

The Practice Of Otherness As Social Innovation: Actions Of Caritas Guiné-Bissau

Alberto Essondon Banhal

Universidade Do Sul De Santa Catarina (Unisul)

Nei Antonio Nunes

Universidade Do Sul De Santa Catarina (Unisul)

Alexandre Zawaki Pazetto

Universidade Do Sul De Santa Catarina (Unisul)

Sibeli Cardoso Borba Machado

Universidade Do Sul De Santa Catarina (Unisul)

Gisele Mazon

Universidade Do Sul De Santa Catarina (Unisul)

Abstract

Since antiquity, ethics has critically guided the moral choices of individuals and societies. Thus, the appreciation of the “Other” as a moral principle represents a notable advancement for the development of societies and emerges as an essential ethical imperative for coexistence in the contemporary world. In this context, the present study conducted at Caritas, located in the city of Bissau, Guinea-Bissau, aimed to analyze whether the practices of alterity adopted by this civil society organization can be considered a form of social innovation. For data collection, documentary research and interview scripts were used with Caritas collaborators, addressing the central theme of the study. After data collection, content analysis techniques were employed. The selection of Caritas Guinea-Bissau as the object of study allowed for an in-depth analysis of the actions undertaken by the institution. In addition to Emmanuel Lévinas's (1906-1995) ethical theory of alterity, theoretical perspectives related to the conceptions of educational actions, health, and social innovation were explored to identify possible connections between them. Overall, both actions based on alterity and social innovation practices contribute to social progress. Although they can be independent processes, there is a possibility of convergence and integration between them. The investigation reveals that, although not unprecedented, the educational and health actions promoted by Caritas Guinea-Bissau can be considered social innovation practices, as they contribute to the inclusion of the individuals involved. However, further theoretical research shows little autonomous and active participation of the assisted community in the directions and decisions made in the projects. Finally, despite the limitations, the constitutive actions of Caritas in the fields of health and education can be configured as social innovation practices.

Keywords: Alterity; Social Innovation; Civil Society Organization; Caritas Guinea-Bissau.

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I. Introduction

The word “alterity” derives from the Latin term “alter”, which means “other”. Its main concept, in a universal and affirmative form, is established from the philosophy of Emmanuel Lévinas. In general, alterity implies putting oneself in the place of the other in interpersonal relationships, demonstrating appreciation, consideration, identification, and dialogue with the other. In summary, we can affirm that alterity is the act of perceiving difference, and that the “self” must coexist with other subjects (Sidekun, 2006; Pinto, 2007).

Alterity can be understood as the ability to put oneself in the place of the other in interpersonal interactions (whether in relationships with various social groups, families, work, leisure, and all interactions with other people), demonstrating consideration, identification, and promoting a dialogical relationship with the

other. It is important to emphasize that alterity does not imply passive agreement that diminishes or suppresses the other subject in the relationship, but rather mutual acceptance between the involved parties (Porffrio, 2022).

It is worth noting that the construction of Emmanuel Lévinas's thought, in which we find his analyses on alterity, occurs in a post-war scenario, where Europe is in crisis and seeking to rebuild. Regarding the historical and social context experienced by Lévinas, it is sufficient to say, for now, that it is fundamental for discussing actions and social projects that involve ethical and organizational commitment to the "Other". Thus, the question of how to innovate socially in the face of contemporary disastrous power experiences can find an answer in the thought of the Jewish-French theorist, especially in his conception of alterity (Pelizzoli, 2008). In his thought, it involves undertaking a critical analysis, from the Western tradition, of the path taken by totalitarian regimes, from their foundation in ideologies that promoted the domination of man by man - such as Nazism and Fascism -, to their peak in tragedies like the terror of Auschwitz, an experience lived by the philosopher himself. However, his discussion on alterity is propositional, indicating alternatives for social action based on appreciation and ethical commitment to the less fortunate "Other" (Dias, 2019).

In coherence with this ethical perspective, Caritas Guinea-Bissau (a civil society organization linked to the Catholic Church) addresses issues such as health and education without the pretense of assuming certain state responsibilities, but rather to contribute to finding solutions to the most pressing social problems of people living in vulnerable conditions. In other words, problems related to health and education need to be addressed to ensure human dignity, especially among the most disadvantaged strata of Guinean society. The alterity addressed here implies, above all, the act of integrating ethics as thought and action that values the "Other". At this point, there is a certain convergence between practices of alterity and social innovation actions. That is, the promotion and appreciation of the less fortunate other as a principle for moral action.

