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Learning Exchange Report



Communication and Learning Strategies of Health Rights Advocates in Guatemala, Mexico, and the Philippines

Julia Fischer-Mackey, Joy Acheron, Hilda Argüello Avendaño,
Benilda Batzin, Francisco Gómez Guillén, and Rosaura Medina



About the Accountability Research Center (ARC)

The Accountability Research Center (ARC) is based at the School of International Service at American University. ARC collaborates with civil society organizations and public officials in the global South to improve research and practice in the field of transparency, participation, and accountability. See: www.accountabilityresearch.org.

About ACASAC and OMM

Asesoría Capacitación y Asistencia en Salud A.C. (ACASAC) is a non-profit civic organization in Chiapas, Mexico. Along with the *Observatorio de Mortalidad Materna en México (OMM)*, ACASAC helps to convene the *Comité Promotor por una Maternidad Segura y Voluntaria en Chiapas* (the Comité). For more, see <https://omm.org.mx/> and <https://www.instagram.com/comitepromotor.chiapas>.

About CEGSS

Centro de Estudios para la Equidad y Gobernanza de los Sistemas de Salud (CEGSS) has worked since 2009 to promote the rights of indigenous populations to health care by engaging the network of volunteer health rights defenders that it established and supports, the *Red de Defensores y Defensoras Comunitarios por el Derecho a la Salud* (REDC-Salud). For more, see <https://cegss.org.gt/en/>.

About G-Watch

Government Watch (G-Watch) is an independent action research organization embedded in constituencies of civic and advocacy-oriented organizations all over the Philippines. It has contributed to the deepening of democracy through the scaling of accountability and citizen empowerment since 2000. It consists of eleven local volunteer citizen monitoring groups and a convening hub spanning nine regions in the Philippines. For more, see <https://www.g-watch.org/>.

About ARC publications

ARC publications serve as a platform for accountability strategists and researchers to share their experiences and insights with diverse readers and potential allies across issue areas and sectors. These publications frame distinctive local and national initiatives in terms that engage with the broader debates in transparency, participation, and accountability. For more, see www.accountabilityresearch.org/publications.

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Cover photo: Three youth health promoters discuss videos they created to educate other young people about sexual and reproductive health while the ACASAC-OMM videographer who trains and coaches them looks on.

Photo credit: OMM

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About the authors

Julia Fischer-Mackey, PhD, is a researcher and learning advisor with the Accountability Research Center. Her research focuses on the politics of evidence and making social research more useful to those working for social change. She has provided research, evaluation, and learning support to organizations working in global public health, climate resilience, food systems and gender equity.

Joy Acheron, MPA, is Convenor-Director of G-Watch, a citizen action movement for accountability in the Philippines that aims to improve governance of public services and to deepen democracy. She has 20 years experience with civil society–government engagement for public accountability.

Hilda E. Argüello Avendaño, M.D., PhD, coordinates the OMM in Mexico and is a member of ACASAC. Her research focuses on monitoring health services; transparency and accountability in maternal health in Mexico; and midwifery; maternal mortality in indigenous areas;

Benilda Batzín is Director of CEGSS. She serves as a liaison between CEGSS staff and the REDC-Salud defenders, provides accompaniment, technical assistance, and capacity building to defenders, and coordinates strategy to achieve health rights for indigenous populations in five regions of Guatemala.

Francisco Gómez Guillén is currently a researcher at the OMM and a doctoral student in social anthropology at CIESAS. He is an active member of ACASAC and a member of various networks of rights defenders. He has focused on working with indigenous populations, sexual and reproductive rights, gender, and masculinities.

Rosaura Medina is Deputy Director of CEGSS, where she manages the fieldwork of the technical team across five regions of Guatemala. She coordinates and supports their training and accompaniment of REDC-Salud members as they conduct citizen monitoring, advocacy, and accompaniment of citizens seeking care from the public health system.

Learning Exchange Participants

ACASAC-OMM: Francisco Gómez Guillén; Hilda Argüello Avendaño; Juan Carlos Martínez Pérez, Videographer, Photographer, and Editor; Gabriela Gómez Díaz, Communications Coordinator; Miguel Ángel Soto Robles, Production Assistant.

ARC: Julia Fischer-Mackey; Karen Brock, Publications and Communications Manager; Walter Flores, Research Professor; Jonathan Fox, Director.

CEGSS: Benilda Batzín; Rosaura Medina; Mirza Colindres, former Communications Manager.

G-Watch: Joy Acheron; Francis Isaac, Researcher.

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Summary

Creative and strategic communications are integral to the work of health rights advocates. As part of the Action Learning with Grassroots Advocates for Equitable Access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (2023–25) project, four civil society organizations are working in Guatemala, Mexico, and the Philippines to defend and expand the rights of marginalized citizens to reproductive, maternal, newborn, child, and adolescent health care, in partnership with a US-based action-research center.

