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# WP4 SURVEY
# INSTITUTIONAL PERFORMANCE AND SOCIAL VALUES
# MEXICO CASE STUDY REPORT

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**CONTENTS**

Introduction ..... 3
State of Chiapas, Mexico: background information ..... 5
Methodology and sampling ..... 12
SUMMARY OF FINDINGS ..... 17
Local ınstitutions ..... 17
Question 5. Importance of Institutions ..... 17
Question 6. Identification of Public Officers ..... 20
Question 7. Trust in Institutions ..... 21
Question 8. Experience with institutions ..... 23
Local Topics ..... 25
Question 9. Serious problems in community ..... 25
Question 10. Ability to obtain services on one's own resources ..... 26
Question 11 Preferred problem resolution techniques ..... 27
Question 12. Institutions important for improving well being ..... 30
Graphic 9. Practices against good society ..... 32
Question 14: Behavior of public officials ..... 35
Question 15: Availability of means to express inconformity with public services ..... 36
Respondents were asked the following question: "Do you feel you have means to express inconformity with provision of public services?" ..... 36
SOCIAL NORMS ..... 36
The next group of questions aimed to draw insights about prevailing social norms and values prevailing in the communities ..... 36
Question 16: Importance of certain customs ..... 36
Question 17: Gift giving related to better treatment/service ..... 38
Question 18: Personal relations affect quality of service ..... 39
Question 19 Agreement/disagreement with different scenarios ..... 40
Question 20. Expectations about leadership behavior ..... 41
Question 21: Self identification with different characters ..... 43
Question 22: Most appropriate statement ..... 45
Question 23: Most important statement ..... 47
Additional findings and final reflections from the ethnographic study of insitutional performance and social values in Chiapas, Mexico ..... 49
References ..... 54
Annex 1 ..... 55
Forma para Consentimiento Informado para Usuarios del Sistema de Salud en el Estado de Chiapas, México ..... 55

## Introduction

The contribution of The Basel Institute on Governance to ANTICORRP WP4, (the ethnographic study of corruption practices) involves field research in two countries: Mexico and Tanzania. This report describes the activities and findings form the research conducted in Mexico.

The report summarizes the results from the application in the Mexican context of the ethnographic survey on institutional performance and social values that all ANTICORRP partners working in WP4 have agreed upon and will apply in their respective case study countries. Additionally, the information on the survey is supplemented with additional insights that were obtained through semi-structured interviews with key informants as well as focus group discussions.

The field research in Mexico contributes to the ongoing work in WP4 in several ways.

First, by applying the standardized survey on institutional performance and social values to a Latin American context, it enriches the sample covered by the work of WP4. This is specially meaningful given the fact that the approach of this work package is that of ethnography. Therefore, inclusion of the Mexican case adds to the increase the breadth of cultural, demographic and geographical variation that the WP4 work will cover, contributing to the goal of bringing together a comprehensive view of how local contexts shape different understandings and perceptions of corruption.

Second, the field research in Mexico targets low-income, minority groups living in remote rural areas of the country. These groups, because they have been historically disempowered, and because their characteristics (rural, poor ethnic minorities) can make them especially hard to mobilize, are typically amongst the most vulnerable to corrupt practices. Therefore, developing a

better understanding of the manner in which groups like these view their relationship with the institutions of the state and understand corruption is a necessary step to develop better approaches that can protect the most vulnerable from abuse of power.

Third, while the research in Mexico includes application of a shared research tool (the survey on institutional performance and social values) it also takes a unique perspective by placing the focus of the analysis on studying participatory initiatives to prevent corruption in the health sector. This angle will contribute to the overall WP4 effort by adding insights form the health sectors to the work in other sectors (e.g. education, business, electoral systems) that partners in WP4 are undertaking.

## State of Chiapas, Mexico: background information

The state of Chiapas is located in the southeast of Mexico. With an area of 74,415Km2 it is the eighth largest state in the country, and has always had strategic importance as a border state, sharing 658.5 Km of the borderline with Guatemala.[1]

**Figure 1.**

**Location of the State of Chiapas in Mexico**

http://commons.wikimedia.org/wiki/File:Chiapas_in_Mexico_%28location_map_scheme%29.svg

At the national level in Mexico, Chiapas is the state with the highest poverty and marginalization figures, particularly in those administrative areas with the highest indigenous populations. According to official figures, in 2012 74.7% of the population in Chiapas was living in poverty, and 32.2% in extreme poverty.[2] Also according to official statistical data disaggregated by state, Chiapas is the state with the second highest maternal mortality rate, and the state with the highest under-five mortality rates due to diarrhea and respiratory infections (Sistema Nacional de Información en Salud 2013).

[1] http://www.chiapas.gob.mx/ubicacion

[2] http://www.coneval.gob.mx/Medicion/Paginas/Medici%C3%B3n/Pobreza%202012/Anexo-estad%C3%ADstico-pobreza-2012.aspx

Approximately 30% of the total population are from the following ethnic groups: Tojolabales, Mames, Tzotziles, Tzeltales, Lacandones, Zoques and Choles, all of them of Maya stock, all of them with their own language, culture and religion, this native population is mainly concentrated in two regions: Altos and Selva (Cuevas 2007).

Many indicators of marginalization in Chiapas are related to the difficult geographical conditions prevailing several parts of the state. For example, in the regions of Altos, Selva Lacandona and Frontera roads are few and generally in bad conditions, they are often no more than precarious dirt paths constantly threatened by torrential rains and vegetation. Trips in these communities, whether to local markets or to local public service facilities, are measured in days. It is no wonder, then, that in this context physical isolation effectively translates into social marginalization.

Field research was undertaken in four communities: Barra San José, Unión Roja, Guadalupe Tepeyac and San Quintín. The first two are located in the Soconusco region of Chiapas while Guadalupe Tepeyac and San Quintin are located in the Selva Lacandona region of Chiapas (see Figure 2). It should be clarified from the outset that, while surveys were conducted in all four communities, most of the insights derived from ethnographic research techniques (participant observation) come from the communities located in the Selva Lacandona.[3] For this reason, a more detailed account of the history of that region is given here to provide adequate background context to the findings and analysis that follow in this report.

[3] It is not an easy task to do research among indigenous communities, as they are not easily open to the presence of strangers. In the Soconusco region, the researcher obtained permission from the authorities to conduct the research and with that as precedent it was possible to apply the survey in those communities. However, the daily interaction and "blending in" of the researcher that is needed to conduct proper ethnographic research was very difficult to achieve in these communities in spite of time invested (six months on the field) and the best efforts of the researcher. In the case of the Selva Lacandona communities the situation was different because the researcher has ample experience working in those communities, is known and has achieved the trust of authorities and community members alike.

Figure 2.
Regions in Chiapas where field research was conducted

Source: http://www.mexconnect.com/photos/5636-mapchiapas-clickable-interactive-map-of-chiapas-state-mexico-p
Highlights by author

The region of the Selva Lacandona played an important role in the process of land reform that followed the Mexican revolution. In the state of Chiapas, this region, geographically distant and isolated, represented the ideal solution to provide land to indigenous groups without affecting the interests and properties of the state's political and economic elites. Therefore, from the 1930s, this region was colonized by a diverse group of indigenous peasants from all over the state and, in fact, up until the 1980s the process of agrarian reform was the main arena of interaction between the Mexican state and the indigenous population of the region. Therefore we may say that the process of agrarian reform has left a deep imprint among the communities that inhabit the region in that, among other things, it has defined the way in which the communities view their relationship with the state. It is, therefore, around the issue of land tenure and distribution that critical perceptions and discourses are articulated.

On the side of the indigenous communities land reform confirmed the role of the state as the key actor invested with the power and authority necessary to

provide tangible benefits to the communities and to provide resolution to a situation of political and economic disempowerment. But also, the distribution of land was understood as the outcome of a series of struggles (from the armed struggle of the Revolution to individual pleas to access land as a means of livelihood) the main counterpart of which was also the Mexican state, and therefore there is a widespread perception that the benefits have been "earned" through the peasants' own efforts. But what is important to underscore is that, as Megchún Rivera (2012) points out, in the collective understanding prevailing among the population in this region it is the group itself that is regarded as the actor to whom the accomplishment of land reform may be attributed. In this view, it is the group, or community, that has the capability to exercise agency and to engage the state for the achievement of collective goals.

On the side of the Mexican state the public discourse relating to agrarian reform is quite different and should be understood in the wider context of the efforts of the post-revolutionary regime to consolidate its dominant political position and to generate a measure of legitimacy among key social groups. The official account of the process of agrarian reform depicts the Mexican state as enabling the "endowment" of peasants, benefitting then through the "granting" of lands made possible by the "resolution" of high-level government authorities.[4]

The difference in the discourses related to the process of land reform reflects a political dialogue in which, the same historic events are interpreted through different perspective, values and interests.

The process of land reform also created new laws and institutional devices to regulate the interactions between the state and the recipient communities. These institutional mechanisms include the ejido (a communal form of land

[4] Following (Alejos 1994, 64), an ethnographic analysis suggests that the contraposed discourses adopted by both groups, indigenous communities of Chiapas and the Mexican state, with regards agrarian reform represent a form of dialogue, in which the statements made by each side can be understood as both response and anticipation to the statements of the other.

ownership) and the community assembly as the instance where collective decisions are made.[5] The peasants appropriated the laws and institutions of the state for agrarian reform, but they also recognized that the authorities themselves did not abide by their own rules as the communities experienced often experiences of corruption and political manipulation.

The physical isolation and poverty in which these communities subsist and the limited ability of the Mexican regime to provide basic public services to these communities combined to create a context in which the organization of an indigenous guerrilla movement became possible. The Ejército Zapatista de Liberación Nacional (EZLN), labeled by some as the first postmodern revolutionary movement for its use of the internet and social media.[6]

The EZLN came to public light in a dramatic move on new years' eve 1994 when it took over several towns in Chiapas in the Selva Lacandona region. It spouses the ideals of development and recognition of autonomous indigenous governments and has declared war against the Mexican state, which is seen as illegitimate and oppressive. Vast amounts have been written about the EZLN, and it has undoubtedly played a very important role in the lives of the inhabitants of Chiapas.

