

A photograph of a man with a mustache, wearing a brown short-sleeved shirt and an orange baseball cap with a blue logo. He is looking back over his right shoulder towards the camera. The background is a lush green hillside with a small village of houses with colorful roofs.

Most Significant Change

Monitoring empowerment for the right to health

Third World Relief Fund – Steunfonds Derde Wereld –
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1 Introduction

Anyone who is involved in development work knows that monitoring and evaluation can be challenging. It is no easy matter to measure progress and to communicate achievements and results in formal reports, especially for organizations that are not investing in bricks and mortar, but in human and organizational capital.



There's one anecdote about monitoring and evaluation I'll never forget. A couple of years ago I was representing Belgian NGOs in the Philippines. One day I found myself on the island of Samar working overtime with our local partner organization to come up with indicators for our logical framework. It took us ages to find an indicator of poverty among the poor peasants we were working with. I had already tried every indicator I knew from training programmes and manuals but nothing seemed to be applicable, according to the director of the local partner organization.

On the verge of losing my patience, I finally asked her to tell me about a successful project area she had mentioned earlier during the break. How did they know that they had been able to improve the lives of the poor? She immediately started to enthusiastically tell me about their latest visit to the village and the many changes they had observed in the behaviour and living conditions of the local population. One of the most striking changes was that almost everyone was now using sugar and cooking oil.

There was my indicator. And I had learned my

lesson: ask people to tell stories and you'll learn plenty of things that cannot be captured in indicators. Maybe it was also my first encounter with the Most Significant Change technique, long before I had even heard of it.

During the same period, I met a development consultant who had returned from a field visit for an ambitious evaluation project commissioned by the Belgian government. "You guys know what empowerment is," he told me. I was flattered, of course, but also curious. How had he reached that conclusion? He had been interviewing farmers all over the Philippines, he explained, and most of them were very shy and hesitant when they were answering his questions. "When I interviewed farmer leaders in your partners' project areas, they stood up before they answered my questions and they looked me in the eye while they made their points," he averred.

This observation never made it into the consultant's final report but now that I'm looking back on our initial experiences with the Most Significant Change technique, this anecdote seems very relevant. These kinds of stories and anecdotes often reveal most about the issues that really matter in our work: empowerment, health, well-being, rights, etc., and yet they hardly ever make it into our formal reports.

It was out of frustration that we decided to experiment with the Most Significant Change technique. We had been struggling hard these past few years to adopt results-based management techniques but often we had an uncomfortable feeling that something was missing. We hardly ever heard the stories from grassroots level any more - that wealth of quality information that shows what matters most for people - and for us.

1 Introduction

When we read about the Most Significant Change technique, we thought it might provide an answer and we wanted to give it a try. We collected and selected stories with the help of our partners in the Philippines, Palestine, the Democratic Republic of Congo (DRC) and Latin America. Interestingly, in each of these regions the process was quite different. In the Philippines, a staff member from our local office worked closely with Gabriela, one of our partner organizations, to conduct a try-out of MSC with a regional Gabriela chapter. In Palestine, we had first-hand experience, as we collected and selected the stories ourselves, together with youth leaders in East Jerusalem. In the DRC, it was three interns who worked with the local partner to collect stories, and in Latin America, a local consultant assisted the local partner organization.

We consider the diversity in the methodology a strength, not a weakness. It provided us with a wealth of experience to learn from in a very short time. We want to share these experiences – the good as well as the bad – with a broader audience involved in this kind of work and hope it will enable them to improve their work in the service of people’s health and development.

Wim De Ceukelaire
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2 Experiences

2.1 Palestine

In Palestine, TWRF works with Health Work Committees (HWC), a local NGO, striving for the empowerment of young people in East Jerusalem. HWC is an important player in Palestinian civil society in this part of the city and is well-established among young people there. It organizes school health programmes in most Palestinian schools in the city and also runs a youth centre in the Old City, the Nidal Centre. The original building used by the Centre was closed down by Israeli security forces in July 2009, so the Nidal Centre now organizes its activities from ad hoc venues.

2.1.1 Methodology

We scheduled the collection of MSC stories during a mission of TWRF staff to Palestine from 26 to 28 July 2010. The objective was to collect stories from the youth volunteers in Jerusalem who are active in the Nidal Centre's youth network (local community groups and theme groups), school health committees and university student groups. Due to time restrictions and the summer holidays we were not able to meet volunteers from the university groups.

It was not our intention to carry out an assessment of the programme. Instead, we wanted to learn about the impact of the activities on young people by listening to the stories of volunteers concerning the most significant change in their lives and how their participation in the programme has changed their behaviour and opinions.

Briefing

The MSC manual was sent to Daoud, the HWC youth coordinator in Jerusalem, three weeks before the stories were actually collected. At the start of the TWRF mission, we discussed the objectives and procedure of the MSC technique with Daoud, making use of a computer presentation.

Defining domains of change and reporting period

Together with Daoud, the TWRF staff defined four domains of change about which the volunteers were asked to tell a story:

- MSC in their daily lives
- MSC in their views on health
- MSC in involving peers in activities
- MSC in general ("open domain")

The reporting period was not the same for everybody. The volunteers were asked to talk about the period since they had become a volunteer with the youth network (1-3 years).

Participant selection

Daoud selected the volunteers. Although selection criteria were discussed in order to ensure that interviewees would represent the different target groups of the programme, most arrangements with the volunteers were made at the last minute and improvisation prevailed over selection. The volunteers were given a brief introduction in Arabic about the MSC technique, over the phone or just before they were asked to tell their story.

Participants:

1. Meriam, 21 years old, third-year economic science student at Al-Quds University, local community group.
2. Ihsan, 18 years old, just finished secondary school, joined Nidal 18 months to two years ago, local community group.
3. Samoud, 17 years old, 5th year secondary school, member of the “dabke” folk dance group.
4. Mustafa, 16 years old, local community group, Shufat.
5. Azedin, 16 years old, local community group, Shufat.
6. Bassil, 16 years old, joined the Nidal Centre three years ago, local community group, Shufat.
7. Nadine, 17 years old, about to start final year of secondary school, joined Nidal Centre four years ago, local community group.
8. Bashar, 17 years old, joined the Nidal Centre a year ago, school health committee.
9. Bassem, 17 years old, volunteer for the past four years, local community group.

Story collection

Each volunteer talked for about 45 minutes. Not everyone told a story about all four domains, although most did.

Circumstances in which the stories were collected:

- The stories were collected by two TWRF staff members and documented in English.
- The TWRF staff members explained the objectives of the MSC technique and asked the volunteers about the most significant change since they had become a volunteer in the youth network in the four defined domains. We also asked them to explain why it was the most significant change in their opinion.
- The volunteers spoke Arabic. Daoud, the HWC youth coordinator, translated everything into English on the spot.

Story selection

After the story collection, the two TWRF staff members had a meeting with Daoud and three volunteer youth leaders on the last day of their mission to discuss the stories and select one representing the most significant change within each domain. After reading the stories for one domain out loud in Arabic, the youth leaders discussed which story they thought reflected the most significant change. The same procedure was repeated for each of the four domains. After each discussion, they explained in English why they had chosen that particular story.



2.1.2 MSC stories

The four selected stories were the following:



Samoud, 17 years old: “dabke dancing gave me self-confidence”

5th year secondary school, volunteer for three years

Domain: most significant change in daily life

Before I got involved in the Nidal Centre, I didn't have much contact with people outside my family. Through the Centre I have got to know many new people and places in Jerusalem. I like dabke dancing¹, so I joined the dabke team. But that's not all. I learned a lot about the Palestinian case. We visited villages and cities in Palestine 48² (Israel) and also learned about the destroyed villages³. That's why we decided to make a presentation during our summer camp on the ethnic cleansing. During our tours in Jerusalem we learned how Israel is changing the history of our city. Arab houses are turned into Jewish houses by removing Arab inscriptions of the Koran. In Silwan⁴, 1,500 people will be evicted from their homes (which will be demolished in order to build a park). The children appreciated this tour very much.

The most significant change in my daily life since I got involved is that I am more self-confident. I recall a dabke show we prepared two years ago. It was our first performance and we invited all our friends and family. It was due to take place at the National Theatre in East

Jerusalem. The audience had already arrived and we were ready to start. One hour before the performance, the Israeli police came and cancelled it. They had a paper on which was written that we didn't have a permit. Everybody was upset and it made me cry. But it also made me more determined to continue and it boosted my self-confidence.

Why was this the most significant change?

I learned that we are living under occupation and that I have to be strong. This is our country and they will not stop us from performing dabke and organizing our activities. I was raised to love my country. When I was a child the Israeli army arrested my father right in front of me, pointing a gun at him. I want to tell the world that they are the terrorists, not us.

The HWC youth leaders chose Samoud's story because it is very comprehensive, both about the activities and about society.

Samoud is a girl who didn't have many friends before. Now she has many contacts and friends. The story is complete and shows how she learned things at every stage of her life. It really demonstrates how she has developed as a whole person. That's also how we understand health: as a quality of life. Initially she only came for dabke. It changed her life, really!



