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Jointly Promoting Accountability in Health Care: Strategic Alliances Between Citizen Monitors and the Human Rights Ombuds Office in Southern Peru

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Introduction

This paper presents a case study of an initiative designed to promote accountability in the health system in the southern Andean region of Puno, Peru. The initiative, which operated between 2008 and 2014, was the product of an alliance linking the regional branch of the Defensoría del Pueblo, Peru's Human Rights Ombuds Office, with a coalition of civil society actors, including a group of Indigenous women volunteers, in order to monitor the quality of health service delivery in remote Andean communities. This case study is examined to explore how a "sandwich strategy" initiative can drive pro-accountability institutional change. A sandwich strategy occurs when pro-reform actors in both state and society interact in ways that mutually reinforce their ability to promote change. The hypothesis to be explored is that "openings from above that make possible mobilization from below by tangibly reducing the risks/costs of collective action can enable pro-accountability actors in both state and society" (Fox 2019). This hypothesized interaction involves repeated cycles of mutual empowerment involving civil society actions that trigger openings from above, which in turn facilitate further mobilizations from below. Also of interest are the sustainability of citizen action and the role of anti-accountability responses by state actors.

The case begins by introducing the role of Peru's Defensoría del Pueblo and the context in which it operates. It then provides a detailed account of how volunteer citizen monitors and the Defensoría regional office in the department of Puno collaborate, in an effort to address serious problems in health care service delivery in publicly-provided facilities. The final part of the paper discusses the case in relation to key elements of a sandwich strategy approach in order to consider how pro-accountability state and civil society alliances can promote institutional change. The case is based on fieldwork conducted from 2010 to 2011 in the Puno districts of Ayaviri and Azángaro, the city of Puno and the Peruvian capital, Lima (Samuel 2015). It draws on interview data as well as an extensive document and literature review. An additional two interviews were conducted with key informants in late 2019 to gain insights into issues and developments that have arisen in the intervening years.

Background Context

Health care and social exclusion in Puno, Peru

The case explores the relationship between the Defensoría del Pueblo and a coalition of civil society actors involved in a citizen monitoring initiative in Puno, Peru. This includes volunteer citizen monitors who are mainly Indigenous, Quechua-speaking women who have long experienced discrimination and exclusion within Peruvian society. The women and their communities have a history of difficult relationships with the health services provided to them through the

state. For them, the health system is a site where they commonly face cultural barriers, abusive treatment or discrimination, in addition to other problems linked to the systematic neglect or mismanagement of their local health facilities. To confront these barriers, the women highlighted in this study participated in a human rights-based initiative aimed at promoting accountability in government-run local health facilities.

Puno is one of the poorest regions in Peru. It is a predominantly mountainous region with a majority Indigenous population. Historically, Puno has been what O'Donnell calls a "gray area": a space in the national territory where the government has limited presence, where "levels of inequity are high, and social exclusion is ubiquitous" (O'Donnell 2002). Intercultural and ethnic divisions also create problems in the delivery of reproductive health services. In Peru, a Physicians for Human Rights report (2007, 113) noted "the health system is perceived across many indigenous communities as a westernizing, colonizing force that does not respect indigenous cultural traditions and preferences."

Peru's Defensoría del Pueblo

Peru's Defensoría del Pueblo is an independent government body charged with protecting constitutional rights and freedoms and with monitoring both public administration and the provision of public services to the population (Castañeda Portocarrero 2011).¹ It was created in the mid-1990s under the semi-authoritarian regime of Alberto Fujimori. Despite the challenges of human rights promotion during this period, the Defensoría emerged from the 1990s "as the sole democratic agent of accountability within the state", respected both by civil society and the international community (Pegram 2008, 52). Over its history, the Defensoría has been adept at promoting human rights and democratic goals in difficult political circumstances.

Peru's Defensoría was established amid a wave of adoption of similar institutions, generally called National Human Rights Institutions (NHRIs), in countries around the world since the 1990s (Castañeda Portocarrero 2011). Like other NHRIs, Peru's Defensoría faces a set of inherent challenges. As independent government bodies responsible for human rights promotion, NHRIs are part of the state but they are charged with holding other state institutions to account. To be effective, NHRIs need to count on support from both civil society and state agencies, although close relationships with one side risk alienating the other. In addition, there is no universal model for NHRIs and many may lack certain institutional guarantees and powers that could support their work. NHRIs that lack the tools to fulfill their mandates are vulnerable to the criticism that they can provide "democratic cover" to a regime that is less than democratic (Pegram 2008, 52)

Peru's Defensoría faces a number of these tensions. While it can count on robust investigatory powers and relatively strong guarantees protecting its independence, it lacks the ability to sanction state authorities. Without an enforcement power, the Defensoría has had to develop innovative methods to promote accountability and rights, particularly "soft" types of sanctions involving publicity and political measures (Pegram 2008, 52; Castañeda Portocarrero 2011). It has relied on astute political assessments of its opportunities for intervention and has sought to carefully protect its reputation for impartiality and integrity. In general, the Defensoría has managed to maintain a high degree of legitimacy in public opinion amid widespread lack of confidence in other government institutions (Pegram 2011).

The Defensoría also has a history of addressing issues related to health care and reproductive rights in Peru. Within a few years of its founding, the Defensoría played an important role in

documenting gross human rights abuses in relation to the government's family planning initiatives (Defensoría del Pueblo 1998; Defensoría del Pueblo 2000). These included a large scale forced sterilization program targeting indigenous women in rural areas (Miranda and Yamin 2004). Later when the subsequent administration sought to restrict access to contraception, the Defensoría again adopted a vocal position and released a further report highlighting these violations of reproductive rights (Defensoría del Pueblo 2002).