This Learning Exchange Report shares insights and reflections from two virtual discussions about communications that involved 14 participants representing all five organizations. It provides background on each organization's work and the role that communications plays in their strategies. Over two sessions that were simultaneously interpreted in English and Spanish, participants shared their communications approaches, posed questions to each other, and discussed similarities, differences, and shared challenges. Participants left with their own takeaways—information, insights, or new perspectives gained through the experience. The participants also identified five collective takeaways from their discussion that they decided to share with a broader audience in the form of this report:

1. The organizations use three distinct communications strategies to improve health services and outcomes for the communities they serve:
 - Educating citizens about their right to health care and how to claim their rights
 - Educating citizens about available health services, health-seeking behavior, and self-care
 - Encouraging health care providers and policy-makers to improve health services.
2. The processes of both *creating* and *viewing* communications content can build pride, agency, and collective identity among those engaged in health advocacy work.
3. Communicating with marginalized indigenous communities requires more than simply translating the language of texts—it demands contextualization and validation by community members.
4. Advocates can communicate directly with communities to educate them on different aspects of health, and they can also engage with the government to improve its health education work directed toward those communities.
5. Small organizations can do communications on a shoestring, though dedicated resources and expertise help them communicate more effectively.

The reflections shared by these organizations help to broaden our understanding of how and why communications for health advocacy can be undertaken and how communications can shape the ideas and practices of health rights advocates.

1. Introduction

In many countries with extreme socioeconomic inequality and geographic isolation, marginalized populations do not have access to respectful and quality reproductive, maternal, newborn, child, and adolescent health (RMNCAH) care. While top-down changes from public health systems are needed, they are often not sufficient to ensure that excluded communities receive respectful, quality health care. Community organizing, advocacy, and collaborating with allied groups can encourage health systems to become more responsive and inclusive. Those working on health system strengthening can learn a great deal from the work of long-term grassroots health advocates.

The Action Learning with Grassroots Advocates for Equitable Access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (2023–25) project is coordinated by the Accountability Research Center (ARC) and involves four partners: *Asesoría Capacitación y Asistencia en Salud A.C.* (Consulting, Training and Health Assistance, known as ACASAC), *Observatorio de Mortalidad Materna en México* (Observatory of Maternal Mortality in Mexico, known as OMM), *Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud* (Center for the Study of Equity and Governance in Health Systems, known as CEGSS), and Government Watch (G-Watch). These organizations work on the ground to defend and expand the rights of marginalized citizens to RMNCAH care in Guatemala, Mexico, and the Philippines. Creative and strategic communications are central to their work on health rights advocacy and action research. This Learning Exchange Report shares insights and reflections from a two-part virtual learning exchange on how they use strategic communications to enable changes in health care systems.

This report is relevant for several audiences. Health communications professionals will be interested in the insights about engaging with indigenous and other marginalized populations. Donors and allies supporting health equity and human rights work will be interested in the deep, nuanced, practice-based knowledge that can be built when grassroots organizations have predictable and flexible support. Monitoring, evaluation, and learning professionals will be interested in how we designed a participatory learning exchange spanning countries and languages.

1.1 About the learning exchange

The learning strategy of the Action Learning with Grassroots Advocates project included a series of virtual cross-country learning exchanges, of which the communications learning exchange was just one. The exchanges were coordinated by a Learning Adviser at ARC (this report's first author), who codesigned each exchange with a leader from one of the partner organizations. This participatory approach ensured that the learning exchanges were covering topics and were organized in formats that were relevant and useful to the organizations engaged in the work on the ground. Although some participants speak numerous indigenous languages, all are fluent in Spanish or English or both, so all exchanges involved professional simultaneous English-Spanish interpretation.

This Learning Exchange Report shares insights and reflections from a two-part learning exchange about communications, understood as the act of sharing information and the systems used to do so. Participants spoke about their communications strategies, messages, and audiences as well as their modes of communication, ranging from face-to-face to digital. These organizations consist of citizen networks and volunteers, so communications are central not only in achieving their target results in governance but also in expanding and sustaining their bases of support.

We began the exchange by asking each organization to present information about their communications strategy, including the main components of communications work, audiences, and messages, and the intended outcome of messaging. Presentations were followed by wide-ranging conversations between participants.

The excitement among participants around this topic led us to the idea of writing up and sharing these conversations. ARC's Learning Adviser solicited key messages from all participants and, using those messages and the transcripts, developed this report. These reflections help to broaden our understanding of why and how communications for health advocacy might be undertaken and how communications can shape the ideas and practices of those advocating for health care rights.

We begin with a brief description of each organization's work and how it uses communications to advance its goals.

1.2 About the organizations and their communications work

This section introduces the organizations that are part of this project and how communications work helps advance their goals. Each organization has many audiences, including the members of its advocate/activist networks and peer organizations in its country, the marginalized populations it serves, national and international policy-makers, national health officials, the national public at large, mainstream media outlets, local health officials, and the organizations headquartered in the global North focused on research and transparency, participation, and accountability, and human rights. They invest their energies in communications with few key audiences that are critical to their missions. Many times, there is a call to action for specific audiences. Below, we describe the organizations and give a brief overview of their communications work.