Ihsan, 18 years old: “People have to fight for the right to health”

Just finished secondary school, joined the Nidal Centre two years ago

Domain: most significant change in views on health

With our group from the Nidal Centre we visited families who were evicted from their homes in Sheikh Jarrah⁵. These families are now living on the street in conditions that are not healthy at all. When I visited this place I was shocked. The families were thrown out of their homes and Jews are now living there. These people don't have anywhere to live, they have no food for their children. It was so unfair. To me, it demonstrated the contempt shown towards these people. It shows that the occupation forces really want to take everything.

This visit taught me that health should be a right for all and not a gift. It is not because you're a good man that you should be able to enjoy this right. I believe that everyone should have the right to live in good and healthy conditions and to have a house to live in.

The visit to Sheikh Jarrah made me think: it is the State that should ensure this right but it doesn't. That's why people have to fight for this right.

Why was this the most significant change?

This experience was very important to me because it's one of the most important problems Palestinians in Jerusalem are experiencing right

now. I also know a family that is in the same situation.

The HWC youth leaders chose this story because it talks about visits to evicted families in Sheikh Jarrah. It's a very important case that affects the Palestinians in Jerusalem. Because they lost their homes, they lost their right to health. Through this activity Ihsan understood that health is really a right for all and that the government is doing nothing. In fact there's nobody to defend these people's rights.

Another story in this domain was about drug use by young people. It was also very good, because these boys became aware that they were able to do something about this issue.

Meriam, 21 years old: “I wanted my sisters to have the same experience”

Third-year economic science student at Al-Quds University

Domain: involving others

I'm now more self-confident to invite others to join and I know how to invite them. I succeeded in getting my two younger sisters involved. Because of my experiences, which I shared with them, and because of the change in my behaviour, they became interested in joining themselves. Now they've taken part in the summer camp and one of them is doing the leadership training.

Initially, people are afraid to join but once they get involved we can see the change. Young people don't know the issues, so they're hesitant at first.

Why is this the most significant change?

It's important because I want them to have the same experience and to acquire the same skills and knowledge.

The HWC youth leaders chose Meriam's story

because it shows the change in her own interests makes her want to see the same changes in her family. She succeeded and her two sisters are now very much involved.

She also talked about how young people are sometimes afraid to join. But once they get involved, they continue. It's a common experience. It's not easy to convince them to join. You have to find the key that fits the door. The three boys that were also interviewed are a good example. They were among a group of 17. As soon as some of them joined us, the others followed. Activities like the summer camps and dabke dance serve to attract young people. Usually they're not very interested in educational activities at first. Actually, it fits in with the plan of the occupation forces to keep young people ignorant.

Ihsan, 18 years old: “I’m not shy any more”

Just finished secondary school, joined the Nidal Centre two years ago

Domain: general

I used to be very shy and afraid to speak my mind. I used to be so worried about what other people thought of me. When I tried to give my opinion, I thought others would disapprove.

I've now learned how to relate to other people and how to deal with them. I know how to show respect to others and I know people also respect me.

Why is this the most significant change?

No one is perfect but you always have to look for people's good side and for the knowledge they can offer. A bad experience is not the end of your life. You should carry on and learn from this experience.

This was important to me because I believe a person's opinion and attitude really matter. The most important thing is not to be selfish.

The HWC youth leaders chose this story because it's exemplary of the big change they see in the youngsters they work with. Initially, they don't know how to share among themselves. On the street they can be very tough but once they have to talk to each other, they are shy and silent. It is through our activities that they learn to respect others, look for people's good side and share their opinions.

Sometimes, even just introducing themselves is difficult. It's a problem of our society. In school, young people just sit and listen. It's the same at home.

¹ Palestinian folk dance.

² “Palestine 48” is how some Palestinians refer to the territory that is now recognized as Israel's, as it was occupied in 1948.

³ In 1948, some 500 Palestinian villages were completely destroyed and its residents were evicted from the territory that later became Israel.

⁴ Silwan is a Palestinian part of Jerusalem adjacent to the Old City with a population of about 45,000 people. The area includes the archaeological site of what is said to be the City of David, or the original city of Jerusalem. It is one of the most contentious areas in Jerusalem these days because of plans to develop it as a tourist spot.

⁵ Sheikh Jarrah is a Palestinian residential area located to the north of the Old City in occupied East Jerusalem and is home to approximately 2,700 Palestinians. Given the area's strategic location, Israeli settler organizations have made persistent efforts to take control of land and property and establish a sustained presence in Sheikh Jarrah. Efforts by settler groups have intensified in recent years and are often accompanied by attempts to forcibly evict Palestinian families and communities to make way for new settlements. In a recent series of evictions on 2 August 2009, 53 Palestinian refugees, including 20 children, were forced out of their homes in Sheikh Jarrah by Israeli authorities following a court ruling. The properties were handed over to a settler organization that intends to build a new settlement in the area, placing at least 24 other buildings and their estimated 300 residents at risk of forced eviction. When similar efforts in other parts of Sheikh Jarrah are taken into account, the total number of planned settlement units rises to over 540, placing an estimated 475 Palestinians at risk of forced eviction, dispossession and displacement. (Source: OCHA)

2.1.3 Assessment



After the story selection, the HWC volunteers (Daoud, Nagham, Ilham and Ahmad) assessed their experience with the MSC technique. These are some of the points they shared:

- The stories are interesting and accurate but they don't reflect the entirety of the Centre's work. We also offer human rights training, alternative city tours, education about the situation in Jerusalem, gender and sexual health training, etc., but these were not mentioned. Besides young people, we're also working with women and children.
- We should learn and study why it is so difficult to recruit more young people. That's a general problem for all organizations here, however. Actually, we have many more than other NGOs.
- We knew these volunteers already because they are all active members but through this exercise we learned much more about them. It will help us to deal with them better in the future.
- It taught us that it is possible to have a genuine impact on young people and see real change. We actually need more of these centres.
- MSC is a useful method and we could also use it ourselves. We have experience with assessments, but the difference with other evaluation methods is that it shows the reality of young people's lives under the occupation. They are confronted with drugs, evictions, violence, and much more. It shows what really matters to them. Through the activities of the Nidal Centre, youngsters learn to deal with these problems.

2.2 The Philippines

In the Philippines we work with different partner organizations, most of whom are active in community health. One of them is Gabriela, a national alliance of women's organizations, with which we have been working on women's and community health programmes since 2003. They volunteered to try out the MSC technique with the help of our local country office staff.

2.2.1 Methodology

The TWRF country office prepared an MSC story collection guide in Filipino and sent it to Gabriela. Obeth Montes, who has overall responsibility for the programme, had read and commented on the guide before sending it to the organizers of the Iloilo and Roxas City chapters. Actual story collection and selection in the field took place from 17 to 21 August.

Gabriela Iloilo chapter



The Gabriela Iloilo organizers expected 25 members to participate in the MSC story collection, but because of unforeseen circumstances, only 12 made it on the actual day. Despite the absence of some participants, each municipal chapter covered by Gabriela's health programme was represented, however.

Obeth explained the context of the MSC technique. She told the participants that it is a form of evaluation process that they can use, especial-

ly now that they are approaching the end of the three-year programme. Jayson from the TWRF country office explained the different steps of the MSC technique.

Because of the number of participants, the facilitators decided to divide the group into six pairs. Each pair was asked to exchange a story about the most significant change in the last three years. The facilitators thought that it would be better to pair participants from different areas. The participants were asked to document their partner's story. The pairs were then asked to choose which of the two stories they thought was the most significant.

The pairs were given an hour and a half to exchange stories and document them. During the subsequent presentation, each pair was given time to present their chosen story. The participants whose stories were chosen were then asked to elaborate to fill in the gaps in the documented version.

The six stories shared in the plenary session were the following:

1. Virginia Sumaguio, Leganes, Iloilo – on how they use the herbal medicines that were covered in the training given as part of Gabriela's health programme in Iloilo.
2. Hydie Sotela, Leganes, Iloilo – the frequency of her asthma attacks was reduced after she used the medicinal plant sambong, which she

learned about during a training course on herbal medicines.

3. Gloria Galleno, Leganes, Iloilo – the way she disciplines her children changed after attending a training course on violence against women and children. Her husband and children became supportive of her participation in the seminars and training organized by Gabriela, to which they attributed Gloria's change in attitude.
4. Rosalinda Guaro, Leganes, Iloilo – she did not believe in herbal medicines before the implementation of Gabriela's health programme in Iloilo until she applied what she learned during training on her husband, who was suffering from arthritis.
5. Ma. Aleta A. Gamot, Sta Barbara, Iloilo – she discovered the use of tawa-tawa (*Euphorbia Hirta*), a medicinal plant for people with dengue fever. She recommended the use of herbal medicines to her neighbours.
6. Elena Dela Cruz, Pavia, Iloilo – she began to understand women's issues, particularly violence against women. She has since attended to the needs of mistreated women in her community who sought her help.