The Defensoría has a central office in Lima and thirty-eight regional offices distributed around the country. The regional office of the Defensoría in the department of Puno is the state reform actor in this case study.

Promoting Accountability Through State-Civil Society Collaboration: The Defensoria and Citizen Monitors in Puno

Origin of the citizen monitoring initiative

The initial idea for the citizen monitoring project was developed collaboratively by the NGO CARE Peru and a U.S.-based NGO, Physicians for Human Rights USA. Physicians for Human Rights had just completed fieldwork in the departments of Puno and Huancavelica, with assistance from CARE Peru, for a report on maternal mortality in Peru (Physicians for Human Rights 2007). The rationale for the citizen monitoring initiative drew on conclusions of the Physicians for Human Rights report, which found that maternal deaths in Andean communities were linked to institutionalized discrimination and systemic underfunding of the health sector (Physicians for Human Rights 2007). To address these problems, the initiative developed an approach that borrows its name and some of its core ideas from Peru's *vigilancia ciudadana*, or citizen monitoring/oversight, movement (Ríos and Alvarado 2006, 53; Gamero et al. 2004). Based on the notion of active citizen participation, the initiative aimed to develop a consistent presence within local public health facilities using trained volunteer citizen monitors in order to track, gather evidence, and report on the quality of care provided to health users.

Physicians for Human Rights funded an initial pilot of the initiative in 2008. Later that year, CARE Peru secured continued funding for the initiative through its involvement in "Participatory Voices," a large-scale project funded by the U.K.'s Department for International Development on rights-based approaches to strengthening governance in health (Frisancho 2013, 19). Once it was operating, the initiative functioned as a partnership managed by CARE Peru and involved a number of groups and support organizations. This included a group of volunteer citizen monitors recruited from communities in the districts of Ayaviri and Azángaro, ForoSalud (Peru's largest health-focused civil society network) and the Puno office of the Defensoría del Pueblo. The initiative began with eighty monitors in Ayaviri and Azángaro in 2008 and steadily expanded over

six years. By the end of the initiative, participation grew to include 260 monitors and extended to a total of five districts in Puno.

Bringing the Defensoría into the citizen monitoring initiative

Early on, NGO staff involved in setting up and managing the citizen monitoring initiative wanted to bring in the Defensoría office as a partner. Ten years earlier, these same staff members had been involved in a USAID-funded reproductive health project, called ReproSalud. In this earlier project, Indigenous community-based volunteers were trained as reproductive health promoters. Part of their role involved engaging with local health officials to address problems with low quality reproductive health services. This experience revealed that additional support was required to counter the uneven power relations between Indigenous, community-based volunteers and local health authorities. By involving the Defensoría, the organizers hoped to provide the citizen monitors with greater legitimacy and to address uneven power relations.

When CARE staff approached the Puno regional office of the Defensoría del Pueblo and proposed an alliance, they found the lawyers to be very receptive. The Defensoría had a number of motivations for collaborating with the new initiative. The Defensoría has a broad constitutional mandate to defend Peruvian citizens' fundamental human rights. It is also charged with supervising government administration in relation to priority human rights themes, including education, health, and civil rights. As well, they are required to focus on specific priority groups, for example women, children, adolescents, Indigenous communities and areas affected by political violence. Discharging these responsibilities has been challenging for the Defensoría even during its years of peak funding in the 1990s. Funding decreases in the 2000s have left the Defensoría increasingly under-resourced and short staffed, particularly in the regional offices. As one Defensoría staff person explains:

Here in Puno, we have a small team... there are only five lawyers to attend to the whole Puno region. Plus, each lawyer isn't only in charge of one area of rights. Each lawyer covers multiple areas. It makes it difficult for the Defensoría to actually address themes in any depth. Plus, health is a huge theme. It has so many big issues that need to be followed (Anon. #2, interview, 2011).

During the same time period, at a national level, the Defensoría identified the prevention of maternal deaths as a new and important human rights issue. A staff person at the Defensoría office in Puno notes that this was a factor triggering their involvement in the initiative:

In particular, we are focusing our work together on preventing maternal deaths. That's how the monitoring project arose, as a way to prevent maternal mortality. The Ministry of Health has many official policies to help prevent maternal mortality. But often, the policies don't make it all the way to the hospitals and health centres in Puno and even less so to the health posts. Guidelines aren't followed and there are all sorts of rights violations (Anon. #2, interview 2011).

The Puno office of the Defensoría saw the citizen monitoring initiative as a way of extending their eyes and ears, allowing them to oversee health care service delivery despite their shortage of staff and funds.

Certainly, when this project came up with CARE and ForoSalud, a project where citizens, in this case Quechua community members from Azangaro and Melgar, would monitor whether rights were respected or not, in particular about health, it was very important. They are able to keep us informed about what's happening in the sector, no? About what's happening in the health facilities (Anon. #3, interview, 2011).

The Defensoría in Puno was aware that the monitors would provide a consistent volunteer presence in the health facilities that was beyond their own institutional capacity and could serve as a bridge to identify and address ongoing health rights violations, especially those that could impact maternal health. Although Defensoría staff had frequent contact with members from communities across Puno, their interactions tended to be based on case-by-case needs. Collaboration as partners with the citizen monitors offered a new way of working together. Given the potential for mutually beneficial outcomes, the Defensoría office launched itself into the new initiative, freeing up staff lawyer time to support the activities (Anon. #3, interview, 2011).

