

Ecuador: Addressing Ethnic Disparities in Social Service Provision¹

Context

1. Ecuador's social policy has been directly influenced by its political, social and economic history, which for almost a century has been characterized by political, socio-economic and institutional instability. In recent decades, a weak executive branch that struggles to appease the ruling classes, represented in the legislative and judiciary, has witnessed the emergence of an active constituency of indigenous populations, increasingly tired of government failures to deliver on promises of social services. In order to analyze current social policies in education and health and to acknowledge present and future challenges and possibilities, it is important to understand the different trends in social policy experienced in the country so far, and the ways in which they have tried to guarantee social rights.

2. One of the most important shifts in the social policy approach adopted in Ecuador followed the beginning of oil exploitation in the 1970s, when there was a financial bonanza and the consolidation of an economic model of import substitution. This model and period represented three significant changes for the design of social policies and access to public services: exponential urban growth, strengthening of a welfare state, and the implementation of universal social policies.

3. The centralist and authoritarian aspects of the import substitution model led to the expansion of the state bureaucracy and public institutions, with the social policies being controlled by sectoral ministers and a few municipal initiatives. Regarding health and education, the expansion of the state bureaucracy allowed for enhanced public coverage, and at the same time strengthened the negotiation capacity of social actors related to these sectors.

4. The number of affiliates associated to the Ecuadorian Institute for Social Security (*Instituto Ecuatoriano de Seguridad Social, IESS*) increased significantly in that period. New hospitals were built and new programs to combat diseases such as tuberculosis, cancer and malaria started to reach sectors of the population, who were excluded from the provision of such services until then. In the education sector, the government enhanced the number of teachers and classes, which led to an increase in enrollment registration and a decrease of illiteracy rates. Perhaps the most drastic change was the free access, with no restrictions, to public universities.

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5. In the mid-1980s a process of structural adjustment began. Adverse conditions in international oil markets and several natural disasters compromised the disbursement of resources, which revealed the fragile cyclical character of assistential and universal social policies. As a consequence, reforms started to be implemented in the social sector. Legal reforms were carried out to reduce the size of the state, in an attempt to make it more efficient and autonomous; “less state and more market” was the mote driving Latin American governments at that time.

6. In this context, a new approach to social policy was taken, focusing on targeted programs and safety nets to address residual elements of economic policy. At first, the state’s “implementing entities” were responsible for managing the social programs and projects. Later, these entities expanded their institutional character and became autonomous social programs.

7. The dispersion and decentralization of social programs had two positive effects: it led to a faster and more efficient management of resources, and promoted initial processes of decentralization towards local and regional administrations. On the other hand, it created and imbalance of wages and labor conditions between employees at traditional public institutions and those working at the new programs and projects. Targeting was also not always properly conducted, being often influenced by the unequal capacity of political power of local governments or electoral weight.

8. The coverage and quality of education and health services provided by the state was not compatible with the demand. As a consequence, citizens themselves started paying from their pockets to some medical appointments and exams, and parents started to recruit teachers and collect annual contributions from students to improve school infrastructure.

9. A corporatist model set the political background of the period, with different actors fighting to maintain privileged conditions. This resulted in a series of social conflicts, an economic crisis, and institutional instability. In the past thirteen years, Ecuador has been governed by nine presidents. Such discontinuity in governance strongly affected the attempts to consolidate structural reforms in the social sector.

10. Social movements started to mobilize against privatizations and budget restrictions in social spending. Long and constant strikes were promoted by education and health sector employees, demonstrating the gravity of the crisis that struck the country between 1994 and 2000. The attempt to reform the Social Security System, for example, which intended to promote the participation of the private sector, was dramatically rejected by the population.

11. The Constitution of 1997 introduced or deepened the state’s commitment to fulfilling economic, social and cultural rights by guaranteeing those that are part of the international treaties signed by Ecuador. Nevertheless, their implementation is dependent upon the reform or expedition of laws and regulations that in many cases have not been implemented until today.

12. The financial crisis and dolarization of the Ecuadorian economy, in 2000, had severe consequences and served as another turning point in the design of social policies. The national poverty rate went from 39.3 percent in 1995 to 52.2 percent in 1999, and a process of massive migration abroad started taking place.² Social policies were redirected towards addressing the consequences of the crisis on the most vulnerable segments of the population. The most important social programs implemented since 2000 aimed at guaranteeing access to financial resources and food for people in the lowest income quintiles.³

13. In the past five years, one of the most important debates in Ecuador regarding the social sector has been over the sources and allocation of resources to social policies. The budget planned for social policies in 2005 represented 5.7 percent of the country’s total GDP. Only 1.8 percent of GDP was allocated to basic education and 1.2 percent to the health sector. In contrast, more than 7 percent was directed to universal subsidies in electricity, gas, gasoline and diesel.