Based primarily on the thought of Emmanuel Lévinas, this research proposes to think about social innovation in the education and health projects of Caritas Guinea-Bissau from the ethics of alterity. To guide the investigation, the following guiding question was defined: How does Caritas, a civil society organization, construct social innovation in light of the practice of alterity in its education and health projects?

II. The Relationship Between Alterity And Social Innovation

In the present day, faced with various social and environmental problems, socially innovative propositions and actions emerge aiming to mitigate them (Manzini, 2008). According to Pinto (2007), the loss of alterity reveals the instrumental way in which part of humanity in various institutions and organizations has treated life on the planet. As evidence of this, human actions have produced greater intolerance, violence, and segregation, as well as ecological imbalance.

Bernardes (2012) states that the excessively individualistic and consumerist behavior of modern man generates the tragic reality in which power relations, in different shades, are dissociated from ethical precepts. Without denying the scientific and technological advances of the modern and contemporary world, the author points out that it is due to the distancing from ethical and moral values that, in the current century, we observe, in addition to extreme social inequality, the isolation of man towards loneliness, depression, and numerous pathologies. Vezzoli and Manzini (2007) affirm the ambiguity of the human condition. In other words, while many human beings can cause harm to their fellow humans and nature, it is also human beings who can generate innovative alternatives to resolve major social problems.

From this, it can be inferred that social relations sometimes develop from the intertwining and combination of these two distinct human potentials, generating domination and exploitation or the construction and preservation of the best possible life. It is perceived that ethics emerges as a possible orientation for relations between humans and between humans and the natural world, based on values that promote a dignified and sustainable life. From this perspective, the ethics of alterity appears as an alternative to the current vicissitudes of human beings. The ethical rescue of the other can be a guiding principle for various and innovative actions and projects carried out by the public and private spheres, and by civil society organizations, which promote life in an integral way, facing the great social challenges of our time.

In line with the critical discussion of the ethics of alterity, it is found that as a byproduct of unequal economic-political structures generating destitution, the "face" of the Other is marked by the pain of indignity, lack of resources, hunger, and prejudice, as a victim of an oppressive and alienating system (Lévinas, 2005). According to Bernardes (2012, p. 90), "this panorama calls for a behavioral ethics capable of (re)valuing the Other". Guided by ethical values, the path of change towards social innovation, sustainability, preservation, and regeneration of environmental and social capital will mean breaking with the dominant trends in terms of lifestyle, production, and consumption (Moulaert, Martinelli, Swyngedouw & Gonzalez, 2005; Manzini, 2008; Phills, Deiglmeier & Miller, 2008; Nicholls & Murdock, 2012; Avelino, Dumitru, Cipolla, Kunze & Wittmayer, 2019).

In this sense, Bignetti (2011, p. 4) asserts that social innovation is "defined as the result of knowledge applied to social needs through the participation and cooperation of all involved actors, generating new and

lasting solutions for social groups, communities, or society in general". Furthermore, the ethical nature and social justice contained in the notion of social innovation proposed by Moulaert et al. (2013) stand out. For the authors, social innovation means promoting inclusion and well-being through the improvement of social relations and empowerment processes, seeking the granting of universal rights and higher levels of social inclusion.

Social innovation implies the enhancement of certain characteristics already present in local development, in specialized health services, in the practice of solidarity, and thus in the ethical commitment to valuing the more vulnerable other. The testimonies demonstrate that all interviewees or collaborators unanimously acknowledged the existence of institutional practices of alterity that can be configured as social innovations. From this perspective, excerpts from the interviews show that the perception of the actors, besides reinforcing the theoretical understanding of social innovation, re-signify the concept through the eyes of professionals and beneficiaries who experience alterity (Nicholls & Murdock, 2012; Avelino et al., 2019).

