

El Tambo, Ecuador Gauge

This report was compiled by the GEGA Secretariat with support from the Gauge. Thanks to the Gauge for their input.

Visit dates: June 24-26, 2002
Report: July 15, 2002



The Ecuador Gauge Team.

The Ecuador Gauge Team

Note: *the following report relates the Gauge's work in El Tambo, which was the original site of the health equity work, but also includes some of the equity work occurring in Molleturo, which has recently become an additional site for the Gauge Team in light of overwhelming need for redress of inequities, specifically in the area of nutrition and agricultural development.*

General

The general equity problem being addressed is:

Low level of health coupled with above average needs, lack of public knowledge about health and health care rights, low level of demand for health care services, weak organization around the issues, and weak political influence of the affected population. This problem is especially prevalent among indigenous populations and women, and limits their self-determination and opportunity. The situation also encourages a lack of accountability by the government to provide quality health care services, implement programs and policy, and support equitable outcomes within the health system (and more generally in the political system) at the local and regional levels.

Primary objectives

Measurement/monitoring. Compare health inequalities in terms of urban/rural areas, race/ethnicity, poverty, literacy, political participation in the municipality of El Tambo. Collect primary data to fill in missing information needed to assess health equity in the local area.

Advocacy/public participation. Actively work with members of the municipal council of El Tambo to provide information and build expertise in health equity in order to secure health on the political agenda. Host community workshops to introduce and supplant notions of equity in the local social, political, and academic communities. Widely disseminate findings from primary and secondary data to raise awareness in the region on issues of health equity. Eventually coordinate with other marginalized municipalities in the country to organize and build support for health equity at the national level.

Community empowerment. A project is being designed, in collaboration with local indigenous organizations, to establish a leadership program centered on health and culture. The project will be launched in 28 communities in El Tambo, and will train youth in local development, development of leadership tools and roles; community conflict resolution; and communication strategies. Other projects already underway include instituting a Healthy Schools program to supplant knowledge and interest in health in the young generation in El Tambo; coordinating with the local health clinic to improve quality, access, and demand for health services; and supporting actions in agricultural development to provide better opportunities for nutrition, food security, economic development, and land conservation in the local community.

Challenges

Migration continues to take a heavy toll on long-term development in the communities of El Tambo and Molleturo, and is reflected in population pyramids of the area, which show a disproportionately low number of young adults. The Brain Drain, too, plays a role as those with opportunities to enter the formal economy leave the area. One challenge will continue to be how to build capacity without then losing those people, and how to maintain active engagement of those who continue to have some ties to the communities.



Another challenge will be **sustaining and institutionalizing processes** for measuring and intervening to correct health inequities, which are given little support in Ecuador's political, social, and economic realms (and are even resisted at times). Health equity issues are not culturally embedded priorities and are often not even recognized as problems both by the public and by the government.

- ? **Political turnover**, whether at the local or national level, particularly weakens efforts to institute real change, and has already delayed the Ecuador Gauge's efforts to coordinate with the municipality. The Gauge had developed a plan for

health equity in cooperation with the municipality of El Tambo in January 2001, but with local elections came a new mayor who was not interested in the issues. The Gauge is now working with local representatives (councilors), some of whom consider equity a priority; however, equity is still low on the institutional agenda and needs more support.

- ? The **past lack of accountability** of the government and its institutions to effectively implement policy sets a precedent and creates a culture that will be difficult to change. There is **little incentive/motivation** to provide quality services and community based health practices in health centers and at higher levels in the Ministry of Health. This problem is fed by lack of public demand for quality, the potential for conflicts of interest in the health system, low salaries, non-integration of performance indicators into health system evaluation at the local level. Referrals are made at times for services that should be provided at the local clinic, and which create financial and transportation barriers to access to care for patients. Finally, the **information systems** in place do not support attention to health equity: database information is not disaggregated to show who is affected, and surveys are not linked, so cannot be combined.
- ? The generally **weak level of education as well as civil and political rights/liberties of women and indigenous populations** in Ecuador undermines efforts to institutionalize within the social realm a demand for quality health services and for health equity in general. Although the public in El Tambo has some active engagement, the general lack of education and civic involvement within the population (e.g. a practice of leaving governance matters “to certain people”) undermine action.
- ? The **lack of economic development in the area**, especially in the area of agriculture, is also a barrier to improving opportunities for health equity.