14. Based on a popular consultation conducted in 2006, the government approved that the education budget would increase of 0.5 percent of GDP every year until it reaches a proportion of 6 percent. The same consultation approved a mandatory increase of 0.5 percent of GDP for the health sector until the allocation reaches 4 percent. Even though the budgets for both health and education increased by 0.5 percent in 2007, the laws and regulations necessary to direct these resources to improve the quality of these services have not yet been consolidated.

15. The matrix below captures key elements of existing social guarantees and pre-guarantees in Ecuador, relating to education and health. The subsequent analysis explores how rights based norms and procedures have, or have not, been integrated into the delivery of social services in each of these areas in order to understand and respond to how the country is and is not effectively meeting its population’s social needs.

Sub-guarantees in Free Maternity Health Care and Intercultural Bilingual Education

Sub-Guarantees	Intercultural Bilingual Education	Free Maternity Health Care
Access		

² Between 1999 and 2003, 700.000 Ecuadorians, which represent 6% of the national population, left the country.

³ One of the aforementioned programs was the “Poverty Bonus”, later renamed “Human Development Bonus.” This program consists on the provision of cash transfers to mothers from the quintiles 1 and 2 that have children younger than 18, upon the conditions of school attendance and regular visits to health clinics.

<i>Are the beneficiaries and services clearly defined?</i>	Yes, for the entire program. Boys, girls and adolescents: 6-15 years old: elementary (1 year); primary (6 years); secondary (3 years), plus free textbooks and free school uniforms.	- Yes, for the entire program. Women have guaranteed access to services of sexual and reproductive health. Children younger than 5 have access to a set of health services. - There are 54 allowances, which include services during pregnancy, natal and post-natal care, family planning, detection of uterus and breast cancer, HIV-AIDS detection in pregnant women, etc. However, treatment of sexually transmitted diseases and some of the most common children pathologies, including those that need hospitalization, are excluded.
<i>Are there institutional procedures for monitoring access?</i>	Yes, through the National System of Nationalities and Peoples of Ecuador (<i>Sistema Nacional de las Nacionalidades y Pueblos del Ecuador</i> , SIDENPE). Access is still limited: elementary: (66 percent), primary (86 percent) and secondary (22 percent). Only 20 percent of the enrolled children finish primary education.	Yes. In 2002 the Ministry of Public Health implemented the Subsystem of Epidemiologic Vigilance and Investigation of Maternal Mortality (<i>Subsistema de Vigilancia Epidemiológica e Investigación de la Mortalidad Materna</i>) to distill information and favor an appropriate intervention. Access is low, especially in rural, indigenous and Afro-Ecuadorian areas.
<i>Are there legal or institutional mechanisms that ensure nondiscrimination in the access to services?</i>	The Ecuadorian state has the obligation to ensure ten years of basic education for every child. There is no specific mechanism to guarantee that basic education is mandatory or that coverage is universal.	In the area of sexual and reproductive health, the Ecuadorian state considers pregnancy as a public health issue and guarantees free and complete access to health services to pregnant women.
<i>Are services guaranteed for the amount of time needed?</i>	There are no mechanisms to ensure continuous provision. One in every five students that finish primary education does not continue to secondary school because of lack of financial resources.	There are no mechanisms to ensure continuous provision of the service. According to the 2006 'Life Conditions' poll, one in every three women between 15 and 45 years is not aware of the law of free maternity health care.
<i>Is there a maximum waiting period for receiving the service?</i>	No.	Immediate emergency services are guaranteed. Nevertheless, their provision depends on the capacity of the health center.
<i>If service is unavailable within this waiting period, what is a guaranteed alternative (in the same time period)?</i>	Does not exist.	Does not exist.
Financial Protection		