For change to occur, towards a less unequal and more sustainable society, efforts are needed from States, private companies, and civil society organizations, with the aim of creating innovative forms of development, different from those known and dominant until now (Moulaert et al., 2005; Manzini, 2008; Phills et al., 2008; Nicholls & Murdock, 2012; Avelino et al., 2019). Thus, emphasizing actions in the fields of education and health as spaces for promoting the poorest people, Sidekun (2006) declares that recognizing the Alterity of the Other human being will depend on overcoming extreme inequality and the nullification of rights. Socially innovating also means generating equity through projects (such as in the areas of education and health) structured by various organizations based on valuing the life of the other. For the development of social innovation, Manzini (2008) states that people should move towards reducing levels of social exclusion and excessive consumption. Coexisting with alterity implies rethinking social paradigms in relation to the dominant culture and the roles of institutions. In this sense, social innovation promoted by civil society organizations is an alternative for sustainable inclusion, and for this to occur, the most vulnerable communities must have access to quality education and health (Moulaert et al., 2005; Phills et al., 2008; Nicholls & Murdock, 2012).

Thus, as social innovation, the transition towards alterity is a process of changes and social learning, in which the most diverse forms of creativity, knowledge, and organizational capacities must be valued in an open and flexible manner. Local initiatives (for example, in the fields of education and health) play a special role, as they are capable of breaking the established patterns of inequality and guiding society towards new ways of thinking and acting in relation to its practices (Moulaert et al., 2005; Manzini, 2008; Phills et al., 2008; Nicholls & Murdock, 2012; Avelino et al., 2019).

Promoting social innovations requires considering the management process and the respective capacity for empowerment of the actors, with a desirable shift from representative democracy to more participative forms that ultimately shift power actions from current state or private structures to the organized public sphere. To this end, the role of social actors who actively engage in civil society organizations is fundamental (Bignetti, 2011; Moulaert et al., 2013). According to Pinto (2007), alterity leads interpersonal relations from difference to sum, as it proposes the establishment of a peaceful and constructive relationship with different people, leading the individual to identify, understand, and learn from diversity and the other. Rethinking the socially innovative process in education, for example, implies rethinking the pedagogical relationship. In it, both teacher and student must have an active role in knowledge production. An education that socially innovates cannot do without dialogical practice and emancipatory processes. It is about understanding education beyond rigid and static contents and curricula built from a scientificism scarcely grounded in the historical-social reality.

As social innovation, education must promote the autonomy of the other. In areas of greater social vulnerability, the transformative school must contribute to the emancipation of students, better preparing these individuals for knowledge, work, and citizenship (Moulaert et al., 2005; Manzini, 2008; Phills et al., 2008; Nicholls & Murdock, 2012; Avelino et al., 2019).

In the field of health, social innovation as an experience of alterity must promote the comprehensive care of the individual. Preventive, palliative, and highly complex care must not disregard a deep understanding of the general and specific conditions of the person being assisted. That is, the health institution and professionals must identify and recognize the "face" of the sick person (their history, their needs and specificities, their pains). Thus, socially innovating in the field of health means promoting alterity through welcoming and deeply caring for the suffering other (Lévinas, 1997; Moulaert et al., 2005; Manzini, 2008; Phills et al., 2008; Lévy, 2011; Nicholls & Murdock, 2012; Avelino et al., 2019).

Because social innovation seeks to promote individual and community development at intersubjective, organizational, and collective levels (for example, actions aimed at improving educational and health conditions), its adherence to the ethical framework of alterity is evident. Social innovation and the precept of alterity aim, above all, at the emancipation of individuals and communities living in conditions of social vulnerability.

From this perspective, projects in social innovations seek to well serve students, the sick, and, in general, communities, without expecting personal profit. Social innovation action, guided by a commitment to the needy other, aims to generate social impact - illustrated by: humane and quality education, humane and efficient health service - as a condition for emancipation. It is at this point that alterity and social innovation meet. Or rather, the ethics of alterity can guide, as a foundation and praxis theory, actions and projects in social innovations (Lévinas, 2005; Silva, 2013; Zanon, 2019).

In summary, emancipation in social innovations is precisely this process of promoting the other. The expansion of autonomy - through health and education care, for example - roots the intersubjective, organizational, and social ethical commitment to the other who suffers and needs to have their dignity guaranteed (Ghiggi, 2001; Fleuri, 2002).

III. Methodological Procedures

The present study aims to analyze whether the education and health projects of Caritas develop practices of alterity as a form of social innovation. To achieve this objective, this research falls within the methodological aspects described below.