ACASAC is nonprofit civic organization that has promoted health rights in the indigenous communities of the Altos de Chiapas region of Mexico since 1995. ACASAC plays a convening role, along with the OMM, for the *Comité Promotor por una Maternidad Segura y Voluntaria en Chiapas* (Committee for the Promotion of Safe and Voluntary Motherhood in Chiapas, known as the Comité) (Table 1). The Comité, founded in 1999, consists of 14 organizations and two academics who have been working on maternal, sexual, and reproductive health issues in Chiapas for decades and who coordinate to advance the mission of promoting safe and voluntary motherhood. Much of ACASAC's and OMM's work is deeply collaborative, so this joint work is referred to as ACASAC-OMM.¹ Much of their recent work has been realized through the Comité with support from the Action Learning with Grassroots Advocates project.

Table 1. Communications Overview: ACASAC-OMM and the Comité

| Audiences | Messages | Channels | Goal behind messaging |
|-------------------------------------|---|---|---|
| Government health officials | <ul style="list-style-type: none"> You have a responsibility to do more about the problem of maternal mortality and advance sexual and reproductive health rights. | Public reports, websites of Comité members, and government websites that host Comité members' materials | Share up-to-date findings and proposals for improvement in the design, implementation, or evaluation of public policies related to maternal health and sexual and reproductive health and rights. It is a form of citizen participation backed by evidence. |
| Pregnant and perinatal women | <ul style="list-style-type: none"> You have legal rights to respectful care, including making choices about your maternal care. | Printed materials and digital content and campaigns | Inform and empower pregnant women and their families about their right to respectful treatment and quality services free from violence, including by providing information about which regulations protect their rights. |

¹ ACASAC is the formal partner of ARC, and it supports the Comité network using project funds. However, OMM staff members are deeply involved in the project and the work with the Comité, so in some cases we refer to the activities of 'ACASAC-OMM.'

| Audiences | Messages | Channels | Goal behind messaging |
|--|--|--|---|
| Indigenous youth | <ul style="list-style-type: none"> You have rights to sexual and reproductive health care and respect. You have the right to receive educational materials in your own languages. | Instagram, TikTok, videos, and in-school workshops with plays | Inform, empower, and strengthen indigenous youths' citizenship and the exercise of their rights before health and educational institutions, using their mother tongue as a valid and valuable language. |
| Midwives (traditional and autonomous) | <ul style="list-style-type: none"> You have the right to practice your craft. You have the right to register the births you attend so that children can receive birth certificates. | Printed materials, audio materials, and digital content and campaigns | Inform, empower, and strengthen the enforceability of midwives' rights in relation to health institutions and civil registry offices. |
| Public | <ul style="list-style-type: none"> Midwives provide valuable care and deserve respect. | Instagram and TikTok | Make the value of the practices of midwifery visible and ensure that midwives are a valid and safe option, particularly for women who cannot access public health services. Using a midwife is an option that increases women's choices about childbirth. |
| Civil servants | <ul style="list-style-type: none"> You must allow midwives to register births, in accordance with national law. | Printed materials and government websites that host Comité members' materials | Defend the rights of women to decide how to give birth, including their right to use midwives without jeopardizing their children's right to identity documents. |
| Health care providers | <ul style="list-style-type: none"> Here is information that you need to provide better, more respectful maternal and sexual and reproductive care to indigenous and other marginalized communities. | Comité members' websites and government websites that host Comité members' materials | Call on health institutions to address those aspects of health services that need strengthening or where there is a lack of information, and remind them of their obligation to do so. |

CEGSS, founded in 2009, works to promote the rights of indigenous populations to health care in Guatemala. It is a center for applied research and innovation in processes of legal empowerment and citizen monitoring for accountability. It promotes social inclusion, democratic governance, and equitable access of the indigenous rural population to public health services and other essential services in five departments of Guatemala. It does this by working closely with the network of volunteer health rights defenders that it established and supports, the *Red de Defensores y Defensoras Comunitarios por el Derecho a la Salud* (Network of Community Defenders of the Right to Health, known as REDC-Salud) (Table 2).

Table 2. Communications Overview: CEGSS and REDC-Salud

| Audiences | Messages | Channels | Goal behind this messaging |
|--|---|--|--|
| Rural indigenous communities | <ul style="list-style-type: none"> You have the right to health care, and we can accompany you and help you exercise that right. We can help you register complaints with authorities when your rights are not being respected. Exercise your right to participation and citizen oversight of health services. | Facebook, X, Instagram, information tables, community radio, local cable TV, and WhatsApp. | Empower indigenous citizens to seek care, make complaints when care is poor, and see CEGSS/REDC-Salud as an intermediary and mediator. |
| Health authorities (municipal, departmental, and national; clinical and administrative) | <ul style="list-style-type: none"> You have the responsibility to provide culturally sensitive care to indigenous community members. | Website and in-person briefings | Demand that health professionals pay more attention to the population. |
| International policy-makers and donor organizations | <ul style="list-style-type: none"> Practice-led, applied research is knowledge that can and should shape the co-creation of public policy and public health. | Website, Facebook, and international conference presentations | Shift norms on the type of knowledge that shapes policy, and advocate for the validity of research rooted in practice. |



Radio and photography are both important communication tools for CEGSS and REDC-Salud. Here, REDC-Salud defenders educate the Ixil population in their first language in a community radio program (left) and photograph a community assembly in Alta Verapaz (right).