<i>Do beneficiaries need to contribute to the cost of service?</i>	No. Until April 2007 students had to pay a US\$ 25 annual enrollment fee. This measure has been abolished by the current government.	No. Nevertheless, according to the 2004 poll ENDEMAIN, 54 percent of women that received public health services during delivery had to pay for the services and for the medical supplies.
<i>Are services accessible to beneficiaries who cannot contribute to the cost?</i>	Access is limited due to related costs (such as transportation), lack of school infrastructure and, in some cases, the lack of resources to hire teachers.	Access is limited due to transportation costs. Especially in rural areas, health centers are far from the communities. In addition, protocols of attention proper to indigenous and Afro descendant's populations have not been incorporated.
<i>Is this information effectively communicated to the public?</i>	There is no regular system to provide information about education rights.	There is no regular information system to inform the population about their rights to free maternity services.
Quality		
<i>Are there clear quality standards?</i>	Yes. Quality standards (reading, writing and math) were defined in the Curricular Reform of 1996, but there is no system to ensure that the results are taken into account to improve services.	Yes, based on international standards.
<i>Are programs being evaluated on a regular basis?</i>	No. The <i>System of Intercultural and Bilingual Education</i> states that the program needs to be evaluated, and that a publication should inform the population about its results. However, because of lack of resources and consensus regarding the mechanisms of evaluation, the program has not been evaluated yet.	A questionnaire to measure users' satisfaction is applied in the health establishments. Nevertheless, this information has not been taken into account in national-level policies.
<i>Are the standards and evaluation results effectively communicated to the public?</i>	Without established mechanisms of evaluation it is not possible to communicate evaluation results to the public.	Despite the gathering of information, there is still no process of communicating them to the public.
Mechanisms of Redress		
<i>Are there mechanisms allowing citizens to claim adequate provision of the services guaranteed?</i>	<ul style="list-style-type: none"> - Ombudsman - Constitutional Tribunal: judicially it is possible to appeal for the protection Constitutional rights (article 95 of the Constitution) - Councils and Cantonal Boards for the Protection of Children and Adolescents' Rights (<i>Concejos y Juntas Cantonales de Protección de los Derechos de la Niñez y Adolescencia</i>). Created only in Quito and Cuenca - Community Councils of Defense 	<ul style="list-style-type: none"> - Ombudsman - Constitutional Tribunal: judicially it is possible to appeal for the protection of Constitutional rights (article 95 of the Constitution) - Provincial Health Councils - exist in 7 out of 22 provinces - Municipal Health Councils - exist in 67 out of 219 municipalities - Management Committees of Local Health Solidarity Funds (<i>Comités de Gestión de los Fondos Solidarios Locales de Salud</i>) - Free Maternity and Attention to

	for Children and Adolescents (<i>Defensorías Comunitarias de la Niñez y Adolescencia</i>) (in process of creation)	Childhood Law User's Committees (<i>Comités de Usuarias de la Ley de Maternidad Gratuita y Atención a la Infancia, CUS</i>) (89 in 43 cantons of 13 provinces)
Participation and Continuous Revision		
<i>Do civil, parent, or community organizations have a concrete role in the design, implementation or monitoring of the programs?</i>	In 2002 civil society, with the support of UNICEF, created the Observatory for the Rights of Children and Adolescents (<i>Observatorio de los Derechos de la Niñez y Adolescencia</i>) to measure and monitor the application of children and adolescents' rights. It produces a report every 3 years. The first one was published in 2003. - The Social Contract for Education. - National, regional and local indigenous organizations.	In 2002 civil society, with the support of UNICEF, created the Observatory for the Rights of Children and Adolescents (<i>Observatorio de los Derechos de la Niñez y Adolescencia</i>) to measure and monitor the application of children and adolescents' rights. It produces a report every 3 years. The first one was published in 2003.
<i>Which law or institution guarantees citizens' involvement?</i>	The National Council for Children and Adolescents (<i>Consejo Nacional de la Niñez y Adolescencia</i>) and its National Executive Secretariat, created in 2004.	- National Health Council - Management Committees of Local Health Solidarity Funds (<i>Comités de Gestión de los Fondos Solidarios Locales de Salud</i>) - User's Committees of the Law on Free Maternity and Infant Health Care (<i>Comités de Usuarias de la Ley de Maternidad Gratuita y Atención a la Infancia, CUS</i>)
<i>Are there mechanisms that allow for continual revision of service standards?</i>	Children's Rights Index (<i>Índice de los Derechos de la Niñez, IDN</i>), applied since 2002 by the Rights of Children and Adolescents Observatory (<i>Observatorio de los Derechos de la Niñez y Adolescencia</i>).	With international financial support, questionnaires are being designed for a national poll that will inquire 22,000 homes and 14,000 women about sexual and reproductive health services and child healthcare.