The research paradigm aligns with interpretivism, as it seeks to understand the social world from the perspective of the actors involved and considering their subjective experience (Francisconi, 2008). Regarding the approach, it is a qualitative study, as it allows for the identification and explanation of subjective aspects based on collected data (Richardson, 2008). In terms of focus, it is characterized as exploratory and descriptive, with the purpose of identifying aspects of social innovation based on alterity practices, describing them in an expository manner. Regarding procedures, the study falls under a case study. The case study is chosen to understand phenomena, allowing for an investigation that preserves the holistic and meaningful characteristics of real-life events. In terms of temporal horizon, this research is classified as cross-sectional, as it observes the factor and the effect at a single historical moment (Rouquayrol, 1999).

Once the data collection stage was completed, Bardin (2016) content analysis technique was used to explore them. The application of this qualitative data analysis method consists of three stages: pre-analysis; material exploration; and treatment of the results obtained and interpretation.

The subject of this study is Caritas Guinea-Bissau, an organization of the Catholic Church present in more than 200 countries worldwide as part of the Caritas Internationalis network, headquartered in Rome, Vatican City, and founded in 1897. Caritas works in partnership with national and international bodies, focusing on the defense of human rights from an ecumenical perspective (CARITAS SP, 2022).

In Guinea-Bissau, Caritas is a formally constituted organization established on May 20, 1982, and recognized by the Council of Ministers through Decree No. 30/85 of July 27. Its objective is to develop social actions in the country. As an interdiocesan body created by the Catholic Church of Guinea-Bissau, it is directly subordinated to the Bishops of the two Dioceses (Bissau and Bafatá). Its activities cover both Dioceses of Bissau and Bafatá, which encompass the entire territory of Guinea-Bissau, and it is part of the Confederation of CARITAS Internationalis, CARITAS Africa, Forum of Lusophone Caritas, and the Working Group of Caritas Internationalis for the Sahel GTCIS (CARITAS G.-BISSAU, 2017).

Caritas' actions are related to the category of solidarity, understanding that this word has been used since its inception, both by its name, which means charity (considered one of the ways to exercise solidarity), and by the actions it has developed, justifying the choice of the name due to its assistance nature. Throughout its history, the organization has undertaken to shape the forms of solidarity it would disseminate in society (Rodrigues, 2007). Caritas was one of the entities that incorporated the discourse of social liberation and the fight against domination and poverty, committing to putting it into practice.

Thus, from its current lines of action, a significant shift can be observed from the initial discourse, which was almost exclusively focused on assistance. In other words, with the change in vision and values, it has become essential in Caritas' actions, especially in projects in areas such as education and health, to promote the emancipation of the less privileged.

The data for the development of this research were obtained through direct observation during visits to the institution, as well as 19 (nineteen) interviews conducted with managers and collaborators, in addition to document analysis, including reports provided by the institution itself.

It should be noted that the interviews were distributed as follows: 10 (ten) interviews related to the education project, one with the manager and the others with the teachers; and 9 (nine) interviews related to the health project, one with the manager and the others with the collaborators.

In order to preserve the respondents' identities, the following codes were assigned: G1 for the manager of the education project; P1 to P9 for the teachers of the education project; G2 for the manager of the health project; and C1 to C8 for the collaborators of the health project.

Given the above, the next section focuses on the presentation and analysis of the obtained data.

IV. Presentation And Analysis Of The Obtained Data

The following section presents the analysis of the education and health projects developed by Caritas, which are the subjects of investigation in this study.

Caritas Education Project

Initially, to investigate Caritas' actions related to Education, the manager was questioned about how she perceives the reality in which the projects are inserted and how many people are currently being served.

In response, the manager (G1) emphasized that the project represents a benefit to the community, especially due to the difficulties faced by teachers in terms of materials and teaching methods. Currently, the project benefits over 800 people, demonstrating the positive impact it is having on the community. Additionally, she indicated that teachers strive to offer inclusive and respectful education, recognizing each human being as an individual with rights. From this perspective of social emancipation, it is possible to observe the innovative character of the project by providing formal and inclusive education to a significant number of community members, who can then disseminate the knowledge and skills acquired.

For G1, in accordance with Levinas and the notion of social innovation, the other (individuals in vulnerable situations served by Caritas' educational project) is perceived as an end in itself, where pedagogical actions aim to empower them to experience their own freedom. In this perspective, the promotion of social innovations requires careful consideration of the educational management process and the capacity to empower the students. The commitment to the other through inclusive education that generates social impact indicates the presence of alterity in institutional action.