In Guadalupe Tepeyac the population participated from the beginning in the EZLN. It is in fact one of the most emblematic communities associated with Zapatismo. One of the movement's most recognized leaders "comandante Tacho" comes from Guadalupe Tepeyac. Therefore, the community has diretly experienced the consequences of the armed movement. Soon after the uprising, the military penetrated the community and set up a military base there. In response to that, the majority of community members left, in what they commonly call "the exile" (el exilio), eventually settled in a neighboring community, and did not return to Guadalupe Tepeyac until after roughly 7

[5] Therefore, the community assembly is not, as some contemporary analysis suggest, a millenary traditional form of association but a rather modern one which was introduced deliberately by the Mexican state and then embraced and appropriated by the communities themselves as the leading mechanism to conduct their internal decision making.

[6] http://connection.ebscohost.com/c/articles/24327324/zapatista-rebellion-as-postmodern-revolution

years when, in 2002, the military base was dismantled (in part due to public pressure from the Zapatista movement).

In the beginning, the entire community was formally part of the EZLN until around 2008, when gradually groups of families began to distance themselves form the movement. Currently, the population of Guadalupe Tepeyac is divided into three groups: the Zapatistas (about 50%), those affiliated to the Central Independiente de Obreros Agrícolas y Campesinos (CIOAC) (about 40%) who describe themselves as independent group, neither pro-Zapatista nor pro-government, and those who are not affiliated to any political organization (around 10%) and who, paradoxically, are seen as closer to the government. The two latter groups are recipients of public social programs, while the Zapatistas, as part of their civil resistance stance, reject all government supports and services. Nonetheless, in our research it was evidenced that even Zapatistas do make use of the public health facilities.

The Mexican regime dealt with opposition mostly through a strategy of cooptation. As a response to the armed uprising, the state provided since 1994 improved social programs and significant material support to the non-zapatistas in the region. While during the early 1990s most communities in the region had no electricity, access to drinking water, or roads, after the uprising an increased flow of government programs and benefits ensued. The hospital in Guadalupe Tepeyac was inaugurated in September 1993, just a few months before the armed Zapatista uprising.[7] It is a large and modern facility, which by the definitions for infrastructure and provision of services, is too large and sophisticated for the geographical region and population base it serves. In fact, it is believed to have been built with a political purpose as part of a deliberate government strategy to delivery social services and benefits to the region as a response to the organization of the armed movement. In the words of a regional manager for one of the main public health institutions in the region, “this hospital should not really be there […] it was conceived for

[7] It should be noted that already in 1993 a group of military discovered a training site of the EZLN 50 km away from Guadalupe Tepeyac. Therefore, the existence of the armed group was, at least if this incident is indicative, known to the authorities from before they entered the scene publicly.

political reasons, it does not make sense, relative to the size of the communities it serves, this big hospital should not be there."

In the aftermath of the armed uprising Guadalupe Tepeyac was the scene of armed clashes between the Mexican army and the EZLN, the hospital was taken by EZLN forces. After a ceasefire was decreed by the government 12 days later, the press entered the community in great numbers.

Today, almost twenty years after the appearance of the EZLN in the national scene, the Selva Lacandona has been pacified, the activities of the EZLN are mostly limited to social work and are geographically quite limited. The communities have, it could be said, returned to normalcy, where normal refers still to a situation of deep social marginalization and unmet needs.

A final note about context has to do with the very important role that the government's leading cash transfer program plays in the lives of the inhabitants of these communities. is seen as a benevolent action from the government which can nevertheless be taken away.[8] The Oportunidades program (as this program is known) provides low income women with a monthly cash allowance if they meet certain criteria on a regular basis (such as attending preventive health talks, getting prenatal care, keeping their children to date with their immunizations and enrolled in school). It is important for two reasons: a) it provides an important supplement to the incomes of many families in the region and b) it also is a concrete mechanism through which the relationship between citizens and state is defined and articulated. The report will provide some examples illustrating how the Oportunidades program is often used in attempts by local authorities to enforce mechanisms of social control and obedience.

[8] The Oportunidades program (which is different from IMSS Op) provides low income women with a monthly cash allowance if they meet certain criteria on a regular basis (such as attending preventive health talks, getting prenatal care, keeping their children to date with their immunizations and enrolled in school).

## Methodology and sampling

As mentioned before, we chose to conduct research on institutional trust and social values in a low income rural region to illustrate how the context matters for the development of perceptions of corruption and trust in public instiutions. Furthermore, our chosen locations in the state of Chiapas are adequate to relate our findings to a more general dilemma from the perspective of development practitioners: How to empower groups that have been historically disempowered and whose specific characteristics (rural, poor, ethnic minorities) may make them especially hard to mobilize and incorporate into processes of democratic governance.

The cases from Chiapas are illustrative of some of the challenges that are encountered in providing improved public service delivery to minority groups in hard-to-reach areas. These challenges are in many ways common to those experienced in other remote rural areas in developing countries and include scarcity of human resources and difficulty in monitoring performance. The following excerpt from a conversation with a social worker at the local hospital in Guadalupe Tepeyac is informative of the situation there:

> Social Worker (SW): Here many things get lost (there is no follow up). Why? Because we are in a place where nobody comes to supervise what we are doing. All they do is say “send it in writing” “send it by mail” but there is no (physical) supervision. There are inspections, but in other hospitals. But here….last year a scheduled inspection was cancelled because there was a document where the communities were going to express certain demands (to the Institute officials).
> Researcher ®: Were the demands made by the Zapatistas?
> SW: Yes. An inspection is about coming and refreshing the situation, and to make the Institute higher-level officials aware of the local needs.
> ®: And the Zapatistas rejected the inspection?
> SW: No, they (the Institute officials) did not come when they realized that people were organizing to meet them.
> ® When did the last inspection take place?
> SW: Here…19 years ago
> ®: In 19 years nobody has come?!?!?!

SW: There have been visits to supervise the doctors, the last was in 2006 or 2007 (note this is still 5 or six years ago), but for other services such as social work….nothing.

®: Are these inspections supposed to take place on a yearly basis?

SW: Yes, in theory every year, however, well no….

The researchers were both men, one of them originally from the region and the other coming from Mexico City but with an established ethnographic research experience in the communities. In this sense, we aimed for the target communities to feel as comfortable as possible with the researchers.[9]

As a general comment on the manner in which target communities reacted to the study we can say the following: In general there was some suspicion, especially in the sense that it was thought that the researchers were actually a government official, either on a spying mission or some other kind of official function.[10] Though we made a deliberate effort to explain the nature of the exercise (that it was an academic study, that it had no political agenda, that anonymity and privacy would be respected), still for the people in these communities, the idea to have somebody come into the community asking questions about the state of the services without this being related to the government was hard to understand.[11] In many cases there some kind of fear about saying something "wrong" to the researcher and the consequences it could have. In most cases, during the application of the survey as well as semi structured interviews, we were of the impression that respondents were rather stiff. We also sought to adopt a more informal tone during some conversations in the communities and many of the most interesting insights came about during these informal exchanges.

[9] As mentioned earlier, in spite of this, it proved difficult to establish a sufficiently good relationship with the communities in the Soconusco area and the majority of the insights come from the ethnographic owkr conducted in the Selva Lacandona region.

[10] For example, after a Focus group discussion some of the women approached the researcher to ask if he would sign their Oportunidades (government cash transfer program) attendance cards.

[11] For example, we used an informed consent form as part of the focus group discussions where the nature of the study was explained to all participants, the protection of their identity was assured, they were given opportunity to ask questions it was reiterated that participation was entirely voluntary. The informed consent is attached to the present report as Annex 1.

The survey on institutional performance and social values was applied to 143 respondents across the four communities. Of which 28.5% of the surveys were conducted in Unión Roja community, 28.5% in Guadalupe Tepeyac community, 28% in Barra San José community and 15% in San Quintín community.

As mentioned before, our research focused on the health sector, with a special interest on the implementation and operation of the social accountability mechanisms associated to IMSS Oportunidades (IMSS Op), which is one of the most important government programs to deliver health services to uninsured, low-income population.

A total of 101 interviews were conducted of which 31 were with health workers (21 men and 10 women) and the remaining 70 were with community members (33 men and 37 women). Two focus group discussions with citizens were organized, one with women and one with men.

The survey respondents were chosen randomly as we wanted to get a meaningful picture of the attitudes prevailing among community members. However, given the reduced sample size, we do have bold claims about the representativeness of the views expressed by the respondents. Also, for this reason, findings from the survey are to be complemented by those obtained through the interviews and focus group discussions.

For the survey, individuals were approached in a variety of different contexts and situations: in the marketplace, after meetings of the community assembly, at the health center, etc. The sample of respondents is characterized as follows:

- In our sample, the survey was applied to members of both genders in equal proportions.
- The proportion of participants that completed primary school is 30%. 28 % completed middle school, 15% completed high school, 1% of our

survey participants were college graduates and 26% have not had any formal education.

- In our sample, 32 % of participants are engaged in agriculture and fisheries, 3 % are private sector employees, 42% are housewives, 21% are self employed occupations that do not require professional educations and expertise, and 2% are unemployed.
- Grouping together housewives and unemployed, 44% of survey participants do not currently work in a revenue-generating job.

Table 1 summarizes the demographic features of our survey participants.