Credits: REDC-Salud

G-Watch aims to contribute to the deepening of democracy through the scaling of accountability and citizen empowerment. G-Watch originated as an anti-corruption program in a university, and today it is an independent action research organization embedded in constituencies of civic and advocacy-oriented organizations all over the Philippines. G-Watch consists of eleven local volunteer citizen monitoring groups and a convening hub spanning nine regions in the Philippines. It has conducted several pioneering social accountability initiatives in different sectors with its extensive network and citizen monitors. As G-Watch Convenor-Director Joy Aceron explains, “The aim is that G-Watch is able to communicate, to influence and shape relevant policies and actions, research, and thinking. So it’s always the dual targets of influencing action and research. At the same time, we are also able to maintain and expand our network and base. And also it’s our way of chronicling our ways for posterity.”

In 2023, G-Watch launched Promoting Rights Organizing in Health (PRO-Health), an initiative that aims to strengthen transparency, participation, and accountability in public health governance by bringing together networks of citizen volunteers, civil society organizations, and government (Table 3). Volunteer monitors collect information from citizens and health posts about health system functioning, identify problems, and convene meetings with public officials to identify solutions. They then engage in policy advocacy with officials to encourage them to enact agreed-upon changes. PRO-Health volunteers and core staff also monitor budgets and national-level advocacy efforts to advance RMNCAH goals, focusing on the government’s reproductive health and mental health policies, and its First 1,000 Days program. PRO-Health was established in partnership with two existing civil society networks: the Student Council Alliance of the Philippines (SCAP) and Samahan ng Nagkakaisang Pamilyang Pantawid (Association of United 4Ps Families, known as SNPP), a member-based organization of beneficiaries of a government conditional cash transfer program, the Pantawid Pamilyang Pilipino Program (4Ps).

Table 3. Communications Overview: G-Watch’s PRO-Health Initiative

| Audiences | Messages | Channels | Goal behind this messaging |
|--|--|--|---|
| Public, volunteer monitors, potential volunteers | <ul style="list-style-type: none"> You have the right to participate in monitoring the implementation of public policy and making your government work for you. Being part of this movement can be fun. | Facebook, X, website, and in-person trainings | Support organizing, maintenance of network, and shaping of collective identity. |
| Government officials involved in health sector | <ul style="list-style-type: none"> Government needs to enable transparency, participation, and accountability to improve its responsiveness. Government should respond to citizen voices and proposals to achieve public health goals. | Correspondence and events with public officials, website, X, and mainstream media articles | Advance a reform agenda through dialogues and interface meetings with targeted government officials and through knowledge products. |
| National and international thought leaders and researchers in governance, transparency, and accountability fields | <ul style="list-style-type: none"> Accountability to citizens is important and is what is needed in today’s politics. Multilevel organizing can be an effective strategy for accountability work. | Publications, website, and international conference presentations | Help shape the discourse and priorities in transparency and accountability research and practice. |



ARC is based at the School for International Service at American University in Washington, DC. It bridges research and frontline perspectives to learn from ideas, institutions, and actors that advance strategies to improve public and corporate accountability and build more inclusive societies (Table 4). In its work on accountable public services, ARC engages with a wide range of civil society thinkers, activists, practitioners, policy reformers, and academics in many sectors (including health, education, and peace building) and many countries. ARC has embedded team members living and working in Colombia and the Philippines, and it has long-term ongoing work in Guatemala, India, and Mexico. The Action Learning with Grassroots Advocates project builds on a decade-long partnership between ARC, CEGSS, and G-Watch.

Through dialogue with partners and collaborators, ARC co-designs research and mutual learning processes that are relevant for partners' accountability strategies. These often result in publications that aspire to frame inherently context-specific grassroots experiences and analysis in terms of broader lessons for action in different places, especially for international audiences. ARC publications and knowledge outputs are used by its partners in their own contexts, in service of their advocacy agendas, as well as by international audiences of practitioners and scholars.

One element of ARC's communication strategy is to amplify messages from this research and learning in international arenas and dialogues. Therefore, the strategies and knowledge of grassroots action strategists can influence international thinking and agenda-setting about strengthening and defending citizen rights to public services, including health.

As ARC Communications and Publications Manager Karen Brock noted, ARC also has its own overarching accountability keywords and ideas that it seeks to convey through its work across sectors and epistemic communities and in its communications practices: "We have some broad messages about how multi-level approaches to public accountability reforms, led from the grassroots, are an important route to making those reforms systemic and sustainable. And also that it's the voices and the priorities of people who are actually working on the front lines facilitating citizen engagement and supporting rights-claiming that should shape research agendas."

