CITIZEN MONITORING TO PROMOTE THE RIGHT TO HEALTH CARE AND ACCOUNTABILITY

When I went to the doctor at the hospital, he said: "What is this about monitoring? We work hard here. Or would you like me to come to monitor you at home?"
I told him, "Excuse me, doctor, we are health care promoters and have been trained by the Ombudsman and the ForoSalud for monitoring. We know our rights. You cannot go to monitor my house, because it is private, but I can come to monitor the hospital, because it is a public institution, it is State-run. And here are my credentials"
"Ok, come right in ..." he told me.

Testimony of Nilda Chambi Monroy,
Health care Monitor from Azángaro (Puno)

1. Introduction

In countries with as much inequality as Peru, where approximately one of every two people are living in poverty, achieving the Millennium Development Goals (MDGs) on health care will not be possible with only technical interventions and increased resources allocated to health care. Significant and sustainable changes can only be achieved if Peruvian citizens are more involved in the design and adjustment of social policies and the programs that implement them, thus ensuring that their needs have been properly considered and addressed.

In general, officers and professionals who are responsible for formulating and implementing public policies to combat poverty still have a limited understanding and commitment to the right to health care and to citizen participation. At the beginning of this decade, according to estimates by the Ministry of Health (MOH), 25% of the Peruvian population (close to 6,500,000 people) lacked access to health care when it was needed.[1]

With respect to progress towards achieving the MDGs, efforts would appear to be insufficient in terms of reducing maternal mortality to 66 per 100,000 live births[2], despite the recent decline in the maternal mortality ratio reported by the National Statistics and Information Institute - 265 maternal deaths per 100,000 live births in 1996, 183 in 2000 and 103 in 2008 (the latter with a confidence interval of 50 - 120).[3]

The situation is aggravated by the deep and unfair differences in access to health care services that comprehensively meet the needs and expectations of the population (that is, that are accessible, acceptable, culturally appropriate and of high standard), in the extension of knowledge and care of maternal and child health in the community and in the absence of citizen participation of women in the design and implementation of health care policies. In poor rural areas, where there are high levels of vulnerability, maternal and neonatal death constitute clear indicators of social exclusion faced by rural women living in poverty - especially indigenous women - but also of the structural deficiencies and the inequities that must be addressed by the health care system and by the national and regional

[1] Ministry of Health (2002) Sectorial Policy Guidelines for the 2002-2012 period, p. 14.
[2] The Lancet, Volume 371 April 12, 2008.
[3] Demography and Family Health Survey (ENDES), National Statistics and Information Institute - INEI, 1996, 2000, 2009

authorities.[4] This requires not only technical interventions, but placing priority on tackling these inequalities and on the effective involvement of different stakeholders towards this goal.[5]

Health care programs face the urgent need to be properly designed and targeted according to the real needs of the most vulnerable population. This requires new types of relationships among civil society coalitions, representatives of the poor and excluded, governmental authorities and those responsible for such programs, which will contribute to democratic dialogue, good governance and fair and sustainable social policies.

2. Inequality and Social Exclusion in the Peruvian Health System

Peru has been classified as an upper-middle income country. However, two characteristics define the reality of its society: diversity and inequality. The Peruvian interior still displays major inequities, discrimination and poverty, resulting in a high incidence of preventable disease and mortality among the poorest and most excluded, but also in the rural population living in the regions with little social and economic development.

The maternal mortality rate in Peru is among the highest in Latin America. As indicated above, in 2000 the maternal mortality ratio was 183 maternal deaths per 100,000 live births, which in absolute numbers represents more than 1,250 deaths per year.[6] However, national averages hide a discriminatory and unjust situation: the enormous gap between richer and poorer regions. Maternal mortality rates for that year in the regions of Puno, Huancavelica, Cuzco and Huánuco were 361, 302, 288 and 272 maternal deaths per hundred thousand live births, respectively.[7] This correlates with the high percentages of the population living in poverty: while an average of 52% of Peru's population was living in poverty in 2007, this figure was 85.7% in Huancavelica, 67.2% in Puno, 64.9% in Huánuco and 57.4% in Cusco.[8] These higher levels of maternal mortality among poor populations in the Peruvian highlands and jungle evidence serious injustice. As a result, the right to a healthy and safe motherhood is effectively denied to rural indigenous women, who remain hidden from view and whose voices are unheard.