Education

16. The Ecuadorian state formally guarantees ten years of free and mandatory education for all its citizens. The Constitution stipulates programs of bilingual and intercultural education and declares that the educational system will have decentralized administrations, and civil society will participate in the development of educational projects. While the Constitution and other laws establish a commitment to fulfilling all five sub-guarantees, in practice, not all are being equally realized.

17. Ecuador's population is ethnically mixed, with indigenous and Afro-Ecuadorian groups accounting for approximately 30 percent.⁴ To guarantee their participation in the

⁴ World Bank.

educational system and its projects, a National Board of Bilingual and Intercultural Education (*Dirección Nacional de Educación Intercultural Bilingüe*, DNEIB) was created in 1992. The Ministry of Education, the DNEIB and the National Commission for Intercultural Bilingual Education (*Comisión Nacional de Educación Intercultural Bilingüe*) coordinate, plan and control the economic resources destined to the System of Intercultural and Bilingual Education (*Sistema de Educación Intercultural Bilingüe*, SEIB). Today, there are 55 Bilingual Networks in the country, with 118,495 students.

18. Notwithstanding the aforementioned legal and institutional frameworks created to include the indigenous populations in the educational system, with programs adapted to their own needs and cultures, disparities in access, quality, and financial protection remain. The amount of resources disbursed to the SEIB and to Hispanic education is one illustrative example of such inequalities. For instance, in 2006 the state invested US\$ 18.3 million on the SEIB, or US\$ 154 per student versus US\$ 390 million, or US\$ 300 per student, on Hispanic education. The amount directed to the SEIB increased by 30 percent in 2007, and international donors have also contributed to the program, but the gap is still large. Furthermore, expenditures in the educational system tend to be regressive in Ecuador (i.e., investments are larger in sectors that mostly benefit high income classes). This distortion also affects **access** and **quality** of service for the lowest quintiles, where most of the indigenous and Afro-Ecuadorians are found. Enrollment registration costs for primary education, for instance, are only covered for 63 percent of the population, most of them from urban areas. According to UNICEF, based on data from UN ECLAC, in 1999 only 35 percent of the expenditures with education services reached the poorest two quintiles.

19. Other indicators show that the indigenous and Afro-Ecuadorians have unequal **access** to educational services, when compared to the rest of the population. In 2006, the illiteracy rate for indigenous peoples was 30 percent with an average of four years of school for kids younger than 14; for Afro-Ecuadorians the illiteracy rate was 15 percent, with an average of 6 years in school. These numbers contrast with the national average illiteracy rate of 9 percent, with eight years of primary education (still 2 years less than the established as mandatory by the Constitution). In addition, on average, indigenous students face far longer commutes to the nearest school, which makes the costs of transportation much higher. Finally, **access** to educational services is adversely affected by the fact that a number of children do not have birth certificates, which makes the process of registration enrollment more difficult.

20. **Financial protection** was restricted for decades. Until 2007, students had to pay an annual enrollment registration fee of US\$ 25. This cost, which became another **access** barrier to education rights, was abolished by the current government in April 2007. The distribution of free textbooks for kids in least privileged areas is another attempt to further the sub-guarantee of financial protection. Aside from reducing the financial obligations implied to school attendance, this measure is an attempt to provide adequate material for the most vulnerable and poor children, offering pedagogic resources with the same quality level as those offered in the best schools of the country. School uniforms for primary school children have also been distributed in these areas.

21. The **continuous provision** of SEIB is impeded by the economic situation of indigenous families, which requires that children start working very early to help raising their family income. According to the National Institute of Statistics and Census, 10.6 percent of the children in Ecuador work and study at the same time, while 16 percent only work and 53.5 percent only go to school. Data from an intervention program conducted by Dya Project portrays a much worse situation in the country, with 69.9 percent of the children working and studying simultaneously, 15 percent exclusively working and 13.3 percent studying. Thus, in order to achieve the desired levels of education for the entire population, education authorities in Ecuador may consider installing explicit mechanisms to promote the fulfillment of continuity in basic education.

22. A national evaluation of educational achievement is still incipient in Ecuador. A first attempt occurred in 1996, with the creation of a system of national evaluation of academic achievement called Aprendo. The exams were applied in 1996, 1997 and 2000, when the system was interrupted. A different version was tried in 2001, and the results confirmed **quality disparities** among the indigenous and Afro-Ecuadorians and the rest of the population. Even though a Consensual Curricular Reform was approved in 1996 for primary education and established goals for teachers and students, no mechanism of monitoring or measuring these goals has been implemented.