In line with the guidelines of the technique, the domains were determined only after the MSC stories were gathered. This was done during the assessment session involving the five organizers, including Iloilo Health Programme Coordinator Lucy Francisco, when the stories that most accurately reflected the MSC of the Iloilo chapter's health programme were identified. The organizers chose three stories they would like to put forward to the Gabriela national office for further selection.

Based on the stories collected, the organizers identified the domains from which they would base their criteria for selection. The domains identified were Impact of Services and Change in Attitude. The stories of Galleno, Sotela and Dela Cruz were chosen by the five organizers. They were unanimous in choosing Galleno's sto-

ry, as it aptly illustrated the Change in Attitude domain. Coordinator Lucy Francisco said that she did not know Galleno's story prior to the sharing. Apart from fitting into the Change in Attitude domain, Dela Cruz' story also indicated the progress of her work in the community.

Sotela's experience was chosen from among the many stories about herbal medicines because it highlighted the effectiveness of the use of alternative medicine they, as health workers, are providing. It also indicated a change in the quality of her own life because of her improved health.

Gabriela Roxas City chapter

The lessons learned from the way the exercise was conducted in Iloilo led to modifications being made to improve the procedure used in Roxas City. The facilitators decided to proceed with the group sharing with the participants grouped according to their communities/local chapters. With every member of the group familiar with how the health programme was specifically implemented in their communities, they could better judge which story to select.

The context and mechanics of the session were discussed by the facilitators before splitting the participants into groups. With three to four women in each group, they were given two and a half hours for the sharing part of the exercise. Each group selected one story. The facilitators and some of the organizers did not participate in the sharing, but moved from one group to another to observe and to make sure the participants understood and followed the instructions.

Unlike the procedure used in Iloilo, the participants were first encouraged to share their stories with each other before documenting them. It was observed from the Iloilo experience that the documentation hindered free discussion.

After the sharing, each group assigned a person to document the story that they had chosen.

The participants whose stories were chosen were asked to narrate their story during the plenary session. After each participant had finished, the organizers, facilitators and other participants asked her questions to clarify a few details or to allow her to elaborate.

The following were the stories presented during the plenary session:

1. Lorna Coronado, Barangay Cogon, Roxas City – she became aware of the rights of women and advised a neighbour who was being beaten by her jealous husband.
2. Dolores Mijares, Barangay Libas, Roxas City – she reprimanded a relative who was hitting his child. In the process of averting further violence, her hand was cut on the knife wielded by her husband, who was defending her against their relative.
3. Emma Pedrano, Barangay Culasi, Roxas City – thanks to the Gabriela organization, the community became united and was inspired with the courage to fight for their land. The organization raised the awareness of community members about the issues threatening their community, such as demolition and mining.
4. Marivie Arguelles, Barangay Dumolog, Roxas City – the herbal medicine training given by Gabriela helped her community, especially during the outbreak of dengue fever.
5. Cristina Alcones, Barangay Baybay, Roxas City – the leadership training she received in 2009 helped her lead her community in the campaigns against hunger, poverty and price hikes.
6. Elma Deanon, Barangay Dinginan, Roxas City – before, she was meek and sensitive to taunts. As the Gabriela chairperson in Roxas City, she became determined and gained the strength to fight against injustice and oppression.

After the presentation, the organizers assessed the stories shared and how the sharing was conducted. For the organizers, the process was posi-

tive because the stories touched on the different aspects of the programme, such as awareness-raising, organizing and service delivery. These three aspects were identified as the domains in determining the most significant change in Roxas. The group decided to forward all six stories for the national office to assess.

As in Iloilo, some of the stories were not known to the organizers. They appreciated the method, as it became a vehicle for them to learn of these stories, which will help them assess how the programme impacts on people in the communities.



2.2.2 MSC stories

After reading the collected MSC stories from Iloilo and Roxas City, TWRF Country Representative Hans Schaap chose the stories of Emma Pedrano (Roxas City) and Gloria Galleno (Leganes, Iloilo). For Hans, Emma Pedrano's story is a "clear expression of community empowerment". He selected Galleno's story, as it was an "admission of personal weaknesses and attitudinal change brought about by the programme".

According to Hans: "The stories as a whole are a good indicator of the health programme of Gabriela, and of the fact that the programme goes beyond health and addresses elementary aspects of the struggle against poverty and no right to health: empowerment of the basic sectors through organizing and education."

Emma Pedrano (Barangay Culasi, Roxas City)

I came to know about Gabriela because of our land problem. Our views and attitude have changed since the organization helped us. Apart from that, there are many things that the organization has given to my family and to our community, not least its role in raising our awareness and giving us the courage to face our problems, particularly our land problem.

A private company was claiming ownership of the land where our houses had stood for many years. Our homes were threatened with demolition, but because of the organization, we were able to stop the process. Through the organization, we lobbied the appropriate government agencies to give us the preferential right to stay on our land.

Before, we had no guidance on what actions we could take. We did not know which agency could help us. We were on our own, we were not united. Some fell for the deceptions of the claimant, who connived with local officials to entice some of us to

demolish our own homes in exchange for a paltry sum. The organization exposed the fact that the document some of us had signed was null and void because we had signed it against our will.

I thank the organization for its help in forging unity among us to defend our land and in finding ways to improve our lives. Through the organization, we were able to inform other people in our community how to deal with our situation. Gabriela organized discussions and training for us to understand our situation. We did not give in to the threats and harassment because we had the organization to count on.

Gloria Galleno (Barangay Buntatala, Leganes, Iloilo)

I was very strict with my children when I disciplined them. I was easily angered when I heard rumours about their wrongdoings from our neighbours. I often hit them and pulled their hair; I put them inside a sack. Then I received information on violence against women and children. I came to understand that it was not the way to discipline our children. I realized that what I was doing was wrong, and that children also have rights. I used to think that I am the mother, and they should obey me. I used to think that they are just my children and they should do what I say. I learned from the organization that as a mother I should build a relationship with my children.

I often fought with my husband because of how I treated our children. I know now how to handle arguments with my children and husband. They are all supportive when I attend seminars and training organized by Gabriela, to which they attribute the change in me.

GABRIELA National Office

The MSC story collection was facilitated in coordination with Gabriela's national office through

its programme director Obeth Montes, who was present throughout the whole process. She presented the selected stories from Iloilo and Roxas City to the National Secretariat. They discussed the stories and chose the following as representing the most significant change in their programme areas in Iloilo and Roxas.

(1) Hydie Sotela (Iloilo)

Sotela is a barangay¹ health worker who works for the local government-funded health centre. Her story showed Gabriela's relationship with local government agencies. Through the programme, Gabriela was able to access the barangay health workers and further enhance their skills in health work. This story also depicts the change in attitude and views on health. It shows the impact and effectiveness of the services provided by the women's health programme.

Hydie Sotela (Barangay Buntatala, Leganes, Iloilo)

I am employed as a barangay health worker and day-care teacher. Before the Gabriela health programme, I depended mainly on Western medicine prescribed by the doctor. When I joined Gabriela, I learned how to use herbal medicines. I became aware that, apart from the drugs available at the pharmacy, the plants around us are alternative medicines that can improve our health. I now apply what I learned from the training whenever any member of my family is sick.

Before, I couldn't sleep at night because of my asthma. I now use herbal medicine to treat the symptoms. After taking it for a year, I now get fewer asthma attacks. I also use it to inhale. Since I started using herbal medicine, it has helped my family cut the amount spent on mainstream medicines.

(2) Elma Deanon (Roxas City)

As Gabriela Roxas City chairperson, Deanon reflects the change in her views in her story, which also indicates the impact of the whole programme on her as a leader. She demonstrates how she is and will remain committed to work for change.

Elma Deanon (Barangay Dinginan, Roxas City)

Before, I always cried whenever I heard about things that I didn't approve of. I was reluctant to get involved in issues that affect our society. Now that I'm part of the organization, I know our rights. Thanks to the seminars and activities organized, I now know what we can do. I try to understand all the information I'm given, and learn from it so that I can pass it on to the communities where we are working.

I learned from all of this that we should not keep mum about injustice; we should not allow people to abuse or exploit us, because we all have rights. I now know that I should fight back. Everything I learn, I give back to the people, especially the poor and the oppressed. We poor souls do not often get the attention of the authorities, while the rich get what they want. I told myself that one day things would change.

When I became an organizer, something changed in me. I began to stand up not only for myself but also for the organization and the communities I am serving.

(3) Emma Pedrano (Roxas City) – see above.

Her story reflects how the programme and the organization empower women in the community to take action to improve their situation.

¹ A barangay is the smallest entity in the Philippine government administration and refers to a village in a rural area.

2.2.3 Assessment

Reflections from the national office and from Iloilo and Roxas organizers: the use of MSC as an evaluation method was beneficial to the organizers and the programme staff. They were enlightened as to what still needs to be done in order to improve the method adopted or received confirmation that it is an effective method in a particular community.

For the organizers in the local chapters, the stories shared helped them gauge the level of consolidation of the members and the capability of the leaders. Through MSC, they were able to not only assess the impact of the programme but also indirectly appraise their organizing capability, and learned valuable lessons on how to further develop that capability.