**Table 1: Basic Characteristics of Survey Area**

| **Gender** | **%** |
|---|---|
| Male | 50 |
| Female | 50 |
| **Age** | |
| 15-25 | 20 |
| 25-35 | 26 |
| 35-45 | 26 |
| 45-55 | 12 |
| 55-65 | 9 |
| 65 + | 7 |
| **Education level** | |
| Primary | 30 |
| Middle school | 28 |
| High school | 15 |
| College | 1 |
| Technical | 0 |
| None | 26 |
| **Occupation** | |
| Civil servants in the public sector | 0 |

| | |
|---|---|
| Engaged in agriculture and animal husbandry | 32 |
| Workers in the private sector | 2 |
| Housewife | 42 |
| Occupations that require expertise (doctors, engineers, lawyers and so on) | 1 |
| White collars employee in the private sector | 0 |
| Self-employed-occupations that do not require expertise (grocery, trades, real estate and so on) | 21 |
| Student | 0 |
| Unemployed | 2 |
| Business -- large scale commercial | 0 |
| **Region (Chiapas, Mexico)** | |
| Barra San Jose | 40 |
| Unión Roja | 41 |
| Guadalupe Tepeyac | 41 |
| San Quintin | 21 |

One pertinent observation relates to the low education level prevailing amongst the population. 26% of survey respondents have not had any formal education and 30% have only had primary education. This has concrete and significant implications for the manner in which citizens can relate to state authorities. It is, in other words, a concrete manifestation of disempowerment. An illustration of this was revealed during a conversation with a local woman about problems accessing health services. She said “if I do not understand what the doctor explains I cannot make a complain.” She approached the situation as if it was her own fault for not being able to understand and therefore assumed this takes away her ability to make a complaint. Another woman explicitly said “we cannot complain because we do not know” (she explained how they had never been to school and therefore could not read), “even if there is a way to file a complaint we just don’t know.” Illiteracy disempowers and these women recognized themselves as ignorant, and therefore powerless.

Fieldwork began in August 2012 and extended for a period of six months.

In the following sections we report on the findings of the survey and provide complementary information derived from the interviews and focus group discussions.

# SUMMARY OF FINDINGS

## Local ınstitutions

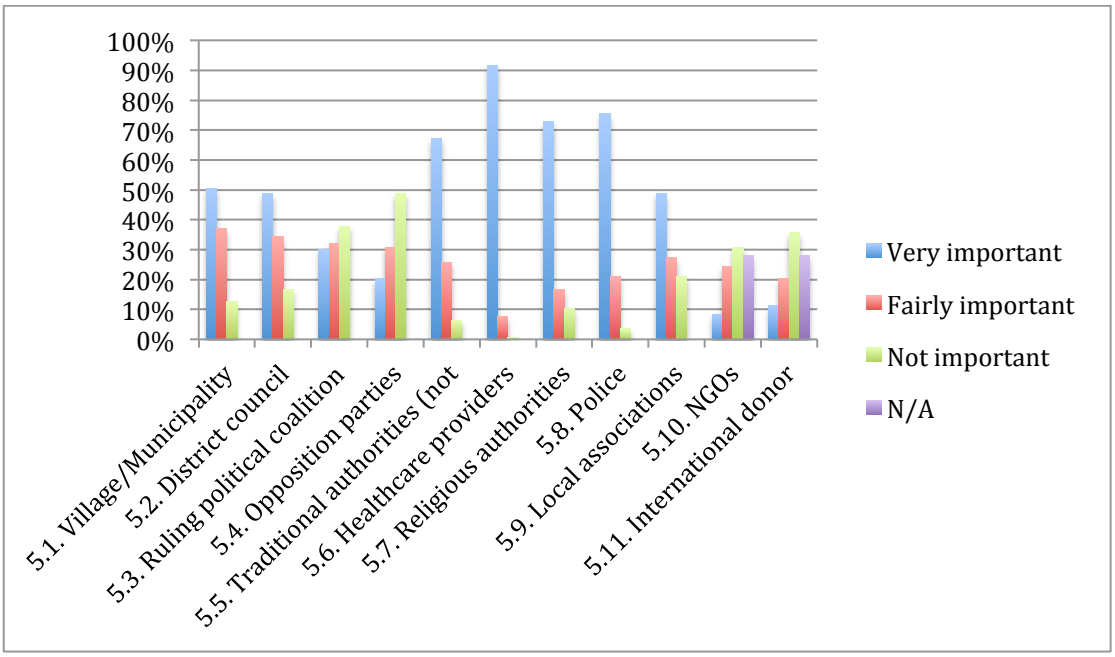
The first four questions in the survey compiled general information about the respondents (gender, age, education level and occupation). The next group of questions (questions 5-15) focused on various aspects relating to the relationship between citizens and the public institutions with which they interact on a regular basis.

### Question 5. Importance of Institutions

Respondents were asked to rate a list of institutions in terms of their perceived importance to community well-being. The possible answers were a) not important, b) fairly important and c) very important.

Graphic 1 summarizes the responses to this question.

**Graphic 1. Importance of Institutions for Community Welfare**




As Graph 1 shows, by far the institution that is given highest importance among survey respondents are healthcare providers. This reaffirms the pertinence of our focus on the local health system, as it is validated in being of utmost important to communities themselves.

In second place comes police, which is an interesting result since during our field work not much reference was made by community members to the role police plays in their everyday lives. We could speculate that perhaps the silence reflects a lack of police involvement in the area and the wish for better security is what is reflected in the importance that is given to police. This is, needless to say, just speculation and further research would be needed to validate this presumption.

Of special interest are the next three most important institutions: church, local associations and traditional authorities as these three clearly play a central role in the history and daily lives of these communities.

Both the Catholic Church and local political associations have been key actors intervening in the process of articulating the relationship between indigenous

communities in the Selva Lacandona region of Chiapas and the state: specifically the Diocese of San Cristobal de las Casas and organized groups of political activists who have been active in the region for decades.

The very active role of the San Cristobal Diocese was crucial in the development of what we may refer to as a generic identity of “a people of God” among communities in Chiapas and with it also concepts of social mobilization predicated on the notion of denied justice were fostered. Making an analogy to the bible, the exodus to the promised land was represented by the colonization of the Selva Lacandona, and as such it became the place where divine justice should be achieved for the people of God.

The importance of religion in this area cannot be understated. For example, in Guadalupe Tepeyac it is forbidden to profess a religion other than Catholicism. Non-Catholics are actually expelled from the community.

The political counterpart to this religious movement for empowerment was the involvement of several Maoist organizations that, from the mid-1970s, worked to organize the communities in agricultural cooperatives.

The work of the Diocese and the Maoist political groups converged to create a fertile ground for the birth of the Zapatista Army for National Liberation (EZLN).

The rise of the EZLN, therefore, needs to be understood in the context of process of self identification in these communities that took elements from the work of the church in creating the idea of the quest for divine justice in conjunction with the particular history of agrarian struggle. This generated a collective identity and sense of belonging that incorporates a valuation of one’s own history against the definition of an ideal of justice.

In terms of the importance given to traditional authorities in the survey, this is consistent with the findings from our research where the community assembly

is without question the instance where community members turn to most consistently for resolution of their problems as revealed through our interviews and focus group discussions.

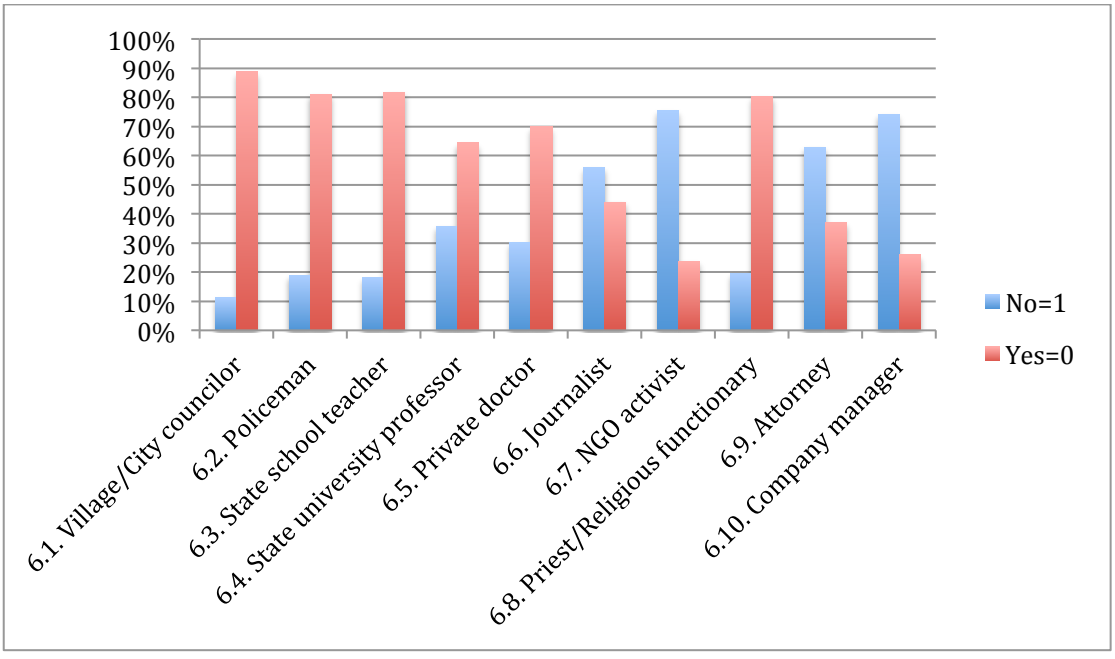
Perhaps a surprise was the little importance given to NGOs by our survey respondents since Chiapas became a hotbed for the activity of many different kinds of NGOs (most notably those dealing with human rights issues) since the Zapatista uprising.

### Question 6. Identification of Public Officers

Respondents were asked, from a list of categories, to identify those that are examples of public officers.

Graphic 2 summarizes the responses to this question.