Despite recent progress in the increase of institutional deliveries and reducing the maternal mortality ratio, due in large part to policies implemented by the Peruvian Ministry of Health (MoH) to address the barriers faced by pregnant women in poor and remote populations of country, the rate of decline in maternal mortality does not seem sufficient to achieve Goal 5 of the Millennium Development Goals.

In order to reduce the economic barriers that limit access to health care services for children and pregnant women living in poverty, in 1997 and 1999 the Peruvian Ministry of Health (MoH) implemented so-called "public insurance" for school age children, pregnant women and newborns. The two schemes were united in 2001 through the Integral Health Insurance (SIS). All of these are cost reimbursement mechanisms for the use of health care services. The current government has announced the future expansion of this modality to promote a system of "universal insurance."

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[4] Physicians for Human Rights. Deadly delays: maternal mortality in Peru. A rights-based approach to safe motherhood. 2007. http://physiciansforhumanrights.org/library/report-2007-11-28.html (accessed on May 10, 2010).
[5] Frisancho, A., Comment to the editor on the study of Hogan MC, Foreman KJ, Naghavi M, et al., Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5, *Lancet* 2010; **375:** 1609–23. Published in *The Lancet,* Vol.375, June 5, 2010, p. 1966.
[6] Demography and Family Health Survey 2000, INEI, May 2001, p.122.
[7] Watanabe Varas, Teresa. Trends, Levels and Structure of Maternal Mortality in Peru. 1992 - 2000. INEI. 2002.
[8] National Statistics and Information Institute. Annual National Household Survey: 2004-2007.

However, there are also challenges related to the quality of care - and particularly the treatment of users of health care services - that have not been resolved. Moreover, despite the SIS's having existed for ten years, many women reject using these services because of a mismatch of "Western" services and the expectations of indigenous rural women.[9]

A sense of insecurity and unwillingness to use these services is accentuated by frequent episodes of mistreatment by health care personnel; mistreatment is worse for poor, female, indigenous and non-Spanish speaking users. Various studies have looked at the issue of abuse and illegal charges - "fines" for not giving birth in the facility[10] or charges for medicines and transport that the "insurance" should cover - as serious problems that threaten the dignity and rights of these people, and thus make them unacceptable to health care users.[11,12,13] The existence of a single health care provider for the poorest people, and the unequal and inequitable power relations that exist between health care personnel and health care users further aggravate this situation.

These facts, which are either unknown or ignored by health authorities' means a poor prognosis for the proposed "universal health insurance" if its design relies solely on efforts of the current services offered. A collective, organized and informed - in sum, *empowered* – voice is needed to deal with these unfair situations of exclusion and the significant levels of "leakage" in the implementation of the SIS, which ends up benefiting those who do have resources to pay for their health care.

On the other hand, although decentralization has facilitated the creation of new spaces for dialogue and agreement on regional and local policies, these mechanisms still need strengthening and to ensure that there is a better balance of power at these levels to promote changes in social policies that respond to the needs of the most marginalized and vulnerable groups. At the same time, civil society actors should implement alternative mechanisms for dialogue: mechanisms of citizen monitoring and the promotion of accountability by state officers. They should also promote a legal framework to facilitate the demand for the right to health care and citizen participation.

3. Citizen monitoring and public policies

Citizen health care monitoring is a mechanism of citizen participation in which organized and informed people develop activities aimed at monitoring and verifying compliance with the duties, obligations and commitments of State authorities and public servants in the health care of the population. Citizen monitoring promotes transparency and accountability, characteristics of good governance and democracy.

