

Conflicting Rights:

**Using rights-based approaches in Chiapas,
Mexico**



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Preface

Most of all I would like to thank everybody in Chiapas who has made this thesis possible and who gave me a wonderful experience. Of course, I would like to thank the whole team at Enlace Comitán, Edna, Susi, Fito, Aida, Ale, Mari-Sol, Ana, Dafne, Tomi and Inken, with special thanks to Claudio for inviting me and taking time out of a very busy schedule to sit down with me and discuss the various problems I encountered. Thanks to those from all the other organisations and other parts of Mexico too: you all helped me by either extending most interesting information or just helping me work out my thoughts and plans. Special thanks also to Agustin, who made roughly half of my interviews possible by driving me around rural parts of Chiapas and introduced me as 'the doctor from Holland' (which did sometimes get me into some funny situations). Finally, I would like to thank all my other interviewees. Even in such difficult and politicised circumstances people would still be willing to talk to this foreigner who had all kinds of difficult questions: it was most interesting.

Then outside of Mexico, thanks to all those others who helped me (sometimes last-minute), especially Maria, Emilia, Domingo and Jonathan. Furthermore, I am very grateful to Mathijs van Leeuwen, my supervisor, who somehow always managed to re-enthusiast me after a meeting and managed to calmly answer all my e-mails from Mexico which usually sounded like 'help, I have no idea what I am doing'.

Before venturing on to the actual work, I would like to dedicate a final word to Mexico. When working as an intern at Enlace CC in Chiapas, a situation arose in which a colleague's house was raided by police, various colleagues were sent death threats and finally a colleague's wife was kidnapped and beaten some months after I had left. It is still unclear why the authorities or just corrupt individuals within the system were attacking this organisation. The attacks however, had profound effects on the individual colleagues, their psychological well-being and that of their families. But also the effects on a small organisation such as Enlace, in which there is much formal and informal cooperation, were huge. Unfortunately this has not been a single incident. Communities in Chiapas are facing police raids more frequently and human rights groups are reporting on the increase of attacks on civil society workers. According to Amnesty, Mexico has become one of the most dangerous places in Latin America for human rights workers and journalists. In my opinion, the greater amount of violence due to the drugs war is increasing the vulnerability of civil society. This is not only because of violence from drug gangs, and the existence of new power actors in the area. Also, the Mexican government has stepped up its actions against the drugs cartels. This opens up new arenas for the government to use violent means to crush what it sees to be dangerous opposition. Even if it is not government policy, it gives more (corrupt) individuals within the system the ability to use force. It is most difficult to know what to do with this situation that seems to be falling further and further in a vicious circle, but perhaps the only and best thing is to create international awareness of the deteriorating situation.

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Glossary of Terms and Acronyms

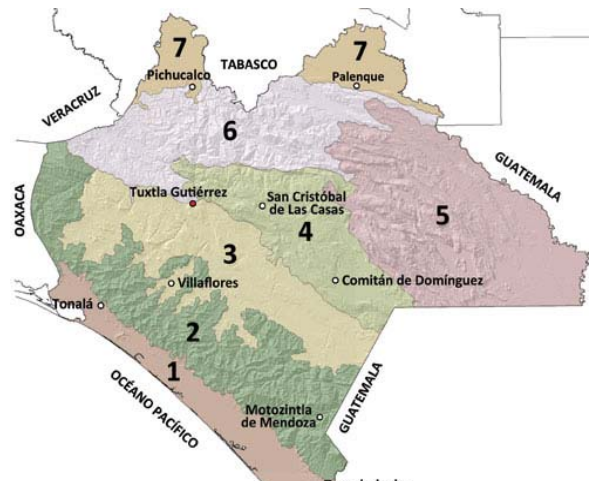
Autonomous communities	Communities that are part of one of the Zapatista <i>caracoles</i> (literally: snails), or regional bodies. The communities intend to live autonomously from the Mexican state and have developed a number of services such as health care and education which run independently from the state.
Campesinos	Rural workers or peasants
CCESC-DDS	Centre for Training and Ecology in Health for campesinos and Right to Health Defence Group
CCT	Conditional cash transfer
Curanderos	Traditional healers
Enlace	Enlace Comunicación y Capacitación; works to promote alternative rural development, and strongly supports local leadership and strengthening of capacities of communities.
EZLN	Ejército Zapatista Liberación Nacional; militant force of the Zapatistas
FAO	United Nations Food and Agriculture Organization
GDP	Gross Domestic Product
GM	Genetically modified
GP	General practitioner (medical)
Herbolaria	In the thesis: natural medicine.
ICESCR	International Covenant of Economic, Social and Cultural Rights
IGO	International governmental organisation
IMSS	Instituto Mexicano del Seguro Social, Mexican institute for health insurance for the employed
IMSS-Oportunidades	Hospital placed in tackle poor health in rural areas of extreme poverty, claim to offer free health care to anyone
ISSSTE	Instituto de Seguridad Social al Servicio de los Trabajadores del Estado, health insurance institute for employees of government workers
Las Margaritas	One of the field-work areas, runs from Comitán to Altamirano
Mestizos	People of mixed decent: Spanish and indigenous. In this study the term is often used by recipients to refer to non-indigenous. Mestizos also often refers to the middle-class (who indeed mainly exists of non-indigenous) as opposed to the working class.
Milpa	Traditional farming system of Central America and consists of a variety of plants and fruits that grow together on a plot, such as maize, pumpkins, beans, tomatoes and chillies
MDGs	Millennium Development Goals
NAFTA	North American Free Trade Agreement
NGO	Non-governmental organisation
OECD	Organization for Economic Cooperation and Development
OMIECH	Organisation of Indigenous Medics of the State of Chiapas; supports indigenous midwives and the practice of traditional, indigenous medicine.
Oportunidades	Social benefit programme designed to beat the vicious cycle of extreme poverty, by tackling nutrition, health and education at the same time.
Organisation #4	NGO that supports health programmes and training in Zapatista communities.

Organisation #5	NGO, works on various projects to enhance local development, of which one is a training programme for local women to learn about natural medicines and become promotores for their communities.
PHR	Physicians for Human Rights
PRI	<i>Partido Revolucionario Institucional</i> (Institutional Revolutionary Party)
Promotor (de salud)	Promotor (plural: promotores) or promoter de salud is a term given to local health workers, who have often been trained by organisations or other promotores. In many communities the promotores are the only medical staff in the area
RBA	Rights-based approach(es)
Seguro Popular	‘Popular security’, recently developed insurance fund for the population in the informal sector, that had previously been uninsured
Soberanía alimentaria	Food sovereignty
SSA	<i>Secretaría de Salubridad y Asistencia</i> , Secretary of Health
UN	United Nations
UNFPA	United Nations Population Fund
UNHCHR	United Nations Office of the High Commissioner for Human Rights
USA	United States of America
UNDP	United Nations Development Programme
WB	World Bank
WHO	World Health Organization
Zapatistas	Rebel, socialist-indigenous movement that declared war on the Mexican government in 1994. Nowadays various communities affiliated to the Zapatistas claim autonomy.
Zona Fronteriza	Area of field-work, runs from Comitán along the border of Guatemala.

Maps Chiapas



Map 1: Position Chiapas in Mexico.¹



Map 2: Chiapas Regions: Field Work was conducted in regions 4, the central highlands of Chiapas (Los Altos), and 5, the lower laying Lacondona jungle.²



Map 3: Chiapas Regions of Field Work: Purple marks the area of Las Margaritas; red marks the area of the Zona Fronteriza.³

¹ Source: Pickatrail.com.

² Source: Chiapas.com.

³ Source: Explorandomexico.com

Chapter One: Introduction

From 20 to 22 September 2010 world leaders came together in New York to discuss the progression of the Millennium Development Goals (MDGs): eight ambitious development targets set by the international community in 2000, to be reached by 2015. The MDGs are probably the most well-known and well financed contribution to development ever. As the world leaders discussed the success and disaster stories of the past decade in development, thousands outside the meetings lobbied for more and different action against poverty. One of the strongest points that has been made by development organisations, is that the MDGs must be linked to international human rights law. International human rights law, they claim, is critical for holding those in power responsible for their actions, and those without power to be able to gain means to claim their rights. Reaching targets such as reducing child mortality by two-thirds, should not just be a target. All human beings have the right to 'the highest attainable standard of health', and thus, states do not only have to have the intention to reduce child mortality, they have the responsibility to do so. Development, the proponents claim, must be based on human rights so as to ensure the most marginalised in society are not forgotten and those in power live up to their responsibilities.

The likelihood of the United Nations (UN) reaching a resolution on combining development targets to human rights law is very slim indeed. Promising to work towards targets is one thing, signing a document that insures responsibility is quite another. Linking the development goals to international human rights law on such issues as non-discrimination and gender equality, would allow certain states to be challenged judicially on their programming. In short, it is not likely that heads of state would be willing to commit themselves to such responsibilities on such a large scale. Nevertheless, using human rights as a basis for development work has been gaining popularity in the last fifteen years. From small-scale southern non-governmental organisations (NGOs), to international northern-based NGOs, to ministries of development and UN bodies; rights-based approaches (RBA) as they are called, have become a well-known and accepted strategy for development work. Rights-based approaches, in theory, aim to empower local actors to claim their rights from power-holders. Furthermore, the approach tries to change the understanding of marginalisation and poverty as situations which should be changed, to situations which must be changed. The lobbying force behind such change is the fact that states have agreed to adhere to international human rights law. Yet, it is not at all clear, how a rights-based approach exactly is used and what its goals are: there is still much discussion on the implementation of rights-based approaches for development. This thesis leaps into this discussion of rights-based approaches and tries to understand the different ways in which RBA can be used, why it is used and how programmes based on rights-based approaches are received. The context is an area that has seen much political strife in recent years and is referred to as a region of low-intensity or political conflict.

Chiapas, a southern state in Mexico, is probably most well-known to the outside world for the Zapatista uprising in 1994. Although more than one-and-a-half decade has passed since the uprising, many of the grievances the Zapatistas had are still very relevant today. Poverty is still widespread, health-care in the state is well below national averages and nutrition levels are extremely poor. There is still much tension, anxiety and distrust in the state between those parties who support(ed) the Zapatistas, those on the side of the government and the vast majority that finds itself somewhere in between the conflicting parties. The reality of such a conflict is that it does not only take place in certain 'conflict spheres', but the mistrust, tension and different opinions apply to many different

spheres in which ordinary people live and work. This happens to the extent that public services, which should be providing basic human rights, are in fact not neutral, but are drawn into the political tension of the area. Government hospitals are avoided by Zapatistas and Zapatista communities ignored by government health programmes. But also non-Zapatistas feel the health system is politicised, perceiving it to be discriminatory, used to divide communities or as a means of controlling the population. Thus, in such a context service provision becomes extremely complicated. If the state is contested, how should the state be providing public services such as health care? The same goes for other social actors in the area, such as NGOs. How should NGOs set-up programmes for social services? How are they to manoeuvre in such contexts?

Most interestingly, it turns out that both the government and NGOs are using rights-based approaches in their health and nutrition programmes in Chiapas. This raises questions about the use of rights-based approaches in a context, in which services are at least perceived to be politicised. Does a rights-based approach help the government reach the most marginalised of society? Does a rights-based approach help NGOs to manoeuvre in politicised situations?

1.1. The Research

This thesis examines the role rights-based approaches play in the provision of health and nutrition programmes in southern Chiapas, where service provision is already perceived to be politically motivated. Whilst the thesis is about using rights-based approaches in a political context, it also says something about the consequences of such an approach and thus about the theory of rights-based approaches itself. The central question I ask is the following:

What is the role of rights-based approaches for governmental and non-governmental service provision in a (post-)conflict setting in which service-provision is not politically neutral?

To answer the question, I draw on my field work that was conducted in southern Chiapas from September 2009 to January 2010. The research involved many interviews with NGO staff, medical workers and community inhabitants. It also involved observation and attendance of seminars and meetings, as well as studying available literature on the topic. The thesis is based around two main case-studies; the first discusses a World Bank sponsored, government health programme called Oportunidades and its reception among patients and civil society. The government, under guidance and approval of the World Bank, has set up a programme which has many aspects of rights-based approaches built into it. It aims for example to be participatory, to work with rights-holders, to be gender sensitive and to integrate various fields of development namely health, nutrition and education. Yet, this programme does not enjoy much praise from civil society and indigenous communities in my field-work area. Mainly, there is no trust in the government's health programmes or institutions and the programme is seen to be part of the political game played by the government. The second case-study discusses a rights-based approach of one NGO, Enlace Comunicación y Capacitación (Enlace), which is running a nutrition programme. I ask what the use of a rights-based approach means to the organisation, but also how the organisation views the political reality of the area and how they programme their rights-based work to fit in.

However, the thesis starts with an overview of some background information on the political and health situation in Chiapas and the methodology used for the research, in chapter one. Under the section 'academic relevance' I also discuss theories on the politicisation of service provision, and

especially health care. The politicisation of health care is a running argument through the thesis and thus most important. The second chapter introduces the main theoretical framework, that of rights-based approaches. The chapter discusses the emergence and content of RBA, but especially the way in which RBA is thought to be of use for politicised contexts. Also, I discuss more specifically how the right to health and the right to nutrition are used for development work and service provision. At the end of the chapter I try to summarise what questions follow from the literature that are interesting for my case-studies. Following this theoretical chapter, I introduce the two case-studies. The third chapter introduces the government's Oportunidades programme. It discusses how the Mexican government has given shape to the RBA programme, and especially how the programme is received by local beneficiaries and civil society. I try to discuss how this reflects upon the RBA used and what it means for using a rights-based approach in a conflict setting. In short I ask:

- *How is government health care, and in particular Oportunidades, perceived by patients and civil society in the region?*
- *What does such a perception say about the use of a rights-based approach by the government?*

The fourth chapter discusses the use of rights-based approaches by a local NGO, Enlace. Similarly to the previous chapter, I ask how a rights-based approach is used and what the consequences of this approach are. However, in this case I also dedicate a large part of the discussion to trying to understand *why* the organisation has chosen a right-based approach. The central questions are:

- *In what way does Enlace politicise its programmes?*
- *How do right-based approaches play a role in that?*

Because the sub-questions are mainly relevant to the cases, the findings to these questions are mainly discussed in chapter three and four already. In the final conclusion I return to these questions briefly in order to answer the central question, but also ask what the case-studies have said about the theory on rights-based approaches and what this means. In the conclusion I will also briefly reflect on the methods and results of the thesis.

1.2. Academic and Societal Relevance

1.2.1 Academic foundation and relevance

The contribution of this thesis to existing discussions and debates in academia, will mainly be in the field of rights-based approaches as tools to development. The thesis explores the implications of RBA for a government and an NGO programme that are both trying to operate in a politicised context. Understanding the discussions on RBA theory is necessary first of all, for understanding these case-studies (why are the government and NGOs using RBA strategies?), but also necessary to add meaningful discussion to the debates on RBA that are still going-on (what do my case-studies say about using RBA in a political, conflict-ridden context?). A discussion of the emergence of RBA and current debates and questions on RBA therefore form one of the main pillars of the thesis.

However, studying the provision of health and nutrition programmes in a politicised context, does not only relate to theories on RBA. Thus, I would briefly like to introduce the relevance of these case-studies to other academic fields, although they are not the focus of the

thesis. In particular I see two main fields of research that bear relevance: The implications of (poor) governance and conflict to health, in other words what the consequences are of politics to health-care and nutrition; and, the politicisation of public service provision in general, in what way public services can become part of the political process. Both of the case-studies shed light on these issues in some way.

First of all, the case-studies discuss the way in which political processes have an effect on the eventual outcome of health-care. The case-studies show that health and nutrition are not simply cases of providing sufficient amount of medicines or food, but that political conflict and the way in which a health system is structured, can influence health and nutrition. In recent years, it has become widely accepted that poor health is caused by a wide variety of social, cultural and economic factors that are for a large part related. In 2005 the World Health Organization (WHO) launched a commission to determine the 'social determinants of health'. The commission noted that the determinants of health are influenced by the conditions in which people are born, grow-up, live and work. The commission states that to tackle poor health, and especially the inequality of health, programmes and policies must 'embrace all the key sectors of society, not just the health sector' (Commission on Social Determinants of Health, 2008, p.1). However, more studies are needed in this field to determine what the impact is of different factors on the outcome of poor health. For example in Chiapas, at a first glance one might expect that the poor level of nutrition and health status is due to a lack of hospitals and medical doctors. The suggestion for improving the health situation would be to increase government health care funding to the region. However, if one takes a broader understanding of the impacts on health, one could find that in fact patients don't go to government clinics because they don't trust them, or that due to paramilitary activity in some areas people don't dare to walk to the nearest clinics, or that the various government clinics that exist have very poor cooperation. The recommendations would consequently be very different.

I believe these case-studies to be very relevant for understanding the impact of political conflict on health care. Although the impact of conflict on health is an important subject of study, most research in this field has focussed on the primary consequences of conflict on health. An example would be research into poor health during violent conflict, such as the outbreak of cholera during wartime, malnutrition or poor access to healthcare due to destroyed infrastructure. Such research focuses on the direct consequences of conflict to the status of health. However, less has been written about the dual engagement of political conflict and health institutions. These case-studies show that the indirect consequences of political or low-intensity conflict for health can also be great, and are definitely worth studying.

An interesting study done in this field, and one which is context specific, is the work which CCESC-DDS (one of the organisations that also participated in my research) has done in cooperation with Physicians for Human Rights (PHR) over the last decade. In a most extensive study, the organisations have tried to map the influence the conflict in Chiapas has had on the actual health of communities. In a study among 54 communities in the conflict zone, the researchers compared social and health conditions in pro-government, autonomous (Zapatista) and 'divided' communities. Most interesting is their finding that divided communities often suffer from the worst health conditions. The authors' results show that conflict in a community is more influential to people's health than the existence or absence of a health clinic in the community (PHR, 2006; interview CCESC-DDS, 20-1-2010). These results have profound meaning for the way we understand health care. Health care is not simply about the material resources

(medicines, health facilities etc.) that are available, but underlying tensions, social and cultural circumstances or greater economic policies can have a distinct impact on people's health.

The second theme that this thesis relates to is the politicisation of public service provision. Both the government and the NGO in the case-studies are providing services in a politicised and polarised context. The result is that the government's health programme is received as being very politicised. For the NGO, the result is that the programme is adapted to the polarised context. In this thesis, I continue to study the way in which this happens, namely through rights-based approaches. However, one could ask in what way public services and programmes are ever neutral or if they always reflect the governing body's views. Also, one could wonder whether these services can be used as political tools. Unfortunately, there does not seem to be an established body of literature or academics dedicated to such questions. The use of public services as political tools has been discussed for the case of education. Hobsbawm and others have argued that education, also a human right, is never a neutral service as such, and that the education system was used for example to spread nationalist sentiment in nineteenth century Europe (Hobsbawm, 1992; Apple, 1996). However, the comparison to health care has not yet been made strongly,⁴ although the link could very well be discussed. For example, it has been acknowledged that certain insurgency groups, such as Hezbollah, have made use of public services including health care, to gain popularity among Palestinians. This in a certain sense means that services are used for a greater political good. One could wonder whether health systems, similar to education systems, could not be used as a form of control, or a way of spreading a certain ideology or paradigm. After all, like education systems, it is a type of service which should reach all citizens in a country. In Chiapas for example, some argued that western medicine was also a paradigm that was being spread by the Mexican government.

The case-studies in this thesis touch upon exactly this theme of politicised service provision. Chapter three on the government health programme, discusses the way in which its health programme is perceived to be politicised by the recipients of the programme. The chapter does not focus on whether the intention of the health system is to be a political tool (something which would be very difficult to measure), but rather on the way it is perceived by civil society and patients in Chiapas. The chapter discusses five ways in which health care is perceived to be politicised in Chiapas, and thus offers an attempt to categorise such politicisation. Chapter four on the NGO programme, also discusses the politicisation of programming by an NGO.

1.2.2 Societal relevance

The first question I was asked when arriving at Enlace in Chiapas was: what will your thesis contribute to the indigenous communities you will be studying? This is a very important question. Not only because every academic should have in mind what consequences their study will have for the world outside academia. Also, because in the specific case of Chiapas, I was told that many indigenous communities have seen researchers come and go without much direct result, whilst they already tend to be wary of foreigners in the first place. I fully appreciate this approach to research and indeed believe it would be a good thing if academic work could more often have a direct effect on local participants, be it in the form of projects, workshops, practical information or capacitating local inhabitants in varying fields. However, maybe unfortunately, I did not have the opportunity or means

⁴ Within development work, there has been discussion on the politicisation of aid, including health aid (see for example: O'Brien (2005); Atmar (2001) or, Baitenmann (1990). The authors reflect on aid politicisation in Afghanistan. Yet, the link is not made to the health system as such.

to really provide useful feedback to the communities directly.⁵ Nevertheless, I do believe the thesis can provide interesting thought and discussion for NGOs and other organisations working in the field and thus have its use for local participants through another channel.

I hope the discussion of the use of RBA is constructive to NGOs such as Enlace who are dealing with politicised contexts. The thesis argues that RBA is used in many different ways, by different organisations. Also, the results show that applying rights can be useful in some cases, but not in others. I hope to question the use of rights-based approaches in alternative contexts: is a right-based approach just as useful in a politicised context as it is in a more stable context? For the NGOs it is interesting to discuss what a rights-based approach adds to one's policies in such a context. Does a rights-based approach lead to more understanding of local needs and wishes? Does it help organisations to manoeuvre in politicised situations? Mainly however, I hope it will lead organisations to reflect on their own and other organisations' policies. Why are organisations using rights to underpin their programmes? And, what do they understand by those rights? One of the main conclusions of the two case-studies is that there are many different interpretations on what the right to health or nutrition actually means. What needs to be asked is why an organisation or government understands rights in a certain way or other, and only having understood this, can one come to a constructive dialogue.

1.3 Methodology

The research for this thesis is at the outset based on my own fieldwork conducted in the southern region of the state of Chiapas. During my stay in I was based in Comitán de Domínguez and the fieldwork took place in the highlands and a lower lying jungle region of Chiapas (see map 2). The other major city in this area is the popular tourist destination San Cristóbal de las Casas, where interviews were also held with three different NGOs. Both San Cristóbal and Comitán lie in the region of Los Altos, which has the largest indigenous population in Chiapas. It also has the largest amount of municipalities living in extreme poverty of Chiapas (PHR, 2006). The *Zona Fronteriza*, where part of my field work took place, is the area which runs along the border with Guatemala, east of Comitán. The area of Las Margaritas, is the second area where I visited communities. It lies between Comitán and Altamirano (see map 3).

The research took place over a four month period and was made possible due to my association with a local NGO, Enlace Comunicación y Capacitación (Enlace). Enlace is an organisation that works to promote community and indigenous leadership in managing alternative local development. It has five offices in different parts of Mexico, of which one based in Comitán where I was located. The group in Comitán ran projects on, among other things, nutrition, gender and farming. I worked as an intern for the organisation, next to conducting my own field study. My experience there was very positive and I was able to observe the functioning of the organisation and discuss with colleagues politics, culture and social issues of the region. I joined in various projects of the organisation, such as workshops on nutrition and farming methods, and was able to participate in seminars and field trips to communities. Visits to three of the communities (out of six) that are taken-up in this study, were made possible through contacts of Enlace. All three communities had no clinic or doctor stationed in the community. Furthermore, through colleagues at Enlace I was brought into contact with one medical doctor who had had experience in autonomous communities as well as

⁵ Although a plan was made to hold small-scale workshops or group discussions in various communities on the right to health and how to interpret the right and claim it, this was unfortunately cancelled due to various reasons.

government health facilities; a trained nurse who worked only in autonomous clinics; an academic from the *Universidad Autónoma Metropolitana*, one of the main universities of Mexico City, who had worked extensively on health care in Chiapas; and two other NGOs that work in the field of health care and were based in Comitán and San Cristóbal. The other contacts I gained either through contacting organisations or medical staff directly, or through more personal relationships (for example, some neighbours who had friends who were medics). I was able to visit another three communities through a private physician I got to know in Comitán and who was willing to introduce me to the communities and the staff at the clinics. This was very important as it was very difficult to enter communities, let alone talk to people about health conditions, without having some form of contact with either villagers or the health clinic.

It is important to note that the design of the thesis has been based on my findings from the field work. Existing scientific literature is used so as to compare the findings of the field work to that of the literature, in this way hoping to contribute to the understanding of rights-based approaches to development. However, the basis for this thesis lies in the results gathered from the field-work. Rather than starting with a fixed research question, I found it more constructive to develop an understanding of the local situation and important issues surrounding service provision (in particular, health) and the political environment, before pinpointing a specific research question. In this sense I have chosen a more inductive approach to the thesis, rather than deductive, as I have tried to start from the bottom and worked up the ladder to produce results which can become part of a larger theory. Whilst I set out to Mexico with the idea of trying to understand the relationship, in both directions, between political conflict and health care, I soon found out the research question was too extensive. The effects of political conflict on health cover a very broad spectrum and would need a medical background to measure the results to health. At the same time, the way in which Enlace, but also other organisations kept referring to human rights started to intrigue me. What I found fascinating was the way in which organisations had a different analysis of the problematic issues to each other and to the government, yet they used the same reference to rights to back-up their programmes. Furthermore, the government incentive, based also on rights and other internationally favoured discourses such as women's rights and participation, was not received well at all in the communities, let alone by the NGOs. Thus, I started to ask how these approaches were based on rights and what that meant for health care and nutrition in the region. Rather than focussing on the impact of political conflict on medical conditions, I asked what the role was of such rights-based approaches in a politicised environment.

