

Construction of Citizenships in Health and Development of Capacities for Workers Community of Health in the Territories of the Zones and Veredales Points of Transition and Normalization¹

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Presentation

During the years 2015 and 2016, by means of an agreement between the Pontificia Universidad Javeriana and the Universidad Nacional de Colombia, and in conjunction with the University of Antioquia and the University College of Cundinamarca, the case study of Colombia was developed. research project of the Movement for the Health of the Peoples (MSP) "Contribution of Civil Society to the Achievement of Health for All".

The present proposal is presented within the second phase of this project. It is aimed at making a specific contribution from academia and from the MSP to strengthening the processes of building citizenship in health, social organization and mobilization pair to improve enforcement and guaranteeing the right to health in rural areas. It includes a methodological perspective of popular education through Permanent Encounters for the collective development of capacities among community health workers and the participatory construction of the living conditions of the communities. Search contribute to the achievement of a stable and lasting peace from health, with democracy and social justice, in the process of implementing the Final Peace Agreement signed in late 2016 between the government of Colombia and the Revolutionary Armed Forces of Colombia - People 's Army (FARC-EP).

Background

The present proposal of Encuentros Permanentes for collective capacity building as background has three important elements:

First, the findings of the research project implementation MSP (2015 -2016) "*Civil Society contribution to achieving Health for All*" in which it was found that

" In the ethnic and peasant processes there is a strong emphasis on the collective construction of territorial work plans, as demands that demarcate some routes to materialize their conception of identity, territory, autonomy and health, finally in a proper model of life".

1. March 2017

In the case study on the Association of Indigenous Councils of Northern Cauca (ACIN) "Contributions of the indigenous movement of North Cauca to the construction of health for all. A look from the traditional authorities and the dynamics of the health tissue of the ACIN", it was found that

"The forms of indigenous resistance promote participatory democracy for the construction of municipal" life plans "that, in addition to supporting the enforceability of rights and the political struggle for the territory, pose a specific conception of health and collective rights".

In the case study "Health and life in the rural community of the Cimitarra River Valley" about the Campesino Association of the Cimitarra River Valley (ACVC) it was found that

"The generation of capacities has been related both to the formulation needs of their own development plans, such as that of the Peasant Reserve Zone, which proposes some axes for the development and financing of productive and social investment projects. infrastructure in response to the political persecution of the community and its leaders and the lack of assistance from the state, in a context of violence and extreme state repression in which they have had to live".

Likewise, in this case, the findings indicate that

"In health care, it is important to highlight that highlighting training in midwifery training, training of community health agents, management of malaria and leishmaniasis, and the generation of skills for popular primary health care. "

In other experiences analyzed by the MSP project in urban settings, such as the case of the Popular sculpture of health leaders "Collective construction of the right to health: an initiative of popular education", in addition to elements such as the previous ones, training and capacity building has been useful to promote among the communities the enforceability of the right to health, participation in public debates and in the construction of health plans and programs, as well as in the recognition of subordinate actors for change.

Secondly, it is known that the health personnel constituted by combatants of the FARC-EP in charge of medical activities in the war have a training resulting from the experience of the same, which has not been limited only to satisfy basic sanitary necessities of military character but that, given the precariousness of the health system to serve the population in the rural territories in which they have acted, they have had to assume responsibility for their health care.

The "physicians, dentists and military nurses" of the FARC- EP are, in most cases, rural people who were forced to respond by the circumstances of the war, from jungle folk medicine and from very basic training by personnel external professional, to the needs related to the aftermath of fighting, tropical diseases, common diseases and the daily emergencies of combatants and peasants, who have had to live for more than fifty years a social and armed conflict in the that the institutional medicine of the State has been used by the public force as a weapon of war, in violation of the international conventions on medical mission of international humanitarian law.

The journalistic chronicles of Alfredo Molano Jimeno (El Espectador October 23, 2016) [\[1\]](#) note that there was an important development of the FARC-EP's own health system from the health person trained by them, and from the mobile hospitals strategy developed.

"And this area developed so much in the Farc , that many commanders, think doctors, nurses and dentists, will be the spearhead of the reincorporation of the guerrillas to civil life once the Final Peace Agreement is broken. For the days when the Guerrilla Conference was held and the landing of the combatants to civilian life seemed to be a step away, the maximum commander of the Farc, Timoleón Jiménez, expressed it this way: "We are a revolutionary force, but also a working force that seeks to contribute to the development and welfare of the Colombian people".