Table 4. Overview: ARC's Approach to Communication in the Action Learning with Grassroots Advocates Project

| Audiences | Messages | Channels | Goal behind this messaging |
|--|--|---|--|
| Researchers, practitioners, thought leaders in health rights—global North and global South | Context-specific messages in support of the following: <ul style="list-style-type: none"> • Equitable and inclusive international health systems • Equitable research partnerships • Transparent, participatory, and accountable public health services • Health as a human right. | LinkedIn, Facebook, X, website, and newsletter | Advance agenda of citizen participation in public health service delivery. |
| International organizations working on health rights and accountable public health services | <ul style="list-style-type: none"> • Civil society and networks of active citizens play an important role in advancing the equity of health service delivery. • Action research is a valid source of knowledge to inform health policy. | In-person and online events, newsletter, website, X, and LinkedIn | Stand against the world-wide rollback of civic space. |
| Partners and networks in Southern civil society—researchers and practitioners | <ul style="list-style-type: none"> • ARC supports your work and enables lessons from it. | Facebook and X | Maintain and build partnerships, networks, and solidarity. |
| Researchers and thought leaders in governance, anti-corruption, transparency, participation, and accountability | <ul style="list-style-type: none"> • Analytical storytelling and action research about grassroots experiences of accountability work are valid sources of knowledge. | Peer-reviewed publications: Accountability Working Papers, Accountability Notes, and scholarly journal articles | Advance the validity of diverse types of knowledge in research and practice. |

2. Collective Takeaways on the Communications Strategies of Health Rights Advocates

2.1 Three types of communications to make progress toward inclusive, accountable health services

The learning exchange participants harness communications to advance their organizational missions in a range of ways. Three main types of communications are being used to advance the goal of improved health services:

1. **Communications to provide educational information to the public or certain target populations to encourage health-seeking behavior and self-care.** For example, in Mexico, ACASAC and youth health promoters educate young people about sexual and reproductive health topics.
2. **Communications to inform, educate, and guide citizens to defend and claim their rights to health care.** For example, in Guatemala, CEGSS and REDC-Salud educate citizens about their right to health at information tables at markets and through radio programs.
3. **Communications to encourage health care providers and policy-makers to improve health services.** For example, G-Watch and PRO-Health engage with policy-makers to ensure that health programs are funded and implemented and hold joint problem-solving sessions with government and civil society.

2.2 Creating and viewing communications content can build pride, agency, and collective identity

Communications processes and products can help to build the collective identity of those who organize to advance their own rights or those of others. Communications in indigenous or local languages can also build pride and legitimacy for indigenous communities and may help them claim their rights to access health services in their languages. Learning how to create communications products can also build technical capacity and confidence for individuals, which can strengthen their affiliated networks and organizations.

PRO-Health in the Philippines was able to build the collective identity among its network members by reflecting the fun and dynamic energy of in-person trainings on social media, which also serves to educate the public and recruit volunteers. Communications do not need to be dichotomized as ‘internal versus external,’ a common binary used in the communications profession. Rather, they can share information with the public about what an organization or movement is doing and also build the social cohesion and solidarity of existing members, whether civil society advocates or volunteers. When these actors see their group identity and the things they experienced in person reflected on social media, their sense of belonging to a movement and collective identity can be strengthened. This outreach has proven to be effective in generating interest in volunteering and in G-Watch’s broader work on transparency, participation, and accountability.



PRO-Health volunteer monitors have fun and bond with other volunteers at in-person trainings, where photos capture everyone wearing PRO-Health shirts, playing games, and making the “H” hand sign for *health*. Such photos are then broadcast on social media and remind volunteers of their fun time together. These communications strategies have both internal and external audiences.

Credit: G-Watch

In Mexico, learning to create and disseminate educational content has become a tool for transformation; it allows young people to develop their creative potential and capacity while connecting with other young people. For the past several years, ACASAC has helped young health promoters write stories, perform them live or with puppets, record them, edit the videos, and share them on social media networks used by local youth. ACASAC and the youth health promoters also lead experiential workshops in schools.

As Francisco Gómez Guillén of ACASAC-OMM explains, the process is fully led by the young health promoters:

The topics addressed reflect the reality of local indigenous youth. During the planning meetings, the young health promoters reflect on their own experiences and on the doubts that other young people have raised with them. They decide how they want to tell the stories, where to film them, and how to develop the characters. This level of detail and appropriateness to their culture and generation would be difficult to achieve from an adult perspective. For example, they proposed recording in their school, with their classmates, or in spaces in their home, such as the kitchen. Accessing these environments would not be so easy for us as adults, but incorporating them into the videos generates a unique dialogue and, above all, a deep identification between the young people and the community that is represented in these communication products, something they have rarely experienced before.



Youth health promoters working with ACASAC film a live-action educational video about fatherhood, called Hugo, which addresses issues of gender and masculinity.

Credit: ACASAC

2.3 Communicating with indigenous communities requires more than translating the language of texts

Developing materials to educate the public about healthy behaviors is always challenging. For example, child nutrition, breastfeeding, and contraception information campaigns require both technical details and a culturally sensitive approach. This communications task becomes more complex when target audiences have low levels of literacy or formal education. Translation to nondominant languages adds another layer of complexity, particularly when the speakers of those languages are marginalized in numerous ways. All of this makes it extremely important that translations are thoughtfully conducted and validated with the intended audiences.

CEGSS, REDC-Salud, ACASAC, and OMM engage directly with indigenous communities, so translation, contextualization, and validation of educational materials for indigenous populations is a very important aspect of their communications work. It involves translation into minority languages and adaptation of messaging to specific cultural contexts so that health rights information is accessible for all.

Director Benilda Batzin explained that CEGSS's materials are interpreted, not directly translated, into the Mayan languages. Some technical terms do not have a direct translation, and it takes many more words to explain something that is relatively straightforward in Spanish. Therefore, she says, "we have noticed over the years that it's very important to validate the materials with a group of Mayan language speakers." This validation process is also resource intensive.