By definition an inductive approach, especially in the first phases of research, is quite exploratory. The interview questions thus took on the form of semi-structured interviews. Whilst I had a list of questions to ask the respondents and a list of topics to talk about, the questions could be asked in a different order, respondents had room to add new subjects to the conversation if I thought them to be relevant to the topic, and, in some cases, even questions could be omitted if, for example, they were difficult or offending to answer for the recipients (politically, socially or culturally). As a general rule I tried to keep the interviews as informal as possible, with the exception of conversations with certain officials such as directors of NGOs. For example, I made a deliberate choice not to use a voice recorder. Although looking back, in one or two interviews a voice-recorder might have been useful, in the vast majority of cases I estimated that the value of a more informal

interview would by far outweigh the shortcoming in precise recording of the respondent's phrases.⁶ Especially in indigenous villages, many respondents have lived through the conflict and have witnessed the militarisation of the area, as well as harassment of individuals and whole communities. Not surprisingly, many indigenous communities are wary of outsiders, and above all, not used to formal interviews. I believe voice recordings in such a setting would have only made the respondents feel uncomfortable and resulted in less valuable information. Instead, I used a notepad and pen to keep track of the respondent's answers and comments and would transcribe them as soon as possible. In a few cases I transcribed casual conversations in passing or noted down observations when I found them to be useful for the context. Even applied with only a notepad and in an informal setting, it was sometimes difficult to have easy conversation with locals in indigenous villages. Sometimes there were cultural misunderstandings. For example, in one of the communities a woman told me she was suffering from headaches and nerves. When I asked her what her doctor recommended, she said 'to clean the house, then you don't get sick'. The doctor did indeed advise this, but not as a response to her headaches and nerves. Sometimes the respondents did not understand the question or did not want to answer the question. An overview of the subjects touched upon with different respondents, can be found in appendix 1. In total some fifteen medical staff (nurses, doctors, social workers and a psychiatrist), ten representatives of five NGOs and thirty-eight 'patients'. Patients refer to inhabitants of indigenous communities who are at the receiving end of health care. The patients in the study were often literally patients – people in the waiting-room at clinics – but in some cases I also visited people in their houses or on the street in the communities themselves. In the rest of the thesis I often speak of 'civil society', by which I mean a combination of NGO and medical staff – those who are active in the world of health care. I must note that there was a wide variation in depth and length of the interviews. Most conversations with patients would last between ten and twenty minutes, whilst those with NGO representatives and medical staff would last between thirty minutes and two hours. Finally, I have tried to keep the respondents as anonymous as possible. When referring to respondents in the text, I only mention their position (e.g. patient, doctor, organisation) and the date of the interview,⁷ which can also be found in appendix 1.

1.3.1 Medical staff

The first group of social actors were medical staff. This included both doctors, nurses, a psychiatrist and social workers in various different forms of governmental hospitals and clinics, as well as clinics and hospitals run privately or by civil society organisations. Next to private care and government care, also the Zapatistas run various clinics and hospitals which are referred to as autonomous clinics. Unfortunately, I did not have access to these clinics as one is required to have permission from the Zapatista authorities. However, I was able to interview various health promoters who work in these clinics. Furthermore, medical doctors who had had experience in working in communities, both autonomous and non-autonomous, throughout the refugee crisis of the 1980s and the Zapatista uprising in the 1990s, were included in the research.

Interviews with medical staff usually took place in the hospitals or clinics they worked at. I talked about health conditions, but especially I tried to ask them about their view of the situation. Why did the social worker at the special IMSS-Oportunidades hospital believe that Zapatistas

⁶ To be clear, the chapters based on my field work do cite various respondents. This has been done as closely to the real phrase as possible.

⁷ Only in the case of Enlace, there is not always a date of the interview, because many of the talks I had with members of Enlace were spread across the whole period of my stay.

preferred to walk two hours further to a Zapatista clinic, than visit them? Did the staff in the General Hospital in Comitán feel there was a medical and/or cultural difference between working with indigenous patients from the communities and Zapatistas, and urban patients? What did the *promotor de salud* (local health worker)⁸ in a small community without medical centre believe were the main health issues, and how health care could be improved in the area? And, what did the medical doctor from Mexico City on his year of social service think of working in an indigenous community? Although of course there were many questions which overlapped in the interviews, the wide variety of backgrounds the medical staff had, made it interesting to discover new subjects as we spoke.

1.3.2 NGOs

Another group of interviewees accounted for in the research are various NGOs working in the field of health and related topics in and around the studied area. Next to data from interviews, the results are also based on my own observations, notes from attended meetings and seminars and the study of pamphlets produced by the organisations themselves. Finally, various NGOs put me in contact with academics in the field of health care, who helped me with relevant literature and names. The focus of these NGOs differed from programmes on preventative health work, such as nutrition projects, to specific topics, such as the promotion of traditional medicine. Many of those interviewed have extensive experience in the area. Five main NGOs working in the field of medicine, which are based in the two main cities of the research area, Comitán and San Cristóbal, were consulted in the research.

- Enlace CC, Comitán: Enlace Comunicación y Capacitación; works to promote alternative rural development, and strongly supports local leadership and strengthening of capacities of communities.
- Organisation #5, Comitán: works on various projects to enhance local development, of which one is a training programme for local women to learn about natural medicines and become promoters for their communities.
- OMIECH, San Cristóbal: Organisation of Indigenous Medics of the State of Chiapas; supports indigenous midwives and the practice of traditional, indigenous medicine.
- Organisation #4, San Cristóbal: supports health programmes and training in Zapatista communities.
- CCESC-DDS, San Cristóbal: Centre for Training and Ecology in Health for *campesinos* (rural workers or peasants) and Right to Health Defence Group. Supports and lobbies for the right to health in rural areas of Chiapas.

As I will be referring to the different organisations in the case-studies, it is important to have an overview of the different organisations and their viewpoints. In Comitán I interviewed employees of Enlace C.C. (including the Ocosingo department of Enlace), and organisation #5. In San Cristóbal the organisations Omiech, organisation #4 and CCESC-DDS cooperated with the study. All the organisations have what one could call a similar starting-point for their work: capacitating and strengthening of indigenous communities, poverty relief and sympathetic towards Zapatistas / socialist communities. However, there are many differences between the way in which the

⁸ Promotor (plural: promotores) or promotor de salud is a term given to local health workers, who have often been trained by organisations or other promotores. In many communities the promotores are the only medical staff in the area.

organisations choose to challenge these issues and with whom they work. Organisation #4 for example works nearly solely with women in Zapatista communities on reproductive health issues. OMIECH is very much focussed on indigenous health, trying to promote traditional medical practices. OMIECH is critical of other organisations, such as CCESC-DDS, which have in their eyes ‘medicalised’ the rural areas by introducing and promoting modern medicine. Enlace and organisation #5 (who also work together on various projects) work with both Zapatista and non-Zapatista communities. Enlace focuses on empowering local communities to create an alternative form of local development through self-management (www.enlacecc.org). Organisation #5 works with women in communities to promote health and especially the use of herbal medicines. I found there was especially a continuum in the way organisations worked with or against the government (CCESC-DDS most prominently partner with government, the others less so), and what one could call ‘traditional’ versus ‘modern’. These terms may have a negative connotation, but that is not the meaning I wish to give them. Rather it is to explain the difference between an organisation such as OMIECH that would like to see the revival of traditional medicine and CCESC-DDS that would prefer to have modern medicine available in every community. Similarly, Enlace is somewhat traditional for it prefers agricultural self-sufficiency over participation in modern consumerism; however, this does not by any means imply that Enlace is not *progressive*.

The interviews with the NGOs were all conducted at the offices of the NGOs themselves. These interviews often lasted quite long and the staff members were aware of what my thesis was about. In the case of the NGOs I was interested in their projects and their methods for their health-related projects, but also in the NGOs opinion of the government programmes. Furthermore, speaking with NGOs was always useful because they could explain certain technical issues I needed to understand, such as the way the Mexican health system functions or where the conflict had had a lot of impact. NGO staff members often had strong opinions about health issues, the government’s programmes and other NGOs which often made the interviews very stimulating. After I had gathered one or two interviews, I tried to refer to these opinions in following interviews with other actors. In this way I tried to get different people to react to each other’s views.

1.3.3 The Communities

The third focus group were the patients and potential patients making use of the existing health systems. As one of the main reasons for my interest in the area was the poor health standard of the region compared to the rest of the country, I decided to focus on those for whom that poor health standard was most pressing: the rural communities. Thus data gathered in the field work does not include urban patients, but focuses on rural communities. By selecting various communities, it gave me the opportunity to not only speak to patients in treatment, but also to potential patients: members of the community who have had experience with different health systems and have an opinion about the situation. Community inhabitants were not only asked about their opinion of and experiences with the facilities in the community, but also about follow-up health care which usually either took place at the General Hospital in Comitán or one of the hospitals in Altamirano. It is also important to note that the study focussed on access to primary health care, meaning the trajectory patients follow when becoming ill (i.e. local promotor de salud, followed by government clinic, followed by hospital in city). I did not focus on specialisations such as dentistry, physiotherapy or psychology, mainly because these things did not come up during the research as key interest points.

The communities visited are situated in two geographical areas, around the city of Comitán where I was based. The first is the *Zona Fronteriza*, the border region with Guatemala which is

characterised by the relatively new frontier highway that runs along the border from Comitán to Palenque. Three communities that are connected to the highway were visited. The other area is the zone of Las Margaritas. Interviews were carried out in three communities on the road running from Las Margaritas to Altamirano, as well as in the town of Altamirano itself. The Zona Fronteriza generally benefits from better soil and agricultural production, and also from better living conditions in general. There are relatively more facilities and the area seems to have more access to outside and government funding. This may partly be due to better organisation in the communities themselves. (medical doctor, 30-11-2009). The Las Margaritas area is more indigenous and has fewer facilities compared to the Zona Fronteriza. Also, communities are more divided by religious conflict. The communities had varying degrees of medical services ranging from only a promotor de salud, to a well-staffed government health centre or even two competing government health centres within the same community. The town of Altamirano has two hospitals.

In three of the communities, where I had contacts with the medical facilities, I conducted interviews in the health centres. Patients waiting to see the doctor were asked if they would like to participate in my study.⁹ In one of these villages I also joined the nurse on some house visits. In the other three communities where there were no health clinics, Enlace introduced me to various individuals in the village of which some were promotores and others not. In the town of Altamirano, after not receiving permission by either hospital to interview patients, I sat in the central park for some hours trying to chat to people and ask if they had experience with either of the hospitals. The interviews conducted in the medical centres were often more formal as for example I was assigned a room to sit, where patients would enter one by one. In these cases I tried my best to 'informalise' the situation by underlining that this was only being done for my own studies and that I was trying to understand what different types of health problems there were in Chiapas. The questions started with a general overview of the individual's or family's health situation. I tried to ask specific questions to get useful answers: when was your last visit to the clinic? Do you always come here? What happened at the last visit? Were you happy with the care? From that I tried to build on interesting topics mentioned. Often I found the most productive manner of questioning, was through asking about comparisons. What was health care like before and now? What is the difference between different types of clinics (government, autonomous, independent etc.)? Of course throughout the time spent in Mexico, my central question transformed slowly into the current one. Thus, while the first interviews with patients were more open, the later ones could focus on specific topics, such as the appreciation of the Oportunidades programme and the way in which the right to health was perceived. In fact, this last question on the right to health was very difficult to get answered. Asking the question directly, 'how do you perceive the right to health?', would often be answered in the same way: 'to be healthy'. Instead I tried to find answers through asking related questions, such as why it is important to be healthy or who should be providing health care.

1.3.4 Reflection

The first point of reflection is on the way the information was gathered. At times information gathering was frustrating: people did not show up for meetings, I was dependent on buses that didn't arrive, or after months of postponing my interview, I was told that after all I did not have permission to conduct it. Luckily, many other interviews made up for these frustrations, as they

⁹ Although it was often not explained clearly to patients why I had questions and what it was for. Various patients for example at the end of the interview thought I was a medical doctor and started asking me questions about their symptoms.

portrayed very interesting cases and people could be most open about their views and perceptions. One of the dangers of semi-structured interviews is that there is a lot of room for open discussion. This means that the interview topics can expand to new areas. This happened regularly during my interviews, and I often had to steer the respondents back to one of the questions I had on my paper. At the same time, this is exactly the strength of such a method. If I hadn't have drifted off the questions in some of the first interviews, I may not have become interested in the Oportunidades programme in the first place. Another important factor for gathering information, was the way in which I found the respondents. I tried to get a mix of respondents. Some respondents were contacted through Enlace, but many also through other channels: via neighbours, via friends of friends or formally, through contact details on websites for example. However, I am aware that I must have been influenced by the 'NGO world' in which I operated, which tended to have sympathetic views towards Zapatista and/or socialist communities. I also tried to visit different communities. I visited communities in two different areas, with and without health clinics, with different sizes of indigenous population and within the communities I tried to interview, men, women and youth. However, the communities were for example, all accessible by a paved road, which is not the norm in the whole of Chiapas. Unfortunately it turned out to be very difficult to include on a large scale the opinions of two groups: Zapatistas and government representatives. Although I examine the government health programme in detail, I therefore discuss it as the perception of health care by those who I did speak to, patients, NGOs and medical staff. I was able to speak to representatives of two government hospitals for example, as well as make use of government publications which does give some perspective on the matter. The Zapatistas are not the focus point of the thesis. I did not have permission to enter Zapatista communities, but was able to speak to some respondents who either worked in Zapatista communities, or had done so in the past. Because of a lack of interviews with Zapatista patients, I do not cover Zapatistas separately in the thesis. Rather, the views expressed by some of the 'insiders' are considered as one of the many discourses on health in Chiapas. In the end, I was able to gather a reasonable amount of interviews, which I hope at least sketches an image of the situation. I did find that at a certain point, the same statements and arguments would re-emerge in conversations, giving me the idea that I had covered many topics that were important for the theme. Also, many names started re-appearing in articles and conversations, confirming that I had a reasonable idea of the main actors involved in nutrition and health in the area.

Next to the gathering of information and finding respondents, one of the things which proved difficult at times was the cultural differences and political difficulties. Cultural differences always play a role in such studies. There will have been cultural misunderstanding I was not aware of, but there were also some which I was aware of. After having been in Chiapas for about a month, I visited a Zapatista community. At the community I was welcomed in the same way as my colleagues from Enlace, however, later I was told they had not liked my presence as an outsider. At the time however, I had not been aware of this at all. Even after five months, I felt I was not able to understand everything going on around me. When Enlace was having troubles with the authorities, it took me a lot longer to understand the reasoning and context behind these troubles than it did my colleagues. Partly this could be explained by a language barrier, but partly it was simply that I was not always aware of the context of issues, nor cultural customs. This especially counts for the indigenous communities which I visited. But there were also political difficulties. In total I was not allowed access to interview patients in two hospitals, I was not allowed to enter Zapatista communities or their health clinics, nor was I allowed to refer to one NGO. Furthermore, I am sure some people, especially

patients, may have not been as critical of the government's health system in my interviews as they may have been otherwise. Not surprisingly, I had the feeling people were very wary in Chiapas. Before being able to talk to people, I often had to extensively describe what my research was on and for whom I was writing it.

1.4 A Brief Introduction to Chiapas

For comprehending the situation of politicised public service programmes in Chiapas, it is essential to sketch the historical, cultural, demographic, economic and political situation of Chiapas. As there is too much information available to be given here, the following overview is just a brief introduction to the topics most important to this research question.

1.4.1 A Short History of Chiapas & the Postmodern Revolution

Chiapas state is a southern state of Mexico and borders onto Guatemala. Covering an area of some 75.000 m², it is Mexico's eighth largest state and has a population of around 4,5 million (Gobierno del Estado de Chiapas, 2010). A large part of the population lives in rural areas. Chiapas is a state with a high percentage of indigenous peoples. These are descendents of Mayans and their languages are related to the ancient Mayan language. Within Mexico, Chiapas is second only to the state of Oaxaca in the number of inhabitants speaking indigenous languages, but has the highest number of monolinguals (www.chiapas.com).¹⁰

Like the rest of Mexico, Chiapas was colonised by Spain in the sixteenth century. Chiapas became part of the Mexican state in the nineteenth century, but the descendents of the Spanish generally remained in control of the state. The Mexican Revolution in 1910 is important in this context, as the new constitution of 1917 passed many socialist land reforms, such as allowing indigenous communities the right to communal land. However, because of the strength of the landowning coalitions in Chiapas (and their armed gangs), the changes came slowly to Chiapas, or some argue, they didn't come at all (Collier and Quaratiello, 2005). Following the revolution, the *Partido Revolucionario Institucional* (PRI -Institutional Revolutionary Party) ruled in Mexico until 2000. The party passed many socialist policies during the 1950s and 1960s and had strong ties to worker's unions. For example, the basis for the current health system was laid in this era as the government created institutions for medical insurance and health care for formal workers. However, as in much of Latin America, the government changed its economic policies from the 1980s onwards, adhering to neo-liberal policies and privatising many parts of the economy which had previously been owned by the national government.

It has been argued that these neo-liberal reforms were the main cause for the Zapatista uprising in Chiapas in the 1990s. On 1 January 1994, the day that the Mexican government joined the North American Free Trade Agreement (NAFTA) – which till today remains one of the greatest symbols of neo-liberal policy – a few hundred men and women of the Ejército Zapatista Liberación Nacional (EZLN) from Chiapas state declared war on Mexico's ruling party, the PRI. The rebels declared that war was the final and only manner to gain equal rights and justice after years of repression. The battle between the Mexican Federal army and the rebels, many armed with only

¹⁰ It is estimated that 24,6% of Chiapanecos speak an indigenous language and of this group more than one third only speak their mother tongue. The most common languages spoken in the area of field work were Tseltal, Tsotsil and Tojolabal. During the field work only one community was visited in which many informants were not fluent in Spanish and a translator was needed in some cases.

sticks, lasted just a few days until a ceasefire was reached. However, the attack brought to the forefront the dissatisfaction of many peasants and indigenous communities that had been building up for years. Although neo-liberal reforms were probably a very important factor for the uprising, the causes of the uprising are almost certainly much more wide-spread. Scientists have argued that the uprising resulted from a combination of ecological crisis, political and religious reorganisation of communities and the re-articulation of ethnic identities. To others the Zapatista uprising was especially influenced by external actors, with political activists manipulating indigenous communities for their own political objectives,¹¹ whilst some even suggest that the Catholic Church organised the rebellion (Harvey, 1998, p.8). One very important factor, and one which I feel not enough attention is paid to, is the large population growth in Chiapas of the last thirty years. It is estimated that the indigenous population almost tripled between 1970 and 1990, putting great pressure on farming lands and resources (Howard and Homer-Dixon, 1996).

The Zapatistas demanded fairer conditions and respect for the indigenous population of Chiapas, after what they saw as decades of oppression from the central Mexican government. One of their main demands is improved health care for the region and especially indigenous communities, because as they point out, the health provision is much worse than the rest of the country. In the last decade the Zapatistas have moved towards a more social movement rather than a military movement. Various groups of communities claim autonomy from the Mexican state, and are building their own services such as medical facilities and schools, so as not to have to rely on the state (Barmeyer, 2009). The Zapatista rebellion has on occasion been called the 'first post-modern revolution' (Harvey, 1998). This not only refers to the fact that it could be seen as one of the first 'new' types of intrastate conflicts in a post-Cold War world, also because the Zapatistas quickly became popular among socialist and anti-globalist movements around the world, partly because of the good use the Zapatistas made of internet. From the start of the conflict the indigenous uprising has had a lot of international support from civil society and NGOs. The international community had already had a large presence in the area due mainly to the Guatemalan refugee crisis in the previous decade. Since the 1980s international NGOs and catholic missions had been active in areas which were later to become Zapatista strongholds. The organisations played a role in reporting and denouncing the ongoing militarisation and violence in the region (Earle and Simonelli, 2004).

It is important in the light of this study to nuance three parts of the conflict in Chiapas. First of all, although the Zapatistas stand up for indigenous rights, they cannot be described as an organisation that promotes all traditional values or wants to 'return to the roots'. In contrast, the Zapatistas have very modern ideas on gender, health care and family values, for example. These ideas often correspond with those of many international development organisations. Secondly, it is by no means the case (anymore), that there are only Zapatista and non-Zapatista communities in the region. Many Zapatista communities, or parts of the communities, have left the organisation,¹² but still support the Zapatistas ideologically. Others had never joined the Zapatistas, but have similar ideas or at least understand those of the Zapatistas. Thus, one should understand the situation in Chiapas more as a spectrum of diverging political and social ideas. Thirdly, to make it more complicated, it is also a misunderstanding to think of Chiapas only in terms of the Zapatista conflict. Religious conflicts, usually between Catholics and various forms of Protestantism, have swept across

¹¹ It is indeed true that, *subcomandante* Marcos, the main spokesperson and leader of the movement, is thought to have been a university lecturer before moving to the jungles of Chiapas to start the rebellion.

¹² For varying reasons. Some people I spoke to told me they had left the organisation, because it took too much time to go to all the meetings.

the state. When doing fieldwork I found many more communities divided or at least affected by religious conflicts, which have had an enormous impact on community coherence in the last decades. Since 1970 at least 35,000 indigenous people in the Altos region have been displaced from their communities due to religious strife (PHR, 2006). The general view is that the Catholic diocese of San Cristóbal has been sympathetic towards Zapatistas, whereas the Evangelical churches tend to support the government and pro-government communities, although this is obviously not always the case.

1.4.2 Inequality, Health and Nutrition

On a global scale Mexico is, in figures, a wealthy country. With a Gross National Income per capita of around \$9,990 USD (World Bank Development Indicators, 2008), it far outstretches that of its neighbours, for example, Guatemala \$2,680 USD and Honduras \$1,740 USD (World Bank Development Indicators). Mexico is in fact Latin America's second largest economy, the United States' largest regional economic partner and is a member of the Organization for Economic Cooperation and Development (OECD) (The World Bank, 2010a; PHR, 2006). Yet, the income distribution in Mexico is very dismal. As in many Latin American countries, there are huge income disparities between rich and poor. The United Nations Development Programme (UNDP) estimates Mexico to be on par with countries such as Ivory Coast and Zimbabwe when it comes to wealth distribution (UNDP, 2009). Around 42,6% of the population is thought to be living in poverty, while 13,8% is considered to live in extreme poverty (World Bank, 2010a). Furthermore the wealth is unevenly spread in Mexico over geographical regions and population groups.

Poverty is not only much higher among the indigenous population in Mexico, around 90% compared to 47% (in 2004) for the non-indigenous population, it has also decreased at a slower rate than that of the non-indigenous population (World Bank, 2010b). Furthermore, Chiapas, which has a large indigenous population, is one of the poorest states of the country, despite the fact that the state is rich in natural resources, bio-diversity and fertile land. Chiapas' main exports are hydro-electric power and coffee in which it produces almost half of that of the whole nation. However, the resources are mainly extracted by the national government and little of the wealth produced is returned to the poor of Chiapas (Howard and Homer-Dixon, 1996). Apart from being the poorest state, according to the NGO SiPaz, Chiapas is the state with the greatest internal inequality (www.sipaz.org).

Also when looking at the levels of health and nutrition, it becomes clear that there is much inequality. Chiapas has one of the highest infant mortality rates, and has the highest rate of maternal mortality and death due to infectious diseases, in the country. Moreover, over 60% of the population lives without access to potable water and adequate sanitation (PHR, 2006). Chiapas has the lowest number of inhabitants covered by some form of social security, and yet, still receives the lowest amount of health budget per capita (PHR, 2006). According to SiPaz, Chiapas has the second highest level of malnutrition in the country and over 70% of the indigenous population is thought to suffer from malnutrition. In 2007 there was less than one doctor per 1000 inhabitants (SiPaz, www.sipaz.org).

In any case, Mexico is not a big spender on health. In 2006 the total expenditure on health by the Mexican government was 6, 2% of the Gross Domestic Product (GDP), working out at around \$756 per capita per year (WHO, 2010). This is not a high figure compared to other northern countries, or even compared to some other Central American states such as Honduras and Nicaragua which both spend well over 7% of GDP on health care. Its total spending on health per capita is a

quarter of the OECD average. Also, health resources in Mexico seem to be very unevenly divided, as 'the allocation of health resources in Mexico is inversely related to marginality and to county GNP in Mexican counties' (Lorenzo et al., quoted in PHR, 2006, p.9-10). Thus, rich states have more physicians and hospital beds per capita compared to poorer states. According to Hernandez-Peña P. et al., public expenditure is at least twelve times higher per capita for the insured, in other words those who have formal employment, than for the uninsured (Hernández- Peña, Zapata, Leyva and Lozano, 1991).

Inequality in health care in Mexico is not only due to low government spending, also the system itself is most complicated and divided. The Mexican health system consists of a network of parallel services working along-side each other. As in many other Latin-American states, private care exists alongside public health care. Private care is mainly aimed at the wealthier parts of the population who seek better, faster or more luxurious attention than is offered at government institutions. Some three million Mexicans, less than three percent of the population, is insured for private care, but many others without private insurance also pay out-of-pocket to get attended to in private health centres (Whyte, 2009).¹³ Although expensive, private clinics are not that relevant for my focus group, there are certain types of other non-governmental care that are very important in the region. Various private clinics in Comitán and San Cristóbal have been set up as 'sympathetic' clinics, often charging patients only as much as they can miss or allowing patients to offer food or work instead of money. The same goes for the San Carlos hospital in Altamirano that is run by nuns. These centres are frequently visited by patients from communities.

The main health care provider in the area however, is the government. Mexico has had a complicated history of installing social services in the country with various institutions starting at different dates, and the result is a complex health care system with the provided service depending on one's occupation. There is the Instituto Mexicano del Seguro Social (IMSS) for formal workers in the private sector, the Instituto de Seguridad Social al Servicio de los Trabajadores del Estado (ISSSTE) for those in public service, and two separate health programmes for the armed forces and the state petroleum company, Pemex (Cerdea ed., 2007). To be clear, these health systems are not only insurance systems, they run their own hospitals, clinics and employ their own doctors. Obviously this system only works for those formally employed. The vast majority of patients in indigenous communities live of agriculture, and hence do not fall in any of these categories.