There has been increased international consensus in recent years on the vital importance of citizen participation. It is assumed that social policies that have been generated / developed in a participatory manner will have greater legitimacy and sustainability and will better promote development and social control of their implementation. This is true not only in terms of better governance, but also for the health care rights approach. In this regard, and as a result of the III National Health Conference

[9] Amnesty International (2006) Peru: poor and excluded women – Denial of the right to maternal and child health, pp 26-30
[10] Ibid, pp 26-30
[11] Ibid, pp.21
[12] Peruvian Ministry of Health (2006). Health Care Letter: Listening to the Voice of Population. Crusade for Citizenship Rights and Responsibilities in Health Care. General Office of Communications – Health Care Rights Program (CARE Peru)
[13] PHR USA (2007) Fatal Delays: Maternal Mortality in Peru. A human rights approach to safe motherhood.

organized by ForoSalud (2006), Paul Hunt, United Nations Special Rapporteur on the Right to Health, issued a public statement in which he highlighted:

> ***"****The right to health not only emphasizes the importance of reducing the burden of disease and damage to health and the conditions for a healthy life, but also involves the importance of this goal being achieved through processes that are democratic and inclusive****."*** [14]

In the same document, he states that the right to health requires processes in which citizens exercise their right to participation, and that this participation, in turn, opens spaces for the development of citizen empowerment.

4. *An Actors-Oriented Approach for Accountability*

The Participatory Voices Project (April 2008 - March 2011) was a joint effort between CARE Peru and CARE UK in the framework of a Program Partnership Agreement with the United Kingdom's Department for International Development (DFID). Its objective was *"to strengthen the capacities of national and regional civil society networks for the implementation of strategies and mechanisms of social monitoring and political advocacy to improve the policies and programs on health care and social development."*

The project worked with a wide range of actors, from both the public sector and civil society, seeking to strengthen governance in health and the incorporation of a rights-based approach in public actions. Its working approach prioritized four strategies:

a) Strengthening capacities of civil society networks and state officials & public authorities to facilitate improved interaction, dialogue and negotiation;

b) Identification and association with key actors at the national, regional and local levels who share the rights-based approach and who may promote the sustainability of actions;

c) Building partnerships with non-governmental organizations, international cooperation agencies, grassroots social organizations, civil society networks and key international actors; and

d) Political advocacy and technical assistance to the Ministry of Health, Congress, regional and local authorities and other public actors in order to improve the responsiveness of the health care system to the poorest and most vulnerable population.

One of the main lines of action developed by the project was to build alliances with civil society networks, grassroots social organizations and the Ombudsman's Office to strengthen citizen participation, particularly for the implementation of mechanisms for citizen monitoring of the quality of maternal and child health care services that are provided to poor, rural Andean women.

The initiative began as a pilot in early 2008. It was based on the joint experience of CARE Peru and the Civil Society Health Forum (ForoSalud) – the largest civil society network in Peru's health sector - in the development of capacities for a greater presence and ability to impact health care policy. Added to this was the joint initiative with the organization Physicians for Human Rights / USA. CARE Peru

[14] Paul Hunt, special United Nations Rapporteur for the Right to Health Care. Public statement for the Third National Health Care Conference, Lima, July 2006.

and PHR-USA allocated resources to promote a pilot for citizen participation in oversight and advocacy of quality in maternal and child health care services in two provinces of Puno (Melgar and Ayaviri), designed to: a) build strategic alliances between CARE Peru, ForoSalud and the Ombudsman's Office, and b) strengthen the capacities of rural women leaders who would develop processes of citizen monitoring. The initiative looked to propel the mobilization and involvement of key actors at the local and regional levels: The Regional Government of Puno, the Regional Health Directorate, the Regional Office of the Ombudsman, ForoSalud, and the networks of Promoters and Defenders of the Sexual and Reproductive Rights.[15]

The pilot initiative culminated in April and continued in action in the context of the Participatory Voices Project until March 2011 - in 2009 it was supported also through the International Initiative on Maternal Mortality and Human Rights (IIMMHR). Currently, the model of citizen monitoring of the quality of maternal and child health services has been taken up by the Ministry of Health as one of the basis for the formulation of national policies to promote public health care monitoring[16], in partnership with ForoSalud, expanding this to four regions of the country with support from CARE UK and the European Union. Likewise, the capacity building model of citizen monitoring has been adopted by the Peruvian MoH for national role out of the experience and as a reference for the United Nations Population Fund (UNFPA) for the promotion and implementation of citizen monitoring of maternal health care, in partnership with women's organizations.