**Graphic 2. Identification of Public Officers**




This question was of interest since in the research we found instances suggesting the lines between public and private are actually, in practice, rather blurry. An especially clear case was that of a local authority

(comisariado ejidal), who is the leader of the land owners (ejidatarios) and formal representative of the community in the public hierarchy, who also performed functions as coordinator of the women who receive the cash allowance from Oportunidades. This former position is meant to be assumed by a community member and the fact that the local authority plays this role as well has opened the way for this individual to exercise social control through intimidation. According to one informant, this person often told the women “do not complain about the program or else you may lose the cash allowance.” Which is, of course, a false statement.

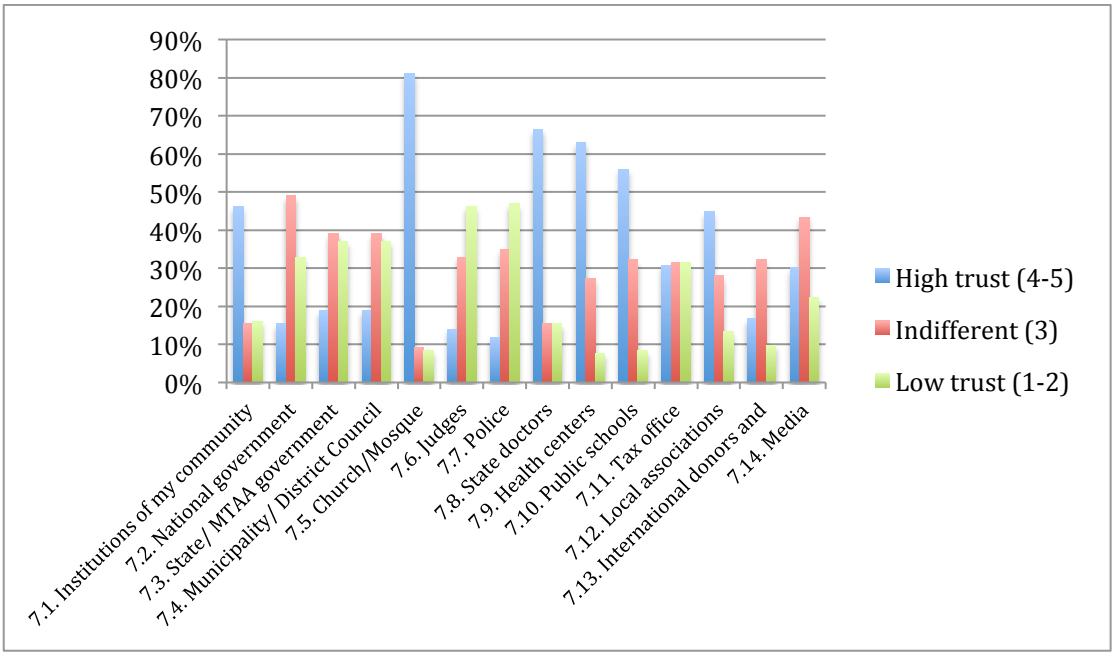
Another interesting aspect of the responses to the survey was the degree to which most people see religious authorities as public officials. This can be linked, generally, to the importance of religion among these communities as well as, specifically, to the proactive role that the Catholic Diocese of San Cristobal has played in this region.

### Question 7. Trust in Institutions

Respondents were asked to rank institutions in a list according to how much they trusted each institution on a scale from 1 (lowest trust) to 5 (highest trust).

Graphic 3 summarizes the responses to this question.

**Graphic 3. Institutional Trust**




By far the most trusted institution as revealed by the survey is the Church. This we can associate to the previous discussion on the role that the Catholic Church has played in this region. The same can be said of the relatively high trust given to community institutions and local associations.

The respondents also signaled high trust towards those institutions providing the most essential social services: health and education.

It is also noteworthy to note the low trust given to national and local levels of government. To give more meaning to this, it is worthwhile to discuss in more depth some additional insights regarding the nature of the relationship between these communities and the Mexican state.

Generally speaking, the inhabitants of this region have a view of the government as the “main provider” (el gran proveedor). However, and because the conditions prevailing in these communities are so precarious, they also understand that the government has failed to respond to their local needs. Thus, the communities understand their situation as an unjust one involving poverty and marginalization, and of which the state is the main

counterpart as far as it is responsible and at the same time capable of providing solutions. The non-Zapatista population understands, therefore, that the relationship between their communities and the Mexican state involves a sort of permanent bargaining, where in exchange for certain benefits they are willing to assume certain positions (a heritage from the clientelistic nature of the mechanisms of political legitimation of the Mexican regime). For the Zapatistas, the state is the ultimate enemy, which history has shown is intent on implementing a project of exclusionary and oppressive measures vis-à-vis the communities in Chiapas. For both groups the diagnosis is the same: the state has the power to elicit significant change but has failed to meet their needs.

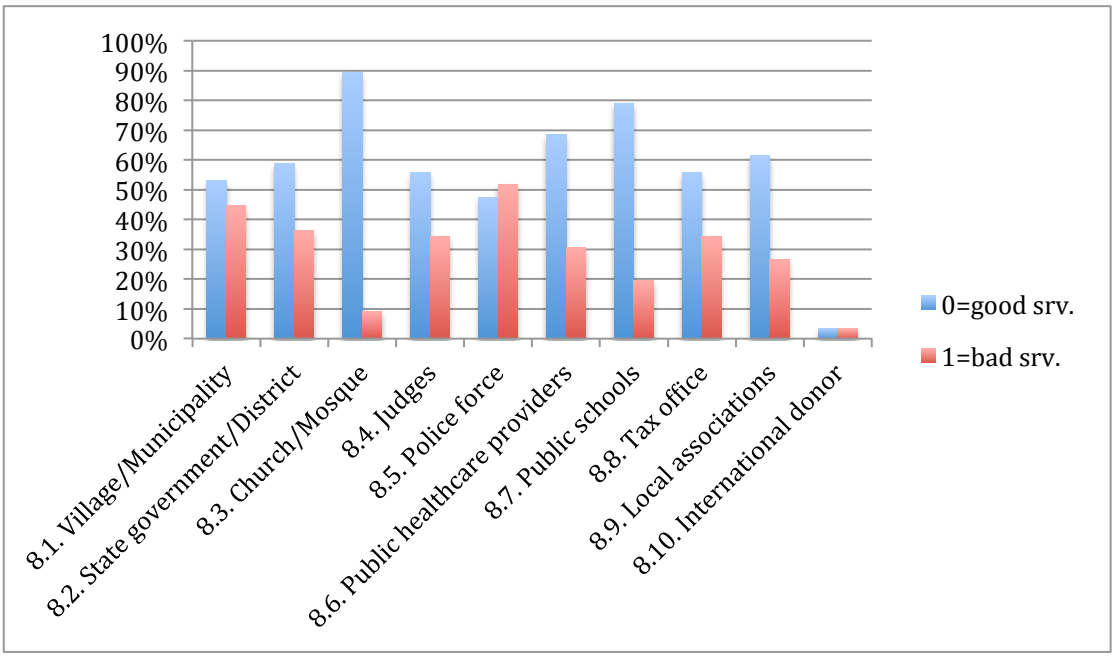
For this reason, in trying to characterize the relationship between the Mexican state and these communities it is not contradictory to say that it is both confrontational and acquiescent, with some groups demanding autonomy form the government while others demand an active government involvement to address their problems.

### Question 8. Experience with institutions

Respondents were asked to indicate, from a list of institutions, in which they (or members of their family) have recently encountered cases of **good service** or of **bad service.**

Graphic 4 summarizes the responses to this question

**Graphic 4. Quality of service encountered**




The institution where respondents reported more consistently good experiences in the Church, again consistent with the historical and contemporary role it has played in the state.

The only institution that got more reports of bad service than of good service was the police. When contrasted with the fact that police was the second most important institution in a previous question, this may be additional evidence to reinforce the idea that it signals a lack of good performance of an institution that is nevertheless expected to provide a valued service.

The generally good appreciation of the health system was supported by many respondents, especially in relation to the local hospital in Guadalupe Tepeyac, as the following description of service from a user (whose mother is diabetic) reveals:

> "We are very pleased with the service provided, here (we) have always had (her) out, we struggle a lot in what is

Margaritas, Comitán, in the (public) hospitals because there it is not and not. We also tried private doctors, we fought for it, but even there they had no good control of her. Here we did not know there was the hospital. We heard from other people that here they give very good medicines, that the attention is very good, the doctors are polite, all that, there is good attention. Uh no, there (in Comitán and Margaritas) is very much different here, it is much better, the attention here than there. In Margaritas they attend but very little and then they are very strict. For example, not even relatives can come in, just the patient, if a relative wants to go in just for a little while, but only one relative, nothing about two. Very much worse in Comitán. There we went only once and saw the way they treated us, they treated us very ugly so, it does not work for us. They are very strict there, we go into emergency room but they leave us there, then no relative can come in, just the patient, but not good. And sometimes they put things on her, to make her breathe well and all that, but sometimes they did not do it right and it affected her, and "take it out" fix it, make it good, and the doctors "yes, yes, just a moment" but nothing. Here they register her and give her lots of attention"

## Local Topics

The next group of questions was geared to explore a range of topics of a local nature.