23. Also affecting the **quality** of educational services is the lack of policies and standards for teacher training. The teachers' union is responsible for the national system of training, which in several occasions has generated opposition to proposed reforms and new programs in training process. Furthermore, there are no mechanisms to monitor teacher's presence and work effectiveness, and in practice there are no sanctions to teachers that mistreat their students.

24. The Observatory for the Rights of Children and Adolescents (*Observatorio de los Derechos de la Niñez y Adolescencia*) elaborated a Children's Rights Index (*Índice de los Derechos de la Niñez*, IDN), which measures nine rights, according to different ages. Among them is right to develop intellectual capacities without discrimination. On a scale from 0 to 10, 10 meaning full respect of all the children's rights, Ecuador scored a 4.2 in 2006. Composed by citizens and community leaders, the Observatory guarantees civil society **participation** in the process of vigilance for the situation of children and adolescents in Ecuador. The citizen movement "Social Contract for Education" (*Movimiento Ciudadano Contrato Social por la Educación*) performs the same role. National, regional and local indigenous organizations also participate actively in discussions about the SEIB in Congress and other forums.

25. Despite the efforts of civil society the SEIB and the Ecuadorian system, in general, still lack legal, institutional and informational mechanisms to entice citizens to claim their rights. The primary **mechanisms for redressing** inadequacies within the education system include a Constitutional Tribunal and an Ombudsman. Hitherto none of them have registered cases of citizens claiming their rights to intercultural bilingual education,

and there is no organization of parents or students, with similar redress functions, overseeing the adequacy of the SEIB.

Health

26. The Ecuadorian Constitution of 1997 declares that health rights should be promoted and protected by the state for all citizens, without discrimination. Secondary regulations and legislations were created or reformed afterwards, emphasizing more specific health rights. One of them is the Law of Free Maternity and Infant Health Care (*Ley de Maternidad Gratuita y Atención a la Infancia*, LMGYA), which guarantees free healthcare for women during the entire maternity period and to every kid younger than five. The law was created in 1994 and was further reformed in 2005 in order to improve concepts and to create an implementing agency for the maternity and infant health program. This law represents one of the most progressive current health programs in Ecuador. However, as in the case of intercultural bilingual education, this health program does not address equally the five sub-guarantees identified above even less for indigenous and Afro-Ecuadorian populations.

27. The program of free maternity care is decentralized to a great extent. At the national level, the Ministry of Public Health and a special entity created to implement and oversee the law (*Unidad Ejecutora de la Ley de Maternidad Gratuita y Atención a la Infancia*) are the main institutional bodies responsible for the program. The provinces are in charge of service providers, and the municipalities of creating committees with members from different sectors of society to regulate implementation. The program is financed by the Solidarity Fund (US\$ 15 million) and by 3 percent of the total tax revenue from certain consumer products such as cigarettes and alcohol. According to studies conducted by group FARO (2007), in 2005 2.8 million Ecuadorians benefited from the LMGYA.

28. However, the law incorporates very superficially the complementary services that are necessary for the indigenous population, thus restricting **access** for these groups, as guaranteed by the program. For this reason, 68 percent of the deliveries among indigenous women still occur outside of this health care system. Lack of **access** to rural and indigenous populations can also be explained by the large geographical distance (an average of 10 kilometers) that usually exists between these communities and the health centers.

29. The **access and continuous provision** of free maternity and child care is heavily affected by insufficient information. The Life Conditions poll conducted in 2005 and 2006 revealed that only 34 percent of the women knew about their entitlements under this program. Service providers themselves also lack information about the Law, especially in rural areas. In addition, the LMGYA has not been translated into any of the ten indigenous languages that are spoken in the country and the majority of the health staff does not speak any of them.

30. Since 2002 the Ministry of Health has incorporated a Subsystem of Epidemiologic Vigilance and Investigation of Maternal Mortality (*Sistema de Vigilancia Epidemiológica*

e Investigación de la Muerte Materna), created as a mechanism to measure and inform about the results and problems with the implementation of the Law. Nonetheless, this system does not contemplate a regular instrument to assure the dissemination of the rights to free maternity to all pregnant women, and does not provide differentiated information according to ethnicity or race.

31. The opportunity to receive service in the time needed is guaranteed for all pregnant women and mothers under the LMGYA. Yet, this right is dependent upon the capacity of the Health Unities, since the majority of them do not have Essential Obstetrics Care (EOC). In fact, the lack of EOC is the main cause of maternal mortality in Ecuador. The Law also requires the provision of transportation in case of obstetrician, pre-natal and pediatric emergencies from the rural areas to the urban centers. Up until today, only 110 of 219 municipalities have signed agreements to secure the responsibilities established by the Law.