As mentioned earlier, CARE Peru's RBA highlights the importance of citizens' awareness of their rights and the way they could promote / defend / ensure their fulfillment. There are different challenges that rural, indigenous women should overcome for this: at personal, family, community and the public levels. The *empowerment* process passes through various stages, and it is enriched through the different moments of analysis of the findings of citizen monitoring, negotiation and follow-up processes.

The working hypothesis rests on the belief that citizen monitoring will enhance health care which respect rights. This, in turn, should improve quality of health care for women, and increase on-time demand of more responsive health services. Health care provided opportunely will prevent, in turn, health complications and maternal mortality. But as important as this result, is the impact in terms of better governance and accountability within the health system, propelling a more democratic system, with better responsiveness to people's demands and needs.

[15]Regarding the latter, it is noteworthy that the experience of working with Sexual & Reproductive Rights' defenders is the product of ten years of work by the ReproSalud Project (USAID-Movimiento Manuela Ramos), which formed promoters and defenders of sexual and reproductive rights with the aim that women know their rights, and defend them, through schemes of monitoring and negotiation with their husbands, community authorities and health care providers in their establishments. These networks of advocates for sexual and reproductive rights remain active.

[16]Ministry of Health of Peru (2011), Guidelines for Health Policy in Citizen Health Care Monitoring (R.M. 040-2011/MINSA. January 14, 2011).

5. Stages and Processes of Citizen Monitoring

On the basis of the experience gained, the model of citizen health care monitoring comprises four general stages (see Graphic 1 below):

a) The organization and comprehensive planning of activities by the technical supporting team (in this case, CARE Peru, the ForoSalud and the Puno Ombudsman's Office);

b) The public announcement, selection and capacity building of the members of the future monitoring committees and the planning of their activities;

c) Implementation of field activities (visits to health facilities, analysis of the findings and reaching commitments for improvement by the authorities); and

d) The monitoring of the commitments and evaluation of proceedings.

In turn, every stage can be divided into processes:

a) With respect to ***the organization and comprehensive planning of the activities by the technical supporting team,*** we can highlight **the constitution of the technical support team of citizen health care monitoring and the comprehensive planning of the activities.**

For this, after presenting the idea of the initiative and after several joint planning sessions, an agreement was signed between the Ombudsman's Office, CARE Peru and ForoSalud Puno. They agreed on the main components of the model, the roles of each organization in capacity building and the support for activities to be undertaken by future monitors. The various lines of action were planned, including the call for women community leaders, the visits for introducing the initiative to the

authorities, the frequency of meetings to analyze the findings and presentation of the results of the monitoring to the health care authorities.

b) ***The public announcement, the selection and capacity building of the women members of the citizen monitoring committees and the planning of their activities,*** which includes both **the public announcement,** which is open to the leaders in each town of the district (radio announcement and through personal communication with the community leaders) and **the capacity building for citizen monitoring,** which incorporates the selection of members of the monitoring committees for each prioritized facility and the planning of its "field" activities.

Because several female community leaders were integrated in the large regional network of ForoSalud Puno, contact could be resumed quickly, and then design in a participatory manner how the citizen monitoring initiative could be implemented to improve the quality of health care services, increase the demand for timely health services and thus help reduce maternal mortality.

On the basis of the joint analysis, the women, the CARE facilitators and the Ombudsman's Office identified the two provinces for the development of citizen monitoring, Azángaro and Melgar, provinces with extreme poverty, with about 95% of rural population, a high number of maternal and child deaths and a history of complaints from the users because of the treatment received by poor women in the health facilities. Working together, the facilities in which the citizen monitoring activity would be taken, the number of people from each province who would perform these activities in their local health centers, and a possible working schedule, including training activities, was tentatively identified.

The topics for training were developed in modules, and the times were adapted to the leaders' convenience (in this case, weekly meetings on two consecutive days). The meetings were held in Quechua and Spanish or in Aymara and Spanish, depending on the group, because several leaders needed to use their native language for understanding and build on conceptual elements from their experience. The facilitators also used different participatory methods based on self-reflection, which allowed the participants to understand, for example, the concepts of human rights, democracy and citizenship, and to analyze the role of promoting better treatment, a greater respect for their culture in health care services and respect for the right to quality care.