Citizen monitor recruitment and training

To get started, the initiative mobilized a network of Indigenous women to work as volunteer citizen monitors. Many of the women recruited in the two districts of Ayaviri and Azangaro were former health promoters who originally worked on the USAID-funded ReproSalud project in the late 1990s and early 2000s. After the conclusion of ReproSalud, several of the former promoters organized themselves into two community-based organizations (CBOs), *Las Manueles* in Ayaviri and *Las Micaelas* in Azangaro and continued to work on gender-based issues in their own districts.

In the early 2000s many of the former promoters had also incorporated themselves into the Puno branch of ForoSalud, the national Peruvian civil society network for health. Recruitment came primarily through these pre-existing social networks, with ForoSalud Puno joining the initiative as another key partner. One of the CARE staff, who had also formerly worked with ReproSalud, contacted the former volunteer reproductive health promoters through their two CBOs to let them know about the new initiative and offer them the opportunity to use their past experience in new ways. Additional female community leaders were also recruited through public announcements, especially over the radio (Frisancho 2013).

CARE Peru drew on the Defensoría as collaborators to jointly train the citizen monitors concerning key legal issues related to the right to health, the right to public participation, rules and regulations related to the functions of the health system, and other relevant topics. Once trained, the citizen monitors would make regular visits to local health facilities and observe issues and problems. With technical support from their civil society partners, the monitors would catalogue and systematize their findings and present them to local health authorities. To add extra weight to the monitors' findings, the Defensoría would also attend the meetings, help to steer the dialogue with health officials, and push for commitments to change.

Other state actors also provided training modules. The initiative worked with the Ministry of Health so that the monitors would know official Ministry policies about patient treatment in health facilities. The monitors were given clear boundaries of what they could and could not do during their health facility visits. For example, they learned that they were not allowed to enter into the actual consultation rooms with doctors and patients, due to privacy issues. However,

they could ask patients after their consultations whether they were satisfied with the way they were treated by the doctor or other health professionals. These direct interactions between monitors and patients, both of whom were mainly rural Indigenous women, helped the patients to become more aware of the of their formal health rights and entitlements through the publicly provided health system.

Over time, the Defensoría provided training on new topics based on the evolving needs of the monitors. For example, a Defensoría lawyer trained the monitors about Peru's Transparency Law that all public institutions were required to follow. The lawyer emphasized that the monitors had the right to ask for information from all public institutions, including their publicly provided health services. This included the right to know about budget issues, including the amount of the health budget and how it was being spent. Access to this type of information was eye-opening for the monitors (Anon. #3, interview, 2011).

Once the project was underway, an additional state actor, the public health system's Comprehensive Health Insurance (*Seguro Integral de Salud – SIS*) regional Puno office also began to provide important support to the initiative. SIS is a reimbursement mechanism that covers the cost of health care to poor families. The objective of SIS is “to promote equitable access to quality health services with priority given to uninsured individuals and vulnerable populations living in poverty and extreme poverty” (Francke 2013, 4). A large percentage of Puno's rural community were eligible for SIS. However, many citizens were unaware of their right to be enrolled in SIS. Even if registered, health users were not always able to receive the services for free despite their right to do so. Staff from the Puno SIS office assisted the monitoring initiative by providing training and technical assistance directly related to the insurance scheme so that monitors were equipped with the necessary knowledge to spot potential irregularities with the use of SIS in the health facilities (Samuel 2015).

Creating openings for monitoring in health facilities

Defensoría lawyers helped to inform health workers and officials about the citizen monitors and the oversight work they planned to carry out in local health facilities. One of the lawyers from the Defensoría accompanied project members when they first approached the health facilities. Despite their relative social power, this lawyer received significant push back from some of the health workers when the monitoring idea was first introduced. Some of the doctors were opposed to the idea of citizen monitoring and felt that only a doctor of their level or above was qualified to carry out oversight of their work. The Defensoría lawyer explained that the citizen monitors were not there to supervise medical procedures from a technical or expert standpoint. Instead, they were responsible for monitoring the quality of the services provided, in particular how the health workers treated the patients (Anon. #7, interview, 2011). Despite civil society members' legal right to monitor state-funded health facilities, it was an uphill battle for the citizen monitors to be accepted. Their presence was unprecedented and challenged beliefs that were entrenched in the health system. One Defensoría staff member explained the situation in the following manner:

This is going to sound terrible. But there needs to be a change of attitude within health services. It is not a favour to serve patients. No. We need citizens to feel that these services are a right that they should demand. Changing that way of thinking with many health providers, especially doctors, is very difficult (Anon. #3, interview, 2011).

The Puno Defensoría Office also supported the initiative by allowing the Defensoría's name to appear on formal badges issued to the citizen monitors. The badges also displayed the names of CARE Peru and ForoSalud, the civil society groups that were the primary partners supporting the initiative. Staff at the Puno Defensoría Office understood that there might be concerns within the national Defensoría Office that badges bearing the name of the organization could potentially be misused. However, they also felt strongly that the monitors needed tangible support and backing to navigate the uneven power dynamics they would encounter in the health facilities (Anon. #2, interview, 2011). From the beginning, the monitors proudly wore these badges during their monitoring visits. They felt that the badges provided important leverage and helped open up space in the facilities for their monitoring activities (Anon. #5, interview, 2011; Anon. #6, interview, 2011).

One important factor that facilitated the partnership in Puno was there was a pre-existing relationship of trust between key decision makers in the Puno Defensoría and one of the NGOs that provided technical and logistical support to the monitors. A senior official in the Puno Defensoría office explains:

This theme around monitoring, within the Defensoría it started with me. More than anything there was an opening. Also, a little bit about trust. I've known [person within partner civil society organization] for years. I think that this trust helps to generate an alliance. This is maybe part of what's missing in other offices. I think in other Defensoría offices there might be some fear about doing what we are doing with the monitors (Anon. #2, interview, 2011).