Finally, there are **few successful models for initiatives focused on health equity** in Ecuador.

Context

Ecuador is number 93 of 173 countries on the Human Development Index in 2002. The national average for malnutrition in Ecuador is 45%, but in El Tambo malnutrition reaches 63% and in Molleturo, is 60% despite its generous natural resources. Both communities suffer institutional and political forms of discrimination, especially in terms of access to public goods.



El Tambo, a municipality with a population 9000, is a neighboring canton (county) of Cuenca, with a downtown area and 28 small communities, and has the capacity to legislate and make policy. The population is 90% indigenous and 10% mixed race, with most people living in the rural communities. There is a high level of poverty and underdeveloped public resources.

Molleturo is a rural area in the Canton of Cuenca, comprised primarily of Spanish-speaking campesinos. 89% are under the poverty line. The community has not held

onto traditions as much as El Tambo, and has a high population dispersion, no electricity, and little access to public goods. Because the area is informal, Molleturo has no capacity to legislate, and must go through Cuenca for development needs and political representation. The work in Molleturo is focused on nutrition, as there are large differences within the area, and on the role of traditional health workers.

The historical marginalization of women and indigenous populations in Ecuador and in the local communities has largely contributed to their health situation, and feeds a low demand for and understanding of health education and preventive/curative health services to support health. This discrimination extends far beyond issues directly related to health, to include barriers to literacy and education; financial inability to own property; lack of political positions and influence; and intentional suppression of cultural practices, such as language, customs, etc., by the government in the past.

Health issues in Ecuador have not been a political priority and the health sector is institutionally weak within the government. The sector has not had the autonomy to direct its own planning and budgeting, and recently there has been increasing privatization of the health sector. Further, municipalities have little control over their health budgets. Other causes of health system failures include a lack of accountability and systems for evaluation, at multiple levels. Health Sector Funds, which are controlled by the Finance Ministry, are often allocated without attention to population needs, and seeming without rationale. Further, there is no flexibility to shift funds as needed, suggesting a need for global budgeting. Supplanting these failures of the health system are the lack of health promotion and public health leadership among health professionals at the local level (although good physical infrastructure exists), and the above-mentioned lack of demand, especially within the indigenous population.

Local experience generally indicates strong public support for interventions to combat malnutrition, diarrhea, and lack of access to health care services. There seems to be less active support for interventions focused on uterine cancer and for respiratory infections.

It is possible that the lack of support for uterine cancer is a reflection of the political environment, specifically in relation to the low status of women, which tends to marginalize problems that affect only them. However, uterine cancer is the third leading cause of death of women in El Tambo, after communicable diseases and chronic diseases (especially diabetes). There is generally a very low knowledge of sexual/reproductive health among women. Fewer than 1% of deliveries are attended births.

Respiratory infections seem to be taken by the indigenous population simply to be a fact of life in such a climate, not a cause for intervention.

The Free Maternity Law, which guarantees free prenatal, delivery, and antenatal care, has not reached much of the Ecuadoran population in part due to a lack publicity to inform and stimulate the population to use it, and neglect in focusing educational efforts on the most marginalized populations, who have little access to the normal media routes. There is, in general, a low level of knowledge and awareness of legal rights country-wide, a problem heightened among indigenous women. Further, local level providers often are not motivated to pro-actively—or even passively—implement the law through service delivery.

In Molleturo, the historical development of particular crops in the area (including potatoes, yucca, corn, plantains, beans, some fruit such as oranges) has limited opportunities for nutrition and food security, as well as chances for economic development. Despite high potential for the land, which is fertile and has sufficient water, agriculture consists mainly of subsistence farming and small crops for the local market. There is little livestock (although the land could easily support livestock), and no broader market, despite a year-round growing season. Access to a broader market is undermined by lack of cooperation among farmers to negotiate in the market, and poor transportation infrastructure.