The issues covered in the capacity building were human rights, health care rights, elements of democracy and citizenship, sexual and reproductive health and rights, organization and operation of health care services, the rights of SIS users, citizen participation and citizen monitoring, access to information, laws that protect citizen monitoring, ministerial norms on vertical delivery with cultural adaptation and the free issuance of the certificate of live birth. After each training workshop, practical cases were analyzed on how rights were or were not respected in health care, what legal framework protects people in case of their not being respected and finally, to reflect on what role the monitors would have to promote quality and rights in health care services.

At the end of the training workshops, the profile of the community leaders that would perform the monitoring was defined in a participatory manner; the content and shape (layout) of the formats (tools) used to gather information during the visits to the health facilities; how the monitors would introduce themselves within the health facilities; and also the way in which they would conduct the monitoring activity in each health facility. Once these issues were defined, the monitors were selected for both provinces. Among the *selection criteria* agreed upon with them, was the time available for monitoring, their proximity to health facilities, and the interest shown by each participant, the knowledge learned in the training workshops, as well as their commitment and perseverance. The schedule of visits to health facilities is made with the selected monitors, and the frequency and dates of the meetings to discuss the findings, together with the ForoSalud, CARE Peru and the Ombudsman's Office.

c) ***The implementation of field activities*** includes the **visits to the facilities** as well as the **meetings for participatory analysis of the findings** and the **agreement on commitments for improvement** by authorities.

One step prior to the monitoring visits to health facilities occurs after the schedule of visits is defined: the monitors are given an ID provided and signed by the three organizations that facilitate the process. Joint visits are also planned to the regional health authorities, as well as to the hospital and health micro-networks, in order to present the initiative, explain its objectives and scope, and obtain their support.

The monitors visit the health facilities in pairs 2 to 3 times per week, and stay there for approximately 6 hours. They perform direct observation and talk with the women in their own language. They consult and observe compliance with the schedules of health care personnel, consult with the users regarding how they were treated by the staff, if they did not have to wait long, if they were given information about their condition in their own language and in a way they could understand, if their culture was respected along the health care provided, if rights to free care were respected, if they were given clear information on the functioning of the SIS and their rights in the program, if there were drugs in the pharmacy, and if the examinations ordered by health care professionals were performed, among others.

Next, the monitors inform them about their rights as health care service users or, for example, which free services they are eligible for if they are users registered with the SIS. Their observation, together with the direct and trusting dialogue with the users, and the knowledge developed in the training activities, permit them to detect erroneous and exclusionary practices – such as the lack of immediate attention of women insured by the SIS, or discrimination, neglect and extensive waiting-time by the poor, Quechua-speaking, and rural women – and even illegal actions, such as improper charges (under-the-table payments) to the beneficiaries of JUNTOS Program (which provides conditional cash transfers to poor families). All these observations are registered in the formats they were trained to fill out and that they helped to design. At the conclusion of monitoring activity, they request the leaders of the facility and the health personnel they worked with to sign the monitoring formats as proof of their visit and of their findings.

Each of the women monitors accumulate at least four to eight visits a month; in some cases it may be more, depending on their time availability. Every two to three months, meetings are held among the women monitors in each province with the representative of the Office of the Ombudsman's Office in Puno, and the members of ForoSalud and the director of the CARE Peru Participatory Voices Project to discuss the findings of citizen monitoring, and to formulate and prioritize the proposals that are brought to the meeting by the monitors and those responsible for the health care service networks ("dialogue agenda"). In addition, the monitors report on how they felt while performing the monitoring, the concerns they felt, the dialogues they had with the workers at the health facility, and the findings they found in the monitoring. Each of the monitors (called *"vigilantes"*) presents an oral report of the most important aspects of the monitoring, report on the attitude with which the providers received the monitors, noting precisely the facts on the basis of the records made, providing names, dates, and descriptions of events. The whole group shares and discusses the experiences, clarifies data that may be needed for the development of activities, and makes decisions on how to improve the monitoring.

For example, given the finding by the Ombudsman's Office in Puno on the ignorance of most health care teams of the rules and laws that protect and safeguard the rights of people in health care, a file was prepared – to be carried by each pair of monitors – with copies of the main rules and legal norms (norms on vertical delivery with cultural adaptation, free issuance of the certificate of live birth, laws that protect citizens' participation at the national, regional and local levels, etc.).