Caritas' actions in education play a crucial role in valuing the other, recognizing the intrinsic value and potential for personal growth and autonomy of each individual. This perspective is aligned with the view of respondent P2. For him, the other should not only be a means to an end but should be respected as an autonomous subject. Caritas' approach to education emphasizes inclusion and empowerment, respect for human rights, and the encouragement of agency among those served (P2).

Furthermore, as emphasized by P3, promoting social innovations through education involves a comprehensive understanding of management processes and the empowerment of various stakeholders. This implies moving away from traditional hierarchical decision-making structures and advocating for more participatory and democratic approaches. By involving stakeholders in the decision-making process, Caritas seeks to create a collaborative environment that allows people to actively shape their own education and development.

The shift towards more participatory and socially innovative forms of governance is seen as essential for redistributing power and decision-making authority from centralized institutions to the organized public sphere (Mulgan, Tucker, Ali & Sanders, 2007; Murray, Caulier-Grice & Mulgan, 2010). By advocating for greater citizen involvement and inclusion, P2 indicates that Caritas aims to create a society where the voices and needs of all are heard and respected.

Thus, the solidarity commitment to transformation, the recognition and valorization of the knowledge of the other, the principle of sustainable development, the pursuit of multiculturalism in the process, and methodologies for individual emancipation are requirements and necessary learnings for social innovation in education (Moulaert et al., 2005; Phills et al., 2008; Ferrarini, 2016). G1 highlights that Caritas' actions in education have a profound impact on valuing the other by focusing on empowering individuals towards their own freedom through participatory approaches. By valuing and respecting the autonomy of the other, Caritas socially innovates by contributing to a fairer and empowered society, fostering a culture of inclusion, equity, respect, and cooperation.

In this perspective, P8 will say:

75% of the graduates have above-average involvement. This is because it impacts their lives and the community where they are inserted. Everything is aimed at creating a new person which will result in social innovation. More trained teachers, better education training, and the development of society as a whole.

As André and Abreu (2006) state, social innovation consists of diverse processes, and, much like in inclusive educational actions, it aims to promote social inclusion and empower individuals in situations of greater economic and social vulnerability. It is evident that inclusive educational practices are part of the universe of practices aimed at valuing others, which seek to create conditions for social transformations.

Within the theme of how education and alterity can generate autonomous actions, empowered individuals capable of becoming protagonists of ethical and social changes, respondents present various approaches to the educational process. For example, as mentioned by P1, one of the mentioned procedures is the use of dialogue as a means of showing children the best way to proceed in their daily lives.

Another perspective brought to light is the existence of stimulation rooms, where children are encouraged to think, recreate, and innovate based on their own initiatives. This type of approach is praised for its relevance in promoting transformative education, allowing individuals to achieve greater autonomy, seeking their freedom and innovative ideas (P5). It is also noted that there is support in developing abilities, skills, and encouragement of innovative freedom and responsibility, both in relation to the individual and the environment around them (P9).

Furthermore, as G1 states, there is a focus on certain pedagogical practices that encourage each person to actively participate in classroom activities, through research that enriches their vocabularies. This provides an educational environment where students are encouraged to participate and initiate a process of innovation in social relationships and various interactions.

The reports of the respondents highlight different approaches to how education and alterity can trigger practices of autonomy, empowering individuals to become protagonists of ethical and social changes (G1; P3; P4; P7). These educational practices aim to stimulate freedom of thought, emancipation, and the development of skills that allow students to act as transformative agents in their lives and in society.

There is a stimulation room where children are subjected, providing them with tools for this freedom to think, recreate, and innovate from their own initiatives. We can say that this work is of great relevance because it is an education for the transformation of the human being into another self that begs for its freedom and idea of innovation. (P3)

There is work where each person creates a subject to be discussed in the classroom, starting with research to enrich their vocabularies. (P6)

Education, whether formal or informal, plays an indispensable role in shaping values such as alterity. It plays a fundamental role in creating conditions for the other, the students, to feel unique in their singularity and to exercise the ability to perform new cognitive and socialization processes. This is only possible when the innovative educator assumes responsibility towards the social and natural world, simultaneously helping to preserve and renew them by integrating these new individuals into the spaces of science, culture, and citizenship.

