

# **Generating Evidence for Accountability and Social Mobilisation through Community Ethnographers**

*CEGSS has initiated a participatory-action research exercise in 37 rural municipalities of Guatemala to develop capacities of marginalised citizens to use audio-visual tools for the monitoring of public health policies and healthcare services*

**Walter Flores, Silvia Sánchez and Julia Delgado**

The Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud-CEGSS (Centre for the Study of Equity and Governance in Health Systems), a civil society organisation based in Guatemala, is currently working in 37 rural municipalities of Guatemala. CEGSS is implementing systematic and participatory approaches to generate knowledge, develop tools and build the capacity of key social actors and particularly the marginalised citizens for monitoring of public health policies and healthcare services.

Of the 37 municipalities where CEGSS works in, 35 have a majority of indigenous population. In these municipalities, the Citizens Councils for Health (CCH) implements a community monitoring approach that includes: data collection and analysis, presenting written reports of findings to the authorities and engaging in advocacy actions and social mobilisation. When the monitoring reports received from several CCHs during 2013 were presented before the concerned authorities, they were often told by the officials that in order to take action, reports needed to be substantiated with strong evidences such as photographs, videos or complaints voiced by the persons affected. Written reports or summaries given through CCH leaders were not sufficient.

The CEGSS research team carried out field visits in municipalities across different regions of the country to assess the expectations and motivations of CCH members in engaging with audio-visual tools to support their community monitoring work. Community leaders who are a part of CCH opined that use of audio-visual tools to document the



**Exploring the new camera**

failure of healthcare services and other problems such as corruption was significant to advance their work. Audio-visuals would also be useful to record the assurances given by the authorities concerned to solve the problems identified through community monitoring and recordings of what the authorities committed would help ensure that they fulfilled the promises.

## **Designing the Intervention**

While analysing the data gathered from field visits, it discerned that the demand to use audio-visuals grew from the communities own work. A participatory-action research process was thus designed after deliberations at CEGSS as a substitute to the traditional vertical interventions and with an intention that communities could keep control on their own process. CEGSS and a group of community leaders from the different CCHs discussed the skills that community representatives were to acquire during the training. It was also agreed that the particular interest of each CCH representative, preferences for using video, photography or radio were to be taken into account. CEGSS thus designed a flexible training programme in which the research team facilitated the process and took responsibility of tailoring mentorship sessions based on the interests, base knowledge and time availability of trainees.

## **Skills to be Developed & Audio-Visual Equipment**

Taking into account the expectations of CCH members, CEGSS developed a simplified list of different tools that would be useful to obtain information and help the media to convey the messages.

Tools to gather information:

- Survey
- In-depth interviews
- Group interviews
- Life stories

Mediums to convey messages:

- Visual (photos)
- Audio (radio spots)
- Audio-visual (videos)
- Written and visual (Newsletters with text and images)

The CCH representatives chose the appropriate tools to gather information according to their interest and selected the media to communicate the messages they wanted to convey according to their suitability. Each CCH was provided with a small digital camera with capacity for both still images and video recording, two 32GB memory cards, one small digital voice recorder and a small tripod. Each CCH signed an agreement with CEGSS, which included the responsibility to take care of the equipment and provide support to the people elected from their community for training. After the training process gets completed, each community leader is entitled “community ethnographer” for the intervention.

## **Implementation Process**

The idea of intervention was taken up with each CCH and based upon their interests, they were asked to select two-four people who would participate in the training. By July 2014, CEGSS visited 27 municipalities out of 37. A total of 82 people are currently being trained out of which 33percentare females.

In the first workshop, participants were asked to list out the issues they wanted to document focusing on the issues affecting access to healthcare in their communities. Different issues were highlighted by the participants including lack of medicines in healthcare facilities, demand of informal charges by healthcare providers, facilities not being open for business, abuse and maltreatment of service users by healthcare providers. The CEGSS facilitators presented examples of the tools that could be used to seek information on the problems faced by communities and the different media that could be used to convey the information gathered. Majority of the participants chose video as a medium and emerged a second favourite medium while few selected radio spots.

During the second workshop, participants learned to use the digital voice recorder and the camera. An action plan was also developed in the workshop which included: a synopsis of the audio-visual product to be developed via video, photo feature, radio spot; a work plan to gather information using in-depth interviews, a survey, group interviews, etc. Based on the work plan, a schedule was set for individual training and mentorship process along with work on audio-visual products.

Information obtained till August, 2014 reveals that the participants are producing the audio-visual material and CEGSS is facilitating individual and group mentorship.

CEGSS has also produced a manual to support skill development, which contains simple descriptions and guidelines for the tools and on the types of media. It also includes summary of the Right to Information law which is an essential piece of legislation backing up the work carried out by CCH.

## **Monitoring and Learning**

As the intervention is a participatory-action research exercise, CEGSS has been reviewing the process through monthly reflection meetings to obtain feedback and suggestions on the functioning of the process, motivation levels of participants along with the problems encountered during implementation.

In addition, CEGSS is carrying out detailed documentation and systematisation of the learning processes. It is being carried both by the community participants and the CEGSS team through different means:

- Digital dairies that will be the basis to produce short stories of the learning experience following digital storytelling approaches.
- Short documentaries of key aspects emerging out of these interventions, for instance, how communities are engaging with technology; what is the level of engagement of young people in this process; life stories of some community participants portraying exceptional engagement and resilience to overcome the challenges of using new tools and technology.
- A documentary that will narrate the proceedings of the entire process beginning from January 2014 to the completion of the first phase in December 2014.

## **Challenges and Lessons Learned**

- One of the main challenges from the commencement of the initiative has been the “language barrier.” Majority of CCH representatives are indigenous people, whose native language is not Spanish. In one of the regions, CEGSS opted carry out all the activities in the local indigenous language after the participants pointed out that they were not able to understand much of the insights in the training. A second major challenge for some participants has been difficulties in learning the use of the camera and digital voice recorder. After the initial training session, several participants opted out from the training process due to difficulty in

handling the equipment. The earlier participants who opted out have been replaced by some new members.

- Despite the challenges, CEGSS has strived ahead with the motivation and drive of community participants. Many were initially cautious about the use of the camera and voice recorders but after a few mentoring sessions, they gained the confidence and the skill to handle the equipment and started recording data from different sources.
- The demand for mentorship is rapidly growing. CEGSS started with a group of five facilitators and till August 2014, three additional members have been added to the media team to support the mentorship process for production of videos, radio spots and newsletters.

## **Forthcoming Steps**

After completing the audio-visual products, the participants will communicate the material through local cable, community radio and community assemblies. The material will also be available at the website ([www.vigilanciaysalud.com](http://www.vigilanciaysalud.com)) and will be shared with authorities at provincial and national level. The first phase will conclude with a national workshop which will be attended by all the participants and facilitators to reflect upon CEGSS' collective learning and the plans for a second phase will be rolled out in January 2015.

*CEGSS hopes to report about the result of their initiatives early next year through the COPASAH communiqué. In the meantime, if you would like to know more about this intervention, feel free to contact Walter Flores at [wflores@cegss.org.gt](mailto:wflores@cegss.org.gt) or [waltergflores@gmail.com](mailto:waltergflores@gmail.com)*

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