Dialogue with health care officials and providers takes place following the proposal of a "dialogue agenda." This is a space for discussions and agreements which did not exist before citizen monitoring. The "dialogue agenda" is constructed with the participation of the monitors and the facilitating organizations. The aim of these negotiation spaces with the local and regional health care authorities is to agree on commitments for improvement. In these spaces, the monitors and the facilitating organizations highlight both the good findings (to strengthen and compliment them) and the bad ones (to correct them).

These spaces, initially resisted by many health care professionals, have become institutionalized, despite the frequent change of health care authorities and directors of micro-networks, which has often meant starting over with the work of sensitization and advocacy to try to ensure the fulfillment of commitments. A major breakthrough has occurred in some micro-network managers, which have even requested training for their health care staff on issues of health rights and citizen participation.

d) Monitoring of the commitments made is conducted on the basis of the minutes signed by the authorities present at the consultation meetings. Public hearings are being planned that will be attended by local authorities and the press media and highlight the progress being achieved. Finally, a participatory assessment is periodically performed of the initiative's achievements, progress and challenges. Recently the monitors themselves selected ten leaders from among themselves who developed participatory research on their achievements and challenges.[17]

Finally, it is important to note that **communication and information for people about their health care rights** constitutes a cross-cutting strategy. Simultaneously with the implementation of citizen monitoring activities, the project provides information to the rural population on their right to good health care, particularly with respect to sexual and reproductive health. One of the initiatives developed by the community leaders, and facilitated by ForoSalud Puno and CARE Peru, has been the production of radio messages – in Quechua and Aymara – on health care service users' rights, what to do to prevent maternal mortality, the importance of citizen participation and the role of monitoring and having the active involvement of the monitors. This material is distributed to local radio stations, and is broadcast by the local programs with the largest audience in the rural communities of each province. In a second stage of this process, the production of radio messages aimed at the regional level is planned, with the support of the Regional Health Directorate for their dissemination.

The photo below shows Eusebia, an Ayaviri monitor, explaining the various processes developed to implement citizen health care monitoring. Beside her are some of the Ayaviri monitors next to the representative of the Puno Office of the Ombudsman, the coordinator of the Dialogue Assembly for the Fight against Poverty (*Mesa de Concertación de Lucha Contra la Pobreza*), and the Puno head of Integral Health Insurance (SIS), an organization that has become a partner of the technical supporting team.

[17]Zapata, R. (2011) Systematization of the Activity-Research Initiative on Governance with a Gender Focus: Impact of Health Monitoring and Participatory Budgeting by Women in Puno, Peru. CARE UK, Lima.

6. Main results of the experience

- The identification of bad practices that prevent rural women from seeking care (for example, health services that are closed at times of peak demand, long waiting times, poor care, ignorance of standards that promote culturally appropriate vertical delivery and improper charges for services and medicines that should be free)
- The existence of systematic spaces for dialogue and local consultation between health care providers and rural women, in which they express what they expect from health care services and the strengths and weaknesses of existing health care
- The agreement of commitments for the improvement of health care (opportunity, treatment, information, language, culture)
- The initiative has contributed to the *empowerment* of women and to address unjust power relations between health providers and rural women
- The initiative has contributed to a better understanding of the rights of health care services' users
- Health care providers and authorities are accountable for their successes and shortcomings with respect to the needs of the population

The qualitative assessment of the experience[18] has shown that the challenges in terms of the quality of service that were most frequently mentioned:

- Medications missing or incompletely delivered to the SIS users
- Poor treatment of the users, especially in the case of poor and indigenous women
- Discrimination
- Under-the-table payments of services that should be provided for free
- Health care services with limited cultural appropriateness.