When observing the educational actions carried out by Caritas, it is evident that they aim to meet the demands of the community, offering a service of social relevance. Educational actions are seen as a process that allows the individual to perceive themselves as a subject endowed with multiple potentialities and, by developing them through interaction and appropriation of knowledge, to act as a citizen in the society in which they are inserted. Thus, the initiatives promoted by Caritas align, in fundamental aspects, with practices of social innovation such as the valorization of the other.

It is concluded, therefore, that in this education project, Caritas assists the community with the activities developed in pursuit of improving the quality of life, thus contributing to the process of social inclusion, which is one of the pillars of social innovation. Its actions aim to rescue and promote values through educational activities, creating pathways for social inclusion and the development of citizenship. These precepts are identified with alterity. Social innovation occurs through a humanized education that has the valorization and promotion of the other as the institutional experience of the precept of alterity.

Caritas Health Project

In the case of Caritas' health project, social innovation, as well stated by Bouchard and Lévesque (2010), can be seen as a learning process, aimed at "individual assessment" and empowering users to address their health issues. It is through solidarity action that individuals develop their autonomy (greater knowledge of their health condition, body health, risk reduction, healthier life, mind-body balance, etc.). The authors state that the primary goal of social innovation is self-management of daily life. This condition can be observed in the actions proposed by Caritas through transformative programs in the health field.

The Bôr Clinic, a Caritas project and initiative, primarily serves low-income families who cannot afford treatment. These families are welcomed and treated with dignity, facing significant changes in their lives and health conditions. In many cases, they are victims of prejudice and social isolation due to their children's illnesses and their financial vulnerability (G2).

From the perspective of the project's collaborators, the reality in which the endeavors are embedded has witnessed significant progress over the past two years of their administration in this institution. Initially, the project was limited to a minimum service, but since then, it has expanded its reach, gaining recognition at the regional level and, more recently, nationwide. The evolution of the project can be evidenced by the increase in the range of services offered. Initially, it only offered medical consultations and a small pharmacy. However, over time, new services have been incorporated, such as the laboratory, which has transitioned from an archaic dry and manual system to providing various services, including hematology and biochemistry (G2, C6, C9).

Furthermore, the project has expanded its activities to include clinical services, hospitalizations, and minor surgeries, as well as the installation of a high-tech operating theater, considered one of the most advanced

in the country. Other improvements have been implemented, such as the establishment of an oxygen production center, X-ray service, and endoscopy. This trajectory of growth demonstrates the commitment and dedication of the management to elevate the project to new heights, providing the community with a wider range of health services. The positive impact on the lives of the people served is evident because they now have access to more comprehensive and higher-quality services that were previously inaccessible in the region.

The Project has been evolving significantly, at least in these two years that I have been leading this institution, which started with minimal service, then gaining ground at the regional level and now at the national level. Initially, we only had consultation services in the beginning, then a small pharmacy, and later acquiring new services such as the laboratory, starting with an archaic dry and manual laboratory system and now offering many services including hematology, biochemistry... opening clinical services, hospitalizations, minor surgeries, and a fully equipped operating theater, considered one of the most sophisticated in the country, an oxygen production center, X-ray service, endoscopy...(G2)

The success of the project is directly linked to the management's ability to identify opportunities for expansion and improvement of the services offered. The introduction of more advanced technologies, such as the state-of-the-art operating theater and the oxygen production center, reflects the vision of staying updated with technological innovations to ensure the best possible patient care. The project manager's perspective allowed for a careful analysis of the reality in which they are embedded, resulting in the project's growth and improvement over the years. The changes and expansions implemented have contributed to making the project a reference in the country, positively impacting people's lives and promoting a greater sense of care in the provision of health services.

Additionally, according to interviewee G2, "for children up to five years old, we have the Ana project, which assists vulnerable parents or relatives with the full cost of treatment, or partially, provided that it truly provides opportunity and dignity to the person in need of dreaming." In line with the theory that emphasizes alterity as a fundamental value, Meneghetti (2013) states:

To achieve an optimal society, it is necessary to have optimal individuals. The principle of good does not reside in society, but in individuals who are healthy, who have an ontic consciousness, that is, who know the first good of themselves. After having done and lived one's own inner individual good, then the individual becomes a collaborator and a coefficient of value also for others (p. 24).