Also, nondigital communications efforts are very important when working with rural, marginalized populations. As Rosaura Medina, Deputy Director of CEGSS, noted in this learning exchange,

I can say that CEGSS and REDC-Salud have always worked on 'alternative communication.' Because we are always clear that there are groups where the [cellular and internet] networks don't reach, where the national and international media don't reach either, where there is no technology. So, the network has tried over the last 15 years to maintain spaces of alternative communication for those people where the information doesn't reach, because we don't want to leave anyone behind. And this process has costs, right? Because we have to take information to communities where we don't have access, where there is no coverage, where the government itself doesn't reach.

These 'alternative communications' strategies include information tables at markets, health fairs, and in-person meetings in communities. Even where the internet is widely used, in-person meetings are key to building trust and speaking about challenging topics related to maternal and child health. Medina shared the example of a recent community meeting where the defenders were able to discuss the sensitive topic of maternal and child deaths, which would not have been possible if the community members had not met in person.



REDC-Salud defenders use information tables, such as the ones pictured in Nebaj el Quiché, to speak with community members in markets and outside health clinics.

Credit: CEGSS

In Guatemala, the government's Mayan Language Academy supports the dissemination of materials from government institutions, including information about health. It is staffed by communication and language professionals, and what they produce are professionalized, technical versions of health information. "Now," explained Medina, "there are many technical words, and these technical words are not understood in the communities. That was one of the lessons we learned when we started to translate materials for our Citizens' School for the Right to Health." CEGSS approached two socio-linguists for help with translations but soon learned that the translators were not able to produce materials for indigenous community members with limited literacy and formal education. CEGSS staff then discovered that there were defenders within the REDC-Salud network that were able to read and write in different Mayan languages. They were already working directly with communities and knew how to communicate effectively. CEGSS engaged those defenders to adapt and interpret the written Citizens' School materials to make them available in different languages. "And that is how we were able to translate seven modules into eighteen 15-minute audio clips that talk about human rights, citizen participation, and public policy advocacy," said Medina. "It has been a year's work because although the defenders write and read in their own language, they have never worked on a technical document before." This work with CEGSS gave these new interpreters more appreciation for their language skills. Some are currently seeking certification as translators from a professional society, with support from CEGSS. Medina noted that "the defenders said, 'I had never realized how important my language is and that I should continue practicing it and preserving it.'"



Youth health promoters from Tsotsil- and Tzeltal-speaking communities who collaborate with ACASAC-OMM pose in their traditional dress.

Credit: Juan Carlos Martinez, ACASAC

A related but distinct aspect of communications work that was highlighted in this exchange is the work that the Guatemalan defenders do to make health personnel more adept at communicating respectfully with indigenous health services users. Disrespect by health professionals toward indigenous people is a major problem that CEGSS and REDC-Salud confront in their work. In one example, a monitoring exercise by the defenders revealed that the most common complaint made by health services users in Totonicapán was that they were treated in a cold, rude, and culturally insensitive manner. As Medina explained,

Why this violation is happening is because some of the health personnel have never been trained or educated in the right to health, citizen participation, how to attend a user with sensitivity. The REDC-Salud network addressed this shortcoming in the awareness of health professionals by engaging with the health authorities at the municipal and departmental levels to improve their sensitivity to cultural issues when working in indigenous communities.

The defenders reached out to the health authorities and offered to accompany the trainee health personnel who were doing outreach in indigenous communities. They sensitized them to the cultural norms and expectations of the health services users. Teaching them about both verbal and nonverbal communication norms was an important part of improving the health system.

This communications work *about communicating* is one of the important elements of working in contexts of extreme marginalization where health workers have not learned about cultural sensitivity. REDC-Salud members now attend government-run health fairs. They have a table and a loudspeaker, and they broadcast messages about health and the network in Mayan languages. So, at the same time, the network is educating community members and assisting health service users and health care providers who may need interpreting or support. Medina summarizes this aspect of their work: “So now the health personnel no longer go alone to serve the communities, now they ask the network members to accompany them and they work together to raise citizens’ awareness of health issues.” This describes a multifaceted aspect of the role of CEGSS and REDC-Salud: They are helping to communicate technical information in Mayan languages to people with little formal education, they are educating health professionals about how to work with indigenous populations in a culturally appropriate and respectful way, and they are accompanying both health professionals and citizens on a journey to improved mutual understanding and trust.

In Mexico, ACASAC-OMM's approach to translation and adaptation of materials for different indigenous communities and different ages requires extensive collaboration and validation with target populations, which is something many governments and organizations are either unable to do or do not realize is needed. Hilda Argüello Avendaño of ACASAC-OMM described the need to improve the educational materials developed by the Mexican government to reach indigenous communities. Often, Mexican government ministries develop materials for the entire country in Spanish and then contract professional translators to translate information into indigenous languages. However, particularly in the case of sexual and reproductive health educational information, those translations use technical terms that are clumsy, insensitive, or unclear to indigenous community members. Often, municipal governments simply copy the materials from the national agencies without making efforts to contextualize them for the populations within their regions. For example, even in predominantly indigenous areas, they may create billboards but do not depict indigenous people who reflect the population. So, in addition to not meeting the linguistic needs of their constituents, they are not considering the different cultural and educational factors that affect how the information is received. ACASAC-OMM work extensively with indigenous communities, particularly youth, to adapt and refine educational materials for different audiences. In many cases, they validate materials with target audiences with whom they have long-standing working relationships and trust.