### Question 9. Serious problems in community

Respondents were asked to mention the three most important problems affecting their communities. Responses have been grouped in the following categories:

A) Health: Including shortages of medicines, absenteeism and bad service from medical staff, alcoholism

B) Education: Including lack of good teachers, no high school in community, teacher absenteeism, schools in poor conditions

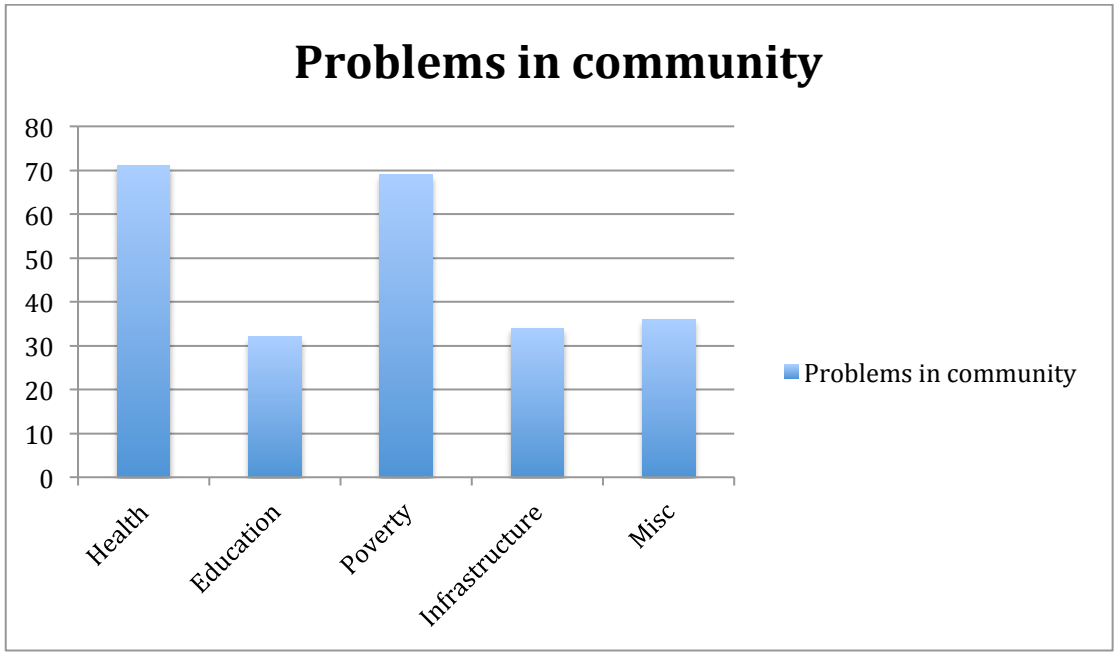
C) Poverty: Including low salaries, insufficient income, high prices, unemployment

D) Infrastructure: Including no electric power, bad roads, no garbage collection, no drinking water

E) Miscelaneous: Including robbery, community agreements not respected, environmental degradation

Graphic 5 summarizes the responses to this question.

**Graphic 5. Main problems in community**

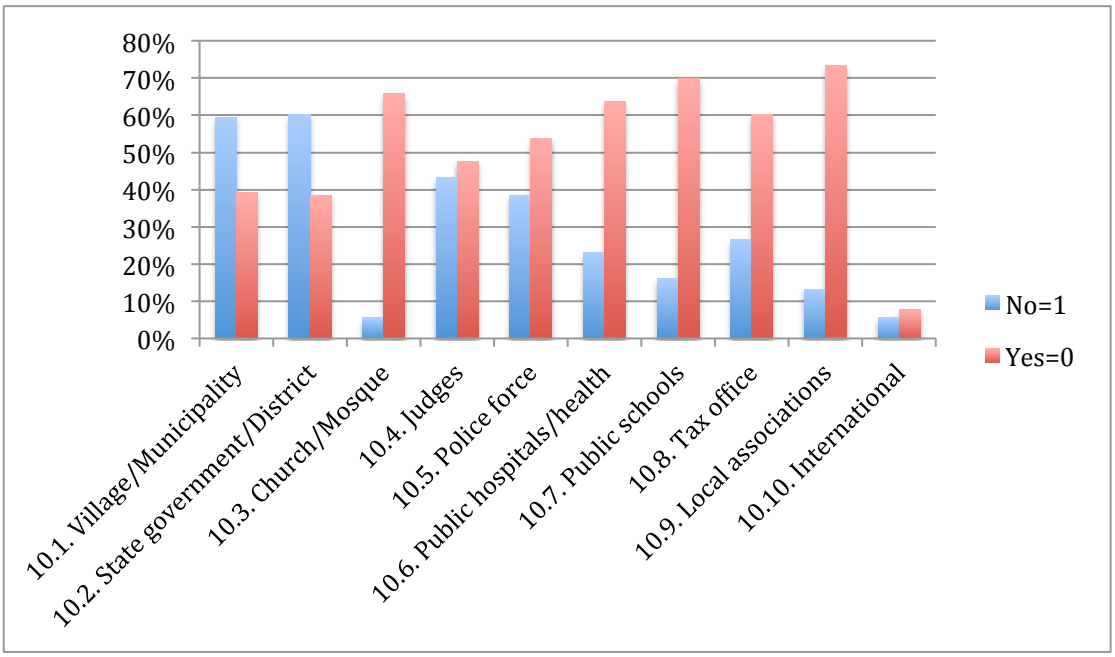



### Question 10. Ability to obtain services on one's own resources

Respondents were asked to indicate from a list of institutions those in which they are unable to obtain the required services with their own means.

Graphic 6 summarizes the responses to this question

**Graphic 6. Ability to obtain service from institutions relying on one's own resources**




Notable here is that the only cases where people report to be unable to obtain the desired services on their own are the two instances of local government (municipality and state). This may be partially a reflection of the general interpretation of the government as being responsible for the problems of the region and at the same time ineffective in providing solutions. But it may also reflect the fact that the municipality and state government are the instances where citizens at the community level most often have to seek resolution to their problems.

### Question 11 Preferred problem resolution techniques

Respondents were asked to choose from a series of possible strategies, what would be their best advice for somebody having problems in dealing with a public institution.

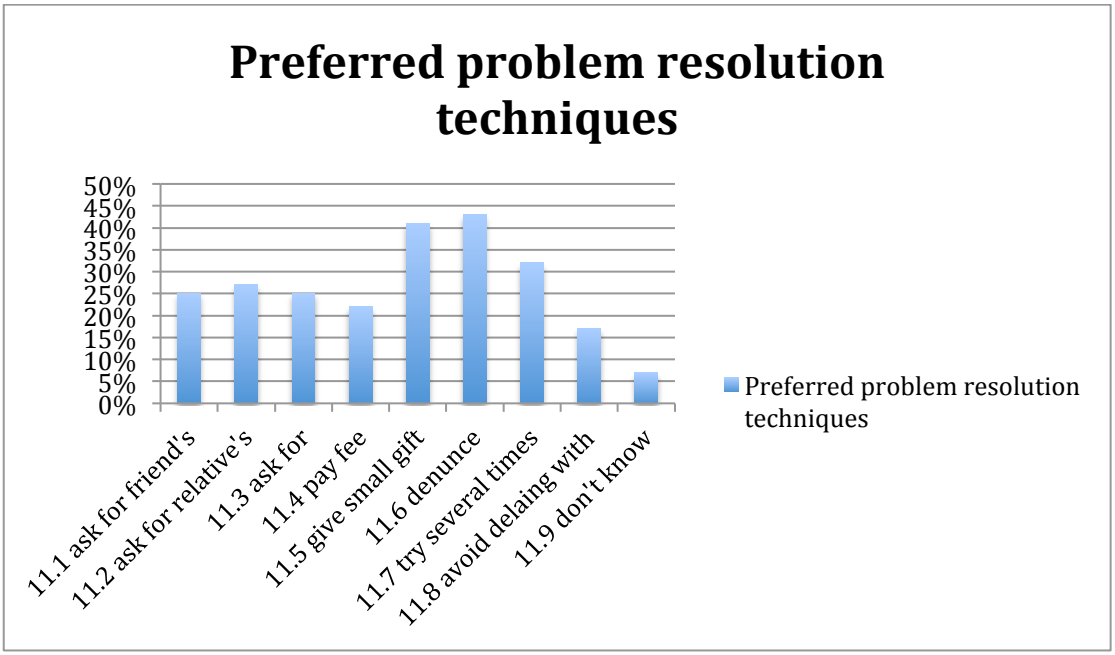
The possible choices were:

- Ask for intervention from a friend
- Ask for intervention from a relative
- Ask for intervention from an important person

- Pay a fee
- Give a small gift
- Denounce the disservice to the competent authorities
- Try several times until I get a good result
- Avoid in general dealing with that institution
- Don’t know

Graphic 7 summarizes the responses to this question

**Graphic 7. Preferred problem resolution techniques**




Here we find an inconsistent result between the survey and the interviews, focus group discussions and participant observations. While the most preferred strategy was to denounce bad service, we found that actually it is not common for people to denounce bad service through established institutional channels. The instances through which people in this region have expressed discontent about performance of health services has been through informal collective actions involving the community assembly calling hospital staff into account. However, these instances, while significant, are relatively infrequent.

In general, our perception is that people do not normally denounce bad services. One of the reasons given is because they do not believe it will

change anything. Many do not trust the manner in which the public officials will handle the complaints. For example, with reference to the complaints box mechanism available at local health facilities, community members expressed the opinion that the health facility workers themselves will be opening the box and will not give any follow up to the complaints.

Another factor that was mentioned in relation to the reluctance to denounce bad services is the uncertainty about the outcomes of expressing a complaint. Some women said they would not make a complaint because they could not know if this would lead to a positive or a negative outcome for themselves. Another stakeholder described the situation in simple terms: people simply are not used to complaining about bad service.

Another clear example of how denouncing bad services is openly discouraged related to the use of the Oportunidades cash transfer program as a mechanism of social control. In fact, an interviewee in one of the communities said that the local authority (comisariado ejidal - who is the most powerful formal leader at the community level) often tells Oportunidades recipients to "not complain about the program or else they may lose it." Some of the women interviewed confirmed that they are told that they will lose the program if they don't comply with the hospital staff's instructions.

Rather than denouncing bad service, we found examples of other strategies, for instance, "avoiding dealing with that institution" as the following situation we encountered illustrates:

> - The researcher was at a local clinic talking to the community member in charge of health issues when a man came in seeking medical attention and asking to see the attending nurse. The community "in charge" told him the nurse was not working that day, and therefore there were no medical services available at that moment. Muttering some profanities the sick man left the clinic. Later on that day, speaking to the man who

had not been able to get medical attention, he said that upon leaving the clinic he saw the complaints box (it was unlocked), thought about using it but quickly decided it was worthless and instead went to another locality to seek medical attention.