Support from the Defensoría during citizen monitoring

To monitor their local health facilities, the citizen monitors worked in pairs, with each team visiting their assigned local facility at least twice per month. Often the teams took shifts more frequently, depending on the number of monitors available for each location. NGO staff from CARE Peru provided technical assistance, arranging the monitoring schedules, assisting with the monitors' questions where possible, as well as convening monthly meetings of the monitors and setting up meetings with health authorities. Monitors worked on a volunteer basis, receiving only a small stipend to cover transportation expenses for their travel to the health facility.

The original conception of the model envisioned the monitors primarily as observers and informal interviewers. The monitors were trained to note down their observations and the feedback from their informal interviews so that all of the findings could be systematized and shared with health authorities in formal meetings that would take place monthly. However, in practice, the monitors' role in the health facilities quickly shifted from observer to informal advocate (Samuel and Frisancho 2015). When they witnessed mistreatment, they would often take it upon themselves to use their new role and status to intervene. One monitor described a situation that she and her monitoring partner dealt with in their assigned health facility:

There was a patient who had just had an operation. We went to visit her and we asked her how she was being treated. She told us that they kept yelling at her because she was wetting the bed. Also, they had changed her IV twice but it wasn't put in properly. The nurse refused to do it again unless somebody went to the pharmacy and bought new needles. We asked her, "Aren't those supplies covered by SIS [Seguro Integral de Salud, the public health insurance scheme which covers basic services for low income people]?"

She told us they weren't included in SIS. We didn't believe her. Then she wanted us to go buy the things for the patient ourselves. We told her, "Excuse me, but we're the monitors and we would like you to look after the woman nicely. She's very scared of you now. We're monitors and we don't have money to go buy things. Besides, the supplies should be covered by SIS." That's what we said to her. She became very silent. She left and got the supplies and changed the patient's IV needle. We don't know where she suddenly got the supplies from but she changed the IV. Silently. We didn't talk to each other again but we wrote down what happened in our notebook to report it later in our meeting (Anon. #6, interview 2011).

If monitors felt they could not handle a situation, they contacted the Defensoría lawyers for support. One of the monitors emphasized how their collaboration with the lawyers added extra weight to their monitoring efforts:

Well, if we're not being listened too, as a last resort the Defensoría comes. We, the monitors, we call them and let them know that certain benefits or rules are not being respected. So then at any moment they'll come and talk with the staff or the Director so that they follow the rules (Anon. #6, interview, 2011).

In the early days of the project, a call from a monitor could lead one of the Defensoría lawyers to travel to the health facility to help negotiate with health personnel directly. However, often a personal visit was not feasible and instead, a lawyer would intervene over the phone. This could yield important results. For example, in one case a monitoring team was extremely concerned about a pregnant woman who appeared to be in serious pain. They were fearful that she was having complications yet she was not getting timely attention in the hospital. When their own efforts failed, the monitors called the Defensoría lawyer who then called the hospital's director. The monitors remained in the health facility with the pregnant woman. When she continued to not receive attention, the monitors called the lawyer again. This time, the lawyer called the hospital director's boss, the Director of the Regional Health Network. The Regional Director then called the hospital himself. This series of phone calls resulted in the woman finally receiving the attention she urgently needed. In another case, a lawyer received a call from monitors to report that a patient was being charged a substantial sum of money by a health worker to obtain an official document that was supposed to be provided to her for free. Again, the lawyer tried to intervene by calling the hospital director. When the call to the director did not yield results, the lawyer took it all way to the Regional Director of Health, the most senior Ministry of Health official in the department of Puno. The money was returned to the patient (Anon. #3, interview, 2011).

Bringing in the Defensoría by phone or in person was often effective to address individual situations. However, over time, the monitors also became increasingly able to address certain kinds of problems on their own. For example, to address the common problem of doctors' absenteeism, monitors began to take on the task of contacting the hospital director or the head of personnel directly. If there was no adequate explanation for the absence, the supervisors would take some kind of action (Anon. #1, interview, 2011).

As health facility staff became more familiar with the citizen monitoring initiative, monitors found that sometimes, simply by invoking the Defensoría, they could gain traction when navigating an issue with health workers. A monitor noted this difference as the project progressed:

Now when there are problems with workers, we will say we are monitors. We are monitors and we have come from the Defensoría. We are going to complain to the Defensoría del

Pueblo. As soon as you say you are going to advise the Defensoría, all of the sudden things change. The workers move quickly. Something happens so that suddenly they obtain the medication they said they couldn't get before. Where did it come from? (Anon. #7, interview, 2011).

Dealing with issues informally

In general, the Defensoría lawyers encouraged informal approaches rather than formal complaints or charges to address the problems brought to their attention. One of the lawyers explained their logic:

The monitors mostly observed things like patient mistreatment, illegal charges, things like that. It is difficult to solve those things in a formal setting. Here in the Defensoría, we work mainly on what I think of as the 'principle of informality.' That means that we don't need to always do all the paperwork. Instead, sometimes we can solve a complaint just through a phone call to the Director of the hospital. If it is a situation that requires immediate action, the Director can often fix the problem by addressing the situation directly, in the moment. This is the most common way we resolve things that come to us through the monitors (Interview Anon. #2 2011).