"Here they treat us in our hospitals and infirmaries without any problem. They do not charge us for the medicine, they do not force us to make monthly contributions, the appointments do not take months. We have built an efficient State in the regions and something that cannot happen is that after having all the guarantees on issues such as health, we now have to resort to a corrupt and negligent EPS. That would not support it", reflects a commander who participated in the peace delegation of Havana.

The reality, however, is that once the peace agreements between the national government and the FARC-EP have been signed, and these are endorsed by the Congress of the Republic, the health care offered by the Colombian State to the guerrillas in process of reincorporation into civil life in 26 Transition and Normalization Veredales (ZVTN) it is based on the affiliation in the subsidized regime of the New EPS and in a contingency plan of attention in said ZVTN through a medical professional , a nursing assistant and a non-medicalized ambulance under the responsibility of the Ministry of Health and Social Protection through the public territorial health entities . Ministry's offer or not its not ensure the right to health in the context of transition, but excludes history and accumulated by the FARC-EP experience and rural communities to disregard their resources and systems own health, and has his back to the prospects of preparing the conditions for the implementation of the Plan National Rural Health Program as a result of the peace agreements.

Third, point 1 of the final peace agreement between the government and the FARC- EP on Integral Rural Reform seeks to create the conditions to transform the field in a structural way, including those related to the well-being and good living of the rural population. Ensuring the eradication of poverty, inequality and guaranteeing the enjoyment of citizenship rights. This logic includes the development of national plans for comprehensive rural reform, including those related to social development, including health.

The health plan proposes:

"To surround the offer of health services to communities - children, women, men, people with ethnic origin, people with sexual orientation and diverse gender identity and disabled status - to strengthen the infrastructure and the quality of the public network in rural areas and improve the timeliness and relevance of service provision ... " It also promises that " the National Rural Health Plan will be

created and implemented " and that "For the development of the Plan, the following criteria will be taken into account :

- *The construction and improvement of the infrastructure based on a broad and participatory diagnosis that allows serving the largest number of users in each region, the provision of equipment, including the adoption of new technologies to improve care (eg Telemedicine)), and the availability and permanence of qualified personnel.*
- *The adoption of a differential and gender approach, which takes into account the health requirements for women according to their life cycle, including measures on sexual and reproductive health, psychosocial care and special measures for pregnant women and children and girls, in prevention, promotion and health care.*
- *The creation of a special model of public health for dispersed rural areas, with emphasis on prevention, that allows providing care in homes or workplaces.*
- *A permanent monitoring and evaluation system to guarantee the quality and timeliness of care ".*

Justification

The construction and development facilitating collective capacity ran Permanent Meetings of veterans community workers and peasants, indigenous and African descent in rural areas, as part of the contribution of civil society to achieve health for all health, is part of the process and support the immediate attention of health needs of members of the FARC - EP in the process of reintegration into civilian life and s rural communities surrounding the Veredales Transition Zones and Standards (ZVTN) and Transient Normalization Points (PTN). The meetings they are a contribution to the preparation of these communities to take into their hands the process of implementation of peace agreements in the component related to the National Rural Health Plan of the Integral Rural Reform point.

Support for immediate attention through community health workers seeks, through primary health care processes, to rescue the knowledge and practices accumulated by these communities in a perspective of autonomy, sovereignty, gender focus and relationship. intercultural, with dos great sources of knowledge and practices in health and disease: on the one hand, alternative medicines and traditional medicines such as homeopathy, Chinese medicine and ayurveda (among others); and on the other hand, hegemonic western medical knowledge promoted by the official health system. Hence the link between knowledge and practice requires participatory organization of rural health system responsive to the health needs of communities, universal, accessible and usable in a fair, comprehensive and intercultural both the mod form or attention as in the action on the social determinants of inequities in health.

It is known that community health workers are social agents with an important potential to improve health standards and reduce inequalities in health care, as long as they have processes training support, assistance and institutional support and communities those that come. These are agents that come directly to the problems experienced by social groups, so they should be considered as people who acquire a deep, real and concrete knowledge of

health problems and can play a strategic and creative role in the construction of alternatives to the social injustices that manifest themselves in diseases, the socio- environmental conditions in the territories and other individual and collective problems.