In the perspective of the interviewees, it was questioned whether the health institute implements practices of alterity (Menchetti, 2014) in its approach and how these actions occur. The responses reveal that the functioning of the hospital establishment is positive, reflected in a continuous flow of patients receiving quality care, supported by state-of-the-art equipment and progressive innovations. The notable change is concentrated in the services and laboratories, where the influx is significant (C1, C5, C6).

The commitment to deontological training is highlighted as essential to enhance patient care, ensuring an even more efficient service provision. The humanized approach is emphasized, demonstrating concern for the well-being of the person being attended to. Despite the daily challenges faced, the team seeks to treat each individual seeking services with the utmost care and attention possible.

The quality of professional care is emphasized, which generates greater satisfaction and a sense of welcome among patients. The reception of patients coming for surgeries is treated with special attention, as many of them arrive anxious and need support and guidance to calm their state of mind before the surgical intervention. It also highlights the clinic's commitment to seeing each individual as a person with rights and values, especially those in need of specialized medical care. Providing consultation and surgery, as well as organizing outpatient clinics in different regions, aims to ensure access to quality healthcare for all (C2).

Humanism permeates the care, being considered the foundation that guides all actions and decisions – a process of valuing the other in a state of greater vulnerability. The health project highlights the importance of alterity and a humanized approach in patient care. The commitment to continuous improvement, the availability of specialized services, and the concern to treat each individual with respect and dedication demonstrate the institution's effort to promote quality assistance and focus on the well-being of the people served. In this regard, here are some statements from the interviewees:

The operation is positive in that there is a flow of people to this hospital establishment, where people are well attended to, with state-of-the-art equipment, a gradual innovation. Changes that I am seeing there, especially in the services and laboratories, are a significant influx. Deontological training to really better serve our users. (C1)

The care is provided professionally, because the actions move hearts, giving relief to the person. (C3)

An excellent reception, because the person who comes for surgery is always with a spirit of fear and needs to be helped and advised so that their state of mind can really be calm for the surgery to take place more tranquilly. And that's where our work comes in, with moral support and concise explanation. (C4)

The clinic as a whole seeks to see another as a person with rights and values, and our work is mainly for those who need specialized medical care. We provide consultation and surgery, also in outpatient clinics in different regions all for the sake of quality healthcare, where those who need specialized treatments are transported to the hospital, in order to be treated and then sent back to their respective regions. Humanism is the basis that regulates our care. (C6)

From the accounts and also from the specialized literature, it can be perceived that the actions developed by the hospital unit can be associated with practices of social innovation. As assured by Mulgan et al. (2007, p. 8), social innovations are “innovative activities and services, which are motivated by the aim of meeting a social need and which are predominantly developed and disseminated through organizations whose primary purposes are social.” Yao Assogba (2007) adds that social innovation is any initiative undertaken by social actors in a given social context with the aim of providing new responses to a number of social problems (social exclusion, poverty, school dropout, etc.).

It was observed that the commitment to the other is a socially innovative element carried out in the daily practice (in healthcare procedures...) of the clinic. The interviewees assert that the investigated institution practices alterity in an innovative way, through actions and strategies adopted in healthcare (G2, C7, C8).

In line with the thought of Lévinas (1997), in the ethics of alterity, the human person is recognized as the core of existence. It is no different in the case of this institution, which directs its policies to provide health and dignity to the people attended, from reception to the conclusion of treatment. Even in the face of recurrent strikes that affect the healthcare system of Guinea-Bissau, the service remains uninterrupted, seeking to assist the underprivileged.

As indicated by C4, reception is a differential, so that no service is refused due to lack of financial resources. According to the perception of the interviewees, the service at the institution is well rated by the people attended, and no significant complaints are reported regarding the quality of the services provided (C2, C7, C8). The institution's policy is centered on respect for life and the reception of people, with a high standard of professional secrecy. The adopted strategies reflect the commitment to alterity as social innovation, placing the human person at the center of actions and promoting an environment of respect, reception, and dignification.

In this sense, a humanized and other-centered approach is essential to promote a socially innovative approach, committed to improving the quality of life of the people attended.