Sometimes this was an effective strategy and the combined effect of monitors present in health facilities coupled with support from the Defensoría could result deliver swift results, at least in relation to an individual complaint. For example, in one case where a doctor charged an illegal fee to a patient, pressure from the Defensoría successfully persuaded the doctor to return the money. This may have solved the individual complaint, however, it is unclear whether the experience would deter the doctor from repeating the behaviour. The Defensoría recognized this risk but still felt it was the most practical approach:

I told him that it was an irregular charge and really, he had to return it to the patient. Finally, he did return it. He still disagreed with us but he didn't want to be subject to a disciplinary hearing. So sometimes we can resolve things in the moment. It's a little complicated. Because of course, we hope the doctor won't do it again even though he didn't have to go through a disciplinary hearing. Sometimes it's hard to know (Anon. #2, interview, 2011).

The citizen monitoring visits to health facilities resulted in observations as well as direct advocacy by the monitors, sometimes with support from the Defensoría in attempt to address in the moment specific abuses as they occurred on site (Samuel and Frisancho 2015). At the end of each monitoring shift, the monitors recorded their findings in a notebook. Once a month, the citizen monitors would gather with one another and exchange information about their findings. Staff from CARE Peru and ForoSalud were also present. They provided technical assistance to the initiative by compiling and systematizing the monitors' findings into a report that they would share with their project partners, including the Defensoría and the SIS Office. Once a report was ready, CARE Peru staff, representatives from ForoSalud and the citizen monitors would convene a formal meeting with the district health authorities in Ayaviri or Azangaro to discuss their findings.

Formal meetings with district health authorities

When the citizen monitoring model was initially designed, the intent was to systematize all of the observations from the monitors in a monthly report. The project would then convene regular, formal meetings with district and regional health authorities to address the issues raised in the report. The Defensoría agreed to participate in these meetings in order to support the monitors and help to counter the uneven power relations between civil society actors and health officials. One NGO staff person recalled the process:

Our meetings with health officials were done with the Defensoría present. And what happened was that when we presented the cases about the rights violations, the doctors would start to object. But the Defensoría would intervene and explain how things should be: that patients have the right to be seen properly, that they have the right to an interpreter in Quechua, that they have the right to be seen in private. That they must clearly and publicly post the hours and the costs of services. They gave more force to the citizen monitoring process (Anon. #8, interview, 2019).

Unlike the informal, case-by-case process used by citizen monitors to deal with issues in individual health facilities, the formal meetings were established to identify and address recurrent problems with health care delivery across the district. At these meetings, the Defensoría would present evidence gathered by the monitors and make recommendations to district level health officials. One such issue concerned health workers wearing their photo ID cards as required by the Ministry of Health. Monitors observed that some health workers would not wear their ID cards, or they would hide them. Without the photo ID card, patients were unable to identify by name who had mistreated them. The Defensoría lawyers repeatedly pushed during the formal meetings to have the rule about wearing photos ID cards respected in the health facilities, with a fair amount of success (Anon. #2, interview, 2011; Anon. #4, interview, 2011).

Despite progress made on some issues, overall the citizen monitoring initiative struggled to make effective use of the formal meeting mechanism. The meetings were supposed to take place approximately every month. However, frequent staff changes among key Ministry of Health personnel, including district and regional health directors, created a climate of constant instability. With each round of turnovers, the monitors and their allies were required to explain the initiative to the new officials and build new relationships. The lack of consistent meetings and the frequent turnover of senior health personnel reflected the entrenched instability within the broader public health system. These types structural issues proved beyond the reach of local citizen monitors and their project partners, including the Defensoría, to resolve effectively.

Challenges to sustainability and scaling up

During the six years that the citizen monitoring initiative functioned in Puno at full capacity and in direct partnership with the Defensoría, activities took place originally in the districts of Ayaviri and Azángaro and later in the district of Santa Rosa. However, any further scale-up to the initiative in the department of Puno was not possible given the Defensoría's limited resources. Already over-stretched and underfunded, the regional Defensoría office in Puno simply lacked the ability to support monitors in other parts of the department (Frisancho 2019). Ayaviri, Azángaro and Santa Rosa were originally selected because they were close to the two offices of the Defensoría in the cities of Puno and Juliaca. The first two districts also had the benefit of the

solid, pre-existing women's community-based organizations (CBOs), *Las Manuelas* in Ayaviri and *Las Micaelas* in Azangaro.

In 2014, CARE Peru's Directorate discontinued funding to its Health Rights program, which led to the dismantling of CARE's involvement with the citizen monitoring initiative. Around the same time, there was also a change of leadership in Puno's Defensoría office. With the withdrawal of CARE Peru, monitors no longer received consistent support and coordination from staff based in Puno. The monitors in Ayaviri and Azangaro continued their monitoring activities independently but on a less regular basis.²

Under new leadership, the Defensoría office in Puno maintained its relationship with the citizen monitor groups and formal meetings involving district health officials, Defensoría lawyers, and citizen monitors continued sporadically for roughly one year. Citizen monitors eventually stopped visiting health facilities in a systematic fashion although some would continue to visit health facilities on their own on an irregular basis. The Defensoría began interacting with monitors in a new way by organizing what it called "rights fairs." In this model, lawyers from the Defensoría visit a community and attend to all of the various rights-related cases brought to them. The citizen monitors trained through the CARE project will regularly attend these fairs and report on rights violations they may be aware of through their community networks and connections. However, the Defensoría and the monitors no longer maintain an ongoing relationship with each other that revolves around facility level monitoring (Interview Anon. #8 2019).