In this sense, it is to help build and develop collective capacities between and communities through community health workers to undertake the dynamics of peasant struggles, Afro-descendants and indigenous to guarantee, if necessary, popular and proper forms of health care adapted to their needs and customs, or the claim of autonomy of the ethnic and peasant communities, the creation of their own, social, environmental, cultural and territorial conditions for health and food sovereignty and nutritional security.

In accordance with the need to contribute to the understanding and development of alternatives that arise from the empowerment of communities in health matters, and for the construction of a care model more in line with the needs of rural populations, it is necessary to development of a training plan and collective capacity building supported by popular education and the exchange of knowledge to recognize the knowledge of the communities and train community health workers to contribute to give solution to current problems, to put into discussion the dominant current system and to mobilize and strengthen proposals aimed at new forms of autonomous and more efficient construction for the achievement of health as a fundamental right. It is intended that this be a comprehensive exercise involving input from various interdisciplinary and trans disciplinary approaches regarding the health disease process, the right to health and of social determination.

It is expected that the above allows the impuls ar Attention Elementary P S avalanche co mo one to strategy that contributes to Comprehensive Rural Reform, go to expand the horizons of transformation of society towards overcoming structural violence and paradigms predatory, corrupt, oppressive and unjust, and to leave behind the primacy of interest to individual on the general, the collectivity and nature, which characterize the capitalist system. A broad process of health promotion, disease prevention, harm treatment and rehabilitation is required, anchored in addressing specific problems and the recognition of community actors as key managers with a political vision of the creation of new realities, with a sense of rehumanization and healing of the historical wounds of the armed conflict, and a clear clarity that greater equity, justice and democratic participation are indispensable for a sustainable peace.

Objective

Facilitate the construction and development process collective capabilities T he community health workers who historically has been acting n health personnel as war in the FARC-EP, and is now in the process of reintegration into civilian life in the 26 Zones and veredales transition points and Standardization (ZVTN and PTN) Y of the community health workers from the peasant, afro-descendant and indigenous communities surrounding the ZVTN and PTN of the territories that have lived and suffered the historical social and armed conflict, for the enforceability and guarantee of the right to health.

Specific objectives

- Perform diagnostics participatory health, including economic, social, organizational and institutional characterization, from the different actors in the communities located in the ZVTN and PTN and in communities near these areas, obtaining evidence to organize in the field of health the territory of face the implementation of the agreements and for the construction of a dignified life and without war.
- Develop educational tools and a process of capacity building through popular education, enabling them to peasant communities, indigenous and black promote its organizational strengthening and the constitutional requirement of territorial, collective and environmental rights in relation to social determination in health.
- Design training and qualification plans for community health workers in the 26 ZVTN and PTN and edañas communities , through co-construction processes in areas of legal, environmental, social, cultural and epidemiological knowledge in the framework of health as a right fundamental.
- Develop jointly with the community is the design and management of policies, plans, programs and community projects of primary health care, by recognizing the characteristics of territories and strategic planning, diversifying scenarios involving communities in construction of peace territories.
- Design and implement pilot exercises in interdisciplinary health care, training of community managers in health and strengthening of organizations for the enforceability of the fundamental right to a dignified life and health , evaluating and adjusting the proposal made in the project according to the experiences popular
- Document and make visible the territorial conflicts and their relationship with health, as well as the proposals made by the peasant, indigenous and Afro communities regarding their solution, exercising a consultancy and support function for the implementation of these proposals.
- Strengthen the formation of health committees linked to UNTAS Day of Action Comunal (JAC) to include in their plans alliances work, sustainability and evaluation for operation at medium and long term proposals empowerment in health and the dynamism of social mobilization processes.

Purposes

The construction and development Collective of capacities that will facilitate the meetings seeks to contribute to improving the comprehensive health care of ex-combatants and rural communities in general, and to promote that these communities can influence the processes of formulating public policies, plans and health projects rural areas that should be developed as a consequence of the implementation of the Integral Rural Reform point included in the peace agreement between the national government and the FARC- EP.