32. Even though the Law has existed since 1994 and should be mandatory in every hospital or clinic of the Ministry of Public Health, 65.3 percent of the mothers interviewed in the Life Conditions poll said they had paid for maternity care, including doctor's appointments, medicines, vitamins, and others expenditures. Hence, despite its normative and institutional assurances, the program does not offer **financial protection** in practice.

33. The **quality** of service provision is influenced by the low investments in medical infrastructure, as well as in the expansion of operations necessary to adjust to the demand, since the resources disbursed to the Law do not contemplate such costs. Nevertheless, according to the User's Qualification Notebook of the public services, approximately 90 percent of the women that used the free maternity services were satisfied with the treatment received.

34. As in the education sector, the primary **mechanisms for redressing** inadequacies within the health system include a Constitutional Tribunal and an Ombudsman, created in 1997. A review of documents from both institutions demonstrates that no one has ever appealed to these systems to claim free maternity care. The most important mechanisms for redress in this case are the Users Committees (UC). The first UC was created in 2001. Today, there are 89 in the country. Among other functions, the UCs provide information about health services to the population; identify and prioritize the necessities of the communities they represent; participate in the local evaluation of activities; direct the health demands of the population; denounce any problems of bad treatment, negligence, discrimination, etc.; and notify the operative unities of any child or maternal death in their communities. The work of the UCs has improved the treatment given by the service providers and has created a sense of cooperation between unities and beneficiaries. Their complaints have also led to better infrastructure and staff, and their campaigns of dissemination and monitoring of deaths have been extremely important. On the other hand, the efficacy of their instruments of denunciation is still unknown, and they do not have enough resources to invest in training and mobilization activities.

35. Since its creation, in 1994, there has not been an evaluation of the impacts of the Law, and there is no regular system of monitoring. In contrast to this absence of **revision and enforcement** actions from the public sector, **civil society** has created a few organisms to supervise the design, execution and monitoring of service provision. Among the most important is the Rights of Children and Adolescents Observatory, the same organization that brings significant contributions to the education system, as mentioned earlier in the report. Formed in 2004, the group FARO also helps civil society to participate in the discussions, implementation and monitoring of public policies related to the health sector. The Fiscal Policy Observatory (*Observatorio de la Política Fiscal*), founded in 2002 by the UNICEF and PNUD, follows the same task. Since 2005 it has become a major source for the media on articles about social investments and state budget, and some of its proposals have been discussed in Congress.

Lessons and Overview

36. Ecuador has subscribed to a significant number of international treaties that secure a large variety of human rights, including economic, social and cultural rights. Nevertheless, their fulfillment is still partial. In some cases, rights are incorporated in the functions of existing programs and institutions without being subject by law to explicit standards of performance, as in the example of the bilingual education; in others, while rights might have been integrated into both law and policy, citizens are impeded by various factors (such as insufficient information) from claiming and benefiting from the respective services. The program on free maternity and infant health care is an example of the latter. Therefore despite the advances of the past few years in social indicators such as literacy rates, maternal and child mortality, health and education programs in Ecuador are still at a level of pre-guarantee, i.e. they ensure only partially the protection and fulfillment of the social, economic and cultural rights to which they refer.

37. Deep problems persist regarding the universal applicability of these rights and the quality disparities among different ethnicities, races and regions. Even though decentralization initiatives have facilitated access and participation of indigenous and Afro-Ecuadorians, the country still lacks mechanisms of redress, especially regarding quality and coverage of services provided. Budget restrictions are also a major challenge to the adequate access of health and education services. Transfers of resources are usually slow and dependent upon unpredictable sources, since large part comes from oil revenues.

38. Transparency, accountability and social participation, as mechanisms to secure Constitutional and internationally-protected rights, have developed progressively in recent years. The institutional bodies that are supposed to guarantee the applicability of such rights are still diffuse and inefficient, especially when social programs have not yet been decentralized.

39. The ongoing process of writing a new Constitution, to be approved by the population in 2007, opens the possibility to design a new social pact. In this contract, essential principles to guarantee social rights for the entire population ought to be established or

reinforced. This should imply a positive discrimination of the indigenous, Afro-Ecuadorians and rural populations. Clear and concrete mechanisms of redress should also be set and sustained by available resources and adequate information channels.