To date, the initiative in Puno has been the only example of citizen monitoring in Peru to partner closely and actively with a regional Defensoría office in the form outlined in this case study. The Health Rights program run by CARE Peru included citizen monitoring initiatives in two other regions, Huancavelica and Piura. These took place at approximately the same time as the Puno initiative. However, neither of the initiatives established in these other regions were able to achieve the same type of close collaboration with their regional Defensoría offices. In the case of Piura, the Defensoría was contacted early on about collaboration. However, it requested that the health rights project finance the salary of an additional Defensoría lawyer who would be embedded in the project. This was beyond the resources of a civil society organization and would not be sustainable over time. In Huancavelica, although the citizen monitors would meet with the Defensoría occasionally, they were not able to forge the same type of close collaborative relationship. A few years later, ForoSalud also launched citizen monitoring initiatives in various other regions of Peru. While these initiatives followed some elements of the model from Puno, they did not forge the same type of close relationship with their regional Defensoría offices. They also did not establish mechanisms for regular policy dialogue with district health authorities to promote accountability (Frisancho 2019). Further research is needed to better understand the differences between the monitoring initiatives in different parts of the country, including their relationships with Defensoría offices.

Considering the Citizen Monitoring Initiative as a “Sandwich Strategy”

In this section, we consider the collaborative relationship between citizen monitors and Puno’s Defensoría office as an example of a sandwich strategy.

How does “voice” trigger “teeth”?

A sandwich strategy is characterized by synergistic action involving actors within the state and civil society leading to pro-accountability institutional change. In the ideal model, openings from above are triggered (possibly by local protest, international pressure, or intra-elite competition), which creates space for pro-accountability mobilizations from below. This in turn may create further opportunities for reform by pro-accountability actors within the state. Resistance to reform by vested interests in the state and civil society is therefore countered from above and below, making a “sandwich.” This is expected to create iterative cycles of mutual empowerment involving pro-accountability actors in the state and civil society. Triggers and turning points may be caused by conflict or cooperation between different actors.

Therefore, a sandwich strategy occurs when openings from above generate opportunities for civil society mobilization (“voice”) and synergistic action by pro-accountability citizens and officials to counter vested interests and anti-accountability resistance (“teeth”) (Fox 2019).

This case study appears to fit the model relatively well in certain respects. Civil society actors initially provided the trigger for collaboration by designing the citizen monitoring initiative and approaching the Defensoría. Once involved, the Defensoría created “openings from above” by working with citizen monitors and helping them to again access to health facilities to promote accountability. This created further opportunities for “mobilization from below” as volunteers working with the initiative carried out citizen monitoring activities in their local health facilities and developed new ways to address problems with health care delivery in their districts.

Creating synergies to promote institutional change

The Defensoría lawyers and the citizen monitors worked together in ways that created important synergies along the lines expected in a sandwich strategy:

- Defensoría staff provided monitors with training and badges to increase both the capability and authority of citizen monitors;
- They also helped to address the considerable resistance to citizen monitoring in local health care facilities, especially at the beginning of the process. Lawyers from the Defensoría intervened directly to inform and persuade health officials that the citizen monitors have a legal right to carry out their activities. A key moment of support and scaffolding from the Defensoría occurred when the citizen monitors first visited the health facilities to inform staff about the initiative’s objectives and activities;

- When monitoring activities began, Defensoría lawyers intervened in difficult cases when they received calls from monitors. By making calls to senior health officials, the lawyers were able to help address individual cases; and
- As time went on, monitors gained authority in health care facilities in part because of their ability to call upon Defensoría lawyers. Their ongoing interaction with health workers and officials served as an active form of capacity building, reinforcing their sense of agency vis-à-vis public officials. As a result, they became more autonomous actors able to promote accountability in health care facilities without requiring continuous support. The Defensoría lawyers helped to create a more enabling environment for the citizen monitors to mobilize and carry out their work. In turn, this helped the lawyers to exercise an influence over health service delivery at the facility level: spaces that the Defensoría office was previously unable to reach. In short, through this close cooperation, the lawyers help to increase the monitors' influence while the monitors help to extend the lawyers' reach.

This collaboration was effective at overcoming initial resistance by health workers and local officials to monitoring in health care facilities. Together, the citizen monitors and the Defensoría lawyers successfully established the right of monitors to carry out their work in local health posts and hospitals. However, their influence on resolving longstanding problems with health care delivery in the districts targeted by monitoring was more ambiguous. The evidence suggests that, through their collaboration, Defensoría lawyers and citizen monitors were effective at informally addressing individual complaints and problems as they occurred in local health facilities. This included cases of abuse, neglect, illegal charges and discrimination which could have a significant impact on individuals and their families (Samuel and Frisancho 2015).

However, making lasting change on service delivery that dealt with recurring patterns in local health care facilities was much more challenging.³ This was due to the fact that many problems in local facilities are tied to systemic causes resulting from underfunding, mismanagement, and precarious employment practices in the health system that serves the rural poor (Samuel 2016). This health system, dedicated to serve the most marginalized in Peruvian society, has long been under-resourced, even as its responsibilities have expanded. Deeper change requires addressing root causes which in turn requires mobilizing considerable political will and public resources. Even in collaboration, the monitors and the Defensoría lacked the power to promote lasting institutional change that could address these broader, more systemic issues. This highlights not only the entrenched inequalities faced by the Indigenous Quechua monitors and their communities, but it also reveals the limits on the power of Peru's Defensoría del Pueblo and its regional offices.

Lawyers learning from community-based actors

The citizen monitors not only learned from the Defensoría and helped to extend the lawyers' "reach." Engaging with the monitors and the initiative also provided important learning opportunities for Defensoría lawyers. Regular interaction with the monitors provided the lawyers with opportunities to witness and learn about the daily realities faced by Indigenous women in rural health facilities. As well, Defensoría staff could find it difficult to stay up to date with constantly shifting rules and policies within the Ministry of Health. These norms were often more familiar to CARE staff and the monitors. But perhaps more importantly, through engagement with the initiative, Defensoría lawyers strengthened their ability to work with Indigenous women in their region. They became more sensitive to how difficult and complex it can be for a rural Indigenous woman to place a complaint with the Ombuds' office due to administrative barriers and fear of

reprisal. Ombuds' lawyers involved in the initiative transitioned from a more traditionally "paternalistic" approach of working with community-based actors that treated them as victims to be protected. Instead, prolonged involvement with the initiative gave these lawyers opportunities to appreciate the experience and expertise of the Indigenous leaders who acted as citizen monitors (Frisancho 2019). Beyond the life of this particular initiative, these are potentially enduring lessons that can shape how public officials interact with communities over time.