In another case we documented, the preferred strategy was to "try several times." While discussing problems with service provision at the local clinic the following exchange took place:

> ®: Do you think that if you complained this would help? Or would it have other consequences?
> Woman: Well…for example, if we cannot get attention from doctors, what can we do about it? Can we denounce them? I think not, to me I think not….Well, maybe others can but I myself think not. I cannot denounce because, will it have a positive consequence or a negative consequence? This is what I think, better leave it like that and later I can come back, maybe she (the doctor) has had time to reflect and will then give me good attention.

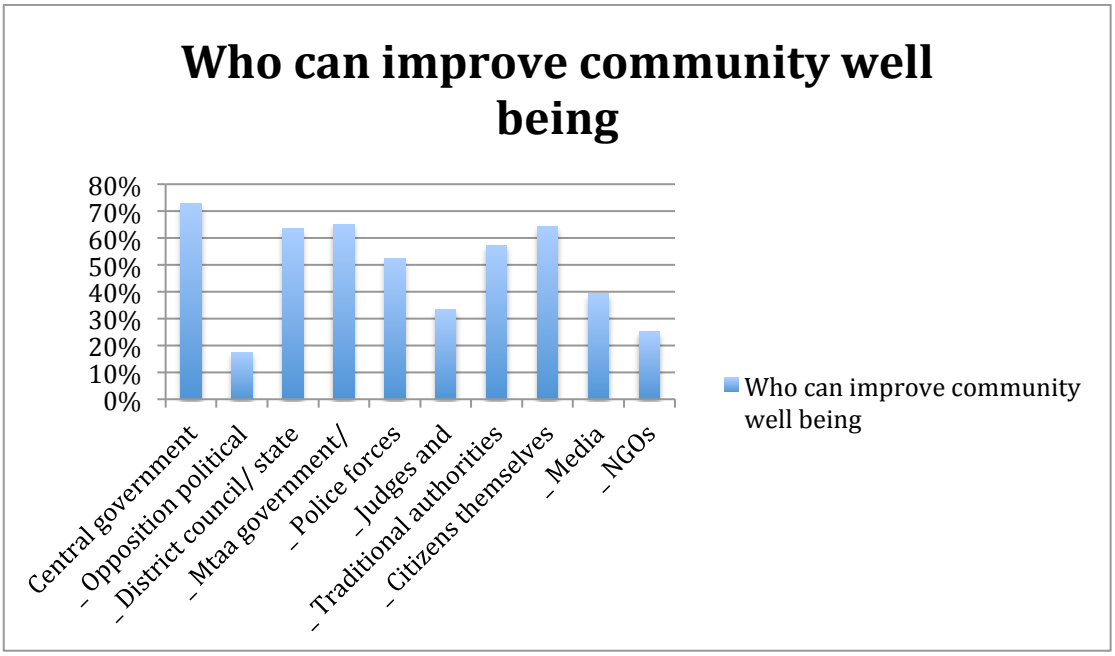
In other interactions with groups of women the prevailing position was not to denounce because in the end they considered they could not solve any problems.

### Question 12. Institutions important for improving well being

Respondents were asked to indicate which institutions have the ability to help improve the general well being of their communities.

Graphic 8 summarizes the responses to this question

**Graphic 8. Institutions that can improve community well being**




An interesting finding here is that, even though it was revealed to be not highly trusted, the central government is nevertheless perceived among survey respondents as being the most important actor capable of making an impact on community welfare. While at a first glance this might appear to be inconsistent, actually, with a deeper understanding of the local context, the contradictory perceptions about the role of central government make sense.

As mentioned before, the state is acknowledged as the key actor invested with the power and authority necessary to provide tangible benefits to the communities and to provide resolution to a situation of political and economic disempowerment. The government is in this view, ultimately, the “main provider” (el gran proveedor). For example, during an interview a community member was describing problems with health services at the local facility and explained that the community has spoken to the hospital director so that he can, in turn, transmit the information to the President of the Republic, so that the problems can be solved.

This is line with what Escalona (2010) has outlined in his study of these communities in terms of the understanding of government being a highly hierarchical one, in which the appeal to the president is what can provide

effective solutions to their problems.

This view is also reflected in the fact that many landowners, when discussing land issues, make reference to their ownership certificates as being “signed by the president of the republic” which is what gives them value and legitimacy. The implication is, that people in this communities see intermediate government institutions as ineffective in the resolution of their problems.

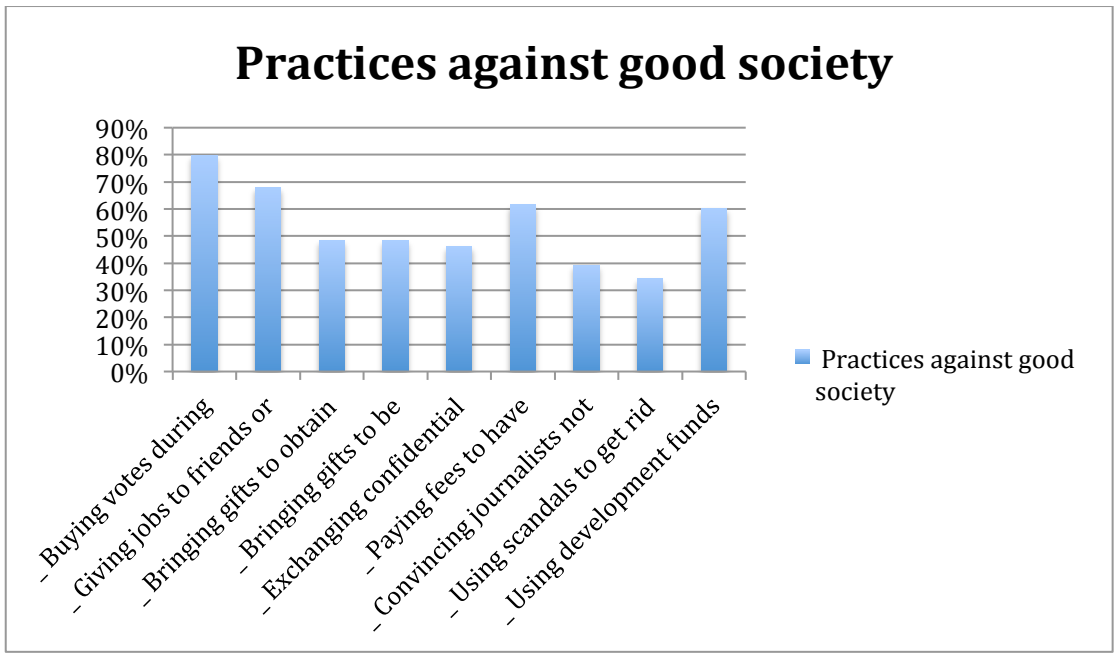
On the other hand, there is also a widespread perception that the benefits and achievements have been “earned” through the peasants’ own efforts. This is also consistent with the second most important actor chosen by the survey respondents: citizens themselves.

### Question 13. Practices against good society

Respondents were asked which, from a list, are practices that spoil the good development of a society.

Graphic 9 summarizes the responses to this question

**Graphic 9. Practices against good society**



The situation most people agreed constitutes a threat to a good society was vote buying. This comes as no surprise, given the history of electoral fraud and, yes, vote buying in which the Mexican regime headed by the PRI engaged in. Especially in rural areas, such as Chiapas, the PRI made it customary to barter votes in exchange for benefits, whether in the form of small presents (a sack of grain, t-shirts, farming materials) or of selective distribution of the goods and services stemming from large public programs.

During the study we obtained insights hinting about how the clientelistic use of social programs and specifically about links between their cash transfer allowances and voting in national and local elections. The following excerpts from conversations with community members illustrate this point:

> ®: And, for example, speaking about political parties, there was an election recently right? (in July 2012, two months before the field research began, federal elections took place to elect a new president and federal legislature as well as several state governors, including the one for Chiapas)
> Woman 3: In El Carmen (neighboring community), I think….
> ®: Was there not a voting booth installed here?
> Woman 2: The things is, we are a group (the non-Zapatistas) and the rest are still Zapatistas (who impede elections from taking place in their communities).
> ®: then did you go to El Carmen to vote?
> Woman 3: yes
> ®: and for example, about the parties, have you ever been asked to vote for one party in order to keep receiving Oportunidades (cash allowance)?
> Woman 3: yes, but in El Carmen
> ®: But, did somebody tells you “vote for such and such party to continue the benefit”?
> Woman 3: …..no…..
> Woman 6; (in low voice), yes, I think he knows already…
> ®: Yes? So how did that happen?
> Woman 3: (silencing her peer) No nobody, each one (decides how to vote) we are not compelled

Another conversation was also indicative:

®: and speaking of political parties, did you vote?
Woman 1: Well, we voted
®: Do you consider political parties to be important?
Woman 2: Well, thinking that they will help us with the things that are requested, well I think yes
®: Have you been asked to vote in a certain way to keep Oportunidades?
Woman 1: (after some silence)…well, yes, a little bit (laughter)
®: So did you comply?
Woman 3: Many did but many didn't
®: Did a (Oportunidades) supervisor come?
Woman 1: No
®: Then who told you?
Woman 1: Well, they sent the leaders so that we would vote
(In this moment another woman joins the group)
Woman 4: (recently joined) About what?
®: Ah, when you arrived we were talking about the political parties and whether you are asked to vote for a specific one to keep Oportunidades, but I don't know who was asking for this
Woman 4: Nobody told us anything here, but we have heard than in other communities it has been like that, but I don't know who told them, but not here, everyone here voted any way they wanted to
®: So there was no pressure
Woman 4: No

It is interesting from these examples how women provide hints that electoral coercion continues to take place "I think he knows already", "a little bit" and how in both cases also another woman stepped in to refute the information. The fact that it was a risky comment was evidenced by the way the women made their comments, in a low voice, with laughter. But what is also interesting is that these instances also illustrate how the voice of the group is articulated to generate an impression of agreement, aimed at avoiding potential problems.

