IHACC INTER-COUNTRY EXCHANGE: UGANDA-PERU

By Didacus Namanya

As part of the research process of IHACC and the focus on capacity building between the three regions, Cesar Cárcamo, from IHACC Peru, visited Uganda in March 2012 to give the Uganda team support on the Burden of Illness study. The Peruvian team expressed their interest in having similar support from the Ugandan members concerning the Health System Analysis (HSA) process. As a result, Didas Namanya traveled to Peru from March 24th to April 6th to assist the Peruvian team and visit one of the Amazonian communities where IHACC is working.

Specific objective of this particular visit

- Share hands-on experience with the Peruvian team on how to conduct the HSA based on the IHACC tools
- Take the Peru team through all the stages of HAS and set in motion the process for HSA data collection, analysis and presentation
- Visit the field in order to acquaint with working environment so as to give appropriate advice

27 March 2014

This was the first day to meet with Peruvian ROT comprising of Alejandra Bussaleu Cavero and Jahir Anicama Diaz based at Cayetano Heredia Foundation.

Discussions on the first day focused on political governance and administration in Peru to give a background to health systems in the country. Jahir explained the governance system in Peru that involves the national, regional district and community levels. It is at the regional administration that various strategies and policies are implemented. Technical working groups including Health and environment are established at this level.

It was explained that Peruvian health system is a mixture of both the modern formal and indigenous traditional health systems. The formal health system is made up of different levels of hospitals, health centers and health posts. The formal health systems acknowledge that a great amount of people depend on traditional medical practices to meet their health care needs. The MoH has a strategy specially to improve the health of indigenous populations, but it still hasn't managed to integrate the traditional practices and practitioners into the formal health system.

28 March 2014

This day was dedicated to introduce the Peruvian IHACC team to qualitative research methods with specific focus on Health Systems Research (HSR). A paper comprising of notes on definitions, functions/purpose of HSR, levels of the HS and participatory nature of HSR were discussed.

In addition to the above the HSR tool for IHACC was also presented and discussed. A number of articles and documents on Ugandan health system and were shared with the team.

29 March 2014

This day was given to the Peruvian team to read the documents and access various websites to read and internalize literature on qualitative and health systems research.

31 March 2014

Alejandra and Didacus travelled to Pucallpa where the Shipibo communities under the IHACC research are located. The team met with Henry Urquia a Shipibo Nurse Technician and IHACC promoter in Pucallpa. In order to understand and provide good guidance to the team we visited different offices like the Pucallpa Regional Directorate of Health for Indigenous Affairs and the Pucallpa Municipality (Municipalidad Provincial de Coronel Portillo). We met with the head of the office Mr. Hilter Freddy Soplapuco Sosa and the staff with whom we discussed issues related to the health service delivery and climate change concerns. Key issues of the discussion included:

- Health workers who know Spanish and shipibo language are very few and this hampers services to the Shipibo indigenous communities.
- A strategy for promoting indigenous health was created in 2004 and has been implemented over the years.
- All health workers are supposed to receive training in intercultural settings every year but few get this training.
- Guidelines and translation have been produced for the health workers with translations for example in Spanish and shipibo languages of common words.
- Another strategy has been the identification and training of health promoters with in the community.
- Another important component was the Coordination Regional office for Indigenous People or Coordinadora Reginoal de los Pueblos Indigenas (DIRESA Ucayali)
- The coordination office has strategies for very low temperatures, heavy rains and increased disease surveillance.

Meeting with DIRESA Coordinator

- Health posts are managed by one or two health technicians and this is a challenge in case of disease out breaks. Usually one health technician. Sometimes the responsible for the health post can ask for a graduate student to work in the health post for one year. Graduate med students need to work for one year in a rural (or poor) area in order to be able to work for the Government. Is like a fellowship. The problem is that nobody wants to go that far, and those positions (in remote communities) stay empty.

- Transport to the communities is very difficult as the roads are seasonal water transport which is not affordable by most indigenous people is the commonest means. The places are hard to reach and hard-to-attract and retain staff. For example, you can access Panaillo by road during a couple of months (August-September). The cost is much higher, but it takes less time to get to Yarinacocha during the dry season. It can take 9 hours to get to Panaillo during summer.