The Gauge focuses on the following issues:

- ? High level of need for services (with special problems in the areas of uterine cancer, respiratory infections, and malnutrition)
- ? Poor quality and below average access to public as well as private services in the population
- ? Lack of knowledge, organization, and influence (including political influence) of the indigenous and women's populations of El Tambo to protect and improve their health through individual decisions, community action, and access to quality health care services.
- ? Poor public accountability due to lack of effective implementation of the Free Maternity Law (1998) in El Tambo. This law guarantees universal and free access of women to MoH care and service in pre-natal attention, delivery, post delivery, sexual and reproductive care (including family planning, STDs, and care of children under 5 years of age).

Partners

Aldes

David Acurio, coordinator of the Gauge in Aldes, physician, MPH in community and family health, public health., former resident in international health program of PAHO.

Maria Ines Vintimilla (Carrasco), executive director of Aldes, agricultural engineer, gender and development training

Jorge Luis Garcia (Alvear), technical coordinator of Aldes, physician at the School of Public Health, MPH in International Health, technical measurement.

Guillermo Hurtado, physician, MPH in family and community health. Working on capacity for cancer prevention and laboratory skills in the local health clinic, as well as public awareness campaigns through the local church and other social actors.

Graciela Alvarado, Ministry of Health physician in El Tambo 2-3 days per week.

Jorge Parra, University of Cuenca, professor of epidemiology. Works on information analysis and community organization.

Cesar Cherrez, physician. Working on Healthy Schools project and at the local Health Center.

Fabiola Zavala, Aldes, journalist, dissemination of information both to population directly and through the media; focus on demand for accountability/services and the Free Maternity Law

Mariana Urgiles, computer systems engineer, 3-month consultancy to translate information for education and advocacy

Monica Armijos, sociologist, works with indigenous population to coordinate the Leadership School; focus on integration of western and traditional medicine and on improving the demand for quality/knowledge of the public

Daniel Orellana, biologist, coordinator of the project of natural resources in Molleturo
Yolanda Samaniego, accountant

El Tambo unit of MoH, Health Center, El Tambo

William Montalbon, director of the local health clinic, project in capacity development in the School of Public Health

Municipality of El Tambo

Pablo Vega Mayor of Municipality of El Tambo. Tania Pinos and Nube Rodriguez councilors of el Tambo.

University of Cuenca

Dr. Nicolas Campoverde MPH, Director of Mastery in Public Health.
Lcda. Carmen Pazán, Coordinator of Masters program in Public Health

Municipal/Community organizations

Manuel Bernal, president of Comite de Salud de El Tambo (municipal councilors), which is working with Aldes to strengthen the political position of health equity on the local political agenda.

Manuel Guzman, President of UCOIT, a local Indigenous Organization

Strategies for Measurement/Monitoring

The “measurement/monitoring” pillar consists of analyzing available databases to study health inequalities in terms of urban/rural areas, race/ethnicity, sex, poverty, literacy, and political participation. Qualitative information will provide further information on pathways of health and the social, political, and economic context of health inequalities.

Existing information sources include SIISE (Sistema Integrado de Indicadores Sociales del Ecuador), which is a national system of social indicators of Ecuador,) and census data. However, these existing information databases are not disaggregated, and therefore do not show who is affected according to small geographic areas and socioeconomic variables; are not linked, so cannot be combined; and do not incorporate important health issues (e.g. morbidity). Further, much of the information is not sufficiently recent to be useful for planning and advocacy.

Consequently, the Gauge is developing new databases and information collection procedures to support the local study of morbidity and mortality according to gender, levels of poverty, children’s health, adolescent health (including pregnancy and abortion), domestic violence, and vehicular accidents. The Gauge is also planning to integrate the computer system with information from the MoH and the El Tambo municipality, which should both support analysis and increase of advocacy/public participation for health equity.

The project used a qualitative approach with focal groups about social participation, perception of quality of health services, natural resources, control and access of family resources.

Activities for Advocacy and Public Participation.