It will act in the direction that community workers veterans health and rural communities contribute to building a collective will, a conception and an alternative, independent and sovereign practice on the health of rural communities s, Afro-descendants and indigenous

they belong to enable effective participation of the same s in the dynamics of identification ng health needs, prioritization, formulation and implementation of social and institutional responses organized towards achieving the right to health.

Through the Meetings Permanents and seek to create a platform to assess the concrete realities of health as a starting point for communities to resume their own popular and ancestral knowledge and other knowledge on strengthening health, prevention and disease management, with alternative sources to the health system led by allopathic medicine and the pharmaceutical industry, proposing a critical approach to the model of capitalist industrialism. It is to recognize that this model negatively affects the health of human beings from the mass consumption of products with high levels of toxicity; and of I a health of the planet in general through its productive processes (destruction of natural habitats, air pollution, water and soil pollution and inadequate management of solid waste, among others). In this perspective we will seek to advance in a new way of assuming allopathic medicine, which does not exclude it but includes it in an intercultural dimension and of less dominance.

Contact and articulation will be managed with governments, institutions and national and international networks that address health using knowledge and technologies from different cultures and traditions, under new perspectives such as functional and integrative medicine, among others, as well as production proposals, distribution and promotion of the consumption of healthy food free of pesticides, solidarity economy and environmental balance , present in movements such as peoples in transition, permaculture, alternative energies and innovative industrial design systems, among others.

Components, phases and contents of the workshop

The following components, phases and contents will be discussed with each population group in the ZVTN and PTN with the different working groups that promote The meetings, building action plans that prioritize the themes, tools and techniques that will be deepened as part of the ongoing process of collective capacity building and development from the Meetings according to the needs and expectations of each area, given the diversity of its characteristics, and the experience that accumulates as work progresses.

In this sense, it will be sought that the whole process is implemented and is consistent with the principles and methodologies proposed by popular education and Participatory Action Research (IAP), and therefore the issues will not be considered a force shirt but inputs that can contribute to empowerment processes according to the criteria agreed with the participants.

Components of the meetings

- Participatory recognition of the specific and current problems of the health communities, how they are evolving and their projections, with a practical look at what is being perceived as felt needs and that require continuous attention.

- Identification, systematization and valorization of popular knowledge, peasants, indigenous and African descent health, which are part of the drug war had been practiced and has a major power as collective proposals in the transition to civilian life in perspective of a new health model, alternative to the official, for rural communities.
- Training on the contents of the integral rural reform proposed in the peace agreements with emphasis on aspects related to the creation of conditions for well-being, good living and health.
- Tools for community work in response to basic health needs of rural communities from a participatory, intercultural and gender perspective.
- Strengthening leadership in participation, organization and mobilization of peasant communities towards the enforceability of the right to health.
- Capacity building, from a critical perspective to the analysis of politics and the country's health system, including the Policy of Comprehensive Health Care (PAIS) and the Model of Integrated Health Care (MIAS), its possibilities, difficulties and limitations to guarantee the right to health of rural communities.
- Qualification of the promoters of health in the fundamental right to health, compliance with peace agreements, political participation and human rights through legal, social and cultural perspectives and tools.

The next construction process and collective capacity to run combines efforts with governments, institutions and national and international networks.

Phases of the meetings

Encounters looking to be a permanent instrument or to be developed in several phases:

- In the short term, the prospect of contributing to meet the needs of health care in the 26 ZVTN and skills training for the organization and mobilization of communities and strengthening and retention of health devices deployed in the ZVTN.
- In the medium term, towards creating the conditions for participation and qualified organization of rural communities for the right to health in implementing the Plan National Health Rural derived from peace agreements between the FARC-EP and national government and participation in health issues in the current peace dialogues between the National Liberation Army (ELN) and the national government.
- In the long term, in the creation of conditions for the change of The policy and model of health care in rural areas, based on changes in the country's health policy and system.

Contents

The following contents, according to the above - defined components, are a preliminary version of identification and grouping of issues that are considered relevant and strategic for meetings, and offered as a general guide unfinished in which you can insert the initiatives and work of the different groups that are linked to the encounters in its first phase. It is

expected to continue discussing them, deepening them and adjusting them in the process of meetings for the ZVTN and PTN, with the intention of having a corpus of concepts, methods and structured tools that can be put into practice in the following phases of the Meetings Permanentes, in dialogue, reflection and prioritization with facilitators or facilitators, group of community health workers and communities involved.