Assessment points

- Since the MSC technique was quite new as a method of evaluation, the facilitators were still grappling with the process. They were worried about how it would be used and appreciated by the participants. The way in which the MSC stories were collected was in itself a learning process - for the participants, the community organizers and the facilitators themselves.
- The facilitators were able to see how to modify the procedure used in Iloilo after the assessment. Adjustments and modifications were made to improve the procedure applied during the session with the Roxas City participants.
- The Gabriela organizers in Iloilo and Roxas City appreciated the MSC as an evaluation method because they felt the stories reflected the impact of their work, which was not usually reported in formal assessments.
- The facilitators decided to make the collection of MSC stories a group activity to involve the members of the organizations in the selection of stories.
- The method also brought to light the importance of following up on the development of the members of the organizations at the local level. These stories were not reported in the conventional method of monitoring programme progress at grassroots level. The MSC technique will complement the data reported in formal assessments.
- The spontaneity of the participants' narration of their MSC stories is important. The participants should be able to freely express themselves. One crucial factor is the language the participants used. The local organizers helped in translating the instructions and the stories shared from Filipino to Hiligaynon (primary language in Western Visayas) and vice versa.
- There is a tendency for participants to enumerate the benefits they enjoy from being a member of the organization. There is a need for the facilitator to reiterate to the participants to focus on only one significant change.
- For the Iloilo chapter, the stories helped assess the progress of the health programme. Most of the stories were about how members had benefited from the programme. During the process, points were raised about how to advance the programme.
- In Iloilo, most stories shared were about the use of herbal medicines as part of the service provided to the communities. The initial analysis was that there is a need to put emphasis on empowering members in the communities. The local chapters, however, are more advanced and assertive when engaging the local government on the issue of violence against women and children, but this was not reflected in the MSC exercise.

2.3 Latin America

In Latin America we work with a network that is part of the global People’s Health Movement. The Movimiento para la Salud de los Pueblos (MSP) is building the grass-roots movement for the right to health across the continent. In consultation with the MSP-LA, we decided to ask a local consultant, María Erlinda Sandino, to help us with the introduction of the methodology. She worked with a coordinating team consisting of María Hamlin Zuniga, Gabriel García, Arturo Quizphe and Jorge Quizphe to prepare her report: “INFORME VALORATIVO. Basado en Testimonios de Cambios Más Significativos (CMS)”. The rest of this chapter consists of translated excerpts from this report, which is available as a PDF document.

2.3.1 Methodology

From 2008 to 2010, the Latin American People’s Health Movement (PHM-LA) has been fostering actions in the framework of the project “Network for the Right to Health in Latin America”, and is currently at the stage of developing new plans.

Along these lines, the PHM-LA has decided to evaluate the work from 2008 to 2010, using the Most Significant Change (MSC) technique, as the groundwork for monitoring and follow-up on the work being done, based on individual and group reflection, institutional learning, and synergy among stakeholders.

The general objective of this exercise was: To aid the organizations in the PHM-LA to identify, collect, and select Most Significant Change Stories (testimonios) about the experiences facilitated with the support of the movement during the period 2008 to 2010.

Specific objectives:

1. Introduce the use of this methodology in the PHM-LA, to strengthen leadership structures and promote grassroots participation in the movement.
2. Visualize, share, and mobilize, using personal narratives and stories of local and

regional change about the most relevant people’s health issues that have an impact at the personal and societal level.

3. Use this experience to implement and understand the MSC methodology and form a small group of people in PHM-LA who can act as facilitators of the MSC process in the near future.

The *first step* was to form a technical team, made up of María Hamlin Zúniga, Arturo Quizphe, Jorge Quizphe and Gabriel García (September 2010). An external facilitator was hired, who had experience with the MSC technique in different countries in the region, to aid in collecting and editing the most significant change stories and support materials.

A review was done of documents on experiences related to the PHM and of background material on the MSC technique. A “Guide to Collecting Most Significant Change Stories” was designed and revised, and shared with a group of representative stakeholders.

During October, MSC stories were identified and collected about the following experiences:

- Experience with interculturality at the IPHU course at ASECSA in Guatemala.

- Defence of Mother Earth and the criminalization of protest: Experiences from Guatemala and Ecuador.
- Right to health: Health Forum in El Salvador.
- Living, thinking and feeling nature: The experience of Laicrimpo in Argentina.

Because the people and activities of PHM-LA are located in different countries and territories in Latin America, MSC had to be used creatively; the collection of stories and feedback on the results were done online, using e-mail and Skype. The story of Crisanta Pérez, on the criminalization of the struggle to defend the land, was put together from documents and a filmed interview with Crisanta. It was not possible to get her story in person due to a tropical storm emergency in Guatemala.

Using this input, this evaluation report was then

written, which systematizes the Most Significant Change Stories about selected experiences. The stories have been grouped into a number of main **domains of change**:

- Domain of Change 1: Advocacy Capacity Building.
- Domain of Change 2: Political Advocacy in Defence of Mother Earth and Against Criminalization of Protests to Defend the Land.
- Domain of Change 3: Political Advocacy for the Right to Health.
- Domain of Change 4: Paradigm Shift in Health.

Finally, feedback with the results of the MSC process will be provided to the participants, PHM-LA member organizations and the Third World Relief Fund.

2.3.2 MSC stories

Domain of Change: Advocacy Capacity Building – IPHU Course¹

Most Significant Change Stories about the IPHU Course: Inclusion of an Intercultural Approach

Story No. 1



**Vivian Tatiana Camacho Hinojosa,
IPHU-Guatemala Course Facilitator.
From Cercado, Cochabamba, Bolivia.**

The most significant change for me as a facilitator and student at the International People’s Health University was the approach used for the course, including the ritual accompaniment during the entire event.

I participated in the short course in Havana² on the social determinants of health and in Chimaltenango³ on the topic of interculturality and health. I felt a big difference, starting with the structure of the classes; not only because of the syllabus, but also because of the way we shared our feelings and thoughts.

Havana was a marvellous course for meeting with valuable, courageous people who talked about the health situation in their countries, which in some cases is very difficult. Something similar occurred in Chimaltenango, but the difference is that the accompaniment was essential. In Cuba, each day was very intense and I did not feel that the setting

attended us in our process as people assimilating, seeing and sharing these painful realities. They gave us the best they could for facilities and accommodations, and also in human warmth; but the spiritual accompaniment was missing.

In Chimaltenango, there was another way of accompanying, of knowing that they were there for us, not only the organizers, but also the forces that we invoked each day so that our classes would flow in the best possible manner; we gave free rein to the flow of emotions that are also part of what makes us human and produce health in us.

From the beginning, we were received by the ancestors who had been waiting for us; it didn’t matter how each of us decided to express our spirituality or what name we gave it. Each person had the opportunity to connect with this other part that is very ignored by the Western hegemonic perspective. This other part is now the strength of our peoples; Mother Earth makes herself strongly felt in our hearts; she makes hope arise, even when we think it is lost. She will make us, despite everything, keep on defending and caring for life, starting with ourselves.

According to Vivian, rituality was an extremely important part of the learning process in this experience. She put it this way:

“This is the most important thing for me, not only as a doctor but also as a living human creature within the web of life, because of the relevance of ritual. A sense of connection with that which each one considers sacred, with respect, going beyond fears, prejudices, racism, discrimination; I was capable of encountering the other person as a human creature and we would become brethren in that sentiment, going beyond the differences that we might

consider profound when speaking of spirituality. Because, if we know and we experience the connection with the life force, that will ensure that our direction, our walk, is more coherent with the environment surrounding us and in general with ourselves.”

Vivian said that several physical elements present during the course enabled a connection with what she calls the “life force”:

“The circular arrangement of the chairs facilitated another way of sharing, each one learning from the other, modelling an egalitarian structure instead of a hierarchy. The flowers in the centre reminded us physically of that which our eyes cannot see—the presence and force of our ancestors—also as part of our learning together.

*It is in this coherence of **knowing, feeling and doing**⁴ that we find motivation, courage and strength to believe that we are capable of creating that other possible world, knowing that there are also immense cruel forces that are doing all they can to destroy; the personal, internal coherence makes us trust that each of our small steps is also part of the great march toward that dignified, free and mutually supportive life for all that we love, even for human brothers and sisters who we don’t know, who will come after we are gone. Brothers and sisters of all living species, we are all part of the Community of Life.*

Among all of us, we are making mutually supportive efforts to not weaken. Among all of us, we are building hope with our hands and with our hearts, with our steps; knowing that what we see and that which we cannot see but can feel, are also life within life, as is each and every one of us.”

Involved in this story of change were the Maya hosts, the Fathers and Mothers, who conducted the welcoming and farewell ceremonies and accompanied us each day; the participants; and the organizers of the IPHU, who made the entire event possible.

This experience took place at ASECSA, in Chimaltenango, Guatemala, in April 2010.

Story No. 2



William Hernández M., IPHU-Guatemala Course Facilitator. From Managua, Nicaragua.

I was invited to participate in the IPHU in Chimaltenango, Guatemala in April 2010 on the topic of Interculturality and Health, as a facilitator.