Up to 2003 this meant that still fifty percent of the population was not covered by IMSS, ISSSTE or one of the other government programmes. This part of the population also mostly consisted of Mexico's poor, who had to cope with out-of-pocket spending for health care, often impoverishing already deprived families. Some years ago, new government strategy was developed to tackle this inequality by offering subsidised health insurance to the uninsured. The insurance called *Seguro Popular* started under President Fox in 2004 and was planned to have reached all uninsured by the end of 2010. (Knaul and Fenk, 2005). The vast majority of patients in the studied area fall in this category, which is run by the Secretary of Health, la Secretaría de Salubridad y Asistencia (SSA). SSA provides health care to those who are not formally employed. Those who have received *Seguro Popular* should in theory be provided with free health care at SSA clinics and hospitals for up to 266 medical conditions listed by SSA (Gobierno Federal, 2009). Most people spoken to in the communities during the study had also received *Seguro Popular*, although some were still waiting for it or knew of others in the community who did not receive it. There is another

¹³ Also many patients from the US cross the border to receive cheaper, private care in Mexico.

programme which is also strongly present in the area of study. This programme is confusingly run by IMSS, although it is aimed at the uninsured population and is called IMSS-Oportunidades. IMSS-Oportunidades was set up to tackle poor health in rural areas of extreme poverty. There are at least ten hospitals run by the IMSS-Oportunidades programme in Chiapas. These hospitals claim to offer free health care to all. The IMSS-Oportunidades are linked to the government's Oportunidades programme, which will be discussed in detail in chapter three. In short this is a cash-transfer programme for the most marginalised families that aims to help families send their children to school, improve the nutrition standards and improve the family's health status.

Chapter Two: Rights-Based Approaches

One of the findings of the fieldwork in Chiapas is that the approach of both the government and many civil society organisations in the region to develop their programmes and back up their policies, is to relate their programmes to human rights. For the government it means referring to international development discourse, such as participation, women's rights and accountability, which are all core to right-based approaches and part of World Bank, one of the main contributors of the programme, policy. For the civil society organisations this often means referring to international law and treaties the Mexican government has signed regarding human rights. In this way organisations are appealing to the government to practice the commitments it has made and underlining that the particular situation is not only morally objectionable, but also judicially illegal. Next to referring to treaties, organisations appeal to rights as principles, stimulating communities to understand every individual should have access to human rights. The organisations in Chiapas therefore seem to use rights as a way to claim responsibility from the state, as well as a way to empower communities to understand their rights.

In the following case-studies there will be a focus on the right to health and the rights to food. The chapter on the right to health discusses the way in which patients and civil society perceives government health programmes and what this says about the use of rights-based approaches in such a context. The chapter on the right to food discusses how a particular organisation constructs its food programme and uses a rights-based approach to do so. In both cases it is necessary to have an understanding of rights-based approaches to evaluate the case-studies. Whilst on the one hand the case-studies can deliver meaningful contributions to the theory of rights-based approaches, on the other hand it is vital to comprehend the discussions within and criticisms of rights-based approaches when trying to understand the reality of the situations in Chiapas.

The practice of appealing to human rights and international law in development work only really emerged in the last fifteen years, but has since then become a popular practice around the world and in many different types of organisations. Before that the world of development organisations had often been separated from that of human rights organisations. Partly because it is such a new practice, many questions still surround the use of human rights by international organisations, states and development NGOs. One of the particular features of rights-based approaches seems to be the wide variety of ways in which it is used by organisations and governmental bodies. This also allows for much discussion and criticism of its practices. Whilst some argue it means a breakthrough for development work that now has judicial tools to claim rights and fight poverty, others argue it simply serves the neo-liberal discourse and is used as a re-packaging of old policies. Next to introducing the emergence of rights-based approaches, this chapter focuses on discussions on the different ways in which RBA is thought to be understood and used, and especially on the way RBA is thought to be a political instrument and function in politicised contexts.

2.1 Emergence of Rights-Based Approaches

Human rights and the claiming of rights are not new. Depending on how broad one defines rights, one could argue that rights were already documented in the first codification of laws by King Hammurabi around 2000 B.C. and were definitely discussed by philosophers in ancient Greece and Rome (De Blois, 2001). Human kind has always discussed the rights and obligations between

individuals. However the basis for our modern (western) understanding of human rights is often thought to have emerged in the eighteenth century during the Enlightenment and the subsequent revolutions in the United States and France. For the first time the divine rights of the powerful were questioned on a large scale and rights were understood to be for *all*¹⁴ in equal measure, thus creating 'human rights'. Two theories on human rights were developed already at this time and are still relevant for today. The theories differ on whether to understand human rights as *natural rights* that exist irrelevant of time or place but simply for being a human being, or as a *social contract* in which society has rationally decided to create certain rights and obligations as laws so as to maintain a harmonious society (Gready and Ensor, 2005). The difference has consequences for the use and applications of rights. Whilst the natural rights theory will argue that every human being in every region of the world must have access to all human rights, the more pragmatic social contract theory could allow a variant of human rights to exist in different contexts (time and place) as long as society could remain stable. The development of human rights continued and, for a large part due to the two World Wars and the new global political order, human rights were drafted in the Universal Declaration of Human Rights in 1948. This confirmed these rights to be natural rights, sealed them in international law and put them on the political agenda. Important, legally-binding documents followed such as the International Covenant on Civil and Political Rights (think of freedom of speech and freedom of religion), the International Covenant on Economic Social and Cultural Rights (covering topics such as the right to health and education) both in 1966, and later the United Nations Convention of the Rights of the Child in 1989 (UN, UDHR; UN, Declarations and Conventions).

It is therefore not the idea of human rights itself which has been developed only in the last fifteen years, but the use of rights as a tool in development work. Before this, development had primarily been the area of economists, whilst human rights were used mainly in a judicial sense (Nyamu-Musembi and Cornwall, 2004).¹⁵ So why has the idea of rights in development work taken off on a wide scale in recent years? Nyamu-Musembi and Cornwall identify four reasons for the increase of reference to rights in development work now.¹⁶ First of all, they state the end of the Cold War allowed rights to be viewed in a more integrated way, encompassing social, political, cultural, economic and civil rights. Whilst political rights were a difficult topic during the Cold War tensions, as the West tended to emphasise rights in a liberal sense (focussing on political and civic rights), whereas the East emphasised equality in human rights (focussing more on social, cultural and economic rights). The end of these tensions opened up international politics for more discussion on such topics and a broader understanding of rights. Secondly, there was an increase of cooperation between development oriented NGOs and human rights NGOs thus creating a movement for policies

¹⁴ With exception of course, depending on what one defines as 'all': in this case not women or non-white men.

¹⁵ Although some authors argue that certain element of rights-based approaches were present in development practice in the last half century. For example, the anti-colonial struggles did combine social, cultural, economic and political rights in the liberation struggles (Nyamu-Musembi and Cornwall 2004). Also, the poverty reduction strategies in the 1960s and 1970s focused on basic needs of the poor and marginalized, rather than economic growth measured in GDP for countries as a whole. Organisations working to attain poverty relief, encouraged participation of the local population and the development of public services such as education and health (Gready and Ensor, 2005). All these issues are also important elements of rights-based approaches. To Gready and Ensor, the fact that one can define the emergence of rights-based approach as a process that developed over fifty odd years, shows the usefulness of the theory, as it contradicts the arguments that rights-based approaches is simply a new and fancy language (Gready and Ensor, 2005).

¹⁶ There is a fifth reason mentioned by the authors too, namely that certain groups found in human rights a way to re-politicise their work: allowing participation not only to be of practical use in projects and programming, but also pleading for participation as a *political process*. This point however will be discussed later under the section 'Power and Politics in RBA'.

that integrated various human rights and emphasised the importance of economic and social rights. Gready and Ensor add to this that the recognition of all rights, political and social, to be equal, indivisible and interrelated was an important step towards a rights-based approach in development (2005). Thirdly, it is argued that a rights-based approach is beneficial to donor countries. Much of today's development aid is given directly to southern states. The concept of human rights as a basis for development allows donor countries to have some say in the use of the financial aid as well as have a framework for evaluating the results of the spent aid, without appearing to interfere in local and national decision-making. This is linked to the fourth reason, that a human rights frame is acceptable to many Western countries. Human rights make little to no reference to global inequalities, unlike for example the movement for the Rights to Development had done in the eighties, which was not accepted on an international scale.¹⁷ Whilst a human rights approach allows Western countries to criticise southern nations for a poor human rights record, human rights law and philosophy is not clear on the obligations of developed nations towards underdeveloped nations (Nyamu-Musembi and Cornwall, 2004).

An interesting point to take into account is the role Gready and Ensor give to globalisation as a reason for the emergence of rights-based approaches. The authors argue that in the modern era of globalisation 'government has become governance'. Although states are still important power bases, many other power-brokers have emerged such as multi-national corporations, international governmental organisations and non-governmental organisations. The consequence in the field of human rights is that new relationships have emerged. As the nation-state is no longer the sole political and economic force, also the responsibility for upholding human rights has become dispersed among many different actors (Gready and Ensor, 2005). The consequence has been that more actors are seen as rights bearers, but also as duty bearers. The vertical relationship between state and individual - in which the state has a clear function of duty bearer and the individual as rights bearer - has become more complex as new actors have emerged who have an equal duty to uphold rights. This vertical relationship has been complemented with horizontal and reciprocate relationships (Gready and Ensor, 2005). This also means that NGOs and IGOs have, to varying degrees depending on the programmes, responsibility and accountability towards their beneficiaries (Gready and Ensor, 2005). Yet, as Gready and Ensor argue, even if there has been an emergence of new duty bearers, their responsibilities and accountability varies and depends on the projects and policies of the actors, and the reality of power inequalities between these actors and stronger political and economic actors. (Gready and Ensor, 2005). For example, in the case of this research, whilst Enlace should be a duty-bearer in this context, it is argued that one must be realistic about the possibilities Enlace has. Enlace is first of all dependent on international financing and secondly on the Mexican government. The authors argue that the state must remain the primary duty-bearer (although one could also question the sovereignty of a state such as Mexico, which is heavily dependent on its greater Northern neighbour and economic partner). Indeed one of the main difference between critically examining the government health programme compared to that of Enlace, is that Enlace's programme works with specific communities who have chosen to participate. Enlace therefore

¹⁷ The UN Declaration on the Right to Development was signed in 1986 but is a non-binding instrument. The declaration came forth out of a movement for a New International Economic Order. In this document, rights were not confined to the state boundaries, but the global dimension of rights was discussed. '...it stresses the collective obligation of all states to create a just and equitable international environment'. In this context the West is attacked for not fulfilling its obligation to counter subjects such as unfair trade rules and third world debt. Many Western countries were opposed to the idea and voted against a second resolution that tried to make the ideas concrete (Nyamu-Musembi and Cornwall, 2004).

cannot be responsible for other communities or the general situation in Chiapas. The government however, is deemed to be responsible for all its citizens.

2.2 Buzz-Word

Right's talk may be the new development language but is it actually something new? Is it not just the new buzz-word used to cover up conservative development policies? Struggles for human rights have after all existed since the beginning of time and notions such as 'local participation' were already popular among development advocates in the 1970's. So is this approach different and if so, in what way?

The best answer to this question is simply yes and no. One of the main characteristics of the rights-based approach is its wide variety of uses and understandings by different types of organisation, by different organisations within a type and even by different individuals within an organisation. To some organisations and individuals it may be a very new approach that offers them new ways of understanding reality and practicing development work, for others it offers a way to repackage old policies in a new and popular discourse. This is an interesting asset of the approach that is most important to take into account when trying to understand the use of it. Also for this reason I find it more constructive to speak of 'a' rights-based approach rather than 'the' rights-based approach as it is often described in the literature.

In theoretical discussions on rights-based approaches some differences are set out between old development discourse and rights-based approaches. A commonly heard argument and one which is most useful for understanding the concept, is that rights-based approaches differs to what could be termed a *needs-based approach* practised in the decades before. The United Nations Population Fund (UNFPA) describes the difference particularly well in the following statement:

'Before 1997, most UN development agencies pursued a 'basic needs' approach: They identified basic requirements of beneficiaries and either supported initiatives to improve service delivery or advocated for their fulfilment.

UNFPA and its UN partners now work to fulfil the rights of people, rather than the needs of beneficiaries. There is a critical distinction: A *need* not fulfilled leads to dissatisfaction. In contrast, a *right* that is not respected leads to a violation, and its redress or reparation can be legally and legitimately claimed. A human rights-based approach to programming differs from the basic needs approach in that it recognizes the existence of rights. It also reinforces capacities of duty bearers (usually governments) to respect, protect and guarantee these rights.' (UNFPA).

Rights-based approaches contrast with a needs-based approach in that the provision of services and resources is no longer based on the necessities of groups and individuals, but rather on their universal right to attain such services and resources. Nyamu-Musembi and Cornwall note that whilst needs-based approaches focus on attaining additional resources to marginalised groups, rights-based approaches also work to create a better distribution of the existing resources. Furthermore, rights-based approaches attempt to strengthen the knowledge of rights among marginalised groups, empowering such groups to demand their rights to resources and services. Both these aspects of a rights-based approach allows for organisations to become explicitly political in their work, as they

seek redistribution and empowerment of certain communities and groups. This will be discussed as an important feature of rights-based approaches in following section. (Nyamu-Musembi and Cornwall, 2004).

To Nyamu-Musembi and Cornwall there are three other areas in which a rights-based approach is new and can be useful for development work in the future. First and foremost, is what they call the normative justification for the value of rights. By setting human rights at the centre of development work a strong framework is created with which organisations and planners can work from. Furthermore the planning is consequently directly linked to a set of internationally agreed principles, backed by international law. Thus it provides a stronger case for states and state actors to be held accountable for their actions. Secondly, Nyamu-Musembi and Cornwall identify a pragmatic reason for the use of rights in development work. The approach through human rights underlines the responsibility and accountability of states, especially those states that receive development aid. However, importantly a rights-based approach also opens up the way for new actors to be seen as duty bearers. As was mentioned in the previous section on the role Gready and Ensor give to globalisation, there has been an emergence of new power actors as is described as the government to governance switch. A rights-based approach offers a way to hold these powers responsible as human rights are enshrined in international law. A critical note must be made here, as although it may be true that a rights-based approach offers a way to hold such actors responsible, it is far from clear how international human rights law defines relationships which are not between the individual and the state. In fact one of the reasons why rights-based approaches may have taken off is because Western states approved of the way it does not hold them responsible for global inequality (see section on history of RBA). Thirdly, the authors mention the use of rights-based approaches as a tool for reflection on development work. Various authors for example have used rights-based approaches as a tool for understanding power relationships, arguing that to be able to promote rights it is necessary to understand one's own position in 'the dynamics of relationships of power' (Hughes, Wheeler & Eyben, 2005, p.63).

2.3 What Are Common Principles of RBA?

Although various arguments have been given to understand why rights-based approaches may be a useful tool in development work in theory, it is not clear how organisations use and interpret RBA. Before discussing the different interpretations, it may be good to understand what seem to be common principles of a rights-based approach.

The Office of the United Nations High Commissioner for Human Rights (UNHCHR) describes a rights-based approach as the following:

'A human rights-based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.' (UNHCHR, 2006, p.15).

And the UNFPA adds to this that:

‘The rights-based approach supports mechanisms to ensure that entitlements are attained and safeguarded..... The human rights-based approach focuses on those who are most vulnerable, excluded or discriminated against’ (UNFPA)

Thus to summarise, according to these UN bodies, a rights-based approach is: based on internationally agreed human rights treaties; it seeks to address unjust power relationships that lead to marginalisation and poverty; it seeks to strengthen institutions that safeguard human rights; and it focuses on those most in need.

Next to such standards which are based on the judicial nature of rights, UN High Commissioner for Human Rights explains a rights-based approach also contains various *principles* such as participation, non-discrimination and accountability (UNHCHR, 2006). There seems to be a broad understanding that a rights-based approach contains elements and practices that have been around in development work for some years. Often a strong emphasis is put on the necessity of rights-based approaches to be participatory and understand individuals to be actors rather than beneficiaries of a programme. In other words empowerment of individuals and communities seem to be an important part of rights-based planning (Mitlin and Hickey, 2009; Nyamu-Musembi and Cornwall, 2004; Gready and Ensor, 2005). As was discussed in the previous section, this is also underlined in the shift from a needs-based to a rights-based approach in which there is more attention for active participation and meaningful empowerment. A rights-based approach tries to strengthen human rights practice as a whole. Therefore next to empowering individuals to have knowledge of their rights and actively seek them, another principle of RBA is to strengthen those institutions which protect and fulfil human rights. This means working with both state actors and non-state actors who are duty-holders to strengthen their capacity for ensuring human rights are protected (Nyamu-Musembi and Cornwall, 2004). In short, common principles of RBA seem to be: a focus on human rights law and marginalised groups, the questioning of existing power relationships, principles such as participation and empowerment and the strengthening of capabilities of duty-bearers to meet their obligations. Yet, this broad consensus still leaves plenty of room for differing views and practices within organisations and international bodies to interpret and use RBA.

2.4 Diverging Interpretations of RBA

As Nyamu-Musembi and Cornwall put it, ‘this is a discourse that offers almost everyone what they might be looking for’ (2004, p.5). Some organisations may use certain elements of the rights discourse to fit in with their programmes, whilst others are practicing policy very similar to the rights-based approach discourse without calling it that. In the next section three main differences in the use and practice of RBA will be discussed, before touching upon the fourth and most important (in this context at least) variety in RBA policy: politics and rights.

First of all, the popularity of rights-based approaches is wide-spread, it is not only a discourse used by international governmental organisations, but also by donor governments, by world-wide NGOs and local, grass-root organisations. The intention and programming of rights-based approaches is not the same for the World Bank as it is for a socialist, peasant cooperation in the jungles of Brazil. The wide use of RBA can be described as both a strength and a weakness. Eyben argues that there is

a big difference between the challenges set by RBA for an international governmental organisation (IGO), such as the UN, and for bilateral agencies such as donor states. As the host country is part of the IGO it has more say over the practices in its country. A bilateral agency on the other hand, has to find a tricky way of influencing reform in the host country, without becoming too political (Eyben, 2005). Conversely, to some RBA may offer donor countries just those means to influence national policy without seeming to be interfering with state sovereignty (see *Emergence of Rights*). Again for NGOs the use of RBA will be different to that of governmental organisations and agencies. Partly these organisations may have adopted the rights language to secure more political and financial support from the larger IGOs and governments among which it has become very popular. However, many organisations – as will be discussed in the case studies too – use the approach in a very activist way, arguing that it is in fact these IGOs and the dominant economic and political paradigm that exists among them, that is violating people's human rights. Consequently, the spread of RBA across different sectors of the development field may mean a greater amount of coordination between development agencies, however it is also likely that different organisations pick and choose various characteristics of RBA that fit into their point of view. Apart from between different types of organisation, there seems to be evidence that even within organisations there are different interpretations of RBA (Eyben, 2005; and Conin, 2009).

Secondly, the amount and type of emphasis put on human rights within development programming differs. In a study done among eighteen different UN agencies on the way in which a rights-based approach is linked to development work, four varying interpretations were identified. The four interpretations of the use of rights in development work varied from understanding rights as the outcome of successful development work, to the opposite; understanding sustainable development as an outcome of the successful implementation of rights (Nguyen 2002, in Gready and Ensor). There is a distinct difference between understanding rights to be the starting-point of development work, the ultimate goal of development work or as a useful tool or check-list whilst setting-up projects. Nyamu-Musembi and Cornwall point out that each degree has its own drawbacks. Using rights only as instruments, rather than as guidelines, can mean that rights are only used in a very narrow, legalistic way, thus not encompassing the breadth of development work. Using rights to strengthen institutions can mean the focus is put too much on institutions, of which can sometimes be questioned if they are properly accessible to marginalised groups. However, using rights only as guidelines, rather than as practical tools and check-lists can mean an easy way of repackaging, or in fact packaging any policies, into a popular discourse (2004).

Thirdly, as was discussed earlier, a rights-based approach is a human rights approach to development work. Thus inherently it is a mix of judicial approaches and development work. There is a broad range of practices ranging from legalistic to developmental that can all be called rights-based approaches. For some this is a main reason to doubt the capability of the approach. They argue that combining rights with development work is in a certain sense conflicting, because different rights tend to conflict with each other. An interesting distinction for example can be made between 'conflict managers' and 'democratisers'. Whilst the first group is determined to bring sustainable peace and harmony to a region, thus emphasising the necessity of compromises on all sides of the conflict, democratisers may prefer to sustain conflict until a fair and democratic system has been shaped (Baker in Gready and Ensor, p.29-30). A common debate in conflict studies is for example the question of whether to prosecute war criminals after an armed conflict has ended. For those concerned with the outbreak of conflict, bringing the guilty to trial may re-ignite tensions between the conflicting groups. However from a legalistic point of view, those who have committed criminal

acts must be brought to justice.¹⁸ Both perceptions are led by a human rights perspective: people have the right to live in peace, but also the right to bring criminals to justice. Are NGOs not trying to do too much by combining human rights with development work? (Gready & Ensor, 2005). The combination of judicial approaches and development work can also cause difficult situations. Whilst one could argue that in such cases coordination and communication must be essential to compromise programming, some argue that this coordination can mean 'a blurring of lines between, say NGOs, states and militaries' (Rieff in Gready and Ensor, p.31). For it is not only NGOs who use rights as a starting point, increasingly states and even military interventions are termed in rights language. Obvious examples of this are the recent wars against terror in Afghanistan and Iraq, which was in rhetoric a large part based on the bringing of human rights and democracy to oppressed peoples. But also the independence declaration of Kosovo and the invasion of Abkhazia and South-Ossetia by Russia have used international law and human rights to defend their actions. The independent role of NGOs in this context becomes questionable, as the same arguments they use may be claimed by states or non-state actors to justify actions which would normally not be accepted by such NGOs. In The Netherlands for example there have been many discussions on the role of the military in Afghanistan as state and peace builders and their relationship with Dutch NGOs who may have the same mandate, but often with different methods. What should such cooperation look like? Shouldn't NGOs remain neutral and not be influenced by political policies? And, can the military be seen as a development agency?¹⁹ (Gready and Ensor, 2005).

Furthermore, Gready and Ensor argue that taking a mere legalistic approach to a rights-based approach is too narrow to provide real meaning to development work. 'Most rights are violated and secured in everyday life and relationships, in social and political processes' (Gready and Ensor, 2005, p.9), thus resorting to the jurisdiction is only used in exceptional cases. Turning to the law can in fact be counter-productive because for example the justice system is not sufficiently in place or is not accessible to those seeking justice. Rather 'human rights training should emphasize the search for alternative, 'home-grown', ways of ensuring accountability that can work within local contexts' (Gready and Ensor, 2005, p.9). Rights-based approaches work not only in the legal sphere, but also in social, political and economic spheres and represent a framework for human relations not only a legal code (Gready and Ensor, 2005). Something which will follow in the case-study chapters is the inclination to link the right to health and right to food directly to the Convention on the Rights of the Child and the International Covenant of Economic, Social and Cultural Rights (ICESCR). According to Gready and Ensor this is a concrete example of the way in which a too legalistic approach is taken to the rights-based approach. This is what Gready and Ensor refer to as the 'legal reflex': by focussing on these laws a narrow approach is taken to the issue of health and food, thus excluding possibilities for non-legal issues to be addressed (Gready and Ensor, 2005, p. 9). Rather than focussing on the legal interpretation of rights, Ensor argues that is more important to focus on the interests that come with the rights. This way one also takes into account local differences and cultural identities when using rights (Gready and Ensor, 2005).

¹⁸ Of course this is often combined with the argument that justice must be done before people can build up society again and, from an international perspective that war criminals in other regions must know they will be brought to justice for their actions.

¹⁹ See for example: Frerks et. al., 2006; or, Homan, 2007.

2.5 Power and Politics in RBA

An interesting question in RBA theory is whether using rights in development work is inherently political. To many this is a given fact (Chapman, Miller, Campolina Soares and Samuel, 2005), although some dispute it. What I miss in the literature is a discussion on what 'political' exactly refers to, as different authors seem to imply different things with the same term.²⁰ At least four different types of 'politicisation' can be identified in the literature: political, meaning addressing existing inequalities and redrawing power relationships, in some cases going against neo-liberalist development policies and creating new rights-holders and duty-bearers in the process; political, as becoming involved in other countries' national politics; political, as blaming and shaming without action, or programming out of self-interest; and, political as the goal for NGOs who are trying to operate in political contexts. Finally, an argument is given that RBA in fact de-politicises development work.

The first example of politicisation is that a rights-based approach 'calls for existing resources to be shared more equally, and assisting people to assert their rights to those, thus making the process explicitly political' (Nyamu-Musembi and Cornwall, 2004, p. 2-3). In this case 'political' means the addressing of existing power relationships in society and challenging them. It means making a choice to actively support those without power to claim resources from those in power, with the means of rights. The clear line one takes to tackle such inequalities means one will have to move into political spaces and get involved in the political debate (Jonsson, 2003). Political as; becoming involved in political circles and questioning existing power relationships through 'ensuring that legal frameworks support and advance the rights of the poor and excluded' (Chapman, Miller, Campolina Soares and Samuel, 2009, p.165). To organisations who have such a perspective, a rights-based approach means no longer understanding development problems as technical issues which can be solved outside political spheres. Rather, they underline that rights cannot be met without changing existing power structures as development problems 'are rooted in differences of power, income and assets' (Action Aid, 2005, p. 7). Changing these structures can only be done within a political context. Giving certain groups a voice, addressing certain matters or giving certain groups confidence in claiming rights, are each issues that are politically charged (Chapman et al., 2005).