At least 4 lines of work are contemplated:

- First, to learn how to buy der health from social and cultural perspectives that expand conventional epidemiological conception;
- Second, to problematize the current health system and rethink what and rethink within the framework of political opportunity is of implementing the National and Rural Health Plan;
- Third, to establish the relationship community - environment - state - society, ensuring other conditions of good living for the populations;
- Fourth, to guarantee the systematization of the experience in an audiovisual, written and co-constructed way with the project participants.

The lines of work will be based on the following contents of the meetings that can be developed according to the specific health situation of the communities on the sidewalks and the possibilities of the teams of facilitators:

1. Systems, knowledge and health practices themselves

- Knowledge, technologies and daily practices of health care framed in popular culture and the experience lived during the war
- Visions of the body, its discomforts and ways of attending to it, in the perspective of the empowerment of people and communities
- Strengthening networks of popular health agents, such as health promoters, shamans, healers and other health human resources
- Medicinal gardens

2. Pedagogical knowledge and community work

- Perspective of women, gender and interculturality in health
- Participatory planning
- Use of interactive techniques of social research such as corporal cartography and social cartography.
- Construction and project management with a territorial approach
- Communication and micro media
- Elements of popular pedagogy
- Preparation of meetings and minutes
- Leadership and conflict management
- Cultural practices for the strengthening and reconstruction of the social and community fabric.
- Forms and mechanisms for participation and enforceability of the right to health.
- Early warning of violations of human rights and international humanitarian law.

3. Productive and food revolution

- Promotion of the diversification of food production with a solidarity economy approach
- Food production and distribution networks that favor small and medium producers, with fairer access and exchange dynamics.
- Agro - ecological production and substitution of agrottoxics, with a solidarity economy approach
- Generation of an organic food base initially for self-consumption and secondly as a productive project, promoting producer-consumer networks
- Transformation of eating habits from the recognition of health problems associated with chemical synthesis products (preservatives, artificial colors and flavors), gluten and refined sugar, among others
- Promotion of the production and consumption of accessible superfoods (guanábana, avocado, moringa, guatila , balú , bore and others)
- Germinates, ferments and fungi for human consumption with high nutritional and medicinal benefits
- Milk transformation taking up the tradition: benefits of raw milk under safe conditions and cold chain vs. Damages of pasteurized milk (even boiled)
- Development of cartography and food memory activities with the aim of rescuing and conserving ancestral practices and knowledge typical of the culture and that concern some of the aspects of the food sovereignty of the communities.
- Practices of conservation, protection and rescue of ancestral seeds through seed banks
- Construction of prototypes and efficient models of water purification, harmlessness and disposal of polluting waste, as well as for the conservation and storage of food.

4. Mind, meditation and other alternative trends for health promotion

- Recognition of the power of the mind , focused through harmonization processes, from the individual to the collective and vice versa, from the individual and the collective to nature and productive and consumer activities, to promote wellness, health and the resolution of conflicts
- Meditation techniques
- Body exercises
- Collisions Cultural and Artistic or s in managing therapeutic body and mind
- Techniques of movement and emotional energy processing, with emphasis on the careful treatment of the aftermath of the experiences of the war
- Approach of spiritual and religious tendencies, with a respectful and universalist approach, which are key in the construction of life senses and processing of experiences

5. Technical knowledge to operate primary care, in the following aspects:

- Socioeconomic and sociodemographic characterization of territories
- Rapid diagnosis of health situation
- Sampling for basic laboratory diagnostics

- First aid
- Immunization
- Simple symptomatic treatment of diseases
- Basic sanitation and management of epidemic outbreaks
- Food safety
- Maternal and child health
- Mental and psychosocial health
- Occupational health
- Sexual and reproductive health
- Oral health
- School health
- Assistance in natural disasters

6. Knowledge of the health system, critical positioning and projection of alternatives

- Introduction to Primary Health Care
- Introduction to the social determination of health
- The right to health as a fundamental human right
- Education for health from a critical perspective
- The current health model and its limitations to reduce inequities in health and to guarantee the right to health in rural territories
- Bases for a new model of health and social security for rurality
- Decent and decent work policies
- Inclusion of indigenous, peasant and afro-descendant populations in integral social security.