Aldes is structuring advocacy work to integrate various aspects of the organization's work, combining lines of work and workers, and using the three focal sites (El Tambo, Molleturo, and Cuenca) to generate political pressure at the national and regional levels for equity. By integrating activities in Cuenca, initiated both by Aldes and by the local/county government, the Gauge can take advantage of Cuenca's opportunities, build on plans for the future, and expand support for health in the area. This may also help overcome the difficulties both of the lack of a political structure in Molleturo, and of the changing political leadership in El Tambo, by building broad public support for and mobilization around health equity issues. It is hoped that by using the three sites the team can eventually generate political pressure at the regional and national levels for equity. Specific activities include the following:

1. **Advocate for quality services and awareness of health equity issues** through ongoing cooperation and information sharing with the municipal health committee members in El Tambo. The Gauge is now working with local representatives (councilors), some of whom consider equity a priority, to increase awareness within the local government and generate support for activities, and with local representation of the Ministry of Health (Area de Salud)
2. Form an alliance with local indigenous organizations, such as UCOIT.
3. **Workshops.** The Gauge will hold a workshop in August involving Health Services, University, NGOs, Policy Makers
4. **Information dissemination on health inequalities** to local stakeholders. A CD of information on health inequities in El Tambo will be disseminated in December 2002.
5. Coordinated efforts to put pressure on government to effectively implement the **Free Maternity Law** through better publicity and through active efforts to provide guaranteed services.



Medium term plans/goals. As the results of the Gauge's own survey emerge, the team hopes to advance in both development and dissemination of Gauge monitoring evidence.

The team also hopes to expand activities to amplify ideas and strategies for equity, to raise awareness, and to take advantage of greater political support that exists in other geographic areas. Although the Gauge has not been able to identify other projects focused on inequalities in health in Ecuador, there may be lessons to be gained from

related projects. Currently, the Gauge is in contact with Healthy Spaces (contact: Amparo Herrera) and the Municipality of Cotacachi. The latter has a popular assembly for development that actually sits above the mayor, and makes development plans and decisions; these decisions are then implemented by the mayor. Expansion of cooperation with these groups is expected in the future. The Gauge is also planning to initiate work with the Association of Municipalities of Ecuador in order to set up larger equity networks.

Interventions and Action Areas to support Community Empowerment

The primary goals of the Gauge are to develop Community Empowerment strategies that

- 1) improve the quality of and access to health care services
- 2) support the community's ability to generate public demand for and awareness of health, health care services, and health equity, and to organize to address these issues through social and political processes
- 3) provide the knowledge and opportunity to the public to improve nutrition through improved agricultural knowledge, planning, skills, and organization

Quality of and access to health care services

The Gauge is working with the local health center on organizational development in terms of inputs and processes. Several projects are being instituted through a Strategic Planning program to increase capacity and improve quality within the local health clinic.

1. Cancer detection. Training of health clinic personnel in performing and analyzing pap smears.
2. Free Maternity Law. Training and integration of traditional birth attendants in clinic's work, and training of all health personnel in obstetric emergencies.
3. Coordination of traditional/western health personnel to support public use of clinic and cultural appropriateness of services.
4. Support the availability and capacity of clinic personnel to use available laboratory equipment—there is currently a lack of personnel trained to use the equipment. The clinic currently has about 70% of the equipment needed to handle patient needs, but training is needed for use of, e.g. microscopes and centrifuges.
5. Capacity building to address common health needs, in order to limit referrals and thereby decrease financial and transportation barriers to care.
6. Support outreach activities to local community by health clinic.



Public demand for and awareness of health care services

The following activities are intended to generally support an active civil society. More specifically, goals are to develop leadership at the local level, to improve the capacity and interest of the public to protect their health and seek services, and to create a safe and active public space for health actors and political actors at multiple levels to engage in dialogue.

Healthy Schools. The Gauge will work with the healthy schools initiative to support health education and healthy decisionmaking among the young.

Cooperation with community groups, women's groups, will increase general political participation by the public. One focal area will be to increase participation by men, as women currently account for most community participation. Activities will include community education on health issues (to increase community participation for quality services) and on self-care (to empower communities to protect their health and negotiate from a position of respect with care-givers).



The Health Leadership Program would involve 56 people in 28 communities in El Tambo, who will be trained in local development; development of leadership tools and roles; community conflict resolution; and communication strategies. This program is intended to create stronger informal accountability mechanisms in El Tambo by activating citizens.

Political leadership. The Gauge team is actively working to support the municipal council of El Tambo in keeping health equity on the political agenda of the local government.

The Free Maternity Law. The Gauge is working to improve implementation of the Free Maternity Law through the production of written materials and other forms of information dissemination. Implementation will be further supplanted through the creation of users' committees, which oversee implementation, and of a local (government) fund for managing resources and implementing the law.