Barriers to institutional change

Limits on the Defensoría's influence in the citizen monitoring initiative

Why wasn't the Defensoría more effective in its support to citizen monitoring? The Defensoría has a number of important limits on its ability to exercise leverage over government agencies. The Defensoría lacks the authority to impose sanctions either on government agencies or employees. For the most part, it relies on formal individual complaints. There are many barriers to making complaints for many people in Puno, a department with a high number of rural Indigenous communities (Frisancho 2019). When complaints do get filed, lawyers pursue investigations and non-judicial actions such as issuing special reports, recommendations, and resolutions (Pegram 2011, 235).

As a result, the Defensoría primarily uses its persuasive and reputational power to press for change. In cases involving misconduct by Health Ministry employees, the Defensoría is able to request a disciplinary committee to be convened in line with the Ministry's internal regulations. Unfortunately, these committees could be easily stalled within the Ministry. Repeated resignations of health worker members from a disciplinary committee, requiring repeated reconstitution of the committee, could delay the process for as much as a year before a hearing could be held (Anon. #2, interview, 2011; Anon. #4, interview, 2011). The Puno Defensoría staff hoped that the citizen monitoring initiative could contribute to resolving these problems with the disciplinary committee process through engagement with the Ministry of Health. However, this had not occurred at the time this research was conducted (Anon. #1, interview, 2011; Anon. #2, interview, 2011; Anon. #3, interview, 2011). Management in the Ministry of Health often appeared unwilling to clash with health workers' unions to address complaints brought by citizen monitors (Anon. #8, interview, 2019).

In very serious cases, the Defensoría also has the option of referring a case to Peru's public prosecutor's office to be treated as a criminal matter. This process was rarely used, if ever, during the citizen monitoring initiative. These cases are costly as they involve discharging a heavy burden of proof and require detailed investigations and evidence collection. In addition, many potential complainants could be fearful of reprisals where they could lose effective access to their local health providers, the main source of health care provision for their families (Frisancho 2019). Most importantly however, the great majority of complaints collected by citizen monitors concerned everyday problems, for example discriminatory treatment, absenteeism and a failure to do particular tasks. These could have serious impacts on health users, but they did not rise to the level of criminal responsibility. One could argue that addressing these particular types of everyday injustices is beyond the legal system and the purview of individual human rights lawyers.

Despite these limits, the Defensoría Office in Peru has had some important past successes using its persuasive powers. For example, working with civil society actors, it played an important role in exposing and systematically documenting widespread state-sponsored forced sterilization of

predominantly rural Indigenous women in the 1990s. The report issued by the Defensoría at the time helped to generate national and international outrage around the abuse. This momentum resulted in changes to government policy and practice around this issue (Yamin 2020). However, when the citizen monitoring initiative began a decade later, the Defensoría office in Puno unfortunately lacked the resources and was too overstretched to perhaps make full use of its persuasive powers to assist the monitoring initiative in that way. With more lawyers, the regional office could have supported monitoring in more areas of Puno. With a larger body of evidence concerning problems in state-funded health facilities, the Defensoría could have compiled reports and sought to generate public outcry through the media (Frisancho 2019). However, the regional office faced both limited resources and other pressing concerns. Especially after the first few years of the collaboration, the Defensoría's time and attention was increasingly focused on the rising number of serious socio-environmental conflicts that had emerged in the region, leaving their limited staff less available to work with the monitors.

Inconsistent buy-in from the Ministry of Health and other state actors

Officials within the Ministry of Health both helped and hindered the efforts of the citizen monitoring initiative. Some local health officials supported the process. Local health officials attended meetings and made commitments to address problems. Hospital Directors often responded to Defensoría phone calls with direct and immediate actions. While there appeared to be no organized opposition to citizen monitoring among local health officials and health workers, certain doctors and officials in Puno put up forms of quiet resistance throughout the initiative. In particular, some of these officials would simply not follow through with the agreements signed during the district meetings with the monitors and their allies.

At a national level, the Ministry adopted a comprehensive, formal policy document about citizen monitoring, drafted with significant assistance from civil society actors involved in the designing the Puno model (Ministerial Resolution N° 040-2011-MINSA). However, consensus on how best to operationalize the national citizen monitoring policy, plus the funds to do so, were never found. The Ministry also had an internal debate about establishing its own citizen monitoring system. In the proposed model, health facilities would hand-pick and train their own monitors. These monitors would be answerable to the Ministry's recently established internal Ombuds Office (Anon. #8, interview, 2019).

Another challenge to the Puno initiative's effectiveness lay in the fact that state actors other than the Ministry of Health, for example those parts of the state and political apparatus responsible for allocating resources to the health system, were also key players in how health care was shaped in Peru. Yet, despite their importance, these actors and institutions were beyond the limited scope of the Puno intervention. Therefore, many problems identified locally with roots in broader structural issues could not be effectively addressed within the model's design.