This time, the course had a smaller, though sufficient, group, a syllabus that addressed topics that turned out to be the experiences of the vast majority of the participants, all from the same region, with similar conditions and speaking the same language. Even though some spoke an indigenous language or Portuguese (those from Brazil), we all communicated in Spanish.

I had already participated in the first session of the International People’s Health University (IPHU) in July 2005 in Cuenca, Ecuador. That first session was held during the Second People’s Health Assembly. At that first course, we encountered a traditional academic programme as far as organization goes, but the subjects addressed were anything but. In Ecuador, the course was characterized by a large number of students, from different continents, speaking different languages, which required a whole set-up for simultaneous translation. It was held on a university campus, and most of the participants were PHM-LA activists or people new to the movement, who were graduates of different health fields.

In the experience in Chimaltenango, the general topic of the course lent a certain academic level

to the session on “Political Economy of Health.” All the academic formality was transformed into a diverse collective, keen to share experiences and thirsty for information, based on the personal stories of the participants themselves, with collaboration and guidance from a group of facilitators, which, in my opinion, was the right decision by the organizers.

In telling his story, William also said that this change is the most relevant one because it involved an approach based on the personal experiences and reality of those involved, integrated into an academic environment:

“When we are talking about a place where community health activists can share their experiences and obtain knowledge tools in the framework of a university, it is not possible to maintain the traditional, one-way education model in which teachers, from a position as superiors,

transmit knowledge to a receiving group.

The Guatemala course used a model that was collective and multi-directional. We all learned from all of the experiences presented there, coming from different geographic, social, cultural and academic places, which formed the basis of the course.

We experienced the situation of the native peoples of Guatemala, which led us to take on collective and individual commitments to work for a world with more solidarity and harmony that produces life with health.”

The IPHU organizing committee, the participants and health activists from different peoples and countries were involved in this change, which took place at ASECSA, in Chimaltenango, Guatemala in April 2010.

Most Significant Change Stories about the IPHU Course: Technology Innovation

Story No. 3

Gabriel García Salyano, San Cristóbal de Las Casas. From Chiapas, México.

Using communications technology for live broadcast over the Internet, and using open-access software, along with link-ins with local radio stations to bring the IPHU-Chimaltenango course to more people throughout the Americas and broadcast to rural Guatemala through a network of community radio stations.

The experience in Chimaltenango demonstrated that the use of this technology and open-access software is not just for “experts” and that it is within the reach of all the organizations and individuals in the PHM-LA and that it is useful for empowering and disseminating their activities.

Earlier, the events held in Porto Alegre and in Havana had been conducted in the classic manner; that is, only the participants were part of them—in the case of Havana because of the difficulties from the economic blockade and in Porto Alegre because it seems that it simply wasn’t something to take into consideration. In general, information and communications technology is underused in the PHM-LA; perhaps because people don’t know the potential it has. In addition, practically everyone is limited to using proprietary software, whether because they don’t know about other systems or because of a fear of change.

According to Gabriel García Salyano, IPHU courses are opportunities for the sharing, discussion and evaluation of proposals for action from and among different grassroots and academic sectors and at the level of civil society organizations. However, he said that earlier, this opportunity was

for “favoured” individuals and was conducted only as an on-site course.

The course in Chimaltenango, Guatemala was the first time that different presentations, plenary sessions and discussions were broadcast live, which meant that people from different parts of Abya Yala could follow the course and send in their comments and opinions about the subjects and how the course was being taught.

This is important because there was a large number of applicants to the course, which was limited to 50 places; this meant that making the course available to people who were off-site was a spot-on decision.

Gabriel said that the teleconferences were of good quality. They had the necessary equipment, which was available to the institutions and groups present and which facilitated making an immediate audiovisual record of the event. This was posted on the website along with all the other information, making it available to everyone visiting the site.

Another element that makes the use of communications technology so important, according to Gabriel, is that the organizing and facilitation committee was comprised of people from different countries: Guatemala, Nicaragua, El Salvador, Mexico, Ecuador, Argentina and Bolivia. Different Internet-based tools enabled them to define the selection criteria for the participants, develop the subjects and content of the academic programme, define the roles of the participants and organize the logistics, while decreasing environmental and economic costs.

Those involved in this change were Virgilio Medina, Jorge Contreras, Hazel Ríos, María Hamlin Zúniga and Edy Rolando Siritit Quisquina. The live broadcast of the event took place in Chimaltenango, Guatemala, with teleconferences on 12-14 April 2010, following preparations including the purchase of necessary equipment and training of the people involved (March 2010).

¹ International People’s Health University.

² The IPHU in Havana was held in November 2009.

³ The IPHU in Chimaltenango was held in April 2010.

⁴ Allin Yachay, Allin Munay, Allin Ruway = Allin Kawsay or Sumaj Kawsay. This means that to know well, love well and do well (with good thoughts, good feelings or a good heart; with doing good, in a good way) builds allin kawsay, the good life; this also merges with sumaj, which means most beautiful life; that is, living beautifully in a good way is Sumaj Kawsay, in harmony with all forms of life.

Domain of Change: Political Advocacy in Defence of Mother Earth and Against the Criminalization of Protest

Most Significant Change Stories about the IPHU Course: Inclusion of an Intercultural Approach

Story No. 4



Rocío Pérez, Leader of Victoria del Portete Community and President of the Defenders of Pachamama Women's Front

Community MSC Story:

We women organized, supported each other, built our awareness and educated ourselves; we created a juridical and legal entity to be able to protect, train and inform ourselves and to train women leaders who are part of the Defenders of Pachamama Women's Front, from the communities of Tarquí, Victoria del Portete, Molleturo, Limón Indanza, Gualaquiza, Gualaceo, Cuenca, and others.

My community has not let itself be moved to the stage of exploitation, thanks to the resistance of the Defenders of Pachamama Women's Front.

We maintain our love of life and nature, and also for learning about the rights of women and of all people.

Personal MSC Story:

I have learnt that I can help my community, defend the water, land and life in general.... I have grown as a woman and as a person.

Rocío feels that this change is the most important one because the women have successfully fostered political advocacy activities pressuring local, regional and national authorities, which has led to changes in the law (amendments to Ecuador's constitution). Before this, women were ignorant of their rights; but now they are organized. They belong to the Defenders of Pachamama Women's Front and continue their struggle to defend women's rights, environmental rights, social rights and human rights in general.

As a result of their organizing and advocacy capabilities they have counteracted the negative impact on the environment of transnational mining companies: natural disasters, pollution, deteriorating living conditions, squalor and poverty.

Rocío Pérez says that her struggle has enabled the people living in the community of Victoria del Portete to enjoy a healthy environment: *"We can still breathe pure air and drink pure water and we can also continue to enjoy our beautiful landscapes."* However, she emphasizes that they must continue the struggle and advocacy work, as says the following: *"That we should never give up and that we will be ready to fight, come what may."*

This significant change took place in the city of Cuenca, Ecuador and involved Rocío Pérez, leader and grandmother, together with other grandmothers, all of them fighters, active and militant in community action and defence of their land in Victoria del Portete, Cuenca, Ecuador.

Most Significant Change Story about the Experience with the Criminalization of Protest: “We are All Crisanta.” San Marcos, Guatemala

Story No. 5

Crisanta Pérez, San Miguel Ixtahuacán

Adapted from conversations with Crisanta Pérez and from the stories of struggle, “We are All Crisanta,” a living history of women leaders in defence of Maya land and dignity.

In 2008 and 2009, Crisanta Pérez became a role model for many women in several communities of San Marcos in defending their rights, and they have raised the slogan, “We are All Crisanta.”

According to written information and from talking with Crisanta Pérez, the problem is part of the exploitation of natural resources by the Marlin Mine, run by the Montana Exploradora Company, a member of Gold Corp, in San Miguel Ixtahuacán, San Marcos, Guatemala.

In 2007, eight women from San Miguel Ixtahuacán, led by Crisanta Pérez, demanded that the Montana Exploradora Company respect their property after it ran electric lines for the mine over family-owned lands and high tension lines over their homes without prior authorization using manipulated procedures, putting their lives at risk from radiation and high voltage.

The company’s lack of respect and its arrogance, and the local people’s desire for safety, motivated these brave women to knock down the electric poles leading to the mine. Crisanta continues explaining:

“They did not keep their promises, so what the woman did was to remove the anchors from the post, and by taking the anchors away, the post flipped over, and the electric lines go by the corner of my house, so that worried me a lot, because if the post were to fall it would damage my house. What we did was file complaints with town hall, with the seal and signature of all the authorities from all the communities.... It was signed and sealed by them and they submitted an

official document to the company (Marlin Mine) where they asked the company to take the posts off my property and my neighbour’s property.

So the company asked for another three months, but we told them to take the posts away before the rains came because when it rains the soil softens up. They had not removed the light poles at the time when the rains began...so, I made up my own mind then to block the company’s electricity and now the struggle belonged to the people. There were the people with the cracked houses, those from the spring, the people with skin disease.”