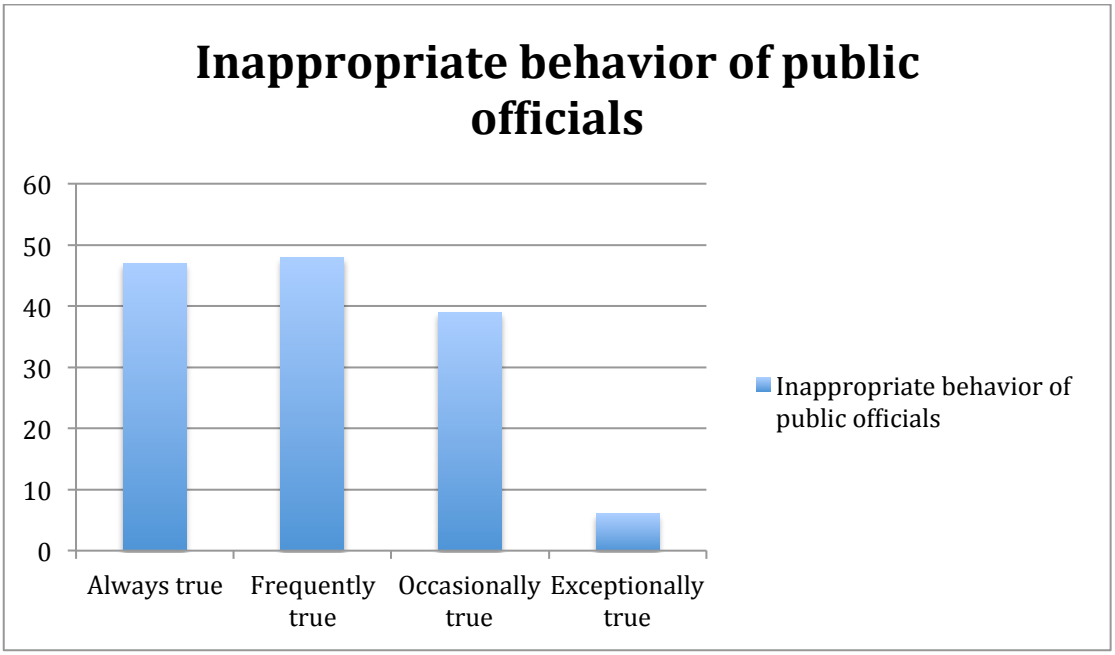
### Question 14: Behavior of public officials

Respondents were asked to indicate  the veracity of the following statement:

“Public officials providing services to my community do not behave they way they should”

The possible responses offered were: Always true, Frequently true, Occasionally true and Exceptionally true.
Graphic 10 summarizes the responses to this question.

**Graphic 10: Behavior of public officials**




Most respondents (66%) to the survey expressed that public officials have inappropriate behaviors always or frequently. This perception is consistent with the low trust in government that was also expressed before.

### Question 15: Availability of means to express inconformity with public services

Respondents were asked the following question: “Do you feel you have means to express inconformity with provision of public services?”

Was evenly divided with 72 respondents saying no and 71 saying yes. Of those who said they did have means to express inconformity

## SOCIAL NORMS

The next group of questions aimed to draw insights about prevailing social norms and values prevailing in the communities.

### Question 16: Importance of certain customs

Participants of the survey have been asked to evaluate the importance of customs below on the scale of “Not important”, “Fairly important” and “Very important”.

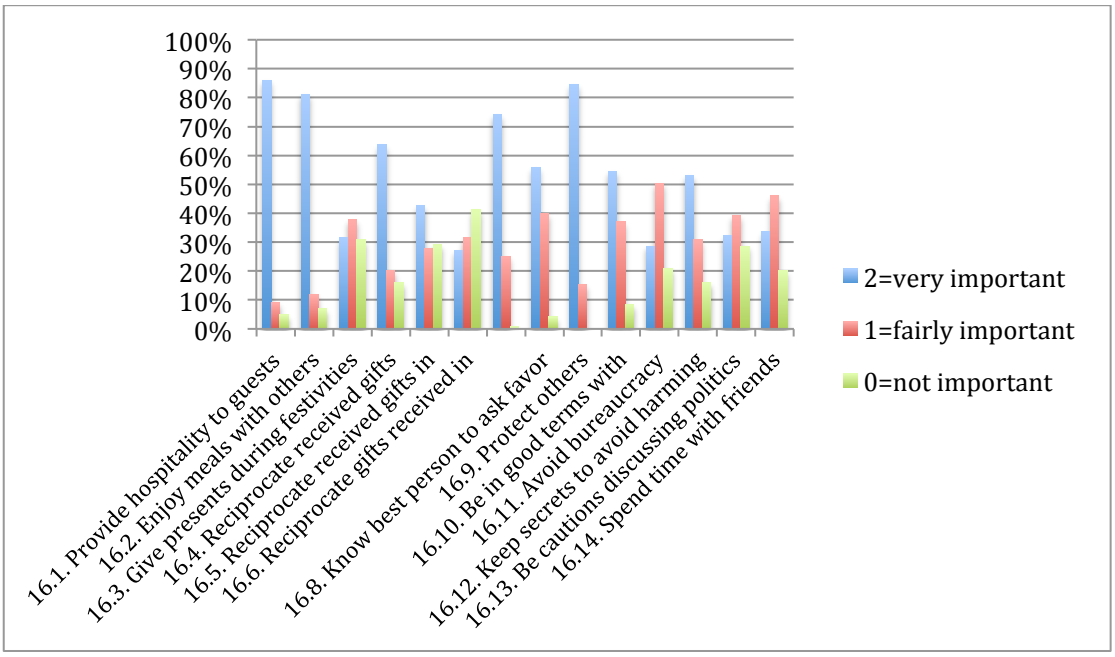
“In your community, how important is to:”

- Provide hospitality to guests
- Enjoy meals with other people
- Give presents during festive celebrations
- Reciprocate received gifts
- Reciprocate received gifts in time
- Reciprocate received gifts in same value
- Satisfy a personal request of favor
- Know who is the best person to ask a favor to
- Protect a person if I am in the position to do it
- Be in good terms with important persons
- Avoid bureaucracy because it is inefficient
- Keep a secret not to harm another person even if this is not legal
- Be cautious when talking of politics in public

- Spend time with friends outside the home

Graphic 11 summarizes the responses to this question.

**Graphic 11: Importance of customs**




Most important here were to provide hospitality followed by protect others. Following in importance ascribed were enjoying meals with others and satisfy personal requests for favors. In terms of gift-giving, the notion of reciprocating gifts was relatively important but not associated with festivities, value or timeliness.

An example of how gift giving is important in these communities came about when, in conversations with women recipients of the Oportunidades allowance, they commented that every time the program officials come to the village (monthly) to distribute the funds, they organize a “sumptuous” meal for them. The women explained that they have always collected money to buy food (specifically meat, which is a true luxury in these communities) and cook for the Oportunidades workers in order to give them a gift, somehow reciprocating “gift” of money they receive from the program.
Indicative of the importance given to protecting others, during the research we also witnessed were negative comments made regarding a nurse who was often absent from the village clinic were met with outrage from other

community members. These “protecting” voices forcefully explained to the researcher that the person making the accusations did not know how things worked in the community, that this person was lying, and made arguments to defend the nurse and justify his absences.

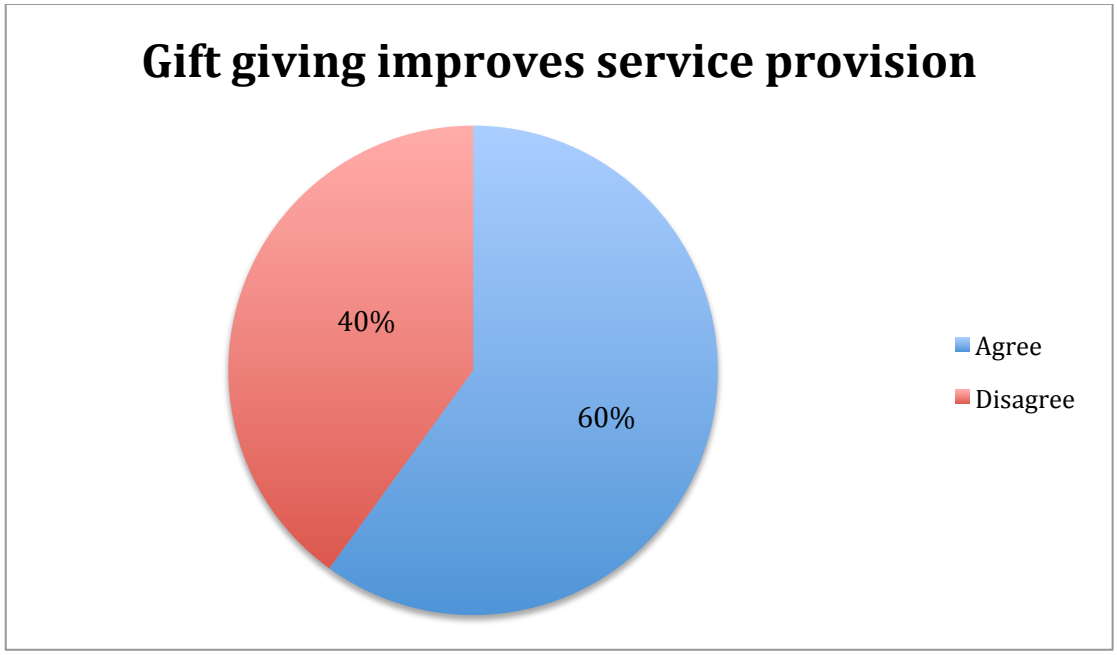
### Question 17: Gift giving related to better treatment/service

At this point in the survey, two questions have been asked: First of them, is about the effect of gifts on service quality in institutions. The question asked as follows:

> Do you agree with the following statement: “gift giving creates a bond where people know they will receive better treatment/service next time they visit the clinic/office?”