Nyamu-Musembi and Cornwall also give an example of how rights-based approaches can be deemed political as they have the potential to change neo-liberalist development policies. Rights-based approaches can offer a way to re-politicise development work, especially a concept such as participation, which has become 'mainstreamed by powerful institutions such as the World Bank' (Nyamu-Musembi and Cornwall, 2004, p.1416-1417). In this version of a rights-based approach 'the central components of development work, such as participation and empowerment, are reclaimed and re-politicised from neo-liberal instrumentalism and mainstream appropriations by powerful institutions such as the World Bank' (Gready and Ensor). Re-politicisation in this context means addressing development issues in different ways than is prescribed by neo-liberal policy such as policy that was dominant in the 1980s and that of the World Bank. In neo-liberal policy for example, the concept of participation is seen as enhancing adequacy and efficiency of service provision. Re-

²⁰ O'Brien does touch upon this subject as he makes a distinction between 'p'olitical and 'P'olitical. O'Brien understands 'political' to mean development practice informed by higher political values or ideology (for example, 'pro-poor politics'), and 'Political' which is about taking preference towards a certain party, without there being a wide consensus on this (for example, the war against terror). However, this distinction although very useful in itself, does not portray the different ways in which other authors have written on the subject – rather it is a more general perception of the politicisation of aid.

politicising this term gives it a broader sense of meaning, as it tries to democratise the decision-making process and enable people to have a say in policy and projects. Also, the act of naming new duty bearers is another politicised action of this version of a rights-based approach. The reshaping of such relationships is not politically neutral, but questions the existing power relationships (Gready and Ensor).

However, the anti-neoliberal character is disputed. Whilst to some RBA is all about re-addressing existing power structures including dominant economic policies, others question whether rights-based approaches have not actually created a space for neo-liberal discourse to adopt a development framework, without having to change its principles. As the examples of the war in Iraq and Afghanistan show, rights can be used in many ways which can also fit within a neo-liberal framework. After all these wars were for a large part justified in terms of human rights. The question is thus *how* rights are understood and implemented (Gready and Ensor, 2005).

Secondly, 'political' can mean becoming involved in other countries politics as an outsider, or put more strongly: undermining democracy and sovereignty. 'Human rights advocates are still sometimes blamed for undermining sovereignty and imposing foreign values on countries' (Archer, p.28). Sovereignty and democracy become subordinate to human rights. States are seen to have a moral right to defend human rights, even over the sovereignty of other states. The result is inequality between states. Turning aid on and off to states when they do or do not adhere to human rights 'undermines sovereignty and deepens interventions, through new forms of conditionality'. 'Conditionality undermines the humanitarian principles of universalism, neutrality and impartiality'. Also there is an idea of right and wrong pronounced by western governments and institutions over the doings in non-western states (Gready and Ensor, 2005). But to Jonsson a human rights approach *demands* such political engagement and analysis of outside organisations in local and national politics, because it is necessary to understand local political, socio-economic and cultural contexts that may be hindering the fulfilment of human rights (2003).

Again the accent of 'political' is shifted when Archer describes the political nature of human rights on the one hand and development work on the other hand. The political nature of human rights, he writes, is often criticised for being 'inherently critical of government, interested in blaming institutions rather than changing them' (Archer, p.23). Rights are criticised for only blaming and shaming without taking action. In this case 'political' does not describe taking action, but describes the blaming of (government) institutions. The author goes on to state that development agencies are also criticised for being inherently political. 'They are said to intervene in other countries in the agency's own national interest or to suit their own convictions, and to do so without accountability because of the power their aid budgets bestow' (Archer, p.23). Here, 'political' refers to applying policies that are in the interest of the development organisation, whether political-economic interest or moral-ideological interest. In other words, it refers to programmes that are not necessarily suited to the beneficiaries, but rather more to the interests of the donors.

O'Brien (2005) argues that RBA is a useful tool for NGOs in the present context. The author identifies political with a small 'p' and Political with a capital 'P'. He understands 'political' to mean development practice informed by higher political values or ideology (for example, 'pro-poor politics'), and 'Political' which is about taking preference towards a certain party, without there being a wide consensus on this (for example, the war against terror). According to him, since 9/11, governments have started to 'P'oliticise humanitarian aid. By this he means that aid – although disguised in rhetoric of rights - is used to achieve political goals. The war against terror is the most famous example of this. The author argues that in such a context, non-governmental organisations

cannot just adhere to their old policy of humanitarian action, which is based on higher moral goals. To O'Brien, RBA can be a useful tool for organisations who find themselves in such a context, because it allows them to strive for social, political and economic human rights while not siding with the government. O'Brien's hypothesis is very relevant for this work, as it deliberates on the role of RBA in a politicised context. Similar to the case of Iraq or Afghanistan, one could also say the Mexican government is 'P'oliticising the health system in Chiapas. Thus, the question arises whether Enlace and other NGOs are using a rights-based approach to manoeuvre within this political context. And, if this is the case, if it indeed helps the organisation to give shape to their projects in such a context?

Interestingly, Gready and Ensor (2005) view current international politics very differently, although they come to a similar conclusion. Gready and Ensor argue that RBA can also de-politicise development work. According to the authors, governments have increasingly depoliticised their aid policies in the last two decades (in contrast to O'Brien's theory on post 9/11 developments). The authors argue that humanitarianism has taken over in aid work. Rather than take a political stance in an international conflict (as the West would have done during the Cold War), states prefer the 'easy' way out by sending humanitarian missions. This leaves governments with a way out. They do not have to take a risky political position, but can show their involvement through neutral humanitarian relief.²¹ An example of such practice is the action, or rather non-action, taken by Western countries in Rwanda before and during the genocide. Most countries chose to send only humanitarian aid, rather than become involved in the political struggles, but consequently in fact did nothing to stop the genocide. The authors therefore argue that such humanitarian action, in the name of human rights, can be used to cover up inaction. To be clear Gready and Ensor argue that this de-politicisation only counts for states and in fact, due to this de-politicisation, NGOs have become more politicised. The lack of government interest, or over interest (such as in Afghanistan or Iraq), has created the space for NGOs to use human rights in a political way.

2.6 Right to Health and Food

'..the human rights lens – and the idea of human dignity at its center – has become essential to understanding major public health challenges' (Rubenstein, p.xi).

Also in public health care human rights have become part and parcel of programming and analysis in the last fifteen years. The right to health seems to have developed in a similar way to other rights-based approaches. Rubenstein characterises the difference between human rights in health to traditional public health strategies in three areas. First of all, where public health focuses on the effective use of available resources, human rights go further to also demand new resources where necessary. This is similar to the argument in RBA that the approach goes further than dividing existing resources, to actively demanding more resources. Secondly, a human rights approach has an increased focus on the poor and marginalised rather than the population as a whole. Again, this is a common principle in RBA. Thirdly, Rubenstein points out that, public-health strategists had in the past mainly focused on health infrastructure such as sanitation, the existence of health clinics or clean water. Approaches based on the right to health have broadened their scope however, to also study for example the influence of poor education, marginalised access to economic activity or the

²¹ The question is if humanitarian action is always neutral. Many have criticized aid for prolonging or worsening conflict through its practice. See amongst others: Mary Anderson (1999), *Do No Harm*.

lack of political freedom on health care (Rubenstein, p. xii). Making the connection between different rights is also an important part of RBA.

Yamin explains how in Latin America the idea of the right to health has developed. According to the author the health system in Latin America has been through various periods of different paradigms on health. The idea of health has progressed from a form of charity that mainly dominated in the nineteenth century as health was mostly offered by Christian missions, to the notion of entitlement to health, but only for employees, during the labour movements at the beginning of the twentieth century. What has dominated in the last part of the twentieth century is a neo-liberal view on health sponsored by the World Bank, that sees health mainly in terms of output. '...the World Bank-sponsored model of social policy, including health services, consists of a standard menu of three strategies: privatization, targeting and decentralization' (Yamin, 2000, p.129-130). Under international law the right to health is documented in the International Covenant on Economic, Social and Cultural Rights, which defines the right to health as the right to 'the highest attainable standard of physical and mental health' (UNHCHR). Yamin argues that for a long time the requirements of states to fulfil the right to health were not concrete. Although this has improved, often due to work of NGOs, there still remains a lack of clarity on the definition of the obligations of the state towards health, which also means they are difficult to defend judicially (Yamin, 2000).

At the same time, on the international scale, there seems to have been a *broadening* of the understanding of the right to health from only illness to other structural environments of disease and the need to acknowledge the connection between health and other human rights. In general there has been a shift within the right to health movement, from an understanding of health as the access to health care, to a wider set of obligations that influence people's well-being. An example of such a shift is the attention that is given these days, to social conditions that surround health care. Rather than focussing only on the treatment of symptoms (for example establishing health clinics or hospitals) there has been more research into the understanding of the causes of detrimental health (such as poor access to the established health clinics due to poor infrastructure, lack of education or religious beliefs). The WHO and other health organisations have set up campaigns to understand the effects of *social determinants* to health. The social determinants of health are those conditions in which people work and live. These determinants 'are shaped by the distribution of money, power and resources at global, national and local levels' (Commission on Social Determinants of Health, 2008). Government policy and the medical system itself are also part of this distribution.

The right to food has also developed around the world in similar ways. An important movement which is relevant for the thesis, is that of *Soberanía alimentaria*, or food sovereignty. The idea of food sovereignty is not local to Chiapas. The concept of food sovereignty, first introduced by Via Campesina, an international organisation for small-scale producers, became part of public debate during the World Food Summit in 1996 (Food First, 2005; La Via Campesina et al., 2006).²² Nowadays many civil society organisations have endorsed the movement and it has been taken up in the agricultural debate in the United Nations Food and Agriculture Organisation (FAO). Via Campesina defines food sovereignty as:

Food sovereignty is the RIGHT of peoples, countries, and state unions to define their agricultural and food policy without the 'dumping' of

²² See also for example, IPC Food Sovereignty; a global network of NGOs/CSOs concerned with food sovereignty issues, <http://www.foodsovereignty.org/new/>.

agricultural commodities into foreign countries. Food sovereignty organizes food production and consumption according to the needs of local communities, giving priority to production for local consumption. Food sovereignty includes the right to protect and regulate the national agricultural and livestock production and to shield the domestic market from the dumping of agricultural surpluses and low-price imports from other countries. Landless people, peasants, and small farmers must get access to land, water, and seed as well as productive resources and adequate public services. Food sovereignty and sustainability are a higher priority than trade policies (www.viacampesina.org).

The strength and the innovation of the concept lies in the fact that it draws heavily on human rights. Moving away from the limitations of the concept of 'food security' which in definition only means the provision of enough food to fight hunger (WHO, 2010b), this much broader concept addresses many interlinking issues. In an attempt to alleviate poverty the concept's followers insist a fundamental change must be made in international economic and agricultural policy. To do this the concept draws on international human rights law, calling on principles for the right to food and importantly *adequate* food, the right to land, the right to self-determination, the right to practice one's own culture and to protect the environment (www.viacampesina.org).

The concept of food sovereignty is strongly linked to a rights-based approach. As with a rights-based approach, this new concept definitely broadens the horizon for action from the previous concept of food security or a needs-based approach. Also similarly to the theories on rights-based approaches, food sovereignty offers a way to link many different human rights and underline their inseparability. Yet unlike the theories on rights-based approaches, food sovereignty takes a definite political stance. Not only does it prioritise local production and consumption over foreign import, it also challenges the international agricultural system. It hereby takes human rights further than the national level and attacks for example the dumping of agricultural products; something which is most often practices by western countries. The idea that rights-based approaches do not challenge international inequity is thus questionable in this context.

2.7 Final Remarks

There seems to be a broad consensus that rights-based approaches are based on internationally agreed human rights treaties, seek to address unjust power relationships that lead to marginalisation and poverty, seek to strengthen institutions that safeguard human rights, and focus on those most in need. Also, rights-based approaches generally contain certain principles and methods, such as participation, non-discrimination and accountability. It is often claimed rights-based approaches reflect the needs and wishes of people on the ground. Nonetheless, it has been discussed that there are still many differing opinions on the use and implementation of RBA.

In the end what we may have seen is the growth of the rights discourse as a way for donor countries, and to an extent IGOs, to have more control over their financial donations without seemingly interfering with national politics and at the same time being safe of critique of global inequality. Consequently the rights language was also taken over by a variety of NGOs who have used it and are using it in a variety of ways, sometimes to repackage old policies, sometimes also as a useful tool to counter the international economic system. When studying rights-based approaches it

is fundamental to acknowledge that the discourse is being used by different organisations, governmental bodies and even militaries. These organisations have different backgrounds and uses for RBA and apart from ideological reasons, may understand the use of rights within development in different ways, using rights only as tools, or as an ultimate goal of development work. Another problem arises as it becomes clear that rights can clash with each other and organisations will have to make choices on the prioritisation of certain rights over others. RBA does not have the same outcome when used by the IMF or by activist NGOs.

Many authors agree that RBA politicises development work in some way, although there are very different interpretations of what 'political' exactly refers to. Some argue RBA is all about addressing existing (unequal) power relationships, and within that group, some argue that this means a way to attack neo-liberal policies. Others understand RBA to be political in the sense that it allows interference of states in development programmes of other states and 'blaming and shaming' without any concrete action. To others however, RBA can also allow states to *de-politicise* their development policy, as they choose the neutral variant of humanitarian aid over making difficult political decisions to interfere in conflicts. The question which is raised in the literature, namely if RBA politicises development work, thus depends very much on the way in which one interprets political.

The discussion of RBA has raised various new questions that are of interest to my case-studies. First of all, O'Brien's argument, that RBA can be a useful tool for NGOs dealing with politicised action, is very relevant in this case. O'Brien argued that in a situation where aid is no longer politically neutral, NGOs can use rights-based approaches to uphold certain principles and strengthen their voice. Although O'Brien is mainly talking about the politicisation due to the war on terror in countries such as Afghanistan and Iraq, one could compare the situation to Chiapas where the government's health services are also perceived to be politically biased: *Does a rights-based approach help Enlace manoeuvre in a politicised context and is Enlace better able to hold duty-bearers responsible?* This will be discussed in chapter four.

Secondly, in the section on the politicisation or rights-based approaches, it was questioned whether rights-based approaches automatically question the existing power structures, and following from this, the neo-liberal system. The argument that governments have defended their actions in the war on terror by referring to rights, contradicts the presumption that RBA always questions existing power structures. Rather, it is about how rights are interpreted and how they are used. Also in my case-studies it is important to ask how rights and a rights-based approach has been interpreted, and what this means for challenging power structures: *In what way are rights and is the rights-based approach understood by different actors, and what does this mean for their understanding of and actions against existing power relationships?* This will be discussed in chapter three.

Thirdly, what is interesting in the discussion of the politicisation of RBA, is the extent to which this happens. O'Brien argues that development work in general is only 'p'olitical, because it adheres to an ideology and causes that can rely on broad consensus. The question is whether Enlace does not go further that only following an ideology. Or put differently, Enlace can find broad consensus internationally for its policies, but maybe not in Chiapas where ideas on development are very divergent: *To what extent are Enlace's development programmes political, and what does this say about the use of a rights-based approach?* This will be discussed in chapter four.

Chapter three: Case-Study of the Oportunidades Programme

This chapter discusses the government health programme, Oportunidades, and the relevant health institutions and is drawn nearly solely from the results of the field work. In doing so, the chapter discusses two main issues. Firstly, how is the programme received by civil society and the beneficiaries of the programme? It is important to sketch this background before looking more specifically at the role of rights-based approaches therein. In the introduction, the role of politics in service provision was briefly discussed, however, in this chapter it will be discussed in more detail for the specific case of Chiapas and based on the field work rather than on theoretical literature. It will become clear that government health services are not viewed as neutral by civil society. Secondly, this chapter discusses what this says about the rights-based approach that the government has used. What has the rights-based approach contributed to the situation? A rights-based approach is often seen as a politically neutral approach, after all it bases itself on universal human rights, yet, in this case the government's programme is still perceived to be politicised.

As these two themes are so interlinked, the chapter has not been divided into two parts to answer these questions, but consists of one body in which both themes are discussed. In the final remarks, I will return to these two points separately. Furthermore, the final remarks will discuss one of the questions raised in the previous chapter on the theory of rights-based approaches: what are the different perceptions of rights in Chiapas? Finally, I must emphasise, that I am not trying to answer whether these perceptions are 'true', but my interest lies in the question what the perceptions are and mean.

The chapter will start with an introduction of the most important government health programmes Oportunidades, and other relevant health institutions, and continue to discuss the various ways in which civil society and patients were critical of the programmes.

3.1. Introduction

Various government health policies have been directed at rural Mexico and have been influential in Chiapas. Two important poverty relief programmes related to health care have been set up in the last two decades. The first is *Seguro Popular*, an insurance system for the uninsured. The second is the Oportunidades programme, which has been very influential from the government's point of view as it has seen huge investments compared to other social services. But the programme is not only influential from the government's point of view, the field work showed that many communities and NGOs were involved with the programme, whether supporting it or not.

3.1.1 The Oportunidades programme

Oportunidades, the follow-up to *Progressa* which was started in 1997, was renamed and revised in 2002 under President Fox. The social benefit programme is a so-called conditional cash transfer (CCT) programme designed to beat the vicious cycle of extreme poverty. The programme combines three areas of social service, health, nutrition and education, in an integrated system. The underlying idea is that only an integrated programme in differing areas can help to break the cycle of poverty. Other important concepts of the programme are co-responsibility and the empowerment of women, especially mothers. The programme is supported by the World Bank, itself a proponent of rights-based approaches. Oportunidades has many aspects built into it aims to be participatory, to work

with rights-holders, to be gender sensitive and to integrate various fields of development namely health, nutrition and education. Although the programme does not call itself rights-based as such, UNICEF and other authors have referred to it as rights-based (e.g. UNICEF; Molyneux, 2006; Educational Portal of the Americas, 2005). Because of the rights-based elements it contains, and because it seems to be widely accepted as a rights-based approach and is supported by the World Bank which supports rights-based approaches, it seems valid to call it rights-based in this thesis.

The programme offers families small cash transfers if they meet the various requirements set by the programme. The requirements consist for example of regular check-ups at the local health clinic for pregnant mothers as well as children. The family's health and nutrition is measured, and children and pregnant mothers are given additional nutritional packages when necessary. The programme, in theory, offers free health care and this together with the regular check-ups is supposed to ensure families do not avoid clinics and medication for economic reasons – something which is a great problem in impoverished areas and can lead to family bankruptcy or unnecessary serious illness. Secondly, mothers are required to attend monthly talks, *platicas*, by a doctor or other social worker. The talks cover topics such as hygiene, family planning, domestic violence and nutrition. Following the concept of co-responsibility, women are talked to about improving the health in their household through improving nutritional and hygiene standards. In the interviews, women mentioned examples such as eating more fruit and vegetables, depositing garbage in the collection service or otherwise burning it, and keeping the house clean. Although in general the husbands do not attend the meetings, the women are also told about their rights in the house. Mainly this covers domestic violence, denouncing the abuse women and children sometimes suffer at the hands of their fathers and husbands. Also, family planning is one of the subjects at the talks. Women are stimulated to talk to their husbands about how many children they would like and to choose some form of birth control. Finally, children must be enrolled in primary and secondary schools in order to receive the economic benefits. In fact the monthly allowance is intended to aid the family in paying for school books and other requirements for their school-going children. Because mothers are usually those who have most influence on the family's nutrition, health and the children's education, and because the programme tries to promote empowerment of women, the economic benefits are directly paid to the mothers of the household. Cash payments are made from the government directly to families to decrease overhead costs and corruption (www.oportunidades.gob.mx; WHO, 2006; World Bank, 2004).

The programme has caught wide-spread attention, partly because it is such a vast undertaking; in 2004 it was estimated that 46,5% of Mexico's anti-poverty budget was being spent on Oportunidades (World Bank, 2009a). It is estimated that over 60% of the population in Chiapas is enrolled in the programme (www.oportunidades.gob.mx). Also, it stands out for its inbuilt policy of regular evaluation and monitoring, by international, impartial researchers (Center of Global Development, 2004). The Oportunidades programme has received a lot of international praise. The World Bank, which also partly subsidises the programme (World Bank, 2009a,b; WHO, 2006), describes the results of Oportunidades as 'extremely positive', praising the programme for increasing school enrolment, especially for girls and improving health and nutritional standards. 'The positive impacts of Oportunidades show that conditional cash transfer programs of this nature can be an effective feasible instrument in both reducing current poverty as well as improving the future of children through increased investment in their health and education' (World Bank, 2004, p.3). Other important international organisations and bodies such as the World Health Organization and the

Center of Global Development have also evaluated the programme and are for the most part positive about the achieved results (WHO, 2006; Center of Global Development, 2004).

However, many local NGOs and doctors responded very differently to the Oportunidades programme and government health care in general. The next section will discuss the various criticisms that exist within Chiapas' civil society and among the beneficiaries of the Oportunidades programme. Not only do they criticise the programme for its organisational flaws, but also for political and cultural aspects of the programme. A lot of criticism focuses on how the state's programmes are politicised. The organisations argue that the government's health projects are politically coloured, or even motivated, while at the same time the organisations criticise the programme from their own political point of view.

The criticism can be divided into two categories. First of all, there is much criticism on the organisation of the programme itself. Although this is not about political views, I believe it is important to understand that many frustrations can come from non-political motives. The second set of criticism is on the fundamental structure of, and motive behind, the programme itself. This covers cultural, economic and political questions.

3.2 Practical Problems

It would be too simplistic to describe the respondent's reservations of the government health system as all to do with political and moral objections. To civil society, but especially to the patients and beneficiaries of the programme, many frustrations came from practical and organisational flaws as well as the quality of health service in a practical sense.²³ Yet, this section is not only meant to introduce the general complaints on health care in the region, it is also meant to show that these complaints are seen in a political sense. The recipients explain the lack of resources, poor quality of doctors and bad organisation of institutions, not only as bad governance, but as a lack of interest (with or without deliberate intention) in the region.

First and foremost, is the complaint of the lack of medicines in clinics. The clinics in the communities are supposed to provide free medicines to families enrolled in Oportunidades²⁴. However, in practice, patients often receive only a medical receipt and must buy their own medicines at the pharmacy. Not only did many NGOs mention this practice, but nearly all patients mentioned this as their main complaint of the medical facilities. 'There are often no medicines here. A lot of people die because of the lack of medicines, they can't pay for them' (female patient, 21-1-2010). Why these medicines are not available is not quite clear. Many patients thought the government did not send them, some others that it was the doctors at the clinics who did not ask for the medicines. To many NGO staff the reason was a 'lack of interest' or a sign of incompetence on the government's part. The medical doctor in one community (19-1-2010) also experienced this problem first hand and explained that the community clinic was sent a fixed amount of medicines. 'They send medicines for things which don't occur in the community and I don't have enough of the things which everybody comes in for'. The doctor's pharmacy was filled with drugs for uncommon and specialised treatment, but was constantly running out of simple antibiotics and medicines to stop diarrhoea. A consequence

²³ In fact even positive reports of the Oportunidades programme, such as the report a EUROsociAL, (Homes and Slater, 2007), states as one of the debilities of the programme the quality of services, saying 'because Oportunidades does not fund health and education ministries directly, they have little direct control over where services are operating'.

²⁴ For certain common treatments (i.e. diarrhoea and flu). This is done in combination with another government initiative, Seguro Popular, an insurance system meant for all those uninsured.

of this problem is that patients often end up paying too much for medicines at the pharmacy as the pharmacists would offer them only the most expensive brand instead of the generic equivalents (medical doctor in residence, community clinic, 19-1-2010). In general one could say the main grievance was that the patients had been promised free health care and this was not always the case.

Next to the lack of medicine, another problem seems to be the lack of well-trained medical staff or medical equipment available. Statistics show that Chiapas indeed has a very low average of doctors per patient compared to the rest of the country. Furthermore there have been various official complaints been made about the lack of resources, such as that by the worker's union for medical workers of IMSS in Chiapas, who complained there was a grave shortage of proper medical equipment and medical specialists (Muñoz Ríos, 2008).

Indeed, also in my fieldwork this complaint was most frequently stated by medical staff themselves.

'The government just doesn't have the services...I think the 2nd and 3rd level of care are probably pretty good, but the primary level health care is poor. There just aren't enough staff, it is not that the staff are poor, there aren't enough'

(Private medical doctor, 30-11-2009). A nurse who works in Zapatista clinics (19-1-2010) hinted that it was due to the lack of interest of authorities that the resources do not exist:

'The general hospital in Comitán for example just cannot cope with the amount of patients it gets from all over the countryside... everybody has poor treatment because the hospital is just too full...Basically there is not enough personnel and not enough equipment. There should be more access to health services. There is not the capacity at the moment, nor the interest of the government. The government can say what it likes, but we do not have quality health care.'

Indeed the hospital in Comitán is known for its crowded hospital beds, partly because it serves many communities outside of the city.²⁵ Although, financial investments may be being made, they disappear or are invested in the wrong area. An example is the construction of health centres in communities without placing sufficient staff to run them. The buildings stand empty without doctors or resources (medical specialist General Hospital Comitán, 27-1-2010; social worker, 27-1-2010). It is not uncommon to question the investments of the government in this way: *'They spend large amounts of money, construct buildings, fill the roads with their ambulances and trucks to transport their staff. The moment when people need it there aren't any doctors, nor team, not to speak of medication'* (interview with health worker Zapatista clinic Oventic, in: Bellinghausen, 2009).

In addition to the lack of human resources, complaints about the quality of staff were raised. However, when talking more on this topic, in most cases it seemed not to be poor medical knowledge, but rather little understanding of society and culture that was the problem. Indeed nearly all medical doctors in the interviews in one way or another noted that there was little space for cultural and social education throughout their career. Many doctors working in the community clinics are in fact interns in their last year of medical training, in which they are required to do a year of social service. Often these doctors have come from other parts of Mexico and have

²⁵ Expressed by many different respondents, or see for example, Diario de Comitán, 2010.

little knowledge of local customs. One mature doctor, who now runs an NGO that works with health promoters in the communities, recalled his first experiences in the area:

'I too was sent out to such a community just after university, and I found it very difficult. How can you send me here? I didn't understand anything... There are very few medics who have a different vision of the community and indigenous culture. They don't live there and learn about the culture' (medical doctor and member of OMIECH, 12-1-2010).