The reaction of the company and of the Guatemalan government has been to issue arrest warrants against Crisanta Pérez, Crisanta Hernández, Patrocinia Mateo, Catalina Pérez, Olga Hamaca, María Díaz, Crisanta Yoc and Marta Pérez. Since then, these women live in hiding, going from community to community where they are protected.

“Because they were angry that I didn’t make an agreement with them they put an arrest warrant out for me. Here in San Miguel, there are no people who speak Spanish so they asked me to talk to the company manager to get them to take the machinery away.”

According to personal accounts, the company was able to successfully install itself and strip-mine for gold because they used force and deception, and were supported by the Guatemalan government. This is seen as a continuation of colonialism and as an act of arrogance and racism. The pillaging continues and the local communities are not seen as meriting any consideration or having any rights. Most of the people are against the mining.

“The company people came and I talked to them. I told them what the problem was; why the people were against them—that they were defending their water sources, they didn’t want them to pollute their springs and their rivers where they wash their clothes. The company didn’t obey and again issued an arrest warrant for me. I was at home when they called me

to say that the police were already there.... I had to leave the municipality of San Miguel.”

Crisanta Pérez, pregnant, decided to return to her community to give birth. Shortly after giving birth she was detained by National Civilian Police officers and taken out of her home. The news spread quickly through the communities; the people sounded the alarm and blocked all roads out of town. In one of these communities, an organized group of people stopped the police and freed Crisanta Pérez.

“When I was pregnant, I was somewhere else; I was not in San Miguel because there was an arrest warrant out for me. They looked for me here in Axil, so I had to leave and I was three months pregnant when I left here. I returned in late December; my daughter was born. One month after I had my baby they caught me. I had spent six months somewhere else, and in December I came back home again and after being home for a month, they caught me.

This worries me a lot because my children are still small.... If I didn't have little kids, well, I say, I would give my life for my people.... Thank God I'm not alone; many communities are supporting me.”

Crisanta is still being protected by the local people and the fight to defend their land continues, under the watchword, “We are All Crisanta.”

This story expresses a positive significant change and at the same time a negative significant change.

The negative change is the conditions of exploitation, deception and lack of protection under which the local people—women, men, young people, children—live, as well as the destruction of the environment in different communities in San Marcos, due to the arrogant, disrespectful attitude and intrusion of the Montana Exploradora Company with the Marlin Mine, even though it is in violation of national (Guatemalan) and international law.

According to Article 39 of the Constitution of Guatemala, private property is guaranteed and

the government is the guarantor of the respect of that right. Nevertheless, the country's large landholders use deception to strip peasant men and women of the land they own. Their communal lands and indigenous lands are expropriated, in violation of their right to their territory and of the international legal framework that protects indigenous peoples—International Labour Organization (ILO) Convention No. 169.

The positive significant change is Crisanta's fight, and that of other women and men from San Miguel and other communities, to try to convince local authorities to defend their property and the natural resources of their indigenous territory. This has motivated other women and men, not only in Guatemala, but also in other countries, to keep their struggle alive, and to advocate in defence of their civil, political, social and economic rights, as well as the collective and territorial rights of the Maya people.

Domain of Change: Political Advocacy for the Right to Health

Most Significant Change Story about the Experience of the National Health Forum with Political Advocacy. El Salvador

Story No. 6



Luz Margarita Posada, San Salvador, El Salvador

Inclusion of our proposals and recommendations in the official document “Building Hope: Strategies and Recommendations for Health 2009-2014,” particularly Strategy 4, “Social and community participation,” which says, “Create structures and procedures for community participation in primary health care at all levels of the System.” This is being done through advocacy, lobbying, dialogue and negotiation, supported by the National Health Forum and the new authorities, as part of Comprehensive Health Reform.

With the arrival of the new health authorities in June 2009, task forces were created to discuss health policies and strategies.

Later, at an event in September 2009, Minister of Health Dr. María Isabel Rodríguez swore in the Organizing Committee of the National Health Forum, chaired by Margarita Posada, Coordinator of the Citizens’ Alliance against Privatization in Health. There, the minister explained that Strategy 4 was included in response to constant demands.

The objective of this strategy is to facilitate citizen participation in community health around the country, through staggered regional consultations with local actors, primarily from civil society, who would then participate in a national conference to strengthen, accompany and manage the process to transform and develop the national health system.

According to Margarita, following the Peace Accords ending the civil war in January 1992, several civil society organizations working on behalf of community health met, and in 1993 formed the Action for Health in El Salvador (APSAL) network.

Since then, they have been engaged in oversight and political advocacy with citizens’ proposals regarding medicines and health reform.

The network’s member organizations used to present their proposals and initiatives to the Ministry of Health and Social Welfare and would engage in lobbying and dialogue, but were never able to enter into talks: *“We never had the opportunity to meet with anyone in the Health Ministry. The receptionist would just accept our correspondence in the presence of the press, which we would convene, but we would never get a response.”*

During the Social Security Institute strike in 2002, the number of supportive organizations advocating against the privatization of health care increased and the Citizens’ Alliance Against Privatization in Health was formed. This new forum again took up the issues of health reform, medicines and the national budget.

Following the March 2009 elections, the president-elect was lobbied to appoint Dr. María Isabel Rodríguez as Minister of Health, which

he did. It was then that civil society was finally able to establish dialogue with the new health authorities. On 20 September 2009, the President of El Salvador spoke about Comprehensive Health Reform and connected it to one of the eight strategic areas of his administration—Citizen Participation—and the National Health Forum was created as a mechanism for this participation.

Margarita says that this change story is the most significant one because it has facilitated the organizing work currently going on around the country in 138 of the country's 262 municipalities.

In addition, for each municipality, 10 three-member community committees are being organized, for a total of 1,380 committees, which are expected to cover 50% of the nation by December 2010.

In this way, the public is becoming empowered and working for the people's right to health from within organizing structures and participation opportunities being implemented at different levels:

- I. National Health Forum (NHF) Community Committees
- II. NHF Municipal Intersectoral Coordinating Committees
- III. NHF Departmental Coordinating Committees
- IV. Regional Health Forums
- V. NHF National Convention

Margarita: *“This has enabled having instruments and discussion mechanisms for social auditing. The documentation will be given to the authorities, from whom we will demand concrete changes in personnel and in health care mechanisms.”* The idea of this is to ensure the good functioning of the health system and to ensure compliance with health reform.

Involved in this change were the civil society organizations belonging to the Citizens' Alliance Against Privatization in Health: APROCSAL, ASPS, APSIES, Las Méridas, Comandos de Salvamento, Union of Physicians of the Salvadoran Social Security Institute (SIMETRISSE), Secondary School Students' Movement (MES), Consumer Defence Centre (CDC), CIDEP, FUMA, “Salvador Allende” Professionals Movement, Medical Society of El Salvador, PROVIDA, Medicus Mundi Andalusia, INTERVIDA, PROMESA, independent professionals, Ministry of Health authorities (minister and vice ministers), and local organizations working around the country.

This change took place from September 2009 to May 2010, and included the establishment of the convening committee for the National Health Forum, the Regional Forums (April-May) and the First National Health Forum (28 May 2010).

Domain of Change: Health Paradigm

Most Significant Change Story about the Experience of Laicrimpo: Living, thinking and feeling nature

Story No. 7



Marcela Bobatto and Gerardo Segovia, El Dorado-Misiones, Argentina

Our way of understanding, thinking of and feeling health and life changed. Our stance toward life and daily living changed. Our way of thinking about our “being or staying healthy” changed. Our way of relating to “everyone” changed, because they are no longer outside of us, they are not others; rather they are part of us and us of them. It committed us more to defending Mother Nature, the environment, life as a whole.

We used to use a broad, comprehensive concept of health, thinking that health “is everything,” it is the relationship with oneself, with everyone else, with God or the transcendental, and with nature. However, we still located ourselves outside of nature; even though we were already thinking that “we are part of nature,” there was a step missing, which was to feel ourselves as nature. We are wind, we are earth, we are fire, we are trees, we are water, we are seeds.

Now, to be in harmony with oneself, among ourselves, enables increasing the harmony in the all. This harmony occurs when nature’s diversity and

all its elements are present in our group, in our community.

When, symptoms, diseases or conflicts appear within ourselves, the group or the community, harmony is lost. But, by realizing this, by being conscious that we hold everything inside ourselves and that we are able to interrelate with everything, we have the possibility of recovering that harmony. In essence, we are an interrelated ALL, and the health and life of each and every living being depends on each and every living being. We are Life within Life.

At a certain point along the way, and with the essential support of indigenous peoples, rural communities and the sharing of different practices, knowing and doing, we realized, we experienced, we became conscious, of our “being nature,” that WE ARE NATURE.

We are not outside, nor above nature, we are not its owners, we cannot do what we want with it, neither are we “part” of nature; rather, we are one with nature. During this process, we shifted our concept from an anthropocentric paradigm to a biocentric paradigm. We began to experience OUR nature, to feel that we belonged to the cosmos; to understand, perceive and experience that I am and we are water, wind, fire; that we are earth, that the elements that are in nature pass through us, belong to us, are in our make-up, they are in us and we are in them.