In the face of strikes at the national level, our service continues without any interruption, focusing on restoring dignity to people who have been denied it in other centers of the country. We receive good feedback from the people. (C2)

The institution is focused on the human person, endowed with inviolable rights. Our reception sets us apart from other hospital institutions; no one is ever turned away from treatment for lack of money. We first seek to treat the person and then address the financial aspect and how the treatment will be paid for. (C4)

Our policy is more about respect for life, welcoming the people who come to us, and maintaining a high level of professional secrecy. Our approach is centered on the other, aiming for their dignification and valorization. (C6)

These accounts show that the collaborators consider promoting and protecting the health of children and adults through comprehensive and integrated care to be the main objectives of the programs at Clínica de Bôr. In coherence with the precepts of the ethics of alterity (Lévinas, 1997; 2005), this institutional policy is guided by the principles of the right to life and health, the absolute priority of the child, universal access to health, and the comprehensiveness of care.

In conclusion, based on the investigation of Caritas' actions in the fields of education and health, the practice of alterity reveals the materialization of social innovation through the commitment to and valorization of the less privileged other. Thus, social innovation as alterity generates, in education and health practices, greater autonomy for the individuals assisted by the institution (Guérios & Stoltz, 2010).

V. Final Considerations

This research aimed to analyze whether the health and education projects carried out by the non-governmental organization Caritas Guinea-Bissau develop practices of alterity as a form of social innovation. Considering the concepts, contexts, and histories presented in the theoretical framework and the institutional experience presented in the results, it is possible to infer the existence of alterity practices as a socially innovative action in Caritas Guinea-Bissau.

The activities of the institution are mainly related to social actions to support the most disadvantaged populations and actions aimed at building a fairer society, such as support for education, health, food security, nutrition, and guaranteeing fundamental rights. It can be stated, therefore, that this organization contributes to the development of public policies in the area of promoting social welfare, with the aim of raising and maintaining the quality of life of people (promotion and valorization of the other) and the environment where they are.

Caritas Guinea-Bissau, as a civil society organization, promotes social innovation through the practice of alterity in its education and health projects, as evidenced in the analyzed projects. Alterity, as an ethical precept guiding human action, represents the ability to recognize and respect the other as a unique being, with their own experiences, values, and needs (Lévinas, 1982; 1997). In this perspective, Caritas has a humanized approach centered on the people served, placing them as protagonists of the process of transformation and empowerment through its projects in the fields of education and health.

In education projects, Caritas Guinea-Bissau adopts innovative practices that value the alterity of students, considering their individual characteristics and social contexts. By creating an inclusive and welcoming environment, the organization allows students to feel respected and encouraged to develop their talents and abilities, where education promoted by Caritas goes beyond the mere transmission of knowledge, also aiming at the integral development of students as human beings capable of positively contributing to society.

Likewise, in health projects, Caritas uses alterity as the basis for offering personalized and sensitive care to individuals. By recognizing each patient as a unique and dignified being, the organization seeks to provide quality care that encompasses not only the physical aspect but also the emotional and social aspects. This is reflected in comprehensive and compassionate attention, in which patients are heard and respected in their health decisions.

Therefore, it can be concluded that social innovation is present in the actions of Caritas Guinea-Bissau and is perceived in the pursuit of improvement of its practices and approaches, aiming for a positive and lasting impact on the lives of the people assisted. The organization seeks socially innovative ways to address the social and health challenges of the community, adapting its strategies according to emerging needs. The pursuit of creative and effective solutions is motivated by the understanding that each individual is unique and deserves personalized attention.

The practice of alterity, when incorporated into the social innovation of Caritas Guinea-Bissau, contributes to strengthening trust and empathy with the communities served, and through a humanized approach, the organization builds sustainable and lasting relationships, encouraging the engagement and active participation of beneficiaries in the projects. This collaborative interaction results in a more inclusive and participatory process of social change, in which community members become agents of transformation in their own context. However, some gaps are observed that should not be overlooked. For example, families do not always actively participate in the decisions guiding the projects, indicating a significant limitation in the process of consolidating the emancipation of beneficiaries. Furthermore, there is no information on the long-term effects and impacts of the project.

The main limitation of the research lies in not having interviewed the beneficiaries, as a different perspective on some elements could have been identified, enriching the study results. For more studies of this nature to be produced and for the cause of the other to be discussed more frequently in organizational studies, it is recommended to conduct further research, observing other experiences promoted by civil society organizations.

In conclusion, the research presented here revealed the ethical and social value of social innovations practiced by a civil society organization that promotes actions in the fields of education and health in Guinea-Bissau. After all, in actions of civil society organizations such as those carried out by Caritas, the practice of alterity has the potential to generate levels of autonomy and transformative social impact.

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