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As a student at Tulane University's School of Public Health and Tropical Medicine, I went down for a two months visit to the Behrhorst Foundation. This was in 1986. That was the first of many visits to Guatemala.

The most important moment happened during my first stay when it was explained why many community workers from the Foundation got killed. I couldn't believe that these helping people could be considered as a threat for some other groups. At that moment I understood there was a difference between the usual health promoters and the facilitators working with the Foundation that were promoting a genuine development in his/her community. Also how powerful such a strategy is. This has definitely been the big enlightenment in my life. But at that time I was studying epidemiology in Tulane and my presence in the clinic was mainly to collect data that later I did load in a mainframe computer in Tulane.

When I came later to Chimaltenango, it was to share the advances in my study with the clinic staff. I do remember some interesting discussions I had with the clinic staff: Daniel Salazar, René Lux, Francisco Batres and some community workers as well. It happened that later I would meet again these people and even develop some common projects with them. This has been a very special experience for me as people that worked with the Foundation, always having some very interesting (and passionate) things to say! I remember working sessions on community strategy for maternal and neonatal health, community network for pharmaceutical outlets and how to connect remote communities in Northern Quiché with primary health care! What all these initiatives had in common? Social participation, of course. I have to say that I did learn a lot with these fellows.

The fact is that later on I had opportunity to work on various public health projects, not only in Guatemala, but other places. All these projects had the social participation as key strategy. But I have to confess that results have been short of the expected goals. And it was because the missing element was what Doc defined as “Do not just allow people to participate but have them to do it themselves”.

When in 2003 I got back after some years spent outside, I had a significant encounter. I met with people that worked before with Agua del Pueblo, an organization that collaborated with the Foundation in the 80's. With them we implemented a project based on effective social participation letting the people define their own needs. It seems easy to say it but it is definitely more difficult to put it into practice and I would say even more difficult to have the sponsors of the project understand it. But I have been quite lucky in the way that my supervisor was not a doctor but a social scientist that liked to hear about Behrhorst and Paolo Freire. We were also lucky to see results showing quite fast. Nothing is more impressive than to see a village deciding to make space for women in its committee and enjoying its first results: clean streets, less mosquitoes, less diarrhea and other diseases.

It was during the year 2005 than a colleague of mine asked me from where did come from the idea of training these successful "agentes de cambio" (facilitators for change) and not only health promoters. My answer was that I came from my old days in Chimaltenango. It happened that this fellow had a friend working with BPD. So a meeting was arranged, the idea being sharing information. I have to say that in less than one hour, after discovering that we had much in common, we decided to do some field visits and share tools for community work. BPD was just implementing a very similar project! This has been a very great moment for me. It's awesome how much we got through exchanging impressions and ideas with BPD.

So where is the ripple effect? This is when it happened! The sharing experience with BPD was such an enthusiastic experience that we decided to do more field visits, inviting other important key players as the Ministry of Health, municipalities and learning institutions as giving them an opportunity to observe first hand how communities were developing once they are in charge of their own development. We had observed that once community trainers try participative methods, they simply do not want to come back using the old traditional way. So we invited more people hoping that the ripple effect would work on them as well. And this happened. Now in Guatemala, the participative methods are a common tool shared by four health regions (áreas de salud), two nursing schools, the national school for sanitation inspectors and rural technicians. Even one medical school, Universidad Rafael Landívar, is now using it for the field training of medical students. Ripple effect? Yes there is. But the most important thing in this ripple effect is that it works not only at community level but also with people whose mission is to support communities' own development. This is the ultimate goal.

If it took me about twenty years to apply Doc's teaching, why did it take me so long when people at community level just grab it and apply it so fast? Could it be that I am an unfortunate case of “low ripple effect”? More seriously I think that concepts like “you have to learn it on your own to believe it” is not only good for community people. It is also essential for health professionals, especially doctors, to have this opportunity too.

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