By feeling ourselves as trees, earth, plants, mountains, being responsible for the stewardship of Mother Earth and all living things with which we share Life emerges more strongly.

Therefore, when the current capitalist model, which revolves around accumulation and profit, promotes

eviction, extraction and extinction, causing suffering and death, we also feel within ourselves the suffering of the other “beings” with whom we are experientially interconnected.

last three years with the accompaniment of the PHM-LA.

This significant change has its history in the experience of the Laicrimpo People’s Health Movement, since its beginnings, with its area of work reflecting on and exploring concepts, including the concept of health.

Marcela and Gerardo say that over the years, the experience of the Laicrimpo Salud movement became more profound, and shifted its concept of health as *the absence of disease*, to a concept of *comprehensive health*, which is understood as the relationship with oneself, with everyone else (the social area), with the transcendental and with nature, in addition to the driving idea behind this the concept: *“health in the hands of the community.”*

This change is considered to be very important because it demonstrates the capacity of the members of the Laicrimpo movement to change, and experience a paradigm shift in their daily lives: *“[This change is the most important] ...because it produces a change in our way of understanding, thinking, feeling, doing, acting, in our lives and in our daily activities. It enables us to develop more healthy relationships with ourselves, with others, with nature, with the planet, with the cosmos. Because it contributes to the development of a new paradigm that strongly questions the current paradigm. It changes how we act.”*

The change involves individuals and groups belonging to the “Laicrimpo Salud” People’s Health Movement; among these, housewives, health workers, teachers, peasant farmers, indigenous people, professionals from a variety of disciplines and church workers from different denominations.

This change took place during the local and provincial meetings held yearly by the **Laicrimpo Salud** movement around Argentina, during the

2.3.3 Assessment

This first experience with using the Most Significant Changes (MSC) technique has fostered individual reflection with several key actors in the movement and the identification of stories that reveal the most relevant changes that have taken place as part of the PHM-LA from 2008 to 2010. MSC encouraged these people to discuss their insights and to evaluate their experiences with change that have had significant impact in the domains of local and national action; changes that benefit the most vulnerable groups of people—women, youth, children, older adults, indigenous peoples—in the framework of defending their rights.

The Most Significant Change stories are centred on four domains of change: 1) Advocacy Capacity Building; 2) Political Advocacy in Defence of Mother Earth and Against the Criminalization of Protest; 3) Political Advocacy for the Right to Health; and 4) Paradigm Shift in Health.

Even though each of the experiences has its own context, idiosyncrasies, actors and organizations, they all took place as part of the PHM-LA and identify with it. They all contribute to achieving the objective: *“The People’s Health Movement – Latin America (PHM-LA) is an effective instrument for advocacy and action for the right to health in Latin America.”*

The experiences “We are All Crisanta” in Guatemala and the Defenders of Pachamama Women’s Front in Ecuador demonstrate the political advocacy and activism that took place because of the criminalization of protest in those places, with the involvement of community groups, and, in particular, the struggle of women in defence of their civil rights: the right to health, the right to education and economic, political, environmental and cultural rights.

The experience of the National Health Forum in El Salvador highlights the participation of civ-

il society in lobbying, dialogue and negotiation processes with local and national authorities, resulting in significant progress in health policy and strategic community health actions.

The stories also reveal the capacities and skills of the PHM-LA’s member organizations to have a positive effect on developing public policy that is supportive of the right to health locally and nationally. However, there were no stories collected regarding political advocacy in regional and global settings.

The people who were consulted during this process expressed, both in their Most Significant Change Stories and in the wider conversations (via Skype) attitudes, values, principles and philosophies consistent with the movement’s values and principles. These key actors and other citizens are promoting the right to health, gender and generational equity, ecologically sustainable development, defence of and harmony with a healthy environment, comprehensive health and its relationship to nature, respect for traditions and the indigenous world-views, along with other facets and experiences of women, youth, men, older adults, organizations and peoples.

They also expressed a sense of belonging, solidarity and unity, in concordance with the values of the PHM-LA, which are solidarity, collective work and coordination, a “bottom-up” approach, community health and primary health care, the importance of the social determinants of health, and a broad sense of health and environment.

The actors consulted feel there is a need to continue building the organizational, coordinating and communication capacity of the organizations in the movement, for the purpose of having an influence over national and regional public policies, in order to have a greater impact

on the defence of civil rights, and, in particular, the right to health. This should be a constant challenge in the work of each of the PHM-LA's member organizations.

Processes of education-training, organization, coordination, communication and advocacy should be part of an integrated strategy that includes different approaches and is geared toward synergy, learning, experience sharing and producing significant changes, keeping in mind the nature of the movement as a network, and that it is already making use of technology and tools that facilitate greater interaction among its members.

These processes should be evaluated and measured not only quantitatively, but also qualitatively, based on the manifestations, insights and experiences, and feelings and thoughts of the actors.

Along these lines, the Most Significant Changes technique is a basic, easy-to-use tool that facilitates individual and group reflection, as well as preserving stories, both positive and negative, of change.

Next year, the PHM-LA will begin a new stage that will enable the continuity of the actions carried out in 2010. The consultant proposes taking this first experience with the MSC technique and including it in the processes of monitoring/follow-up and evaluation of the processes undertaken by the movement. To this end, she offers a Proposed Roadmap (In annex to her report).

Conclusions

- This first experience with identifying, collecting and selecting Most Significant Change Stories successfully promoted a process of analysis and reflection about the selected experiences in the framework of the PHM-LA.

- The actors approached during this consultation have had the opportunity to express their insights and evaluations regarding their most significant change stories, in the framework of the experience of the movement.
- In general, the individuals consulted during this first experience with this method were receptive during the process of learning about and identifying their stories, which facilitated achieving the objective of preserving insights about most significant changes from key actors. This documentation will serve as input for future processes to be undertaken by the movement and its organizations.
- Using the Internet to implement the Most Significant Changes (MSC) technique with the movement's members has been an innovative experience in Latin America. This method has been used in-person by different civil society organizations, networks and associations with grassroots groups or their staff members, either through focus groups or individual interviews. However, this is the first time that MSC stories have been collected and the experience with the method shared with organizations belonging to a network.
- The identification of domains of change is an exercise that facilitates the systematization of stories along areas or lines of action within an experience. During the experience with this approach, the actors who were consulted prioritized the issues of advocacy and the defence of rights.

Recommendations from the Consultant

- Transfer the experience with the MSC technique to monitoring/follow-up and evaluation of the processes for education and training, coordination, advocacy, dialogue and consensus-building promoted by the PHM-LA member organizations.

- More immediately, provide feedback to the organizations in the movement and to the people who participated in the process of collecting MSC stories, to reinforce their own experiences and preserve what they have learnt.
- Encourage self-assessment about the scope of the experiences. Promote reflection and learning processes that lead to greater synergy among the social actors belonging to the PHM-LA.
- Take into account the recommendations made by the participants who were consulted.
- Create a Monitoring Committee made up of people who have participated in this first round of collecting MSC stories, to reach consensus on, review and adapt the Proposed Roadmap presented in this document.
- Reach consensus on and define the domains of change around which significant changes will be identified in the future, as well as the frequency with which the process will be carried out. In this regard, the consultant recommends discussing and preserving MSC stories annually.

2.4 Democratic Republic of Congo

In the Democratic Republic of Congo (DRC) we're focusing on the two largest cities: Kinshasa and Lubumbashi. We support local organizations trying to improve quality of life in poor areas of these cities. In Kinshasa our local partner organization is called Etoile du Sud (EDS). This is a platform of community-based organizations from more than 30 districts.

2.4.1 Methodology



In the DRC we relied on three Belgian interns for the collection of stories. Before they left Belgium, these sixth-year medical students were briefed about the MSC technique. They were also provided with a manual on MSC more than one month before the start of their internship, which lasted from the beginning of August until the end of September 2010.

They collected stories during their internship in Kinshasa from people in the community as well as from some of the organization's officers. They recorded every story with the aim of transcribing each one afterwards. Frequent power cuts in Kinshasa meant that they had to wait until they were back in Brussels before they were actually able to do this. That is why the planned selection with EDS officers didn't take place during their internship with the organization.

It was during the subsequent mission of a staff member, in November 2010, that the selection

process was finally completed. During a meeting with a number of EDS officers, the different stories were read. After an initial round of questions, a discussion ensued where differing opinions were presented. Finally, consensus was reached on three stories.

The facilitator then proposed using two criteria: the story should really be a personal one and it should relate to one of the core programmes. This cut the number of stories to two. Finally the story of Evariste Bagata was selected because it really reflects the evolution people go through when they understand the rights-based approach.

2.4.2 MSC stories

Jeef Mesa Kazeza, president of a Popular Health Committee in Mikonga

Thanks to the presence of EDS, we can improve our living conditions, which are far from hygienic these days. Initially, it proved difficult to integrate EDS into our community, as people didn't know about the organization. However, when EDS started to focus on their health status, how to stay healthy and prevent and treat common diseases, they became very interested. EDS gave us training, so now people understand why they have to talk about health. Most importantly, EDS has changed our mentality. We have to live and fight together. The big difference is that today people have plans. You cannot achieve much alone but together we can bring our plans to fruition.