Their approach has been recognized by some public institutions, which have engaged them to adapt educational materials for different indigenous communities. Argüello Avendaño notes that the public institutions that work with ACASAC-OMM, such as the National Center for Gender Equity and Reproductive Health or the National Population Council of Mexico, have very good ideas and content, but that adapting that content and deciding how to reach different indigenous audiences is a separate and important part of the work that is not always done well. She notes that the 'design of the message' is a participatory process that requires working directly with the intended marginalized audiences.

A final reflection on the concept of translation is worth noting. In terms of the partnership between the frontline rights defenders' organizations and ARC, 'translation' is not just a matter of translating from one language into another. It is also about how to translate concepts and ideas so that they can be used to frame information in a way that will be understood by and resonate with international target audiences. This happens through dialogue between partners and between the authors and producers of publications. Joy Acheron explained the language aspect:

For example, I speak in English, but I still need to work with ARC in terms of finding the right way of putting things that would be accessible to [first-language] English speaking people. Expressions, for example, or concepts, terms. And I think the most crucial is really the framing: what do you exactly want to say? Because it's not just about communicating, it's not just to share, it's really to influence the way things are, both in action and research at different levels. So being able to really come up with good messages and framing of messages, I think that's part of the things that happen in those conversations.

2.4 Advocates' communications can reach marginalized communities both directly and indirectly

Advocates can communicate directly with marginalized communities to educate them on different aspects of health, but they can also engage with the government to improve its efforts at educational health communications directed toward those same communities—an indirect approach.

Acheron explained how PRO-Health takes this indirect approach to reach the public, which involves monitoring the government and engaging with it so that it does a better job of public health education. Describing how PRO-Health seeks to reach the public with information about their rights to health care, she said,

We can either look at the public as an audience as the 'general public,' or as *'the public via government.'* Our communication strategy on that would be to ask the Department of Health to inform, to improve *their*

communications, their education and information, so that they can strengthen the capacity of the public to claim the right to health care. So, our audience, our target audience, really is the Department of Health. The Department of Health is supposedly addressing that as part of their work. So, what I'm saying is in terms of this as an agenda—improving communications to the public to promote the right to health care—for our organization, we don't see directly educating the public as our role . . . we can't pick it up on our own. We need to ask the government to do it. And to work with government so that they can improve their capacity, because this is *their* main mandate, to inform the public of their right to health care.



Left: PRO-Health volunteers meet the Mayor of Bontoc, Southern Leyte. This is part of strategy to engage governments to do a better job at educating citizens about health programs. Right: Leaders of SNPP attend a National Problem-Solving Session sponsored by PRO-Health.

Credit: G-Watch

Thus, the role of the PRO-Health project, which is part of G-Watch's overall strategy, includes playing the role of a citizen-monitor and constructively helping the government do its job better. It is strategic and in line with the core mission of G-Watch to seek to affect health education issues in this indirect way. It is not G-Watch's mission, nor its expertise, to directly educate the public about health issues. G-Watch focuses on building citizens' capacity in transparency, participation, and accountability so that they can be involved in the government's health education and promotion efforts.

Hilda Argüello Avendaño followed up on Joy Acheron's remarks by sharing that OMM has observed that the large state institutions have sophisticated communications operations, but because the country is so large and diverse, reaching the entire population with information is challenging. To address this, ACASAC has worked with specific institutions to develop and test cultural adaptation for indigenous audiences in Chiapas:

Now we are working closely with the National Office on Population, and they have materials designed for youth, but also for individuals who want to work with young people on sexual and reproductive rights. We see that the language they have is too complicated for the young people—not in the sense that it must be simple, but [in the sense that] it must be understandable. Sometimes it is drafted in a very technical way, in an academic way, and that creates barriers to the young people receiving the information. So, in one sense I agree with what Joy was saying, because it's a mandate of the government to respond to the population. But on the other hand, linguistic diversity is a challenge [for the government].

Benilda Batzin shared that the government in Guatemala has not historically prioritized serving rural indigenous communities, so it has been the mission of nonprofits and civil society organizations to reach them:

Unfortunately, in Guatemala, the issue of human rights, specifically the right to health and information for the indigenous community, such as translating it and making it available in indigenous territories, is not a priority for the government. So, the government communication is something we could collaborate on to bring this information to the population. What is being done with some health services and with the support of advocates is much better.

As this quote indicates, the lack of government communications with rural indigenous communities may be a lack of political will and prioritization, a lack of skills and dedication to effectively adapt materials to different audiences, and a lack of focus on messages about rights.

2.5 Communications on a shoestring is possible, though dedicated resources improve effectiveness

The communications strategies of these organizations are integral to their organizational strategies to educate and encourage people to claim their rights and advocate for others' rights, as well as to influence how governments serve and respond to people. Communications can articulate the agendas of the organizations to the target audiences and can be a means to advocate and convert policy actors into allies and supporters. Communications strategies can also help to galvanize networks and partners toward common goals. So, while strategies serve as a blueprint for change, communications can serve as a tool to execute the blueprint.