Indeed speaking to such an intern in the same situation, brought about similar difficulties. Having studied in Mexico City, he admitted to having very little knowledge of Chiapas or indigenous culture prior to his internship:

'In DF [Mexico City] people only think of the jungle, they don't know Chiapas also has cities', 'I hadn't realized people can be happy living in these small, falling-apart houses, but they are happy' and 'I tried to learn Tojolabal at the beginning, but I gave up, because I hadn't realized it was a completely different language with different grammar and totally different words' (19-1-2010).

Although the doctor did like the people of the community, he was mainly bored because he would prefer to be living in a large city, working on patients with interesting diseases in a large hospital. In short, what may be a deliberate attempt to bring doctors closer to community life during their education does not always have that result. Patients are frustrated by the lack of knowledge and interest in local customs and culture – and little knowledge and understanding seems to be gained during the period of internship - whilst doctors too are frustrated because they are bored and have been placed in a situation they know little about and would rather not be in.

Moving on from the lack and quality of human and technical resources, one can question the organisation of health care in Chiapas. As was mentioned before, some question the effectiveness of investments made in health. So, the universal question of 'where has the money gone?!' arises. There have after all been investments made in Oportunidades and universal health insurance for example, yet, to some the benefits are not visible:

'For example the Seguro Popular, they've [the government] put lots of money into it, some 120 million pesos. But the money just doesn't reach here. People signed in for the programme, but they haven't received their piece of paper saying they are insured. ... Or for example the government started big nutritional programmes. But a nutritional programme should mean that if a child has a poor nutrition, the family is visited at home to find out what's wrong. But this doesn't happen, there are no follow-up visits at home, the doctors say they are too busy. Also, there are supplementary packets supposed to supplement the diet. These don't arrive. Only some people get them, but everybody should be getting them.' (Private doctor, 30-11-2009).

The respondents to this research are not the only ones to object to the seeming disappearance of investments: in 2008 the Secretary-General of the National Workers Union for Social Security²⁶ claimed that 500.000 medical prescriptions are left each year and they don't know where these resources go to (Muñoz Ríos, 2008). In some cases the state is accused of tampering with figures and

²⁶ *Sindicato Nacional de Trabajadores del Seguro Social*

facts to make the system look more positive. Mortality and morbidity rates would be faked, the amount of doctors and specialists exaggerated or health programmes advertised which were not properly fulfilled (organisation #5, 17-10-2010; private medical doctor, 30-11-2010). A health promoter in one community for example told me

'The government only sends people to give vaccines to children. However, they come maybe twice a year and some vaccines need to be given every two months' (19-11-2009).

Yet, the government promises full vaccination programmes to such communities. Many other 'simple' complaints about the government's health system are made: the state subsidy on the Oportunidades programme is not enough to buy all the necessary food and school equipment, food supplements have been out-of-date and grants do not arrive on time.

All the above mentioned criticisms of the current system – lack of medicine, equipment and staff, little social and cultural training for medical workers and poor organisation, even corruption and conflict between health institutions – could be 'technical' complaints found in nearly all parts of the world and certainly across Latin-America. Yet, in a context of recent conflict such complaints can become political issues and the line between for example 'discrimination' and 'poor governance' becomes very thin. What one notices when discussing the lack of medicine and equipment, the poor training of staff and the bad organisation of health care, is that the respondents of my interviews tend to blame the problems on the 'unwillingness' of the government. The government is not interested in us, therefore the system is not attended to properly. A very good example of this thin line between poor governance and (deliberate) neglect I found, was the situation of the scarce accommodation provided to family member of patients who are hospitalised. Whilst on the one hand the example could be claimed to be due to organisational faults or a lack of resources, it can also be interpreted as distinctly political.

The streets in front of the General Hospital in Comitán are literally filled with family members who are not allowed to enter the hospital with the patient. The families spend the days and nights on the pavement in front of the hospital's main entrances. In most cases only one family member is allowed to enter, however, it is customary for many indigenous communities for several if not all family members to accompany the patient to the hospital. The reason for not letting family members in may be simple: this would spread contamination of diseases (medical specialist General Hospital Comitán, 27-1-2010). However, the measure definitely has a stronger effect on indigenous cultures rather than mestizos or whites. Furthermore, seeing as most families who do not have accommodation in the city are those who have come from further away communities, it is again nearly solely the rural, indigenous and poor population that is affected. The private hospital of San Carlos in Altamirano for this reason deliberately provides beds in a nearby compound for family members. Many patients I spoke to found the lack of accommodation difficult, or mentioned this as the difference between government and private health care.

3.3. Politics in Health

Criticism of the government health system by civil society is not only about frustrations of poor quality and bad organisation. It was most striking how the NGOs I spoke to viewed the government health programmes, in their structure, to be political – in various ways. Political in the sense of

deliberately attempting to break the strength of autonomous and/or indigenous communities, and doing this through allowing, or even encouraging, discriminatory practices and deliberately attempting to win over parts of communities while excluding others. Not only is the government in an obvious conflict with autonomous communities, it is also worried about the strength of indigenous movements in general, for which strong community ties are needed. On the other hand, this same health system can be used to control the communities, which is the third criticism. This is done through its rigid programmes and especially the way in which poor families get tied to the government programmes due to the financial benefits. The three points up to now have all discussed 'the government' and 'its policies' to be one general entity, which I feel *does* do justice to the way in which the recipients seemed to view politics in Mexico and Chiapas more particularly. Nearly all recipients, including community inhabitants, medical staff and civil society workers spoke of the government as one block, hardly feeling the difference between political parties or individual politicians. 'They're all the same' was a commonly heard phrase. However, the last criticism in this sub-chapter discusses the way in which individual politicians attempt to use health care to their advantage. The recipients however, did not discuss certain politicians or parties, just a general trend.

3.3.1 Fragmenting Communities

To understand the argument that the Mexican health policy causes the fragmentation of communities, it is important to see it in the context of other accusations at government policies of being deliberate attempts to destabilise communitarian life and especially that of Zapatista communities. Meanwhile, in the region many NGOs have been trying to strengthen communities as a way of preserving traditional life styles, but especially as a way to empower indigenous people so as to be able to claim their rights and form a cohesive block with more influence. Dealing with strong communities can thus be difficult for the government as was clearly seen in the Zapatista uprising. There have been various claims from civil society that the government has deliberately tried to weaken communal ties for this reason. A well-known claim, is that the government has promoted the arrival of various evangelical religions²⁷ which have caused wide-spread intra-communitarian conflicts. Whilst the United States government is accused of having supported the arrival of Evangelical religions in the 1970's as anti-communist bastions, the Mexican government is accused of supporting the spread of different religions – or at the least turning a blind eye to conflicts and religious persecutions - as a way of undermining community ties. Religion has been a binding factor of indigenous communities for the past centuries and the split within communities has profound effects for social cohesion and internal stability. Furthermore religious conflicts are often tied up with political conflict as, broadly defined, the protestant, Evangelical groups tend to be members of the PRI, while the catholic diocese has supported left-wing movements including the Zapatistas (Jones, 2005; Berkley Center). It is in the light of this mind frame that also the claims against the health system must be seen.

'The government is trying to fragment communities with their programmes on health and education. People are pulled towards the government programmes and then leave the Zapatistas...Through the government programmes for health and education they 'have stolen' communities away from Zapatistas. A lot of promotores who used to work there, now work in the hospitals' (GP in 'sympathetic' clinic, 25-11-2009).

²⁷ Mostly missionaries from the US

This statement given by a medical doctor, who runs a 'sympathetic'²⁸ clinic in Comitán, summarises the idea that exists about government investment in health care and other social services. Investments in health centres and programmes have been made so as to 'win over' communities to the side of the government. The idea that the government has invested more in health in the region since the Zapatista rebellion broke out is widespread, even if it is not clear whether the investments have been done in order to fragment communities or not. Various patients in two communities in the region of Las Margaritas, tell me the government now does more for indigenous communities. One female patient explains that the government started to do more after the Zapatista conflict. *'Although the conflict was not heavy in this area, the outcome was good because the government started to give more to the community afterwards'* (21-1-2010). However, some respondents also see the increase of government interest in a different light, stating that indigenous communities and people are now better organised than before: *'We ask for support and we hand the request in at the municipality, they pass it on to the central government, and then we get support'* (male patient, 19-1-2010). Indeed the clinics in these two communities also date from the last decade. The result is that the majority of patients, at least in my interviews, said they had more faith in the government now and believe the government was now doing more for the indigenous community. Only a few respondents explicitly stated their disapproval of the government's aid. Although I must take into account the probability that patients did not feel completely free talking to me about criticising the government health system, the results do seem to show that 'faith' in the government has grown in these communities. This at least shows the importance that the provision of social services can make for political ends.

An opposite example is that of the large IMSS-Oportunidades hospital in Guadalupe Tepeyac. Here, the investment of the government in this hospital is much more disputed, by locals as well as by outsiders. The hospital has been placed in the community of Guadalupe Tepeyac which lies some three hours by road from Comitán and is very near La Realidad, the main centre of the Zapatista movement. The area is, or at least was, the heartland of the Zapatista movement and although many people in the community no longer belong to the Zapatistas, parts of the community are still active in the movement, others just sympathetic towards it. The huge hospital building stands out among the small houses and huts that surround it. According to one doctor building it was very expensive as the government had to fly in the material by helicopter (25-11-2009). The paved road to Comitán wasn't placed until recently. Apart from anything else, according to the hospital staff, it is one of the best equipped hospitals in the area with patients coming from as far away as Tuxtla²⁹ for medical treatment (social worker, 20-10-2009). It is not surprising that some critics question the motives of this hospital:

'The hospital in Guadalupe Tepeyac had been placed in the middle of Zapatista territory, deliberately. The building of it was expensive because they had to fly the material in by helicopter and it's not a useful place' (medical doctor 'sympathetic' clinic, 25-11-2010), *'it is government policy to place such a good hospital in the middle of Zapatista areas'* (Enlace).

²⁸ The private clinic maintains affordable prices for patients, depending on their spending-power. The clinic is visited by many indigenous patients from surrounding communities. The doctor is also training to Zapatista health workers at the clinic.

²⁹ Tuxtla Gutierrez is the capital of Chiapas. By road it would take roughly 4-5 hours to reach the hospital.

However, according to the representative of the hospital, the hospital was founded already in the summer of 1993 – six months before the conflict broke out. Indeed during the conflict the building was used as a hospital by the Red Cross. To the same NGO worker, the existence of the hospital before the conflict cannot be true.

It is quite clear that there is a strong perception among NGOs and doctors critical of the government that investments have been made deliberately to ‘win over’ communities. The greater amount of investments made by the government after the conflict and the perception of patients of increased government support, underline this theory. However, one can question the motives here. Grievances of poor health facilities existed in Chiapas before and during the Zapatista uprising. Should the government not invest in health care facilities to end such grievances and maybe future conflict? Is it morally wrong even for a government to deliberately invest in an area in which it knows the majority of the population has other sympathies? However, critics would argue that it is not the problem of investment, but the idea of improper and insufficient investment that is done, just enough, in order to keep people happy.

A point made by only some respondents, but one I felt needed to be explained, is the idea of legitimisation. The government would be investing in the area, so as to legitimise its presence. It is indeed true that the roadsides that pass the communities, are lined with posters and billboards, that show how much the government has invested in the community.

3.3.2 Discrimination

Many respondents talked about the government health system as being discriminatory. I think it is important here to make a distinction between two types of discrimination mentioned, namely what could be called cultural discrimination, which is discriminatory of indigenous culture and habits and political discrimination against Zapatistas. Obviously the two types of discrimination overlap in certain aspects.

3.3.2.1 Cultural discrimination

The criticism of cultural discrimination in health programmes comes mainly from what is seen to be the lack of government interest in indigenous culture, or even the structural undermining of indigenous culture. Oportunidades for example, a universal programme that was implemented throughout Mexico, has been widely criticised for its lack of consideration of local needs and practices. Partly this is due to the low level of local participation in the organisation and administration of the programme, which will be further discussed in the next paragraph. But apart from the workings of the programme, the attitude of health institutions and health workers towards indigenous patients is an area of profound frustration, both for civil society workers as well as for patients.

In a study done by OMIECH, an NGO that focuses on promoting indigenous health care, among women in communities near San Cristóbal, various interesting complaints of the medical personnel came up. The complaints point to a lack of understanding on the side of the doctors and medical workers. Patients feel they are not understood or treated with respect and that this has to do with them being indigenous.

‘The problem is the doctor wants to see indigenous people and mestizas in the same way, and this is not possible’

'They lack an education about the culture of the population'

*'It's bad because you feel like they are paying us to see our bodies'*³⁰ (Female patients, community outside San Cristóbal in: OMIECH, 2007, p. 3).

Although respondents in my fieldwork were not keen to express their criticism, some mentioned similar complaints:

*'The doctors could have more compassion. If you don't have a pass'*³¹, *they don't help you, even if you're dying. Health is a right for all. There is racism here.'* (Male patient, 27-1-2010).

'The hospital [General Hospital in Comitán] is good, but families have to stay outside. In private care, families can enter, there is no problem' (Female patient, 29-1-2010).

Each of these comments refer to certain issues related to health care provision, be it gynaecological tests, bureaucratic systems or sleeping accommodation for families. In one way or another each complaint however, is not just a criticism of the system, but it questions whether the system is discriminatory.

It is also the medical staff who noted the issue:

'They [doctors] tell patients to clean up, to wash their feet. They think they are dirty, when these people work in the field' (Medical doctor and member OMIECH, 12-1-2010).

'The staff are racist and discriminatory. They don't take local customs into account' (Medical doctor, 'sympathetic' clinic, 25-11-2010).

This is a point which was discussed earlier too. The doctor of organisation #4 explains this as the main difference between Zapatista health care and government health care.

*'The difference is especially in the way we treat the patients and the respect given to the patient. In hospitals they rip off all the clothes of women, the top half of the body is not such a problem, but the bottom half is important and discrete to these women. The family all has to wait outside. In the Zapatista clinics they have no problem with the family standing next to the bed...Then there is respect for the cultural difference, the different cosmovision'*³². *They think differently about*

³⁰ This last comment refers to the Oportunidades programme, in which women are required to have hospital check-ups to measure weight and nutritional values, as well as undergo gynecological tests. These visits are necessary to receive the financial support.

³¹ He is referring to a medical pass. Communities are assigned to the nearest health clinic and must attain a pass from that health clinic for further treatment at more sophisticated clinics or hospitals.

³² Cosmovision, the idea/perception of the world, is often used in such a context to explain the difference between indigenous culture and way of thinking to that of the western or 'globalised' world. Whether one calls it cosmovision or not, the different way in which reality can be perceived and communicated, must not be underestimated. In health for example, a booklet written for new interns arriving from the US to work in Chiapas explains various of the miscommunications one might encounter. One most interesting feature is that interns are warned about the different perception of time. 'Typical scenario: Physician asks patient, through interpreter, if patient has fever. The answer is 'yes'. Physician asks when patient last noted fever. Patient replies 'last year'.' in: Doctor of Global Health (2008), 'A Brief Guide for Doctors for Global Health Volunteers in Chiapas'.

health and this has to be translated in some way. Also, the medical staff speak the local languages. A patient is not forced to take a treatment if he or she does not want to. Also, there is the point of equity. Our medical staff never wear white jackets, because they are equal to the patient.' (organisation #4, 18-1-2010).

One of the plainest ways in which patients feel discriminated against by the medical system, next to poor 'cultural communication', is the disability to *literally* communicate with the medical staff. Most doctors in community clinics and government hospitals simply do not speak any of the indigenous languages. For those patients who do not speak Spanish, the only way to communicate is through a translator. Yet, the General Hospital in Comitán, a hospital which serves many rural, indigenous communities in the whole of southern Chiapas, does not have a translator. The hospital's social worker's explanation is that there are too many languages spoken by the patients who come from different parts of Chiapas and even Guatemala. The hospital would need many translators. Although it is true that many, even hundreds, of different Mayan languages exist in southern Mexico and Guatemala, by far the majority of indigenous people in southern Chiapas speak one of the major languages: Tzotzil, Tzeltal or Tojolabal. Furthermore many indigenous people are multi-lingual and have knowledge of the other languages. Instead often family members of other patients are used to translate between the patient and medical staff (Social worker hospital, 27-1-2010). The hospital San Carlos in Altamirano that is run privately by nuns, specifically seeks staff that speak at least one of the local languages (Sister and medical worker 'sympathetic' hospital, Altamirano, 27-11-2009).

Finally, some organisations are negative about the type of health care offered by the government, namely western medicine, which in their eyes denies the access to and respect for traditional, natural medicine. For an organisation such as organisation #5 that works to capacitate community members in the knowledge of natural medicines, the main advantage of natural medicine over pharmaceutical medicines is that it is cheaper for, and readily available to, communities (organisation #5, 17-10-2010). However, to OMIECH, traditional medicine is not only about economic advantage and accessibility, but about the whole culture and knowledge that surrounds traditional medicine and its practitioners. In fact OMIECH is very critical of other civil society organisations and the Zapatistas, that in their opinion have forgotten about the cultural relevance of traditional medicine.

'Other NGOs are 'medicalising' the health promotores. They are teaching them the same way of medicine as modern medicine...But modern medicine is not the 'own' medicine of this country... A lot of people think indigenous medicine is the same as natural medicine³³. But they are not the same. Indigenous medicine consists of a whole culture, natural medicine are just the herbs.'

'... the Zapatistas want modern medicine. They have forgotten their heritage'.

Furthermore OMIECH believes the strength of traditional medicine is not only that it can help to preserve health or cure at least the most common diseases. Also, there are certain diseases which only belong to the indigenous population, such as psychological diseases, which cannot be cured by modern medicine. According to the doctor it has very much to do with how one views sickness and health. As an example the doctor mentions that modern medicine does not, yet, understand or accept things like positive and negative energy.

³³ I have translated *herbolaria* here as natural medicine.

Consequently, the loss of this type of medicine is to OMIECH, a loss for indigenous culture, a loss for the medical world and also a loss to the well-being and health of indigenous communities. And why is the knowledge and use of indigenous medicine dying out?

*'People are being engulfed with the views of western medicine, people think this is the only kind of medicine that works. This is due to TV and due to governmental health programmes' (OMIECH, 12-1-2010).*³⁴

Thus, OMIECH's vision of the government's health care is that it is promoting a type of medicine that does not belong to the indigenous community and cannot resolve all illnesses that belong to indigenous people. OMIECH states that there is a completely different cosmovision and discourse on health in the communities that also requires a different approach. To OMIECH other NGOs are using the same western approach to medicine, although they may make use of natural medicines. As the doctor says very clearly, their vision on the right to health is not for every community to acquire or have access to a medical doctor. Rather, it is for traditional medicine to be strengthened.

'Our objective is to fight for the right to practice our medicine and that respect exists for traditional practices ...The doctors see us as charlatans. We want respect.' (Medical doctor and member OMIECH, 12-1-2010).

This leads to an interesting question on what the right to health means to different parties. While the lack of attention for indigenous medicine is seen as discrimination by one party, to others only receiving the best of modern medicine will suffice to fulfil the right to health.

3.3.3.2 Political discrimination

Political discrimination is different to cultural discrimination in that it is based on political affiliation. In the case of Chiapas this mainly affects the Zapatistas. Especially during the conflict, but even to this day, Zapatistas do often not feel welcome or safe in government-run health institutions.

The question of discrimination on political grounds has been taken up by various organisations. Physicians for Human Rights (PHR), a US-based NGO, in its report of 1999, raises its deep concern for politically motivated discrimination towards Zapatistas in health centres (PHR, 1999). The main findings of the investigation are that the access to health centres was very poor for Zapatistas due to military road blocks and interrogation at the health centres themselves, as well as ineffective government health services (PHR, 1999). The organisation CCESC-DDS based in San Cristóbal is also an organisation that works to improve the right to health in Chiapas, and especially in the conflict zones. Throughout the 1990s CCESC-DDS denounced the military presence in health institutions. In many places the military took over health camps after the conflict broke out in 1994. This had severe effects for health care in the region as many Zapatistas or sympathisers were too scared to visit health clinics. CCESC-DDS at this time was one of the organisations to denounce the militarisation as an *'obvious violation of human rights'* (Medical doctor and member CCESC-DDS, 20-1-2010). Despite the partial departure of the military from health centres, the distrust of governmental health

³⁴ At this point the consequence of migration are also mentioned. Due to migration, such as communities who have moved into the jungle, the knowledge of the use of herbs has been lost to a large extent as those original herbs do no longer grow in the new environment. Earlier he mentioned the role of the Catholic Church in the 1980s which had helped to wipe-out the work of *curanderos* (traditional healers).

institutions still remains. In my fieldwork, various respondents who are aligned to the Zapatistas stated their apprehension of poor treatment at the government health centres.

The promotores who work in the Zapatista health centre in Oventic tell me that Zapatista patients do not like going to government health clinics, but when they can't be helped further at the autonomous clinic, they have to go. Zapatista health workers feel disrespected and their patients feel harassed and unwelcome, such as the following quotes demonstrate well:

'The governmental hospitals don't look after you well in general, but especially not after Zapatistas. They know we're Zapatistas, they ask questions and it's written on the hospital form'... 'They ask lots of questions and don't want to take Zapatista patients in sometimes. People have to go together to make them take the patients in. If we go on our own they sometimes won't accept the patients' (promotores de salud in Zapatista clinics, 25-11-20).

'Everybody has poor treatment [at the General Hospital in Comitán] ... However, we [Zapatistas] get treated badly when we are from an autonomous community. They ask questions about the Buen Gobierno³⁵, but I am just a promotor looking after the patients, so I'm not going to answer these questions. Also, people from the Zapatista communities may not have all the right papers and documents which are required by the hospital and this can cause trouble' (nurse in Zapatista clinic, 19-1-2010).

'There is not much respect for the promotores, they are sometimes not allowed in the hospital when accompanying a patient, or are not listened to' (nurse in Zapatista clinic, 19-1-2010).

In the town of Altamirano I heard similar stories. This example not only underlines the perceived discriminatory nature of health care there, but also illustrates the real consequences this can have on people's health and well-being. A patient from Altamirano who has had a lot of experience with the two hospitals that exist in the town, tells me that she has often heard Zapatistas are afraid of visiting the IMSS-Oportunidades hospital in Altamirano. Whilst she has only experienced the staff asking various technical questions, she has heard that people coming from outside communities are often subjected to further interrogation (female patient, 20-1-2010). A civil society worker who was originally from the town of Altamirano explains that this has caused a conflict between the two hospitals in the town. San Carlos, a hospital run by nuns, was famous for attending to Zapatistas during the worst times of the conflict in 1994. At that time the nuns and medical personnel of San Carlos were harassed by the army and pro-government locals who accused them of treating the government soldiers badly and aiding the Zapatistas (PHR and Human Rights Watch, 1994). Thus, there already was a history of conflict around the San Carlos hospital. However, when the IMSS-Oportunidades hospital opened after the conflict ended, there was a brief period of cooperation between the hospitals. According to the informant the cooperation ended, because the IMSS refused to take in a Zapatista patient from the San Carlos hospital. Both hospitals now send their patients as far as Comitán, some 1,5 hours by road, for further treatment (Enlace). Although this explanation is not verifiable, it shows that there is still the perception that political affiliation, in particular being part of the Zapatista movement, has an influence on the type and manner of health care received.

³⁵ Buen Gobierno, or Good Government, is the government structure of the Zapatistas.

The question is what government health staff then think of Zapatista patients. Despite the reassurance that there is no discrimination of Zapatistas in government hospitals, my fieldwork showed that government staff do seem to distinguish Zapatistas from other patients. This is similar to the reports PHR gathered in 1999 (PHR, 1999). However, the perspective as to why Zapatista patients do not come to government hospitals is very different and has to do with cultural aspects. They do not believe the patients are politically motivated to visit their own clinics, let alone scared of visiting government clinics. In the large government health institutions who deal with all kinds of patients including Zapatistas, the IMSS-Oportunidades hospital in Guadalupe Tepeyac and the General Hospital in Comitán, the social workers also talked to me about their perceptions of Zapatistas. At both hospitals they underline very clearly that they accept all patients and make no distinction between political affiliation. However, to my question if the staff even recognise Zapatistas, the representative of the General Hospital answers *'They identify themselves anyway, but we have usually detected it first in any case. They have their own way'*. According to the social worker at Guadalupe Tepeyac, the main difference between this hospital and the autonomous hospital that lies some thirty minutes down the road in San José del Río, is that the government hospital is completely free of charge whereas the Zapatista hospital charges its patients some small fee. The reason she gives to the fact that still many patients prefer to walk further to reach the autonomous hospital is that *'people want to get back to their family, their work, and their animals. Here you get hospitalised if you're not well and you have to stay. Relatives can stay here for free and get free meals, but often they prefer to return home.'* (social worker hospital, 20-10-2010). Interestingly she tells me the political conflict still takes its toll on health care. The example she gives is that many Zapatistas would like to receive the government vaccine programme. However, they are not allowed to return to their communities if they accept the vaccines. With this the perception is in fact turned around, is it not the Zapatistas who do not allow their patients to seek medical attention at the government clinics?

3.3.3 Control

The health system is used to control people and communities. Apart from the deliberate attempt to fragment communities, through its programmes the government has a way of controlling the knowledge and actions of patients in health issues. Such is the criticism of various NGOs and civil society workers I spoke to. They continue that the health programmes lack participation and do not empower communities and individuals to seek their own rights. Then, by integrating certain obligations in the programmes they force patients to do things for financial compensation. The result is that an environment is created in which beneficiaries come to depend on the state in an unequal relationship. The government is in a sense controlling its citizens through such programmes. In fact, some take the claim of control even further, arguing that the programmes are a deliberate attempt to literally 'control' the indigenous population.