Personally, I think that EDS has taught me many things. It has trained me for a job and I'm proud of that because it will be for my whole life.



Evariste Bagata, president of a Popular Health Committee in Mafuta Kizola

Thanks to EDS, I have undertaken training. I have learned a lot, especially about health and the right to health. Before, there were a lot of things I didn't understand. Now I know that water is a right, electricity is a right. Before, I didn't know. For me, these were things that came and went. That's how

it was. I thought that there were people who were able to send their children to school and others who couldn't and that was how it was meant to be. Now I know this is all about rights.

Etoile du Sud explained why it selected Evariste's story as follows:

It was the interview with Evariste Bagata that drew our attention. In fact, before he joined Etoile du Sud's education and training programme, he was fighting alone for a livelihood, education, access to drinking water and electricity. He thought, in vain, that he could change the living conditions in his community on his own. On the contrary, the situation got even worse.

When he started to come to Etoile du Sud and learned about the right to health, he understood that certain rights only become effective through the involvement of the government, and that of a large number of people in the community. This is the case for the right to health, education, water, electricity, shelter, a decent wage, and so on.

He is determined to involve the members of his community, explaining Etoile du Sud's strategies to them through educational activities and actions in the public interest. This reflects his commitment to the right to health as it is advocated by Etoile du Sud.

He is now convinced that only the State can render these rights effective. As a member of his community he has taken it upon himself to mobilize the people of his community to assert these rights vis-à-vis the State, which is supposed to ensure them.

He also mobilizes his fellow community members to take their duties vis-à-vis the State and their community seriously, especially when it comes to sanitation in their homes and environ-

ment, respect for public goods, etc.

It was through taking part in Etoile du Sud's training and education sessions that he was able to internalize this. That really changed his attitude and outlook.

Evariste Bagata is just one example among many others of someone changing their attitude significantly after getting involved in Etoile du Sud.

2.4.3 Assessment

In general, the MSC technique was very much appreciated by EDS. It is an exercise in listening to people's opinions and allowing them to tell their stories without too much intervention. For EDS, it provided encouragement to pay more attention to whether members were satisfied with their lives and to build stronger ties with them.

For our part, we learned that we had underestimated the methodology tremendously when we relied on three interns to take care of collecting and documenting the stories after only a short briefing. They had no prior knowledge of the methodology, the local context, or the local partner organization. It was just impossible for them. Actually, the mere fact that they returned with some stories on paper is a testament to their commitment and determination.

3 General conclusions and recommendations

3.1 Final selection

After the collection of stories from Palestine, the Philippines, Latin America and the DRC, we established a small selection committee at TWRF's Brussels office. This committee, which included the general coordinator and the coordinator of the Policy and Partnership department, selected one story from each country they agreed upon as reflecting the most significant change:

- **Palestine:** Ihsan's story "People have to fight for the right to health" aptly illustrates what we mean when we talk about the right to health. Ihsan learns how housing problems are linked to health. In this case he learns about the detrimental impact of the occupation on health. Moreover, he learns that the State has a responsibility for the health of the population and that health and decent housing are a right for all. His story also shows the strategy we advocate in our work: Arouse-Organize-Mobilize. When Ihsan makes these observations, he understands that people should stand up and fight for their rights if the State fails to ensure them. Ihsan meets the victims of evictions during a visit with the Nidal Centre. The fact that he is organized gives him the opportunity to learn and show solidarity, which is very important in conditions where people already have to cope with their own problems.
- **The Philippines:** Emma Pedrano's story shows the importance and role of a people's organization that genuinely represents the interests of the poor. The story says little about Emma's contribution but it is amazing that she can describe the benefit they gained from being organized at the community level and being part of a larger organization that was able to provide expertise and resources.
- **Latin America:** the story of Rocío Pérez stresses awareness-raising and the strength

that comes from being organized to bring about change. She also links women's rights with environmental and social rights, and with human rights in general. She has learned how to help her community and she feels she has grown as a woman and as a person. It's wonderful to see how she links the development of the community with her personal growth and development.

- **DRC:** Evariste Bagata's story stresses the change in the way he now analyzes the health situation of his community. He has become aware that water, electricity, etc. are a right. Health is a right. The fact that some people can enjoy these rights and others cannot does not depend on some divine intervention. These are not things that "are meant to be that way". Evariste's story makes it clear that this realization is a huge shift away from the prevailing beliefs in his community.

After much discussion, we selected Evariste Bagata's story from these four because it seemed so unusual for the Democratic Republic of Congo. We have heard similar stories from Palestine, the Philippines and Latin America but not from the DRC. We believe this kind of experience, with a rights-based approach to health and well-being, is still quite exceptional there. That's why Evariste's story ended up as our final MSC story.

3 General conclusions and recommendations

3.2 Observations

This experience with the MSC technique has been very refreshing and interesting and led to several insights and observations about the methodology:

- The Most Significant Change technique allowed us to bring a wealth of experience to the fore that is otherwise very hard to grasp and describe. It's a great method for qualitative monitoring. Even the people who know the participants and who are familiar with their communities and organizations acknowledged that they had learned things they didn't know before.
- The MSC methodology proved to be very flexible. The way it was carried out in those four instances was actually very different. In the Philippines, lessons learned from one try-out were immediately applied in another, where the procedure was changed. This methodological flexibility is unique and was greatly appreciated.
- Language is important. People should be allowed to tell stories in their own language. Otherwise nuance is lost. An interpreter can not always bridge the language barrier and his presence and intervention can create a distance. In the Philippines there were two local languages involved, apart from English.
- Storytelling requires a certain level of trust. Ideally, the storyteller should be very comfortable with the documenter so that he or she can talk freely. Sometimes it will be necessary to take time for some banter first to break the ice. In the Philippines the choice was made to have the stories documented by peers (in pairs or small groups), which worked well.
- The process is rather time-consuming. The more stories collected, the more time it takes to document and select them.
- In the Philippines, with the help of our local office, selections were held at different levels. Interestingly, the participants were the first to make a selection from two or more stories. This initial selection was later followed by local selection (by the local organizers). The stories they selected went forward for subsequent selection at the national level (and in fact two selections took place at that level, by Gabriela's national office and by TWRF's country representative). All of these selections seemed to add something to the whole process and were relevant to the people concerned.
- We were provided with more stories than those that were selected. This allowed us to compare these with the stories our partners had selected. The local selection never really surprised us, as we would probably have made similar choices. This was very reassuring as regards the quality of our partnerships. Apparently we share the same priorities in assessing programmes.

3 General conclusions and recommendations

3.3 Recommendations

We cannot claim that we have been able to make a comprehensive assessment of the MSC technique after these experiences. We would therefore simply like to present some of the lessons we have learned and offer them as recommendations to anyone who wants to try it out.

- The methodology sounds very simple but should not be underestimated. It takes practice and experience to be able to facilitate the technique. The facilitators must be given appropriate training. For example, it is clear that we were wrong to assume that interns could do the job in the DRC with only some basic preparation. One issue we found particularly challenging as facilitators was to strike the right balance between listening and asking questions. We wanted to avoid being too directive by asking questions. Storytelling is not an interview. But our experience was that it was often necessary to ask questions to encourage the participants to tell their stories, or to ask for clarification.
- The choice of domain is critical. In Palestine we chose domains that related to personal changes. It might have been interesting as well to ask about the changes they observed in the organization, for example. The choice of domain therefore also determines the result of the whole process. Where domains are defined beforehand, they have to be very clear but not too restrictive or directive. In the case of Palestine, we sometimes found ourselves explaining the domain and already giving a direction for the stories we would have liked to hear. When young people talk about health without reference to their rights, for example, it is not wrong. It merely reflects their level of consciousness about the issue. In the Philippines, domains were chosen after the selection process. Although this is an option, the relevance of the domains becomes much less clear than when they are chosen to guide the collection of stories. The MSC technique also offers the option of including an “open” domain. This proved to be interesting, as it allowed the storytellers to come up with very unexpected stories. One disadvantage was that the stories were sometimes not directly related to the programme or else the link with the programme was not very clear.
- It is very important to brief the storytellers to explain the objectives of the session. Not everybody is good at telling stories. People sometimes need time to think about a particular story that illustrates their “most significant change” best. They sometimes tend to describe the change in abstract terms instead of telling a concrete story that illustrates the change. In that case, it is not usually clear why this change came about.
- It is good to have a format prepared before you start to document the interviews. It should include at least the following: introduction of the person telling the story, the story itself and the reason why this story was chosen. In order to understand the story it is sometimes better to add some description of the context. Sometimes, a few questions are enough to get the context from the storyteller, but it may be necessary to add a description afterwards, especially if you want to share stories with people in other programmes or countries.
- Follow-up is important. Giving feedback of the results of the selection process is an integral part of the MSC methodology but we’re not sure whether this actually happened and what the result was. The reports from our partners never mentioned feedback.



Photo: Thomas Payot