Analyzing the achievements of citizen monitoring, the most frequently mentioned changes are:

- It has improved the treatment received by women users of the services
- Greater acceptance and promotion of culturally appropriate practices within health care during delivery. Thus, the husband may be present, one can "bind" the head of the women during childbirth (given the belief that there would be a "division" of the woman's body, and they want to maintain the unity of the head)
- Not washing them with cold water (given the implications of the balance between hot and cold in the Andean region)
- The number of students entering the delivery room has been reduced (usually 8-10 medical and obstetric interns entered to learn from a single patient)
- Access to laboratory auxiliary exams has increased

Citizen monitoring has contributed to improvements in the organization of the services:

- The citizen monitoring initiative has contributed to an increase in the allocation of health care workers and a better enforcement of working hours (by placing doctors' working hours in in a prominent, visible location)
- Place the prices of medicines and procedures in a prominent location
- Provide receipts for all payments made by the users
- Use of the identification of the health personnel (something that is regulated, but not enforced)

Also mentioned is the improved relationship and cooperation between leaders and health personnel, especially since the monitors provide information and orientate health service users – especially poor rural women - on the importance of their controls and the implementation of best practices in taking care of one's own health.

Highlights of other improvements include the increased attention to the right to health by health

[18] Saavedra, C., (2011) Evaluación Cualitativa de la Iniciativa de Vigilancia Ciudadana de la Calidad de los Servicios de Salud en la Provincia de Melgar. CARE Perú, Lima, Perú.

authorities, community members and public opinion. Also worth mentioning are the increased demand for institutional delivery and maternal - child health care, as well as a clear perception of improvement in issues that are sensitive to the population with respect to the quality of care. [19, 20]

The focus groups conducted with various stakeholders shows a clear perception of the benefits of citizen monitoring and the positive changes generated through its implementation over the years. These changes and benefits are not only identified by the monitors and their partner organizations and other observers, but also by the authorities and health care personnel themselves at different levels of the health care system. However, there is still a long way to go before doctors and other health care professionals recognize the problems faced by the health care users, since some only recognize the lack of drugs, while arguing that it *"does not depend on them."*

The quantitative evaluation of citizen health monitoring[21] and the Participatory Action Research on citizen monitoring shows a variety of positive changes in the health care services where citizen health monitoring was implemented. The changes were evident when comparing variations in the indicators before and after the intervention and comparing these same indicators in health facilities with citizen monitoring and control facilities. The evaluation showed improved progress in health care indicators, both when analyzed as a group of facilities with citizen monitoring and when analyzed individually. The main differences are observed in a) the opportunity of the control of the pregnant mother (early control), b) the coverage of pre-natal control, c) care during institutional delivery, and d) access to laboratory tests provided by Comprehensive Health Insurance (SIS). Quantitative data showed increased access to culturally appropriate birth delivery - vertical birth delivery - from 194 in 2008 to 437 in 2009 in Azangaro Province.

Moreover, this work has contributed to the institutionalization of citizen surveillance as part of Peru's national policy and the launch in 2011 of National Policy Guidelines to Promote Citizen Monitoring.

7. Conclusions

a. The citizen monitoring initiative provides lessons that can be transferred to the monitoring of the implementation of Universal Health Insurance, the actual benefits of conditional cash transfers, the implementation of participatory budgeting and the monitoring of outputs-oriented budgets (OOBs or PPR in Spanish).

b. The key importance of strategic alliances with public (Ombudsman and Integral Health Insurance) and civil society (ForoSalud) actors to strengthen the capacity of rural women's agency and to address unequal power relations.

c. The principles of the International Human Rights framework have been used at the local level in an effort to strengthen the quality of care provided in health care services. This is particularly important

[19] Ibid.

[20] Zapata, R. (2011) Sistematización de la Iniciativa de Investigación-Acción sobre Gobernabilidad con enfoque de Género: Impacto de la Vigilancia en Salud y en Presupuestos Participativos realizada por Mujeres en Puno. Perú. CARE UK, Lima.

[21] Valdez, W. (2011) Evaluación Cuantitativa de la Vigilancia Ciudadana de la Calidad de los Servicios de Salud. CARE Perú, Lima, Perú.

following the resolution of the United Nations Human Rights Committee (June 2009) which positions maternal mortality as a human rights concern[22].

d. The importance of implementing an accountability approach based on dialogue and the promotion of good governance, rather than on "naming and shaming": building mutual understanding, increasing trust and credibility among health care officers / professionals and citizen representatives.

e. There are still ***major challenges***. Among them are the low quality of local health management (in which leadership, as well as skills to manage and monitor the national / regional policies and their enforcement, have been lost) and the lack of definition of performance indicators. This is worsened by evidence of discrimination and undervaluing of citizens' capacity for dialogue and negotiation. As already mentioned, the high turn-over of officials and public authorities in the region affects the sustainability of commitments and local policies.