7. Integral rural reform, health and social security

- Assumptions and general content of the reform
- Territories, territoriality, territorialization
- Development plans with territorial approach
- National plans for rural development
- National rural health plan
- Social security in health, labor risks, pensions
- Implications for the implementation of the national rural health plan and work plan

Development will meet for ZVTN and PTN

The biggest challenge lies in building a proposed meeting that is relevant, timely, flexible, and suited to the needs, feelings and face c various character- communities in ZVTN and PTN, for which a dynamic involving required different knowledge and experiences, but also creatively is assumed by facilitators or enablers according to their ability, skills and abilities, the challenges arising from the current state of implementation of the agreements.

To make it viable to this construction, then an initial proposal arises and generally of methodology, as an exercise from which the basis for generated discussion, both participants and with the teams of driving forces that will n the front design and

implementation of los Encuentros, made up of students and teachers from Javeriana University, National, Antioquia, among other universities, students, professionals and social organizations that are linked to the process.

A methodological concern is to achieve the permanence and sustainability over time of the participants in the meetings that the project promotes as drivers, facilitators or facilitators. We recognize that many participants will be transiently linked to this process. However, we will seek permanence and stability through and institutional linkages and of the organizations or social groups, whose stability, growth and qualification would guarantee this challenge. We also aim for community workers, once trained and trained, to become multipliers and benchmarks of the work teams in the territories as agents of the communities. Likewise, it will be required, on the part of the facilitators, of the appropriation of the ethical and political sense of a liberating education, which will imply individual transformations mediated by collective constructions.

Methodology

Within the overall process, methodology is very important because it is the place que purposes are DEVELOPS ndose progressively, in the which means that each time requires preparation, adjusted to the conditions of the participants and of social reality. That is to say, it is not only a question of developing meetings successfully, but of giving the process a profoundly transforming and empowering meaning, which implies the possibility of joint construction.

In this regard, the meetings is viewed as an approach critical where knowledge is addressed as tool construction of power through experience and is strengthened by specific training with a target emancipatorio . Hac en explicit character revolutionary approach los health-disease processes with cibiendo health politically and opening the opportunity to generate debate ethico political which constitute the basis for the technical contents to be reviewed and deepened as necessary, based on those political and ethical-political bases.

But how to achieve this? Latin America in its own epistemological advance has diversified the forms of collective and participatory construction. One of these proposals is Popular Education, which from its ideological and methodological conception is a form of "education that necessarily implies the organic synthesis of aspects of content and form (methodology), which also keep the necessary coherence with the objectives that They emerge from a conceptual definition, which places it as an educational practice permanently linked to the work of organized people and their objective conditions "(Carlos Nunez) [\[2\]](#).

That is to say, it is an exercise to recognize and concretize in each context, to construct creatively and opportunely new ways of understanding reality, but with rigor, among the participants, understood as transforming actors. In addition, "it can be applied in any place and with any sector, but always adapting its techniques to the particular context, taking into consideration the political-economic system and the dominant ideology, the language and culture of the people , as well as the specific contradictions of the moment. It is based on the fact that the way of life transforms the people who inhabit it and even condition their

way of thinking. But the challenge is that, by developing their role as historical actors, people acquire the skills to transform their environment "(Bustillos and Vargas, 1999).

According to the above, the methodology of popular education becomes a methodological exercise able to articulate the esfu erzos proposed in the project, d and recognition of the experiences of the actors, of collective construction professionals, members of the FARC - EP and the rural and urban communities, as well as in an instrument to procure the permanent organization in the territories and their national articulation, for the social mobilization for the achievement of the right to health. It will require, then, of a superior exercise of systematization of popular knowledge, of the multiple experiences of the participants, of understanding and improvement of the proposal made in the project from pilot exercise onwards, of the theoretical construction that emanates from there, for the advance scientific but above all political, in the construction of a stable and lasting peace.

The following describes the initial stage of methodological preparation and the projection of the methodology that will guide the operation as such of the groups.