- Efforts have been made to train indigenous people as health workers but the challenge has been that most of those trained are not hired with the administration preferring the non-indigenous people.

Notes from the field, Peru – March 2014

01 March 2014

A visit to Tachistea Health Centre II: Tacshitea is a mestizo community. The health center has several indigenous communities under its jurisdiction though.

The HC serves both mestizo and indigenous communities. Examples on of indigenous communities are Nuevo Saposoa and Panaillo, all located along River Ucayali. The team met with Monica Solas Zaveiano the obstetrician.

The Shipibo and other people access the health facility mainly by water transport using boats or canoes.

Tachistea HCII along River Ucayali

- The facility has 4 staff members and seemed well stocked with drugs and equipment to handle basic health care services.
- It had special provisions for Shipibo mothers to deliver in their traditional setting with a wooden stool.
- The major challenge was failure to attract a doctor to the facility in spite of repeated job advertisements. This may be due to the remoteness and difficult transport to the area.
- In terms of climate change and adaptation, the communities seem to be used to the flooding in the area and visibly community members including youth, women and men have small boats, which help them to move around. They also utilize the health facility to manage common illnesses.

Didacus at TacshiteaHCII

02 March 2014

A visit to San Francesco Shipibo community. This visit consisting of an almost 2 hour return journey by boat on river Ucayali was very exciting as it continued to illustrate the symbiotic coexistence of the modern formal health care and strongly rooted traditional health system. The IHACC team comprising of Alejandra, Henry, Yolanda and Didacus visited one Shipibo family and a medicinal garden established by one of the traditional healers in the area. Much time was taken to understand how he conducts his healing functions and the various plants and their uses. In close proximity (less that 1km) there is a health centre San Franciso Health Center (level 2) which offers formal health care services to the community.

At the end of the visit one Shipibo family offered us a sumptuous meal that reminded us of the long held Shipibo tradition of hospitality and friendship.

03 March 2014

Meeting with Alejandra to review the field visits and to further discuss Focus Group Discussions (FGD) as one of the key participatory methods to elicit information for HSR. Various documents on the FGDs including the results from one of the Batwa settlements in Uganda were shared with the Peru team.

04 March 2014

This was the last day of the fruitful and exciting visit. A meeting was organized with the IHACC Peru PI Dr Alejandro Llanos and Co-PI Dr Cesar Carcamo at Universidad Peruana Cayetano Heredia beautiful campus. The whole Peru team and Didacus were present and we reviewed the visit to the indigenous communities and health systems approach. It was again re-echoed that in Peru both the traditional health system and formal health systems co-exist. Therefore the IHACC study must be conducted in this perspective. It is important to mention that even though many people use (and probably rely more on traditional medicine), there is still not sufficient recognition by the formal health system of the importance of indigenous medical systems.

A tour of the malaria and leishmaniasis laboratory was also part of the visit to the university. The day was crowned by a send-off lunch where the delicious Peruvian cebiche was in adequate supply.

A popular medicinal plant among the Shipibo

Conclusion

The inter-country exchange is a very critical and innovative step in the IHACC research to build capacity and cross-fertilize skills and experiences of the regional teams. The following points are worth noting about this particular visit:

a. We notice that the health system in Uganda and Peru share many similarities like traditional practices alongside the formal health care set up.

b. Peru ROT has an excellent mix of health and environment-based researchers that will deliver on the IHACC health systems research component.

c. From discussions, the Peru ROT has collected reasonable health system data. What remains is to complete the data collection, analyze and generate reports and journal articles. The support given during the visit and the planned meeting at McGill by the Peru Team will hopefully propel this process.

d. All in all, my visit to Peru especially to the Shipibo indigenous settlements provided me an excellent hands-on experience with the co-existence of traditional and modern health systems. What remains in the IHACC context is to synthesize how these systems can provide adaptation mechanisms to the indigenous people in the face of a changing climate.

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