Their relatively small size and their connection to the work on the ground can also help these organizations keep communications connected to the advocates working on the front lines of health rights and human rights issues. Communications can be—and have been—implemented with very few resources, in a bottom-up fashion and with constant learning and relearning by staff. All or most of the staff in these organizations are involved in communications implementation. This keeps the communications fresh and grounded in the day-to-day work.

However, such 'all hands' approaches to communications can also be very demanding and draining, and they may have limited reach without sufficient resources and expertise within the team. Having a dedicated, skilled communications professional on the team—which the Action Learning with Grassroots Advocates project has enabled in some instances—can make the organization more effective and allow the advocates to focus more on their other work.

A modest allocation of resources and trained staff can allow organizations to dramatically expand the quality and reach of their communications. Support from this project has allowed all organizations to augment their capacities and resources. For example, the Comité has launched a podcast series in which the different member organizations are interviewed about their work; nine episodes have been broadcast so far. The Comité also has a new Instagram account to better reach some of its intended audiences.

As Francisco Gómez Guillén of OMM explained, the ability to hire people with specialized skills improved OMM's content quality:

We have Miguel, another colleague who has just joined us. He is a puppeteer artist, and he has worked a lot in theater, so we wanted him to teach us how to develop these different tones of voice: emotion, anger, sadness. And then when the young promoters had the scripts, they worked on different ways of vocalizing, but also on acting with different emotions. He would say to them, well, when you are sad, what do you do? How do you react? Thinking a little bit about culturally sensitive issues, how do you react? How do you react to your parents, how do you react to your grandparents? I think that part has been also quite important. There is no substitute for the skills and experience of an actor when it comes to creating persuasive educational videos and materials for young people.



REDC-Salud volunteers translate the curriculum of the Citizens' School for the Right to Health into the Q'anjob'al language.

Credit: CEGSS

In Guatemala, expanded communications capacity and resources have enabled CEGSS to translate the content of the Citizens' School for the Right to Health, its popular education program that prepares people to be defenders of the right to health and other human rights, to audio files in five indigenous languages to be used in informational and educational radio campaigns in 15 municipalities. Thanks to a newly hired communications professional, CEGSS has also expanded the quantity and quality of its content shared on social media, substantially growing its visibility.

Yet even with specialized communications staff, communications work can be intentionally participatory. Partner organizations can support and enable communities to create and engage with social media content in their own words. Rosaura Medina noted that even after CEGSS engaged a dedicated communications staff member, everyone remained engaged in content creation and dissemination:

The field team, the technical team and the whole team of CEGSS, including the defenders of the [REDC-Salud] health network—we all do communications. The defenders themselves take photographs, take videos and that material is used for the network's pages. That same material is used to disseminate the work that is being done and to communicate and demonstrate the actions that we do, then also the team that works in the field always has fresh material. We are always thinking how this material can change the ideas, change the minds of the authorities . . . because many ideas also come from the defenders, and we also must recognize that they already do their communication [as advocates]. Many of them have their own TikTok, they have Facebook, they have Instagram, several places where they already communicate what they are doing. Now we have Mirza [the communications staff member] who is helping us and the field team hand in hand with the communities.

3. Conclusion

This report shows the centrality of communications in the change agenda of grassroots organizations engaged in health rights advocacy. The organizations that partnered in the Action Learning with Grassroots Advocates project have strategies for social change that require effective and diverse communications strategies. The contexts in which they work require the use of multiple languages and the development of culturally appropriate materials and tactics. They have various target audiences, including partner organizations, public health officials and institutions, and the networks of advocates that they build and foster. They use different technologies to reach specific audiences: Social media is important for PRO-Health and ARC, video and infographics are critical for ACASAC-OMM, and radio is key for CEGSS. They also all rely on face-to-face education with community members, collaborations and negotiations with public officials, and in-person workshops and gatherings with their network partners. These are some of the reflections and insights from the learning exchange participants:

- **Communications can lead to empowerment in unexpected ways.** Communications can empower people by educating them, and by allowing people to creatively express themselves. For example, the creation and dissemination of educational content by youth health promoters in Mexico allows them to empower themselves and address issues relevant to their community. Youth-led initiatives can have a significant impact on public health by addressing critical issues from the perspective of young people themselves. The training of youth health promoters contributes to local capacity building and the sustainability of health initiatives. Also, when youth produce communications content in home and school settings, they open dialogues with their communities.
- **Bottom-up communications strategies are embedded in advocacy and change strategies of these organizations.** Even as they become more professional, it is important to prioritize the experience of the health rights advocates on the ground—their points of view and their proposed solutions to challenges. Social media engagement can be decentralized, with partners and community members speaking in their own voices and through their own words.
- **Reflection and sharing enriches communications strategies.** Providing spaces for reflection and sharing of approaches has been valuable in guiding these organizations' future actions. Despite their different country contexts, organizational histories, and communications strategies, the health and human rights leaders who participated in this learning exchange remarked that they have learned a great deal from each other's experiences and the opportunity to reflect on their own communications work.

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American University
School of International Service
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