First of all, Oportunidades is not a participatory programme. Both the report by Omiech and Enlace mention this as one of their main complaints. As was discussed earlier, Oportunidades is a programme which has been implemented throughout Mexico without regard for local realities. Especially for the indigenous population who have distinct cultural values and are often used to communitarian life, such a universal programme can have different effects than in other parts of the country. However, also at a local level there seems to be little space for beneficiaries to participate in the decision-making process. Enlace states that only in very few cases could women participate in the organisation and application of the programme (Cruz, Gomez and Larrea, 2007). Yet, the programme

does set fixed regulations and obligations for the participants who are consequently rewarded with financial benefits if they participate. Enlace concludes that 'In this way people are not stimulated to learn and apply this new knowledge in a voluntary way, but simply participate for the economic assistance given' (Cruz, Gomez and Larrea, 2007, p. 30). This is a frequently heard complaint of many NGOs: the government applies its programmes as gifts, rather than promoting the knowledge of people's fundamental human rights. Instead of capacitating and empowering communities and individuals, it is offering its programmes as a present.

'The government just gives a little and the people get lazy with that little which they get. The government says, what are you complaining for about feeling bad, there is a clinic you can go to. People don't know that health is their right and it should be provided by the government, they think they are getting it from the government' (organisation #5, 17-10-2009).

Various NGOs are engaged in projects to try to stimulate the idea of the right to health and understand one's human rights in general, to understand that it is the duty of the government to provide all its citizens with decent health care and education. Whilst the government claims that its Oportunidades programme does discuss human rights, according to NGOs the only rights that are discussed in the programme are domestic rights. In other words women are talked to about domestic violence, but not about their individual and communitarian rights towards the government.

Next to lack of participatory methods and empowerment of the communities, which causes a programme of dependence instead of development, some of the concrete obligations set by the programme have also caused upset among civil society and patients. These obligations can lead to discomfort among the participants, who although free to leave the programme, are often in need of the economic assistance. The two main complaints of such obligations were the compulsory *Papanicolau* test and family planning discussions.

A controversial issue is the procedure of *Papanicolau*. This is a gynaecological test for cervical cancer, done by taking a smear from the uterus. The process involves opening the female genitalia to allow access to the cervix. The test can be painful and shameful for the patient. This test is obligatory for women in the Oportunidades programme, but many women feel embarrassed and uncomfortable having the test done (OMIECH, 12-1-2010; OMIECH, 2007). *'It's not our custom to show our bodies'* (OMIECH, 2007, p.4). The gender health worker at Omiech tells me *'Women are not used to showing their parts below the waist. They sometimes have problems at home with their husbands and they feel molested. But they don't get their money if they don't go.'* Furthermore it is not always clear to these women what the medics are testing for and why it is done. In the talks Omiech had with the women some replied that *'it [Oportunidades] is bad because you feel like they are paying to see our body'* (OMIECH, 2007, p.3). Some of the women in Omiech's study refused to have the test done although a part of the financial support was withheld; however, for other women in need of the benefits the test remains obligatory. The first proposal for the programme done by Omiech is thus that the economic benefits of the programme should not be given on a conditional basis (OMIECH, 2007).

Another example is the question of family planning. At the monthly talks, a part of the Oportunidades programme meant to create co-responsibility among the women, one of the subjects is on family planning and contraception. Women are advised to talk to their husbands about how many children they want and told about the various possibilities of contraception. In the interview with Omiech, the colleagues told me *'Families are forced to talk about family planning. Some people*

*don't want to take contraceptives. They are urged to have an injection or take the pills but this often causes facial irritation, weight gain, headaches, changing mood and aggression. This is because the medicines are not made for the women in communities*³⁶. To Omiech there is a violation of choice for the women. Omiech being an organisation that supports traditional medicine, it argues that the government does not inform the women about the possibilities of traditional, herbal contraceptive methods, which according to Omiech do not have the same negative side-effects. *'The government can tell them [the women] about contraceptives, but they must also state that there is a chance of all the above side effects and that herbs do not have these side effects. Herbal medicines may also have a drawback, namely that they must be taken with precision, but with all the information the women can thus make a choice'*(OMIECH, 12-1-2010). Also, Enlace is critical of the sexual reproduction content of the programme. 'Information given is not clear or complete. Therefore it is not possible to take free decisions on one's sexual and reproductive health' (Cruz, Gómez and Larrea, 2007, p. 33).

The employees of organisation #5 take it further. They tell me *'there are stories of women going to the hospital for non-related issues and coming back having been sterilised. They can't have any children anymore. They don't know this is going to happen. It is part of government planning to keep the birth rate down'*. They conclude that *'the government uses its system [ex. health system] to control people'*(17-10-2010). Similar rumours of forced or insufficiently informed sterilisations have been noted before, for example by the international health organisation Physicians for Human Rights in their 1999 report of Chiapas (PHR, p.31). As a medical doctor explains, such rumours were never proved, but it gives an idea of the fear that exists (private medical doctor, 30-11-2010).

3.3.4 Corruption Politicians

Various informants from various communities commented on the corruption in health at a local level. A patient tells me that development projects do not only come from getting the community organised and asking for support from the government, but also from voting for things: *'Politicians come to the community and say if you vote for us you get this or that, so we vote for them if we want that'* (male patients, 19-1-2010). A similar story I hear in a community in the Zona Fronteriza, where politicians of the various parties come to offer services in exchange for a vote. However, he adds *'I don't believe them'* (male patient, 27-1-2010). Also, a nurse tells me that politicians might support a certain religion to gain influence, adding *'well when you're religious you're not political'*.

3.4 Concluding Remarks

This chapter set out to discuss three questions: how government health care is perceived, what this means for the use of rights-based approaches, and what different ideas exist on the right to health.

3.4.1 Perception of Health System

It seems clear that government health care and in particular the programme Oportunidades is met with much scepticism among the participants of this research. Although as mentioned at the beginning, many patients also stated they felt health care had improved in some ways, there were many complaints of the system as it was now. These complaints come from patients in the communities, NGO staff members as well as medical staff. The first half of the chapter discussed the 'technical' complaints of health care. Patients and organisations complained of a lack of medicine,

³⁶ OMIECH is referring to their view that such medicines, in this case contraceptives, were designed in the first place for western patients, not for indigenous women.

equipment and staff, the poor cultural and practical education of medics and the poor organisation of the system such as the fact that the financial investments did not seem to reach the intended goals.

What is striking when discussing these shortcomings with those different social actors, is that the shortcomings were very often seen in a political light. Whilst one could see the lack of accommodation for families of hospitalised patients simply as a lack of resources, many respondents described the situation as a lack of interest, or even a deliberate move on the side of the government to deny people of indigenous decent a way to practice their customs. More generally, the lack of investment in the region was seen not as due to a lack of resources, but as a discriminatory policy against the region. In the situation of Chiapas many patients and activist NGOs tend to see the government's shortcomings in the light of politics and discrimination. This is underlined by the fact that many respondents understood the system in itself to be politicised. Many described the system to be discriminatory, both towards indigenous culture and Zapatistas. Also, the system is seen as a way to fragment communities and exercise control over patients and communities at the same time. Meanwhile, the government would be using the health programmes to show that it is doing something for the area: it uses the programmes as a way of legitimisation. This is apart from the individual politicians who might use health care as a way of gaining popularity.

Thus, to the organisations and patients, health care and the Oportunidades programme are not neutral investments in service provision or development of the region. Rather, many feel the government has set up the programmes for its own reasons. There are different understandings of the intentions of the government. Some argue the government's health programmes and facilities have been placed for the government's own interests and are there to win-over communities or legitimise its presence. Others explain the shortcomings in health care by underlining the lack of interest the government has in the region and indigenous communities. That would be the reason for deficient medical training of staff, a lack of resources and the absence of translators. To another group, the system is based on deliberate discrimination of Zapatistas and/or indigenous people. That is why there is such discrimination of patients, why women have been sterilised without consent and why the government is trying to control its citizens through programmes which make people dependent on the state.

It must be clear that I am not trying to answer the question whether these perceptions are 'true'. I emphasise the fact that these ideas exist among a substantial part of civil society, and that it is important to understand what these perceptions lead to. Why do such perceptions exist? Probably, much distrust of the government and its motives comes from years of discrimination, inequality and conflict in the region. The question arises whether the state is the right body to organise service provision in such an area, if it is distrusted.

The case-study nuances the positive results of Oportunidades sketched by the World Bank. These organisations praise the programme for having improved health care and education for a large percentage of the population and even claim the Oportunidades programme should become an exemplary programme for other developing countries. My results however, show much distrust and dissatisfaction of the programme. Are these differences just common of Chiapas or the groups I interviewed? Were my research methods different? I suggest various reasons for the difference in results. First of all, and most importantly, the World Bank did not question the existence of politicisation in this particular area, and the consequences this can have for perceptions of the health system. The method I used consisted of talking to people about their perceptions of the health service. I did not measure the real figures of health benefits. Thus where the World Bank may be

right in concluding school attendance has increased and child mortality decreased, my research has focussed much more on the ideas and opinions people had of the programme. For example, only measuring the proximity of health care units, says nothing about the quality of these units. Secondly, when talking to colleagues at Enlace about this problem, they suggested corruption was a major issue. Having investments made is not the same as receiving those investments. Finally, there is much to say for what a researcher is looking for in the first place. I was looking for the impact of conflict and political situations on health and found that many people indeed perceived the health care system to be politicised. The World Bank will not have been asking questions which would easily lead to the same conclusions, rather it is interested in the actual outcome of the programme, higher benefits for health and education.

On a different note, the perception of government health service can also be linked to the theories discussed briefly in the introduction (chapter 1, under 'Academic Relevance'). These theories question the way in which politics can play a role in service provision. It was mentioned that despite literature on the politicisation of humanitarian aid for example, there does not seem to be a body of literature that discusses the role politics has in health care provision. This case-study offers a small insight into such politicisation. The five types of politicisation mentioned (fragmentation, discrimination, legitimisation, control and personal benefit) offer an attempt to categorise ways in which services can be politicised.

3.4.2 The Role of RBA in a Situation of (Perceived) Politicisation of Health

The question is, what such a perception says about the use of rights-based approaches by the government. The government has used a rights-based approach, but has this alleviated political tensions or created more trust in the government? The fundamental issues of a rights-based approach which were used in the Oportunidades programme, were participation and ownership. But what effect did it have that the government used these methods in the programme? It seems, rather than being accepted as an approach that is indeed standing-up for the rights of the poor and marginalised, the programme is perceived as a programme that serves the government more than the people. The participatory character of Oportunidades is criticised for not being participatory at all. The extra investments made in health to help improve the health and well-being of the marginalised population, are often seen as investments in the interest of the government rather than the beneficiaries of the programme. In short, nearly all aspects of the programme can be and are seen in a political light. The health care programme is not seen to be politically neutral, but something that accentuates the many differences that have existed for a long time between the local indigenous communities, Zapatistas and sympathetic NGOs, and the neo-liberal government. The question is whether the use of a rights-based approach did anything to alleviate or increase these tensions.

I tend to conclude that the approach failed in alleviating tensions. The case-study in fact shows that what might be deemed a rights-based approach, means nothing of the kind to local participants and civil society. To them it is simply another programme that shows the lack of interest in Chiapas and the poor, the strategic intentions of the government or even the deliberate attempts to break the strength of indigenous communities. The programme is not based on human rights according to the recipients of the programme, because it does not seek the beneficiaries' opinion nor does it activate the beneficiaries to claim their rights. The programme is not rights-based because it discriminates against patients with an indigenous background and those politically affiliated to the Zapatistas. In short, I don't think the use of a rights-based approach really matters in this case. It is

not seen as such a new approach that people understand the government's intentions to really be different, nor does the method itself seem to increase tensions. As I understood it, the feeling was mainly that this was just another government programme, without true commitment to the cause of relieving poverty, or maybe even a deliberate attempt to control and win-over the indigenous communities in the area.

What one can question I think is, whether it is not only the history of conflict and marginalisation which makes people more likely to understand the government's services as political, but also that organisations and civil society may be thinking in terms of rights. Is it because NGOs understand health care provision to be the duty of government towards the rights-holders in society, that they see the failure of this as something political, rather than technical? To make it more concrete: is it because organisations think in terms of rights that the absence of a translator becomes a violation instead of a deficiency, which leads to accusing the government of discrimination rather than poor management? This is a very difficult question to answer, but one I feel needs further exploring.

To conclude, the rights-based approach is not at all accepted as a rights-based approach. The politicised environment in which the government is trying to implement this programme, come with many problems of which one is that there is little trust in government's programmes. There is no consensus on what should be done, nor on which way it should be done and consequently the rights-based approach is not seen as an approach that favours the poor and marginalised.

5.4.3 Diverging Visions on Health

In the previous chapter I questioned, in what way rights and rights-based approaches are understood by different actors, and what this means for their understanding of and actions against existing power relationships. This case-study also showed that there are many different ideas about the right to health - not only between government and civil society, also between NGOs. For example, OMIECH has a completely different idea about the right to health than other organisations. To OMIECH the right to health means being able to practice traditional indigenous medicine in a dignified way. As was mentioned, OMIECH criticised the Zapatistas for not practicing traditional medicine and denying their heritage. Zapatistas however, have a very different view on health. Whilst they might be trying to strengthen indigenous culture in some ways, they have very modern ideas on other subjects such as gender, religion and health (see also, chapter one: 'Background Information'). Zapatistas emphasise the importance of health equality. This refers to equality within the system (between doctor and patient), but also to equal access to services of good quality. Whilst Zapatistas do make some use of herbal medicine, they do not want to promote traditional medicine (as a type of health care) such as OMIECH does. Again the organisation CCESC-DDS for example, is also a strong supporter of access to modern medicine within the communities. The right to health to CCESC-DDS is the right to access to qualitative care, without political obstructions. In short, these three civil actors have already three different ideas about what the right to health actually means. A rights-based approach to health will thus also differ enormously between different organisations. This automatically has consequences for the way in which the organisations question existing power relationships. CCESC-DDS, although often most critical of government policy, does try to lobby the government for change. The Zapatistas are in the process of setting-up their own health system, which should reflect equality. OMIECH questions the dominating paradigm of Western medicine and the way in which the government is trying to implement this in the country.

Chapter Four:

Case-Study of Enlace's Nutrition Programme

This chapter will focus on the way in which one particular NGO, Enlace C.C. views the government's policies that influence nutrition and along which principles it runs its own nutrition programme. It will become clear that Enlace views the government's policies on food very negatively for various reasons. Consequently its own programme is designed in a way which contradicts government policies. By using a language of rights, Enlace is putting very political subjects and objectives on the table. The organisation links the question of malnutrition to a broad set of social, economic and cultural issues which each have a political meaning. Enlace has done this by referring to the duty of the state to fulfil human rights and in particular the right to food. The chapter will discuss in what way Enlace politicises its programmes and how rights-based approaches play a role in that. Also, the case-study reflects on the questions posed at the end of chapter two, whether a rights-based approach helps Enlace manoeuvre in a politicised context and to what extent Enlace's development programmes are political (is it 'P'olitical or 'p'olitical). The chapter starts by discussing Enlace's nutrition programme, how it was developed and how rights play a role in the programme.

The information in this chapter has been gathered from interviews with various staff members of Enlace, from meetings and from publications and flyers produced by Enlace on the subject. Also, some quotes come from partner organisations who discussed the subject of nutrition at a three-day seminar organised by Enlace.

4.1 What is Enlace's Nutrition Programme?

About four years ago the NGO Enlace C.C. started a nutrition programme in various communities in Chiapas. The team of Enlace decided to start working on the problem of poor nutrition in the communities after they visited a community and heard of a baby of three months with severe malnutrition. The baby was taken to a doctor and given medicine. Later when some of the members of Enlace recalled this story to a nutritionist, she told them that giving this type of medicine could have put the baby's life at risk Enlace consequently started setting up a nutritional programme together with the nutritionist.

The nutrition programme has been implemented in the region of Candelaria, Montes Azules and the municipality of Ocosingo and is part of a larger programme which started in 2004. One of the indigenous partner organisations is affiliated with the Zapatistas. The programme includes two fundamental aspects that work collaboratively: community health and diversified agro-ecological production. The programme has also sought to design a special strategy for participatory planning and for training community promotores to strengthen local capacities. The objective is to create an integrated local system for health, nutrition and food production, which promotes and organises the active participation of communities and the improvement of their living conditions, through the sustainable use of natural resources. The results, according to Enlace have been, the strengthening of the organisational structure, through an intervention strategy based on: the management of alternative local development; capacity building with enforceability and social democratic control, in coordination with key actors and advocacy in social policy; the involvement and participation of women to promote change in relations between women and men in terms of respect and equality. Furthermore, there has been an ongoing health programme for the region, run by promotores and

midwives in the casas de salud based in the communities. Thirdly, the establishment and increase of ecological crops and productive labour have contributed to the growth of food production and availability of surplus sales revenues. This has been achieved through training of the local population and the sustainable use of natural resources in the region. Finally, there has been monitoring and evaluation of the development of the project and the impact of this on health conditions, nutrition, the environment and the social organisation of communities.

The promotion of the integrated health system took place through community assemblies in which the commitments and responsibilities of each party were established. Here committees, delegates of representatives and promotores were appointed to implement the programme. This process contributed greatly to people being able to express and define their level of participation in the project (Enlace).

4.2 Enlace's Evaluation of the Current Situation & Government Food Programmes

It is clear that the nutrition levels in Mexico are poor and unequal. The figures for Chiapas show a distinct level of malnutrition and obesity. What I question in the following paragraph is what Enlace identifies as the key causes of this situation, for this has important consequences for the way Enlace has set up its own programme. Enlace argues that the government's neo-liberal policies not only have a negative impact on health, the environment and cultural heritage, but in fact are breaking various human rights.

4.2.1 Junk food & right to health

'Sugared drinks are a violation to the right to health'

(Participant Nutrition Workshop, San Cristóbal de Las Casas, nov. 2009).

This interesting and provocative statement summarises the view of Enlace and its partner organisations on the question of nutrition. It is the arrival of junk food that is damaging traditional food patterns in the communities and causing malnutrition and obesity. The various organisations at the nutrition workshop underline that the right to food is not only the right to have enough food, but it is the right to have healthy food. It is the right to receive enough vitamins and nutrients, especially for children.

Enlace and its partner organisations strongly criticise the arrival of junk food that has changed traditional dietary patterns in the communities. This is something which I encountered in talks with villagers too. There are examples of mothers feeding their babies coke in baby bottles, children swapping bags of fruit for a packet of crisps or a chocolate bar and toddlers already being addicted to sugars and salts. Although many were aware that packaged products were healthier than fresh produce, they underlined the abundant presence of such products in the community, with one woman summarising the issue 'a shop is not a shop without *sabritas*³⁷' (female respondent in community, 29-1-2010).

At the workshop for nutrition, various civil society workers discussed the reasons for the popularity of junk food. The most important factor was stated to be the commercialisation of products. The influence of TV and commercialisation has a strong effect on people's choices for

³⁷ Sabritas is one of the largest companies in Mexico that produces potato crisps.

products. The example was given of Pepsi paying for community schools to be re-painted, but having the logos and name of the company painted in large size on the school walls (Participant Nutrition Workshop, San Cristóbal de Las Casas, nov. 2009). One of the conclusions at the workshop is that one should not only blame the mothers of the families for feeding their children unhealthy food, but must understand the strength of commercialisation and discourage it. An example of such a battle that one of the NGOs was starting, was to attempt to ban junk food from public spaces, to begin with schools. The head of Enlace explained that to them it is not about removing the choice to (junk) food. However, to be able to make an informed choice about one's diet, consumers must have all the information about the product. Also, children for example don't have the right or the information to choose, thus publicity for junk food aimed at children is manipulation (Enlace). To be clear, the organisations did not state that commercialisation was the only cause of poor nutritional standards. Cultural habits, such as the fathers of the household eating before the women and children, could aggravate children's poor health and nutrition. However, the main cause of the poor diets was discussed to be the arrival of foreign products and junk food in the communities which is made popular by advertising and commercialisation.

Why state that commercialisation is the cause of malnutrition? The organisations argue that it is due to neo-liberal policies that such commercialisation is possible. Such policies encourage products such as crisps and soft drinks to flood the market. As was discussed in the introduction, the signing of the NAFTA agreement is probably the best example of new liberal economics in Mexico which has had a profound effect on land-use and production in Mexico, and has been a focus point of criticism from anti-liberal movements. Enlace and its partner organisations argue that the opening up of the Mexican market to foreign products and liberalising the market has had disastrous effects for small farmers and peasants in Chiapas. Partly this is due to the undercutting of market prices by foreign produce, such as was seen in the drop of coffee prices in 1989, but also because large-scale landowners working with mono-cultures seem to be favoured by liberal markets over small-scale farming. Furthermore it is this economic environment that has allowed these large, often foreign, companies to flood the market with unhealthy snack foods. In fact, to Enlace, neo-liberalism does not only allow such companies access to local markets, but in fact encourages them to settle in Mexico through positive regulations and advantages towards these companies. The result is that on the one side traditional agricultural patterns are dying out causing a decrease of nutritional intake, whilst at the same time on the other side junk food is increasing in popularity.

Enlace argues that even within the government's nutrition and health programmes such neo-liberal patterns are distinguishable. The Oportunidades programme for example in an effort to reduce malnutrition, provides infant mothers with supplementary nutrition packages for themselves and their young children. Furthermore a small financial benefit is given to families which is meant to subsidise the purchase of food. According to Enlace this creates a situation in which villagers become dependent on government hand-outs and outside food products. These policies are consequently undermining local production.

The arrival of junk food and its connection to the neo-liberal state cannot be neutral in an area which is already so politically divided. The spread of junk food is not equal in all communities. Certain communities try to stop such products entering the communities. These communities tend to be the better organised communities, in some cases Zapatistas but also non-Zapatistas. It is exactly these communities that NGOs such as Enlace try to support in strengthening community ties, but also form a larger obstacle for the government.

4.2.2 Environmental & Cultural Damage

The government's economic policies are not only harmful to the right to food and health through the arrival of junk food, but its agricultural policies are causing damage to the environment and the communities who live off agriculture. Enlace argues that the economic policies are eradicating the traditional agricultural system, the *milpa*, which is bad for the environment as well as the communities' health and nutritional values, let alone the cultural heritage of such agricultural practice. The *milpa* is the traditional farming system of Central America and consists of a variety of plants and fruits that grow together on a plot, such as maize, pumpkins, beans, tomatoes and chillies. The promotion of modern agriculture has favoured mono-cultures over traditional mixed plots, thus requiring the use of more chemicals. 'The monocultures deplete the soil's nutrients, use more agrochemicals and need more water to survive. By growing only one product, the natural agents that protect the cultivation disappear and are attacked more by plagues. Monocultures encourage the destruction and depletion of soils, contamination of food and water, destruction of forests and jungles, and provoke erosion and the loss of a variety of plants in each region' (La Milpa). According to Enlace the government also promotes the use of agro-chemicals by for example providing farmers with packages of agro-chemicals in development projects (Enlace). In its flyer on la milpa, Enlace encourages the practice of la milpa, saying: 'By practicing the milpa, indigenous and farming communities are guardians of a biological and genetic richness, and are carriers of the valuable knowledge that contribute to sustain a harmonic relationship with Mother Earth' (La Milpa).

But the loss of the milpa doesn't have only environmental effects. 'The loss in the variety of foods that used to be harvested in the milpa, impoverishes the alimentation and well-being of the towns and communities' (La Milpa). The loss of the traditional form of agriculture is linked to the question of malnutrition in the communities. Families no longer consume their own produce from their milpa, which consists of varied foods. They have in many cases switched to a mono-cultural, usually for maize. The produce is sold in the city and as a respondent told me 'the best food goes to town' (respondent in community, 29-1-2010). The money the communities earn is used to buy outside produce, often junk food or packaged foods. For this reason Enlace tries to encourage farming families to at least keep part of their produce to feed themselves, both for health and economic reasons (Enlace).

Another interesting cause which Enlace links to the right to food, is the fight against the arrival of genetically modified (GM) seeds and food in Mexico. Over the last decade there has been an ongoing debate in Mexico about GM crops and food (e.g. Partida, 2010). Enlace is strongly opposed to GM produce.

To understand Enlace's fight against GM produce, it is important to understand the cultural and economic context to this. Mexico's markets have been flooded with GM maize from the US in the last decade. Apart from causing the price of maize to drop significantly and thus affecting small-scale farmers, the GM maize has had its effect on the variety of maize grown in Mexico.³⁸ According to Enlace of the three hundred types of maize that exist, only thirty are still cultivated (La Milpa). Maize in Mexico is not only the main carbohydrate for millions of Mexicans, it is also has a strong

³⁸ See for example: Ackerman, Wise, Gallagher, Ney and Flores, 2003; or for a more critical review: Fitting, 2006, in which the author points out: 'While critics [of GM produce] draw our attention to how such policies exacerbate the difficulties faced by peasants, their notion of a corn culture obscures some of the changes taking place'.

cultural value that cannot be forgotten.³⁹ Enlace states in its brochure that we must, 'protect native seeds, which are the basis of food and life itself, for free exchange and use by peasants' as well as 'organise mobilisations and actions against GM produce'. Furthermore, we must prioritise local agricultural production and local markets (Soberanía Alimentaria) and the government must '...reject that companies privatise and patent genetic and natural resources, and seeds that have fed us for thousands of years' (Derecho a la alimentación). On the other hand various participants at the seminar on nutrition pointed out the strong 'maize identity' within the communities, was something which could help the organisations in their work. Indeed Enlace and others have organised manifestations to underline the importance and cultural heritage of maize.

4.2.3 Liberal Markets

Enlace states that still thousands of people can't exercise their right to food in Mexico 'due to the food crisis derived from the neo-liberal system and the rules for commercial taxation in Free Trade Agreements, the World Trade Organisation and the World Bank' (Derecho a la alimentación). According to the NGO the commercial treaties have liberalised the agricultural markets, thus creating unjust and unequal terms. The result is that rural Mexico and the communitarian agricultural model have been sunk. Local production has decreased and become almost impossible due to these commercial treaties.