Methodology of the first phase of los meetings

It will seek to have an initial moment of formalization and structuring of the project's program in its phase of enlistment, which includes constituting the driving and facilitating team composed of professors, members of the ZVTN and PTN participants in the teams involved in the volunteer brigades in the ZVTN and PTN ; to set up teams of facilitators in the ZVTN and PTN made up of volunteer students from universities, graduates, organizations or social collectives; conduct pilot tests in the different ZVTN through the volunteer teams of dynamizers . After the pilot tests have been carried out, a Workshop will be developed to structure the program in its different components and train the facilitators in the cross-cutting issues of the contents of the program; We will also promote a meeting of trainers with the aim of recognizing each other, strengthening ties and sharing ideas in the face of popular education, from there building together what could be a formative proposal of anemancipatory nature for the construction of a healthier and more peaceful society ; also, a workshop will be held to evaluate the process and its results.

E I team momentum will be responsible for performing the preparation of I will meet in their components, phases and content; act as a facilitator with groups of community health workers in ZVTN and PTN with teams of facilitators to take on in i own tiative work in terri t Orios ; guide the adjustment and systematization of experiences by the teams of facilitators ; and accompany the whole process of the meetings including the management before national and international solidarity networks, the official health system and other instances of the Colombian State. To adjust the content of the training program, collect experiences from the facilitators and to take into account the expectations of the community workers involved, at least four pilot tests will be carried out, which will be supported so that during these events the objectives of the meetings are guaranteed through the journeys health mobiles in the ZVTN and PTN.

The process formulation of the workplan generally contemplates four axes :

1. Design of implementation strategy consistent with the perspective of participatory construction of knowledge in rural collective health.
2. Collection of contents and tools that will be included in the thematic proposal that will be taken to the groups of community health agents.
3. Development of pilot days for the training of community health agents, in the context of the implementation of the agreements.
4. Conformation and training team interdisciplinary who will be in charge of the facilitation process, systematization and support.

Methodology the step of the meetings

From process initial enrolment, it deploys encounters as such groups with community health. Each group will be prioritized and organized topics, following an outline of key questions to structure the meetings from the following general questions:

- What problems we have, what is happening to them and where they are going processes?
- What "we", "we do" and "can do" now? (popular, peasant, indigenous and Afro-descendant issues)?
- What do we need to continue doing and improving?
- How can we get it?
- What other knowledge and "things" we need to improve ? (alternative perspectives such as functional and integrative medicine and changes in diet, promotional categories in public health , allopathic medicine)?
- What knowledge do we have about experiences that communities develop in the production, management and consumption of food?
- What knowledge and practices of alternative medicines are of interest to communities for the management of the mind and body?
- What other actions, from an intercultural, intersectoral and community perspective, can we deploy to impact the social determinants of health inequities in the territories?
- What skills, knowledge and experiences with the agents of the communities in community work, health care and defense of the rights of communities?
- What knowledge and concerns about the official health system and the guarantee of the right to health?
- What skills and knowledge with regard to their own health systems community and how important you see them in the territories?
- What is known about integral rural reform, the national plan for rural health and social security?
- Work plans, exercises, trials and training in specific health and wellness techniques, which are drawn from the above .

Schedule

a) Enlistment stage

- Constitution of teams of interdisciplinary facilitators
- Construction program
- Development of pilot days
- Adjust the program in accordance with the realities encountered in the pilot workshops in four veredales areas.

b) Operational Stage Formal implementación of meetings in ZVTN and PTN

c) Evaluation stage and presentation of results

Budget

Rubro		Value
Editorial review of the final report of the MSP Project Contribution of Civil Society to the Achievement of Health for All		7,000,000
Design and publication of an article (English translation) and a booklet of the Collective Action for the Right to Health at Work project		7,000,000
Construction of Citizenships in Health and Development of Capacities for Community Health Workers in the Territories of the Zones and Veredales Points of Transition and Normalization		
Program adjustment workshop , training of facilitators in cross-cutting issues and meeting with trainers	1 5 000,000	
Bank of aid material and systematization of the experience (guides , paper, gliders , markers , booklets and other pedagogical aids)	1 0 000,000	
Fieldwork of the teams involved in the testing s pilot (transport allowance)	1 7 .963.998,00	42,963,998.00
Total		56,963,998.00

NOTE: Develop an instrument about what we want the pilot workshops to do in 4 rural areas. The pilot workshops will be held in four selected villages with four stable teams. The primers must be developed and financed for the second phase.

References

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