Some efforts to link the monitors' findings with national advocacy strategies emerged later in the project. For example, supported by regional and national ForoSalud members, the monitors began to provide concrete cases of local health rights violations that could support national advocacy efforts. Monitors' grassroots evidence of incomplete and inequitable provision of free, good quality health care helped national actors to challenge government discourse that effective Universal Health Coverage was available to all Peruvians (Frisancho 2019). However, the loss of donor support and subsequent technical assistance from civil society partners prevented further development of these local-to-national bridging activities.

Barriers to Institutional Change Within the Defensoría

The sandwich strategy model suggests that relations between pro-accountability state and civil society actors can take the form of a virtuous circle, where one group makes openings for the other group, who then increase the influence of the first group, and so on. As noted earlier, the mobilization of the citizen monitors did expand the influence and organizational capacity of the Defensoría office in Puno. Through partnering with the monitors, the regional office was able to expand its ability to oversee health care service delivery in two districts in Puno despite its limited resources. The joint work between staff from the regional Defensoría and SIS (public health insurance) offices in support of the monitors also helped the two institutions to overcome some initial mistrust and foster a closer collaborative relationship. However, these gains did not translate into a more substantial iterative cycle of empowerment where the success of the Puno Defensoría office was celebrated and replicated by other regional offices. Perhaps most notably, at the national level, the Defensoría did not promote this model of cooperation within its organization, nor did it use this story to scale up this kind of collaboration with citizen monitoring in other locations. Instead, the Puno initiative remained relatively unknown within the Defensoría bureaucracy.

The reason for this appears to be tied to the fact that the Defensoría office in Puno chose not to promote its collaboration with the citizen monitors in order to avoid potential problems with head office. Perhaps, faced with the prospect of lengthy delays and risk-averse politics within the national organization, the Puno Defensoría office chose to “fly under the radar” and to make decisions regarding its partnership with the citizen monitoring initiative (e.g. issuing official badges accrediting the citizen monitors) on its own. This allowed the operation in Puno to get off the ground quickly and to function without interference. However, it also meant that the initiative was not well known within the Defensoría at the national level.

Conclusion

We have argued that the state-civil society collaboration discussed in this case can be understood, in some respects, as an example of a successful sandwich strategy approach. In line with the sandwich strategy model, Indigenous citizen monitors, national civil society organizations and Defensoría lawyers acted in ways that created synergies, enhancing their mutual ability to promote pro-accountability institutional change. The opportunity to align themselves with the Defensoría gave the Indigenous women who volunteered as citizen monitors increased social legitimacy, authority and “voice” when interacting with officials and workers in a health system that has systematically marginalized them and members of their communities. Meanwhile, by allying with the citizen monitors, the Defensoría lawyers gained regular “eyes and ears” in health facilities, spaces where the human rights lawyers had little opportunity to regularly and repeatedly visit. They also gained a more nuanced understanding of the complexities built into how local public health facilities function, as well as the barriers individuals face to filing complaints, even when their right to health is violated.

What is less clear, however, is the degree to which the collaboration between the Puno office's human rights lawyers and citizen monitors was able to produce durable institutional change. Two kinds of pro-accountability change are explored in this case study: first, the establishment and spread of citizen monitoring in health facilities; and second, change in the health system that increases responsiveness and deals with abusive and discriminatory practices in health care delivery. In both cases, there are temporary successes. Citizen monitors, their civil society partners and Defensoría lawyers were able to overcome initial resistance among health workers and local government health officials to establish facility level monitoring. Working together, they were able to informally address many individual cases of abuse and other problems in health care delivery in local facilities. However, they were not able to exercise sufficient power to deal with the structural causes underlying many of the problems in Puno's state-funded health facilities. Also, they were not able to either scale up or institutionalize their model of citizen monitoring which was based on close cooperation between local Defensoría lawyers and citizen monitors. The model did not get replicated in the same form outside of Puno. The Puno initiative itself dramatically decreased the scope and scale of its activities after roughly six years of operation, once international donor support was no longer available.

Active opposition by anti-accountability actors in either the state or civil society was not the main barrier to lasting institutional change identified in this case study. Instead, quiet indifference from key parts of the state and civil society to address embedded inequalities in the health system, the sheer scope of the problems being confronted, a lack of sustained interest on the part of Ministry of Health officials to promote democratic spaces for accountability, and the limited resources of the pro-accountability actors involved, all appear to play a large role.

It is worth emphasizing however that promoting effective pro-accountability change and responsive government in the face of systemic inequalities is inevitably a long game, with timelines that are likely to stretch beyond an individual reform initiative. The more enduring impacts of the citizen monitoring initiative in Puno have yet to be ascertained. The Indigenous women trained as citizen monitors gained unique practical experience as advocates for their communities. These leadership opportunities were also a way to promote the agency of rural, Indigenous women and create new spaces for their civic engagement. Notably, the ties the initiative fostered between these monitors and the Defensoría have not entirely disappeared, although their collaboration is now more informal and ad hoc. How the gains from the Puno monitoring experience play out over a longer horizon is still to be discovered.

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Notes

1 Article 162 of the Constitution of Peru, 1993, reads: "It is the duty of the office of the Ombudsman to defend the constitutional and basic rights of the person and the community, and to ensure the enforcement of the state administration duties, as well as the provision of public services to citizens."

2 For a brief period, the monitors received support from a different Peruvian NGO to continue their monitoring activities. They also received some support from COPASAH – (Global Community of Practitioners for Accountability and Social Action in Health) to share their experiences with other Latin American grassroots and civil society organizations .

3 It is worth acknowledging that monitors did have some successes beyond simply addressing individual, complaints. For example, citizen monitors advocated at a municipal level to ensure that a new birthing centre was adequately furnished and helped a local hospital gain funding for a much-needed ambulance. However, these examples are few in number (Samuel 2016).

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