Enlace blames the Mexican government's policy of the last twenty years for the implementation of the treaties and policies that have crippled Mexican rural life. 'Since more than twenty years and as part of the neo-liberal system, the Mexican government has implemented politics that leave the countryside unprotected against large international agricultural corporations' (Derecho a la alimentación). They state that forty percent of food eaten in the country has been imported. Furthermore, it is impossible in the current economic situation for local farmers to get access to international markets for their products because these are controlled by transnational agro-industrial companies. Therefore these farmers must first have access to the local market and be able to sell their produce at just prices on the local market (Soberanía Alimentaria). Moreover 'Lots of food we sow and eat belongs to transnational companies and come accompanied with a technological package of fertilizers, agro-toxics and GM seeds. With this model, for the businesses and governments the production of food has changed to an industry in which it is important to make money: this way of understanding alimentation is contrary to the practice of rights' (Derecho a la alimentación). Most interestingly, a participant at the nutrition workshop noted that this 'new' culture of commercial alimentation was taking over communities, saying 'the problem is people think too much in terms of money' (*Participant Nutrition Workshop, San Cristóbal de Las Casas, nov. 2009*). The participant indeed meant by this that farmers only saw their crops and land as financial goods, rather than valuing all the other richness of the earth and the plants.

4.2.4 Conclusion

In sum, Enlace has made an analysis of the economic and political situation in Mexico and recognises a varied number of consequences for people's health, nutrition and well-being. Enlace argues that people's diets have been damaged and are being damaged in a variety of ways by Mexico's adherence to neo-liberal policies. Although it recognises there are other causes of poor diets too, such as cultural habits, the basis of the poor nutrition is blamed on neo-liberal policies which have

³⁹ Mayans often call themselves 'the children of maize', as the Mayan history tells of ancient gods made of maize.

opened up the market for junk food and the commercialisation of junk food, have encouraged monocultures which damage the environment as well as people's diets, and have crippled the market for local produce. Some interesting issues have also been raised by Enlace: Is commercial agriculture contrary to the right to food? Is GM produce contrary to the right to health, bio-diversity and culture? Is junk food the real cause of malnutrition and if so, can you hold the government responsible for this? Is it not the consumers themselves who are responsible and is not taking away the choice to such food an imposition from above, contrary to the right to choice, freedom and decision-making?

The next section will discuss the way in which Enlace uses human rights and the concept of food sovereignty to attempt to counter these developments.

4.3 Soberanía Alimentaria

Enlace suggests, *soberanía alimentaria*, most commonly translated as food sovereignty, as an alternative system to the economic and agricultural system that now exists in Mexico. The concept of food sovereignty was already discussed in chapter two on rights-based approaches as an approach to development using the right to food as its basis. Other examples of food sovereignty have been known to be quite political. Enlace describes food sovereignty as 'the right of villages/peoples to determine their own alimentation, agriculture and agrarian and food politics, without 'dumping' from other countries. Respecting the cultural diversity and the ways of production that protect and look after Mother Earth...More simply, we can define Soberanía Alimentaria as the right to decide about the food we produce, transform, distribute, commercialise and consume in our villages.' (Soberanía Alimentaria).

4.3.1 Enlace's Food Sovereignty

Enlace asks why, 'seventy-five percent of hungry people in the world are rural agricultural producers, such as farmers, shepherds, fishermen, landless peasants and indigenous villages. In Mexico more than half of children are undernourished. Why must those who are the producers of food, suffer from hunger and undernourishment?' (Derecho a la alimentación). For Enlace the right to nutrition is not only about not having hunger in Mexico. It is about the ability to have sufficient healthy food and nutrients, but Enlace also takes it further than that. The right to food for Enlace is that 'all people should have physical and economic access, on an individual or collective basis, to healthy, adequately nutritive and sufficient alimentation and sufficient means to produce it, in a way which corresponds to the cultural traditions of each population and guarantees a satisfactory and dignified life' (Derecho a la alimentación). This right according to Enlace is also recognised in international treaties such as International Covenant on Economic, Social and Cultural Rights (ICESCR)⁴⁰ and the International Network for Economic, Social and Cultural Rights (ESCR-Net) and the rights of the child.

To Enlace the most important aspects of food sovereignty are that communities have the right to healthy food and that the production of this food respects natural resources and biodiversity. Cultural and local values must be taken into account in the production of food and following this, the production of food is not only about individual food right, but about communities as a whole. Agricultural policy must be made from a participatory perspective. Farmers must have free access to land, seeds and water, and local production and consumption must be stimulated over importation.

⁴⁰ See Appendix 2 for more detail on the right to nutrition in international treaties.

The broad use of human rights is brought across clearly in Enlace's flyer on the Right to Food. It lists the following elements as part of the right to food:

- The provision of 'enough healthy and nutritive food, this means having a combination of nutritious foods to satisfy human necessities (physical and mental growth, development, maintenance and physical activity) in all stages of life.'
- 'Suitability: the available alimentation should be adequate for social, economic, cultural, climate and ecological conditions.'
- 'Sustainability: that families and villages will be able to have access to food for current and future generations'.
- 'Healthy: that food is free of whatever kind of contamination or harmful substance and or poor hygiene'.
- 'Respect of culture: the food should be acceptable to a culture and certain/identified consumers'
- 'Availability: possibilities for the individual to feed himself directly, through exploitation of the land or other natural food sources, or through distribution systems, elaboration and commercialization that function adequately and can move the food from the place of production to where it is necessary to consume it.'
- 'Economic accessibility: this implies that families can acquire food necessary to cover their nutritive necessities without putting at risk the satisfaction of other basic necessities'
- 'Physical accessibility: implies that the adequate food should be accessible to all at all times and in all circumstances.'

Note that Enlace deliberately underlines that the availability of food must not only be measured quantitatively but also qualitatively. This is linked to Enlace's fight against junk food. The communities that Enlace works with are not starving, but they are not getting sufficient nutritious food. Furthermore, Enlace underlines the cultural and environmental aspects of food, stating that cultural, climate and ecological conditions must be met as part of the right to food. The focus on sustainability however, does not only refer to environmental matters, it also implies that health and food projects must be sustainable and not paternalistic such as Enlace views the Oportunidades programme. That food 'is free of whatever kind of contamination' is a direct reference to GM crops in Mexico. The question of availability also touches upon Enlace's principle that people must have access to land, water and seeds

4.3.2

So what needs to be done? Enlace requests developments in three areas: economic policy, agrarian political and cultural reforms. Enlace states that we must 'continue to take the debate on food sovereignty and the right to alimentation to our communities, assemblies, organizations, congresses and governments. That the right to food is fulfilled.'

Politics:

In the political field Enlace argues peasants and farmers must be consulted more in decision-making in agricultural politics. The government must seek active participation of farmers, fishermen and small-scale producers. Also, it must recognise the essential role farmers and peasants play in agricultural production and the importance of recognising their human rights. 'For peasants/farmers

the earth is a way of living and working, of seeing the family and the world, it's not a food factory and the raw material for the industry and for exportation'. So, consumers must have the right to be able to choose that what they want to consume, but farmers must also have the right to produce the food they wish. Farmers and those without land must be secured access to land, water, seeds, and credit. 'From this comes the necessity of agrarian reforms, the fight against GM food, and sustaining water as a public good, which means everybody has access to water and we take care of it.' Finally, Enlace also states that food sovereignty at a national level, is the right for countries to supply its inhabitants with varied food from the own country. This is a strong statement against importation of food products from abroad and especially against dumping. The right of countries to protect themselves from agricultural importation and food that is too cheap.

Economy:

Local agricultural production (preferably agro-ecological) must be prioritised for feeding local communities. Local markets that are based on a variety of peasant farmers and family produce must be prioritised. To do this fair prices must be granted for peasant farmers, in this way protecting the interior markets from imports of low pricing and 'dumping'. Also, sustainable rural farmer production initiatives should be stimulated. Furthermore, peasant farmers must be guaranteed 'access to land, water, woods, fish and other productive resources through a legitimate and just redistribution, that aren't based on market forces'. In other words Enlace is pleading for a fairer distribution of land and resources, as it perceives the market forces to favour large companies. Finally, the national production must be regulated. The state must protect itself from agricultural imports and food priced below its value. Enlace states that food sovereignty does not negate commerce as such. However, the concept of commerce is extended to include fair trade, the right to healthy and nutritive food of individuals and communities, and the protection of Mother Earth/the environment in the process of agricultural production.

Culture:

The cultural value is mainly placed on the community over individuals. Enlace argues that the community should control its productive resources, as opposed to corporations that 'take over the lands, the water and the genetic resources'. Also, the role of women in food production should be recognised and promoted in equal access and control of productive resources.

4.4 Evaluating the Programme

What does Enlace say about the use of a rights-based approach and how does Enlace evaluate the use of the approach? A member of Enlace explained that Enlace is convinced of the need to build a new national development model, to replace the prevailing neo-liberal model. The notion of 'development' is seen as the right to a dignified life and a sustainable society. The basic needs of everybody must be satisfied, allowing for the comprehensive fulfilment of human rights, whilst respecting 'lives of all other living beings with whom we share this planet and preserve natural resources for future generations'. Enlace states that the priority should be given to social, economic and political development, as Mexico joins in globalisation, and this development should outweigh capital needs. Moreover, true development should emphasise and protect the environment, independence and the plural identity of the nation. The government should promote a 'globalisation of solidarity' as well, as that contains ethical principles, sustainability and participatory democracy.

Thus, Enlace sees the need for a new type of development discourse, which includes human rights and basic needs, as well as attention for the environment.

To Enlace, the way to influence decision-making in government policy, is through advocacy. By this Enlace understands, 'those changes in public policy, through all those strategies of action that influence specific proposals in the public sphere'. Enlace believes that the main way of influencing state policy is through social mobilisation and lobbying. 'There is no point in an excellent proposal, if there is no social force capable of promoting it and making it happen. Action through advocacy is necessarily a collective action of force and lobbying'. It is in this light, that one must understand the use of rights-based approaches for Enlace. To Enlace, rights-based approaches can indeed be used as a way of advocating many principles in which the organisation believes in. To Enlace, this is why it is a useful approach. Not necessarily for better understanding the needs, wishes and perceptions of those it works with, but for lobbying the government. The literature discussed rights-based approaches to create new duty-bearers, such as NGOs next to the government. Although Enlace uses very participative methods, rights-based approaches are not used in this way. The organisation does not refer to themselves or other bodies as being responsible for the rights they promote (Enlace).

4.5 Concluding Remarks

This chapter set out to answer four questions: In what way Enlace politicises its programmes; what the role of RBA is in politicised programmes; whether a rights-based approach helps Enlace manoeuvre in politicised contexts; and, finally, to what extent the programmes are politicised (are they politicised with a capital or small 'p', to refer to O'Brien). These questions will be discussed in the following section, but first I will briefly reflect on my own observations of the programme.

4.5.1 Perception Nutrition Programme – Suited to Needs?

To Enlace the use of rights-based approaches is a useful tool for advocating certain issues and lobbying the government. However, I would briefly like to make some comments on my own observations of Enlace's programme and the rights-based approach used. One of the striking issues in Chiapas, as has been discussed throughout the thesis, is the polarisation of society. Enlace has a point-of-view which is clearly political – or, if it is not called political directly, it is linked very much to a certain stream of politics that could be described as a mix of socialism, environmentalism, and at the same time, conservative in certain issues (i.e. the preservation of traditional customs, land-use and community cohesion). Enlace has a certain view on the world, which is not, and cannot be, the same as that of all parts of the region. The nutrition programme that Enlace has developed has also been developed along these lines of conviction. All NGOs and organisations have some political background from which they work. However, as O'Brien stated (chapter two), most NGOs work from a higher moral or ideology. This might be empowering the poor, defending human rights or saving the environment. What O'Brien mentions though, is that NGOs are not 'P'olitical, meaning they do not support one side over the other when there is no consensus for this. I argue in the case of Enlace however, and many other NGOs working in Chiapas, the organisation has chosen a political stance in their project. Defending traditional forms of agriculture and communitarian life over the free-market system and migration to the cities, is not a subject on which there is common understanding. One example which I found to be very clarifying, was the comment made by one of the participants at the nutrition workshop that 'farmers think too much in terms of money'. What was meant by the comment was there is much richness in the land, which cannot only be valued in terms of income

from sales. Yet, one can question whether the NGO, and in this case the participant, does not only have a different perception to the government, but maybe also to many people in the communities. Another example, which triggered my thought on the same issue, was an example of what a promotor de salud told me in a community (19-11-2010). She said that although she would often offer traditional medicine to patients who visited her, which she said worked just as well, most of the patients preferred to pay more to get pharmaceutical medicines. Like the case of 'thinking in terms of money', one must question whether NGOs always promote what communities want, or what they think is best. Enlace's work and programmes fit into a certain idea of the world and development, but this is by no means the general or the only idea that exists among their focus groups, indigenous communities in Chiapas. Although these ideas do find consensus among many other NGOs and movements outside of Chiapas, such as the right to food movement, there is no consensus in Mexico on this.

Enlace's nutrition programme at a local level seems to be very suited to local needs and wishes and the organisation uses very participative methods in their projects. However, the use of rights is not used for this participatory aspect, rather the link to rights has been made by Enlace itself. Enlace is indeed using the claim of rights to persuade the government to fulfil certain obligations to realise these real needs and wishes of society. Indeed Enlace also tries to reflect the claim of rights back to the communities, by for example, organising workshops on the right to nutrition and health. However, it is Enlace who has made the connection between the various rights at a higher level: linking GM products to the right to food and commercialisation to the right to health. It is Enlace who has identified these issues to be the cause of the problems and the solution Enlace suggests lies within its ideology. Therefore, in the case of Enlace, the use of rights does not only politicise Enlace's work such as Gready and Ensor suggest (chapter 2). Enlace, I argue, has also deliberately chosen such an approach because it is one with which they can bring across their political messages. The difference is that Enlace already had a political vision for which RBA is a useful tool to bring this across, rather than the focus on rights being the trigger for the politicisation of the development work. What the case-study on Enlace shows is that, Enlace uses the RBA for its own political causes. Thus I argue one could turn the phrase around: RBA doesn't only politicise development work, development organisations can use RBA to politicise their work.

The great difference with Enlace's use of RBA compared to that of the government, is that Enlace tends to work with communities that have embraced similar political ideas to those of Enlace. The use of a rights-based approach is thus somewhat different to that of the government. Enlace is really trying to get certain issues changed by claiming rights, the government is trying to reach all its citizens, in a sustainable way through using an approach based on rights, but without emphasising societal change.

4.5.2 Politicised Programmes

Enlace has questioned the reasons for the poor status of nutrition and health in Chiapas. Why is it that Chiapas still has the highest levels of poverty and the worst nutrition and health status? Why is it that those who produce food, farmers, have such unhealthy diets? Enlace argues that the problem of malnutrition lies especially in structural problems: the commercialisation of junk-food, environmental and cultural damage and poor economic, specifically agricultural, policies. The cause of these issues is the neo-liberal system that the current Mexican government is adhering to. The programme in this way becomes politicised as it lays down the cause of malnutrition on a political system. The recommendations that follow to improve malnutrition are indeed a revision of various

economic, cultural and political policies at a national level. The pamphlets that state these issues are spread among participants of the programmes and thus, Enlace's political opinions are also spread with them. Some issues have become more politicised than they might seem. Enlace's fight against GM-produce for example is a political one (being fought all over Mexico at the moment). The argument that is used against GM-produce is usually an environmental one, and in Enlace's case also a health one, but it is also about the dumping of food products by the United States of America on the Mexican market. As a result it is also an economic and political battle, against the economic and political dominance of the USA and the Mexican government's approval of this.⁴¹

4.5.3 The Role of RBA – An Aid to Manoeuvring in Politicised Situations?

The question is how rights-based approaches play a role in the politicisation of development programmes. By referring to the principles of human rights and to the judicial obligations of human rights, Enlace is holding the state accountable for all kinds of issues which are related to the right to food. In a way typical to a rights-based approach, Enlace has linked many human rights together. In the project on the poor nutritional status of communities of Chiapas, Enlace does not only touch upon poor nutrition, but whilst fighting for the right to food, it attacks many other subjects which to Enlace are the causes of poor nutrition. The rights-based approach offers Enlace a way to link many issues which according to Enlace are all part of unfair politics. In this way, neo-liberalism is attacked, land distribution is questioned, foreign imports are criticised and GM produce denounced. In criticising these political decisions the organisation constantly refers to human rights as a basis for embedding the criticism. It is our right to have health and food, thus neo-liberalism as it exists now must be challenged. As Enlace puts it, the organisation is aware that a new paradigm must be found to challenge the existing neo-liberal one. Rights-based approaches offer a way to do this.

This analysis also partially answers the another question, namely: Does a rights-based approach help Enlace manoeuvre in a politicised context and is Enlace better able to hold duty-bearers responsible? A rights-based approach is useful to Enlace for being able to reflect its political view around one development programme on nutrition. However, I have already raised the point that RBA has not only politicised Enlace's programme, but the organisation has also used RBA as a way to underline its own political ideology. It is therefore questionable whether it is helping the organisation to manoeuvre in a politicised context. The second point, that RBA would help organisations to hold the government responsible, is again questionable. Enlace's programme runs parallel to that of the government. Enlace is trying to change 'greater politics', however it is not involved in a dialogue with the government about local programmes, such as that of Oportunidades. Rather, it is trying to strengthen communities to develop their own modes of sustainable development. The question of holding duty-bearers responsible, does not seem to apply that well to this case.

⁴¹ What I personally find interesting is that Enlace is struggling for many local causes, such as the strengthening of local markets and indigenous rights, but on the other hand is a strong supporter of closing the national economic market to outside imports. According to Enlace this would relieve small-scale farmers in Chiapas who would be able to sell their produce for fairer prices to the national market. Nevertheless, to an outsider, I feel it seems contradictory that a nationalist policy is supported by such a broad-minded, international-oriented organisation.

4.5.4 'P'oliticisation or 'p'oliticisation

Finally, earlier I questioned to what extent Enlace's development programmes are political, and what this says about the use of a rights-based approach. O'Brien stated that NGOs usually are political with a small 'p'. By this he means that they adhere to an ideology, but are not biased towards certain parties. In the case of Enlace's nutrition programme, I argue otherwise. Enlace's ideas are based on an ideology of solidarity and human dignity. Nevertheless, in the case of Chiapas such an ideology is also very political. Partly because this ideology resembles for a large part the ideology of Zapatistas in the region, partly because it is very critical of the government. In such a situation, Enlace's programmes are not only 'p'olitical, they are also 'P'olitical.

Chapter Five: Conclusion

This thesis started with the question whether RBA might be adopted in one of the largest international development initiatives of all time, the Millennium Development Goals (MDGs). Despite much lobbying, the outcome of the MDG Summit in New York did not radically change the set-up of the MDGs. In 2015 the world's leaders will again come together to evaluate the progression of development in the world and the new future of the Goals must be decided: will they be re-affirmed, extended or possibly linked to international human rights law? The future of rights-based approaches luckily does not depend on the difficult decision-making of international politics. Rights-based approaches are an established phenomenon, used and praised by large multi-national institutions such as the UN to small NGOs in southern Mexico. Furthermore, many authors and organisations have written on the use of rights-based approaches. RBA have been acclaimed for being able to make the step from voluntary development to creating obligations for duty-bearers, for turning top-down programmes into participatory ones and for intrinsically supporting the most marginalised and weak of society. There has been much debate on the use of rights-based approaches, by whom it is used and for what reason. In a certain way many different organisations can use RBA, because it offers every development organisation or body what it is searching for.

This thesis has looked at rights-based approaches in a particular context, namely that of a politicised and post-conflict setting. What does such a setting mean for the use of an approach for development, which in theory, claims to base itself on universal human rights? One might think that an approach based on rights, would be able to bind conflicting parties, because in the end the 'universal' nature of them would mean the parties are striving for the same goals. The two case-studies in this research, however, showed different results. The first case-study on the government's Oportunidades programme showed that the programme was understood in such political terms, that it was not received as fulfilling human rights, nor accepted as a good programme. The second case-study showed how Enlace has been able to use RBA to shape its nutrition programme, but also link it to many other causes, yet again, the rights approach itself does not necessarily reflect the needs and wishes of the communities. Rather the approach is used as a tool for the organisation itself.

5.1 The Research Question and Sub-Questions

There is consensus that rights-based approaches are based on human rights, try to relieve poverty and fight discrimination in a participatory way and by trying to create accountability among duty-bearers. However, it has been discussed that there are still a lot of question that surround rights-based approaches. The case-studies in this thesis have especially questioned discussions on the rights-based approaches and politics. Are rights-based approaches always political? Do they help NGOs in political situations? Are they always a reflection of people's needs and wishes? One of the main conclusions of the case-study on Oportunidades, was that, when asked how patients and civil society perceived the government programme, many respondents felt the medical system was not politically neutral. From technical faults such as the lack of staff, medicines and poor organisation, to structural politicisation of the system through fragmenting communities, discrimination, legitimisation, controlling communities and individual profiteering, the problems are often explained by a lack of interest and investment in the region, a government strategy to win support or even a deliberate attempt to discriminate the region. The use of a rights-based approach in such a context is minimal, because it is not understood to be a rights-based approach. People don't see the

programme as standing up for the marginalised communities, people see it as yet another government programme with a lack of real political will to actually change the situation. Thus, one question raised here for further research, is whether thinking in terms of rights could be another reason (next to general distrust of the government) for NGOs to view the faults in the government health system, as political. Does the discourse of rights make NGOs see the government to be politically responsible, instead of socially responsible? This question is not completely answered by this case-study, but would be most interesting to test on other cases. Another interesting issue came to light in the case-study of the Oportunidades programme. Different organisations seemed to have differing views on what the rights to health meant. To some organisations it was the right to practice indigenous medicine, to others to have modern and equal facilities.

The case-study on Enlace demonstrated how Enlace argues that malnutrition in Chiapas is caused by commercialisation, environmental and cultural damage and bad agro-economic policies. These are all said to be caused by neo-liberalism and the Mexican government's adherence to such policies. The organisation's programme is therefore very political. What's more, Enlace uses a rights-based approach to link many political objectives to the right to health and nutrition. It is for that reason that I posit that, in the case of Enlace, RBA does not only politicise development work such as is suggested in the literature. In the literature, RBA is explained as a method that through helping people claim their rights, questions existing power relations. However, Enlace also makes (deliberate) use of a rights-based approach to be able to bring political messages across that Enlace believes in. Also, the case-study shows that Enlace is not only 'political' meaning adhering to a certain ideology, in the politicised situation of Chiapas, Enlace's views are also 'P'olitical.

So, to answer the central question, what is the role of rights-based approaches for governmental and non-governmental service provision in a (post-)conflict setting in which service-provision is not politically neutral? First of all, the case on Oportunidades indeed shows that the situation was not politically neutral. Government health care provision is not seen to be delivered as a neutral service, although it is a universal human right. Secondly, the role of rights-based approaches for the government does not seem to make much difference in such a politicised situation. Whatever the intentions of the government, it is not perceived to be delivering a programme that fulfils human rights or empowers the local population. Thirdly, rights-based approaches for an NGO in such a situation can be helpful to an NGO that is trying to politicise its programmes. However, what can mainly be concluded is that the role of rights-based approaches in a (post-)conflict setting in which service-provision is not politically neutral, will most likely be influenced, to differing degrees, by the perceptions and objectives of the organisation or government. Rights-based approaches have the potential to reflect the wishes and aspirations of the most marginalised groups of society, but they do not automatically do that. Enlace reflects many of the needs and wishes of the indigenous communities, but it is Enlace itself that links the right to food to many other political issues such as GM-produce. The question is: does it matter that organisations understand and use their own ideas for rights-based approaches, even if these are political ideas? Not necessarily. Enlace finds it a very useful approach to be able to legitimise its protests against certain issues, which otherwise might not be pursued by the people it works with. But, it must be realised that rights-based approaches can and will be used in different ways that will follow the objectives and perceptions of the organisation or government – and, I believe, this is more likely in a situation which is very politicised.

5.2 Scientific Relevance

Various different results can be drawn from the case-studies, which in some cases reaffirm what has been said in the literature and in some cases contradict it.

5.2.1 *The Importance of the Definition of Rights*

This research has said something about RBA in a particular setting, namely that of a politicised environment and post-conflict region. I argue that using a rights-based approach in such a situation is different, because the provision of services and development programmes are already politicised and polarised. The question is if a rights-based approach, at least in such a context, automatically reflects the goals and wishes of the rights-holders, such as is suggested in the literature. In Chiapas, there exists no consensus on the way in which to provide to the needs and wishes of the population. Rights, unlike some might expect, are not a neutral, universal term which people can refer to. Enlace sees rights as a way of fighting for many injustices, such as environmental damage and the decline of indigenous community culture. But other organisations also interpret rights differently. OMIECH argues the right to health is not to have access to modern medicine, but to be able to practice the traditional medicine that belongs to the region and its people. The definition of the rights to health as ‘the right to the highest attainable standard of health’, is indeed something very abstract. The cases show that each of these actors uses the rights discourse in a different way. The idea which is raised in the literature that rights automatically reflect the needs and wishes of the most marginalised people of society, is questioned with the results of these studies. Isn’t RBA in this context being *used* by the respective actors, rather than being the reflection of basic needs of the population? This is not an unusual phenomenon. Development policies are usually somewhat abstract and it would not be likely to hear local farmers in the jungle communities of Chiapas speaking of rights-based approaches or empowerment strategies. Organisations and government always have to find a balance between abstract, theoretical knowledge and local, practical information. In fact, Enlace is an organisation that does its utmost best to shorten this distance between abstract and practice, by for example talking to communities about needs and rights. Again, I am not saying I think Enlace’s programmes are not suited to local reality – Enlace has a very good record of bottom-up work and projects. Rather, I argue that their ideas on rights and the way they link these issues to an anti-neoliberal rhetoric come from their own worldview, rather than that of the communities. The same counts for the government’s programme. The government may be trying to do its utmost best to improve nutrition and health in the region, but it still has set up a universal programme, that does not take into account local culture, customs or political (ill-)feeling. This does not mean to say that Enlace or the government are necessarily using rights-based approaches poorly, or that rights-based approaches are not a good development policy. To an organisation such as Enlace the approach may be incredibly useful as it legitimises its struggle against the ruling economic policy. However, it does mean that rights cannot be taken at face value: one must ask what the organisation, government, or individual means and understands by rights and in what way it is using them. Also, it means a rights-based approach is not necessarily reflective of people’s needs and wishes as is sometimes supposed in the literature.

