Q 100.00													
2.3	Putting up banners and posters in the town's main areas.	Both neighborhoods will have banners and posters with information.	7 CDRH that will take turns to go on each of the three visits.	3 vinyl banners, 10 posters, 3 rolls of tape, 1 wall stapler, 1 box of staples, 1 roll of string, 50 stickers	Tutor and CDRH											
2.4	Loud speakers and information tables for market days and for the parks.	The loudspeakers will be taken around the main streets of the town with a car. The tables will be placed in the park to give information to the population that comes on market day.	7 CDRH	100 fliers, 50 stickers, 1 banner, 2 loud speakers, Q 250.00, 1 car for transport, Q 200.00, microphones	Tutor and CDRH											
2.5	Spaces in community radio and television stations, Radio San Pedro, San Pedro La Laguna.	In one of the community radios in San Pedro La Laguna we will promote the campaign.	8 CDRH	3 stories for the radio spots, 8 leaflets with information on the work the REDC-Salud does.	Tutor and CDRH											
2.6	Information tables in the entrance of the regional reference hospital in Sochob.	1 representative from each municipality will participate and inform users that come to the hospital.	6 CDRH from San Pedro, San Marcos, Santa Cruz, Concepcion and Nahuatl.	2 vinyl banners, 200 fliers, 15 posters, 100 stickers, 1 stapler, 1 box of staples, 1 roll of string	Tutor and CDRH											
3	Campaign evaluation															

ANNEX 4: Photos from the consultation event.

