8. Promoting political decisions to support new forms of participation

One of the greatest achievements of political advocacy that this initiative has contributed to has been the fact that it has become a national reference point for the issue of citizen monitoring of the quality of health care services. As a result of a visit to Azángaro in May 2008, the Minister of Health met the monitors and saw their work in person. As a result and due to the technical assistance activities of CARE Peru nationally, a first Ministerial Resolution was issued in recognition and support of the Citizen Health Monitoring Committees (R.M. 422-2008/MINSA, DA 133-2008-MINSA/DEST-V01).

Since then, CARE Peru has continued with the activities of political advocacy and technical assistance to the Ministry of Health. Together with other cooperation agencies, and on the basis of the experience of Puno, in January 2011 the National Policy Guidelines for the Promotion of Citizen Health Monitoring (RM No. 040-2011 / MINSA, 14 January 2011) were promulgated.

However, as has been already stated, there is still a long way to go. Major challenges are faced to support a more democratic and responsive health system. For example, the current national government (mid-2011 onwards) is not facilitating community monitoring as the former one. The current Peruvian Minister of Health seems not to be aware of the importance of citizen participation or the existence of a critical civil society.

On the other hand, as economic conditions have improved within the country, and there are far more public resources than before, this has also meant that many of the community and civil society leaders have become public servants or involved in public social programs and although this is positive, it has also restricted the potential of for ensuring an informed, empowered citizenry to promote citizen monitoring.

Over the last decade Peru has seen an emerging, vibrant civil society in health, but still the overall Peruvian society is not aware of health rights or on the importance of citizen participation. There is still a long way to go to get the engagement of Peruvian society towards the realization of health rights and social justice.

Another challenge has been the current trends of international cooperation agencies, too focused on MDGs metrics and the direct work with governmental bodies, with reduced scope to support social processes as the promotion of governance and state accountability.

[22] United Nations' Human Rights Council (2009) Resolution on Preventable maternal mortality and morbidity and human rights, A/HRC/11/L. 16/Rev.1 / 16 June 2009.

The analysis of these and other challenges provides us with a first prioritization of conditions that, if they were to be in place, would facilitate further community monitoring work:

a) Political will and political decision-making

b) Normative framework adapted to social context

c) "Appropriateness" and support to the citizen monitoring initiatives from national / sub-national authorities, implementing the necessary institutional arrangements for their adequate functioning, provisioning the resources that are needed and sensitizing health personnel

d) Capacity building both of those citizens that will implement the citizen monitoring and of the authorities / providers who are supposed to promote and facilitate its implementation and listen to its findings

e) Existence / construction of representative, genuine participatory policy dialogue spaces between public authorities and civil society / people representatives to debate / negotiate changes

f) Citizens aware and adequately informed on their rights and entitlements, with organization capacities

g) A communication strategy

h) A better articulation with other civil society coalitions (inter-sectorial work)

i) Organizational intelligence on the side of civil society: increasing their mechanisms for sharing knowledge; the permanent creation of leaderships; the active engagement of young people; and the pro-active learning from practice

Therefore, it seems that still is needed a renewed, joint effort in which the Ministry of Health, the regional and local governments and the civil society networks to converge and ensure implementation of mechanisms of citizen participation and citizen monitoring. The citizen monitoring process should become a process that contributes to the improved performance of the health care teams at different levels of management, delivery and governance of health care. Its implementation makes it possible that the expectations, perceptions and demands of the people provide feedback and enrich the performance of the health care teams. In this view, citizen monitoring is a stimulus and catalyst for health care services' responsiveness, and which contributes to the health system's governance.

"Change does not happen overnight. I think that some doctors,
nurses and mid-wives have begun to understand
why we are doing this volunteer work ....
Little by little, they will see that their work also improves this way"

Eusebia Atayupanqui, Citizen Health monitor from Ayaviri (Puno)

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