5.2.2 *The Politicisation of Rights-Based Approaches*

O’Brien asked two interesting questions about the politicisation of development work. Firstly, he wrote that humanitarian aid is being ‘P’oliticised, but NGOs working from an ideal or moral, are only

'p'olitical. Conversely, the case of Enlace shows that the organisation is more than 'p'olitical. It is actively trying to change the system of the current government in Mexico. Whilst an organisation such as Amnesty might condemn a government for not properly abiding the rule of law, it does not attack the economic and political order. An NGO such as Enlace is now using the same arguments as Amnesty does for condemning human rights abuses – namely, human rights law – to criticise a governmental system. The system itself, is in their eyes, unfair and thus contrary to human rights. Thus, the evolution human rights have made from only being used by human rights groups, to becoming the basis for a developmental approach (see chapter two), also implies that rights may be used in a more political way. Whilst human rights organisations tend to have one goal (for example advocating against torture, against political persecution or for freedom of speech), development NGOs have many diverse goals, ranging from completely a-political causes to very political causes. As it has been pointed out that a rights-based approach offers such a wide range of ways in which to be used, it is not surprising that politically activist NGOs will also use RBA for their causes.

Secondly, O'Brien argues that rights-based approaches can help NGOs manoeuvre in politicised contexts, for example where aid has been politicised. I suggested that the situation for Enlace might be similar, as many feel also the government's aid is politicised. Has a rights-based approach helped Enlace to develop its nutrition programme in a politicised context? In a way it has. Enlace has felt the need to develop a different development paradigm to the existing neo-liberal order, and rights help them to do that. Moreover, rights and ideas such as food sovereignty are approaches to development which have international resonance. Enlace can identify with other such organisations and find support among them. To O'Brien however, 'manoeuvring' mainly meant being able to hold the government and aid donors responsible, even in cases of the politicisation of aid. Rather, in Chiapas, there seem to be two parallel systems of development. Whilst some of the NGOs in the study did have regular contact with government bodies, Enlace and many others did not. Enlace's main goal is to strengthen communities from the bottom-up. However, it is not the case that the rights-based approaches have allowed Enlace to have more influence on government policy.

Another issue which responds to the literature, is the question raised in chapter three, whether it is not only the history of conflict and marginalisation which makes people more likely to understand the government's services as political, but also that organisations and civil society may be thinking in terms of rights. It would be most interesting to ask whether thinking in terms of rights, has made NGOs more likely to blame government not only for politically motivated poor services, rather than just poor governance. The case-studies unfortunately do not really answer this question, rather it would be necessary to talk to NGOs on previous practices in comparison to rights-based practices.

5.2.3 The Influence of Political Conflict on Health and the Politicisation of Service Provision

In the introduction, various other fields of study were mentioned to be relevant to the research. That was first the subject of the relationship between (political) conflict and health care, and secondly the role of service provision as political tools. The first subject is interested in the consequences of social determinants for the real impact on health on people. The case-studies have shown this question is an important one. As was explained in the introduction, there has been little focus on the consequences of political conflict on health care. Many researchers have either focussed on the direct consequences of (armed) conflict on health, or on other social determinants to health. I believe these case-studies have reflected on the impact political conflict and polarisation of a society, can have on the delivery and perception of health services. The situation in Chiapas is so that people

do not trust the government's health system, which in the end of course has major impact on the health status of these patients. The second topic posed, was the role service provision can have in politics. Also in this area, there does not seem to be a well-known body of literature that discusses the role health care provision can play in political systems (like there is for education, for example). In the case of Oportunidades, the case-study showed that there was at least the perception that such a link did exist. Respondents complained the programme was used to fragment communities, used discriminatory or that it was used to control communities. The chapter identified five ways in which the health system was perceived to be politicised, which could be used as a guide for further research of health politicisation. In the case of Enlace, one could also see that the nutrition programme fits into their political views. Thus, again, I would like to see the contribution of the case-studies to these topics as an underlining of the relevance of the topics and the need for more research.

5.3 Reflection

On a more reflective note, I may have given the impression in this thesis that RBA is not a useful approach and I would like to nuance this idea. I think RBA can be incredibly useful, especially in a world where we are understanding the interrelations of so many factors that influence development. Indeed, I do hope the Millennium Development Goals can in some way become linked to human rights, because I believe this will – at least, in some cases – open a way for marginalised groups to organise themselves and claim their rights. This is a huge difference to the way the Millennium Development Goals work now, where the whole country has to meet a quota, but there is not attention paid to inequality within a country.

But, I think we must realise it is not “the” approach. Development work is inherently political, because to relieve poverty one must often change the status quo, re-divide resources and change power structures. In a case such as Chiapas, development and service provision becomes even more politicised and polarised as different groups have very different worldviews and there is little trust between the different actors in society. A rights-based approach is a development approach and will be used for political causes. Mainly however, a human rights approach can be used in a wide variety of ways. Not only does the approach to reach human rights differ, the actual view on what the human rights mean, differs from organisation to organisation. The approach will be used for different goals and thus cannot be seen as the approach to change development. The question is whether one should keep on referring to all these different forms of rights-based approaches as the same thing, if they have such different interpretations and uses for the approach. Like the case of Millennium Development Goals, the fear is always that such a popular approach can become simplified. In the case of the Development Goals, eight goals were set for all nations in the world to reach by 2015. Although the positive impact of the MDGs has been undeniable (for example the generation of more political will towards development and subsequently, higher budgets for development), the draw-back has been that many other development projects not mentioned by the goals have been abandoned and countries have focussed on reaching the target, with little account for adverse effects (such as development inequality and ‘target-driven displacement’: the displacement of whole communities from slums, so as to reach the goal of better living standards). I fear the same could happen to rights-based approaches, if that is where the focus comes to lie in future international development discourse. Right-based approaches can be used in many different

ways and the strength of the approach may decrease if the approaches are used for governments' or organisations' own interests.

Also, would I like to underline that Chiapas' situation is dire. The thesis may have spoken of perceptions, but this is out of necessity, because this is what I measured. It is a fact that the indigenous population in Chiapas live in very marginalised conditions compared to other parts of Mexico. It is also a fact that they have less access to services, and the quality of these services are questioned. When speaking of perceptions I by no means want to downgrade the importance of perception as something that is only 'felt', but not 'true'. On the contrary, I think many of the perceptions are very true, and if they are not statistically true, they are still felt and thus important.

5.4 Recommendations for Further Study

As usual, writing a thesis did not answer as many questions as that it asked. Having submerged in the topic and re-emerged, I have found certain issues that do not only interest me personally. I also think they would be interesting for others and deserve more research and work.

First of all, I think the question on whether NGOs manage to 'manoeuvre' better in politicised conditions, with help of RBA, deserves more attention. One would need to make comparisons between different NGOs and the different results of their programmes. Of course, the question which arises from this study is, are RBA actually comparable if they can have such different uses? I think for that reason, a future study would have to focus on certain organisations that have similar ideologies and political perspectives. What could follow as a second step to this thesis, is a more practical guide that sets out the different ways in which RBA has helped or not helped organisations to develop programmes, and in what way it has done so. This could guide organisations such as Enlace in developing their projects.

A second question asked, but not answered, was whether RBA actually makes organisations think more in terms of politics. Instead of viewing the government programmes as having 'technical faults', they would see the faults as infringing rights, and thus as (deliberate) political motives. This would require a study that compares organisations that do or don't think in terms of rights, or between old policies that didn't include rights to new ones that did. Unfortunately, these case-studies could not answer the question. I do think however, that this could be the case. One of the things that I noticed in Mexico was that many organisations referred to rights in booklets, talks or pamphlets. If it is the case that rights influence the politicisation of the views of organisations, this has most strong implications for RBA. Especially in situations of conflict, it could mean that RBA in fact increases conflict, rather than diminishes it.

Thirdly, in this thesis it was often underlined that there are many different ways to interpret rights (not only rights-based approaches). However, what was very difficult to determine during the field-work, was what the patients' view was on their right to health. Often the question was not clear to patients and it is a difficult question to ask directly. Organisations and doctors were more likely to have ready answers, because of the field they work in. However, the patients are an incredibly important group, and it would be most interesting to understand their opinion on this better. This would help answer the question whether NGOs, such as the ones interviewed in this thesis, have the same perception on the right to health and nutrition as the communities they work with. Thus, it would be important to continue studying the different perceptions on health, with a special focus for the perception of patients.

Finally, as was stated before, I find the studies that have been done on social determinants to health most interesting. It is essential that we understand what a wide range of factors influence the actual outcome or people's health. Therefore, I believe it would be very interesting to continue to do more research on the influence of politics, and specifically political conflict, to health. This thesis has showed that the politicised and polarised situation of Chiapas, most definitely influences the outcome of health care. This study deliberated on people's perception of health care, but one could also look at what it means for results in people's health and well-being.

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Appendix 1: List of Respondents and Discussion Topics

Type	Respondent	Date	Main Topics of Discussion
NGOs	Organisation #5 -2 staff members	17-10-2009	<ul style="list-style-type: none"> - Organisation #5's programmes & vision - Oportunidades - Indigenous health & healing - Zapatismo - Government health
	Nutrition Workshop – various different NGOs from different parts of Mexico attended	24-25-26-November 2009	<ul style="list-style-type: none"> - Main nutrition problems - Right to food - Government programmes
	OMIECH – 3 staff members	12-1-2010	<ul style="list-style-type: none"> - OMIECH's programmes & vision - Indigenous health and culture - Government health programmes & culture - Women's health - Zapatistas - Programmes other NGOs
	Organisation #4 – 1 staff member	18-1-2010	<ul style="list-style-type: none"> - Organisation #4's programmes & vision - Zapatista health and culture - Government health programmes
	CCESC-DDS – 1 staff member	20-1-2009	<ul style="list-style-type: none"> - CCESC-DDS' programmes & vision - Government health programmes and institution - Right to health - Conflict and health
	Enlace – various members of staff (also from Ocosingo department)	Throughout September – January	<ul style="list-style-type: none"> - Enlace's programmes & vision - Government health and nutrition programmes - Rights to health and nutrition - Meaning of a rights-based approach
Patients			
	Community # 1 Zona Fronteriza – 2 inhabitants	15-10-2009	<ul style="list-style-type: none"> - Natural medicine - Vision on government health care - Zapatismo
	Community #1 Las Margaritas – 7 patients and inhabitants	19-1-2010	<ul style="list-style-type: none"> - Health before and now - Government health care - Quality of care - Natural medicine - Politics and health
	Altamirano – 1 long interview, 6 short	20-1-2010	<ul style="list-style-type: none"> - Difference between IMMS-Oportunidades hospital and San Carlos hospital in Altamirano - Zapatista health care - Conflict in health (system)

			- Government programmes
	Community #2 Las Margaritas – 12 patients	21-1-2010	<ul style="list-style-type: none"> - Oportunidades programme - Health care before and now - Types of health care - Politics and health
	Community #2 Zona Fronteriza – 6 patients	27-1-2010	<ul style="list-style-type: none"> - Oportunidades programme - Government health care in general - SSA versus IMSS - Health before and now
	Community # 3 Las Margaritas – 4 inhabitants	29-1-2010	<ul style="list-style-type: none"> - Politics and health - Oportunidades - Natural medicine
Medical staff			
	Promotor de salud in community, Zona Fronteriza	19-11-2009	<ul style="list-style-type: none"> - Health facilities in community - Main health issues - Perception of health - Traditional medicine
	Social worker IMSS-Oportunidades hospital	20-10-2009	<ul style="list-style-type: none"> - Zapatistas and health - Perceptions on health - Right to health
	General practitioner 'sympathetic' clinic	25-11-2009	<ul style="list-style-type: none"> - Zapatistas - Government health system and care - Politics and health
	2 promotores de salud, working in Zapatista clinics	25-11-2009	<ul style="list-style-type: none"> - Zapatista view on health - Government health - Health and politics
	Health worker 'sympathetic' hospital	27-11-2009	<ul style="list-style-type: none"> - Right to health - Indigenous health - Health and politics
	Private medical doctor, had experience of working in communities	30-11-2009	<ul style="list-style-type: none"> - Government care versus private care - Different visions on health - Politics and health - Perception on health
	Medical doctor in residence	19-1-2010	<ul style="list-style-type: none"> - Perception of work in community - Diverging views on health
	2 Health workers in community, Las Margaritas area	19-1-2010	<ul style="list-style-type: none"> - Government health care and programmes - Politics and health - Religion - Nutrition
	Health worker 'sympathetic' hospital	22-1-2010	<ul style="list-style-type: none"> - Culture or health (care) - Government health care and programmes - Politics and health
	Psychiatrist, community clinic Zona Fronteriza	27-1-2010	<ul style="list-style-type: none"> - Difference between IMMS and SSA - Diverging visions on health - Main health problems in area
	Medical specialist	27-1-2010	<ul style="list-style-type: none"> - Difference patients community and

	Hospital General Comitán		city - Government health care and problems in health care
	Social worker, hospital	27-1-2010	- Patients view on health - Government health care and programmes - Traditional medicine

Appendix 2: The Right to Food in International Treaties

- **The International Covenant on Economic, Social and Cultural Rights**

The following articles in the International Covenant on Economic, Social and Cultural Rights directly refer to nutrition and health:

Article 11

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent.

2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed:

(a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;

(b) Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.⁴²

- *In 1999 a General Comment was added to article 11 of the International Covenant on Economic, Social and Cultural Rights, by the Committee on Economic, Social and Cultural Rights, stating that the Right to*

The availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture;

The accessibility of such food in ways that are sustainable and that do not interfere with the enjoyment of other human rights.

9. *Dietary needs* implies that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance, and physical activity that are in compliance with human physiological needs at all stages throughout the life cycle and according to gender and occupation. Measures may therefore need to be taken to maintain, adapt or strengthen dietary diversity and appropriate consumption and feeding patterns, including breast-feeding, while ensuring that changes in availability and access to food supply as a minimum do not negatively affect dietary composition and intake.

10. *Free from adverse substances* sets requirements for food safety and for a range of protective measures by both public and private means to prevent contamination of foodstuffs through adulteration and/or through bad environmental hygiene or inappropriate handling at different stages throughout the food chain; care must also be taken to identify and avoid or destroy naturally occurring toxins.

⁴² Source: Office of the United Nations High Commissioner for Human Rights, 'International Covenant on Economic, Social and Cultural Rights', <http://www2.ohchr.org/english/law/cescr.htm>, viewed: 17-10-2010.

11. *Cultural or consumer acceptability* implies the need also to take into account, as far as possible, perceived non nutrient-based values attached to food and food consumption and informed consumer concerns regarding the nature of accessible food supplies.

12. *Availability* refers to the possibilities either for feeding oneself directly from productive land or other natural resources, or for well functioning distribution, processing and market systems that can move food from the site of production to where it is needed in accordance with demand.

13. *Accessibility* encompasses both economic and physical accessibility:

Economic accessibility implies that personal or household financial costs associated with the acquisition of food for an adequate diet should be at a level such that the attainment and satisfaction of other basic needs are not threatened or compromised. Economic accessibility applies to any acquisition pattern or entitlement through which people procure their food and is a measure of the extent to which it is satisfactory for the enjoyment of the right to adequate food. Socially vulnerable groups such as landless persons and other particularly impoverished segments of the population may need attention through special programmes.

Physical accessibility implies that adequate food must be accessible to everyone, including physically vulnerable individuals, such as infants and young children, elderly people, the physically disabled, the terminally ill and persons with persistent medical problems, including the mentally ill. Victims of natural disasters, people living in disaster-prone areas and other specially disadvantaged groups may need special attention and sometimes priority consideration with respect to accessibility of food. A particular vulnerability is that of many indigenous population groups whose access to their ancestral lands may be threatened.⁴³

- **The rights under the Convention on the Rights of the Child**

The following articles in the rights of the child directly refer to nutrition and health:

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.⁴⁴

⁴³ Source: United Nations Economic and Social Council, 'The right to adequate food (Art.11) : . 12-05-1999. E/C.12/1999/5', General Comments, <http://www.unhchr.ch/tbs/doc.nsf/0/3d02758c707031d58025677f003b73b9?Opendocument>, viewed: 17-10-2010.

⁴⁴ Source: UNICEF, 'Fact Sheet: A summary of the rights under the Convention on the Rights of the Child', http://www.unicef.org/crc/files/Rights_overview.pdf, viewed: 17-10-2010.

Resumen⁴⁵

Desde hace aproximadamente quince años, *enfoques basados en los derechos humanos* se han convertido en enfoques muy populares para organizaciones destinadas al desarrollo. Un enfoque basado en los derechos es un método que usa los derechos humanos, los documentados en el derecho internacional de los derechos humanos, para el fundamento de los programas de desarrollo. Aunque antes, organizaciones de desarrollo se separaron de las organizaciones que trabajaban para mejorar la situación de derechos humanos, ahora parece que éstas también necesitan un enfoque de derechos para eliminar y luchar contra las desigualdades que provocan las malas situaciones de muchas personas en regiones subdesarrolladas. Lo importante de este enfoque en trabajo de desarrollo, es que cuando se refieren a los derechos humanos significa que un gobierno (u otro organismo del poder) tiene la *obligación*, no solo el objetivo, de cumplir lo prometido? En el caso de la salud por ejemplo, el derecho a la salud dice que todos tienen el derecho a tener una buena salud. Una organización trabajando con un enfoque basado en los derechos puede usar este documento legal e internacional, para sostener su órgano de gobierno responsable. Sin embargo, todavía hay mucha discusión entre académicos y organizaciones de desarrollo, sobre el funcionamiento y consecuencias de este enfoque. Algunos dicen que el enfoque es solo un “nuevo paquete de viejas ideas”, para otros el enfoque, significa un mejoramiento de los programas de los organizaciones de desarrollo. La realidad es que muchas organizaciones, desde organizaciones no-gubernamentales (ONG’s), hasta ministerios de desarrollo y organizaciones internacionales como el Banco Mundial, usan estos enfoques.

En la situación de Chiapas, México, también hay muchas organizaciones civiles que usan los derechos para implementar sus programas de salud y nutrición. Además, el gobierno, en su programa de Oportunidades (un programa de salud para los más necesitados), usa la terminología de derechos. Cabe aclarar también que la situación en Chiapas es de conflicto y politización, desde la revolución de las Zapatistas en 1994. En esta situación la prestación de servicios como salud o nutrición, es algo que no se percibe políticamente neutral. Por ejemplo en Chiapas, muchos pacientes y ONG’s perciben el sistema de salud del gobierno, como un sistema de discriminación, usado para dividir las comunidades y usado para la legitimación del gobierno. La cuestión central de esta tesis es: *¿Cuál es el papel de los enfoques basados en los derechos para la prestación de servicios y programas de desarrollo gubernamentales y no gubernamentales, en una situación de (post)conflicto en cual la prestación de servicios no es políticamente neutral?* Y por eso, pregunto:

- ¿Cómo percibe la sociedad civil los programas de salud del gobierno?
- ¿Qué dice esto sobre el uso del enfoque basado en los derechos por el gobierno?
- ¿De qué manera politizan los ONG’s sus programas?
- ¿Cómo se usan los enfoques basados en los derechos?

La investigación de la presente tesis está basada en entrevistas con seis ONG’s en Comitán de Domínguez y San Cristóbal de Las Casas en Chiapas, trabajadores de diferentes formas de salud (gubernamental, privado y de los Zapatistas) y habitantes de seis comunidades en la Zona de Las Margaritas y la Fronteriza en el sur de Chiapas, sobre sus experiencias con los sistemas de salud. También trata sobre diferentes discusiones en la literatura relacionada a enfoques basados en los

⁴⁵ Este resumen se destina a ayudarle rápidamente entender el tesis. Si usted desea un informe más detallado, por favor póngase en contacto con la autora: j.mccall@student.ru.nl.

derechos. Dos capítulos cubren estudios de casos. El primero es sobre un programa de salud del gobierno, Oportunidades, y su recepción en la sociedad civil y comunidades en Chiapas. El otro es sobre el estudio del caso de una organización civil, Enlace Comunicación y Capacitación, y su proyecto de nutrición que está basado en derechos humanos.

Capítulo dos, trata las discusiones en la literatura académica sobre enfoques basados en los derechos. Parece que hay diferentes maneras de interpretar y usar un enfoque basado en los derechos. Una organización como el Banco Mundial tiene proyectos totalmente diferentes a una ONG trabajando por los derechos de indígenas en la selva de Chiapas, pero ambos hacen referencia a los derechos humanos por subrayar sus proyectos. Por eso, llega una nueva pregunta, ¿Cuáles son las diferentes percepciones que existen, sobre el derecho a la salud y la nutrición? También, existen muchas opiniones diferentes sobre el papel de los enfoques basados en los derechos, como enfoque político. Algunos autores destacan que el enfoque tiene la capacidad de cambiar al sistema neoliberal y la forma de desarrollo del sistema. Además, un autor argumenta que el enfoque basado en los derechos puede ayudar a organizaciones civiles que están trabajando en situaciones muy politizadas.⁴⁶ La cuestión es si enfoques basados en los derechos son útiles para una organización como Enlace en el contexto de (post)conflicto y politización de Chiapas.

Capítulo tres, discute el programa de Oportunidades y otros servicios de salud relevantes, del gobierno. En el programa, el gobierno usa derechos como finalidad de su programa. Sin embargo, los resultados del trabajo de campo, muestran que el programa y el sistema de salud están politizados en diferentes maneras. Primero, hay muchas cosas ‘técnicas’, como lo son la falta de médicos y medicinas, o la mala educación de los médicos sobre la cultura indígena, lo que causa mucho frustración a los pacientes y organizaciones trabajando en el campo de salud. Segundo, se encuentra que la percepción es que el sistema es muy politizado en cinco formas diferentes. El sistema de salud: esta fragmentando las comunidades; tiene discriminación política y cultural contra las pacientes indígenas y Zapatistas; está siendo usado para legitimación del gobierno y para el control de la población; y, políticos individuales usan salud para su propia campaña. La cuestión es, ¿qué dice esto sobre el uso de enfoques basados en los derechos? Parece que la idea de que el enfoque basado en los derechos humanos sea algo neutral no funciona en esta situación. La verdad es que existe demasiada desconfianza y frustración con el gobierno, entonces un enfoque que está basado en los derechos, tampoco ayuda el gobierno en la percepción de la gente en Chiapas sobre su sistema de salud y intenciones de desarrollo. Necesitamos preguntar, ¿si existe tanta controversia sobre el gobierno, debe éste ser la institución de prestación de los servicios?

Capítulo cuatro, describe el programa de nutrición de Enlace. Para esta organización la situación de mala nutrición en Chiapas es causada, entre otros, por la comercialización, las políticas neo-liberales y la mala distribución de la tierra. En su programa de nutrición, Enlace se refiere mucho a los derechos a la salud y nutrición, e introduce la idea de ‘soberanía alimentaria’. Con estas referencias, Enlace puede vincular varias causas diferentes las cuales son importantes para la organización, como cuestiones de tierra y la soberanía de comunidades, y argumentar que forman parte del derecho a la

⁴⁶ El ejemplo que da el autor, es el contexto de organizaciones civiles trabajando en Afganistán, donde los corredores de poder están luchando “la guerra contra terror”, cual es muy politizado. La argumentación de este autor es que en este contexto las organizaciones civiles no pueden ser neutral, y entonces por ejercer sus proyectos bien, necesitan la estructura de derechos.

salud y nutrición. Entonces Enlace puede usar un enfoque basado en los derechos para vincular muchas diferentes causas políticas.

Capítulo cinco, trata las conclusiones. Los estudios han demostrado que enfoques basados en los derechos no funcionan de la misma manera en los distintos casos, ni siquiera como un buen enfoque para contribuir con el desarrollo a raíz de lo vivenciado en Chiapas, que es una situación de post-conflicto. Cuando el gobierno usaba un enfoque basado en los derechos, en el programa de Oportunidades, la sociedad civil y las comunidades no percibían el programa como algo neutral, sino como una forma de política del gobierno que no necesariamente apoyaba los derechos humanos de la gente. El otro caso, Enlace, ha demostrado que el enfoque puede ser útil para la organización porque puede vincular varias causas políticas con el derecho a la salud y nutrición. Pero, también las ideas e ideologías en la situación de Chiapas, parecen más politizadas, porque no existe un consenso sobre las maneras de desarrollar. Existe la posibilidad de que otros vean el enfoque como un instrumento político, más que como una forma de desarrollo neutral. ¿Qué significa esto? Significa que enfoques basados en los derechos pueden ser muy útiles, pero por otro lado, diferentes partidos y organizaciones pueden usarlos como quieren. Entonces, aunque los enfoques basados en los derechos son muy populares ahora en el mundo de trabajo de desarrollo, tenemos que tener cuidado en pensar que los enfoques basados en los derechos son una estrategia que siempre escucha los deseos y la voz de la gente más necesitada, tampoco pensarlos como una estrategia que puede cambiar la situación siempre. Tenemos que ser conscientes de la manera en cual las organizaciones o gobiernos entienden los derechos, cómo utilizan este enfoque y con qué ideas o ideologías están trabajando. Aunque 'derechos humanos' sean los mismos en todo el mundo, la manera y objetivos de cumplirlos cambia mucho entre organizaciones.