Graphic 12 summarizes the responses to this question.

**Graphic 12: Gift giving improves service provision**




While the majority of respondents agreed with this proposition, it was by no means a consensual view since 40% of respondents disagreed. It is possible to think that this ambiguity actually reflects the ambiguities and contradictions of, on the one hand, a deeply rooted belief that benefits (of belonging to a community or other kinds of groups) actually are associated with working for

the collectivity. In other words, at an essential level the notion of exchange is associated with work, and the assumption of bribing that underpins this question is inconsistent with that belief. On the other hand, gift giving is also a widely shared value in these communities (given high importance by 64% of respondents in the previous question).

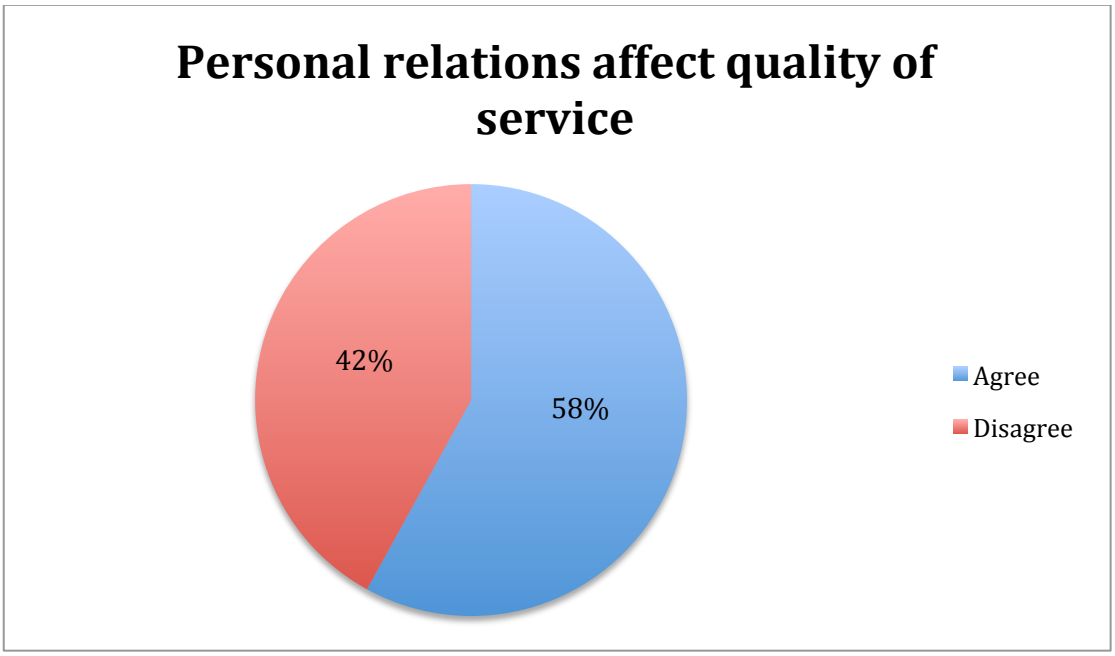
### Question 18: Personal relations affect quality of service

The following question asked respondent whether they agreed or disagreed with the following statement:

"the quality of the services obtained is associated to the patient's/citizen's personal relationship with the service provider"

Graphic 13 summarizes the responses to this question.

**Graphic 13: Personal relations affect quality of service**




Responses to this question were even more closely divided with 58% agreeing on the importance of personal relations while 42% disagreed.

### Question 19 Agreement/disagreement with different scenarios

Under this subtitle, participants of survey have been given some hypothetic stories in order to understand behavioral patterns and social values. Respondents were given five stories in the survey to which they had to describe whether they agreed with the behavior of a charatcer in each scenario.

Agreement/disagreement with different stories coded 1(strongly disagree)-6(strongly agree)

The stories are as follows:

**Story a.**
In the district council a new person has been appointed recently. This person is very hard-working and loves to do things transparently. He would never accept any fee or gift from citizens to sort out problems. For doing this he avoids people and lives a lonely life all by himself, not to be put under pressure for demands of favors. For this, local people avoid him.

**Story b.**
He is a very resourceful person, he does what he can to help his friends and relatives and he knows a lot of people. When he needs a favor he always finds someone to turn to because he has always helped out. Unfortunately, last week he has been jailed for fraud and corruption. Most of the people who know him, however, still esteem and care for him for what he has done to them.

**Story c.**
A family has plans to build a new house in a village. They have asked what the official procedure is and are ready to follow it carefully. After some months everything turns difficult and they realize they would not get ahead of it without paying some fee to the right person. They decide to leave the village and look for another where things are going according to the rules.

**Story d.**
He has a small business in preparing sandwiches which he sells to local schools. Last year he was successful to win a tender and gained a contract in one local primary school. Unfortunately the school head has changed this

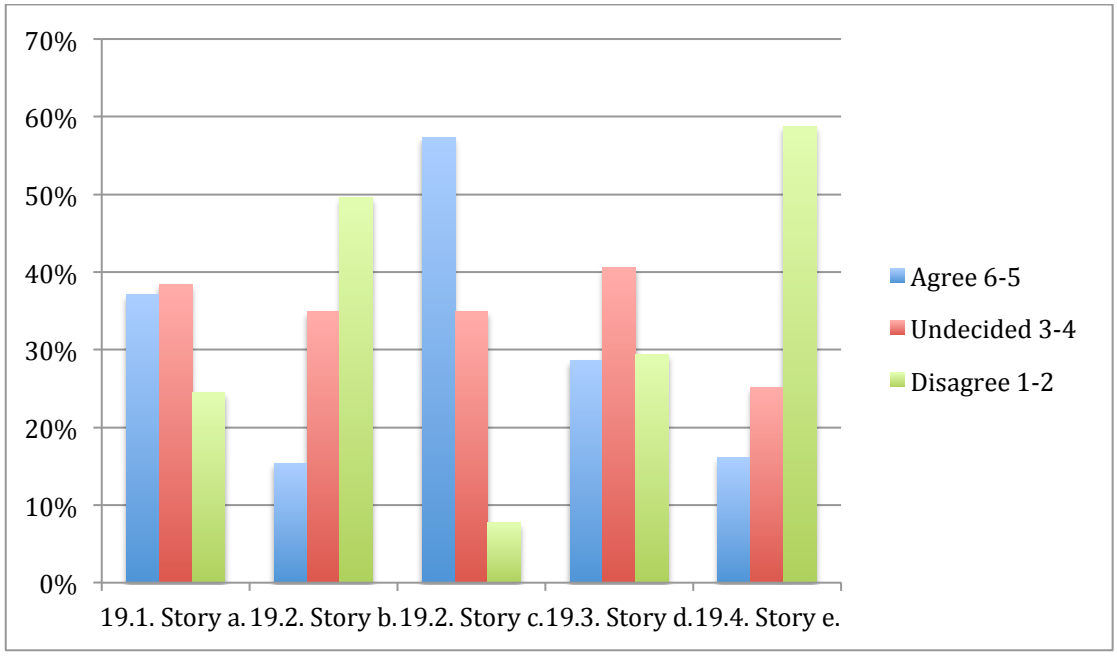
year and his contract has expired. Before applying for the next tender he looks for an influential person who will introduce him the new school head.

**Story e.**

She runs a local Ngo for human rights protection. She is very active and well established in the region, but she also has a lot of competitors. There was a large bid by an international donor last year so she applied, being one of the most successful in that field. In the end she failed because she was not aware that some politicians wanted a share of the money to approve the projects. Next time she will secure the proper agreement with them first.

Graphic 14 summarizes the responses to this question.

**Graphic 14: Agreement/disagreement with different scenarios**




### Question 20. Expectations about leadership behavior

Respondents were asked how they expect leaders in their community to behave. They were allowed to choose multiple answers from the following list:

| |
|---|
| a) Strictly follow the legislation governing his/her mandate |
| b) Adhere to the rules of the community |

| |
|---|
| c) Provide goods and services to all citizens |
| d) Provide rewards to those loyal to him/her |
| e) Protect members of the community from intrusion from outside influences |
| f) Act in a transparent way |
| g) Follow the guidelines from their political parties |
| h) Provide for the poor |
| i) Make sure harmony prevails in the community |
| j) Redistribute public budgets to reduce inequalities |

Graphic 15 summarizes the responses to this question.

**Graphic 15: Expectations of leaders' behaviors.**

Given the conditions of poverty and unmet needs prevailing in these communities it is not surprising that the answers that were most often chosen were “provide goods and services for all” and “Provide for the poor.” Interestingly, the second most chosen answers had to do adhering to the rule of law “follow legislation strictly” and “act in a transparent way.”

### Question 21: Self identification with different characters

Respondents were asked to relate themselves to a series of hypothetical individuals with certain attributes and state whether they considered themselves on a scale from 1 not similar to 6 very similar.

The character descriptions given to respondents were as follows:

**Character a.**

He lives his life as a fully autonomous individual, trying to rely on other people’s help as less as possible.

**Character b.**

He would not break the rules because rules are what make order in a society.

**Character c.**

He thinks that traditions must be respected because they make up one person’s culture.

**Character d.**

He believes that young generations should learn more from listening to the advices from elderly people.

**Character e.**

He is very religious because religion helps people to be part of a community and get together regularly.

**Character f.**

He thinks that strangers should not be accepted in the community if most of the people don’t want so.

**Character g.**

His house is often visited by guests and he has an intense social life.

**Character h.**

He thinks that being loyal to one’s superior or boss is a very important virtue.

**Character i.**

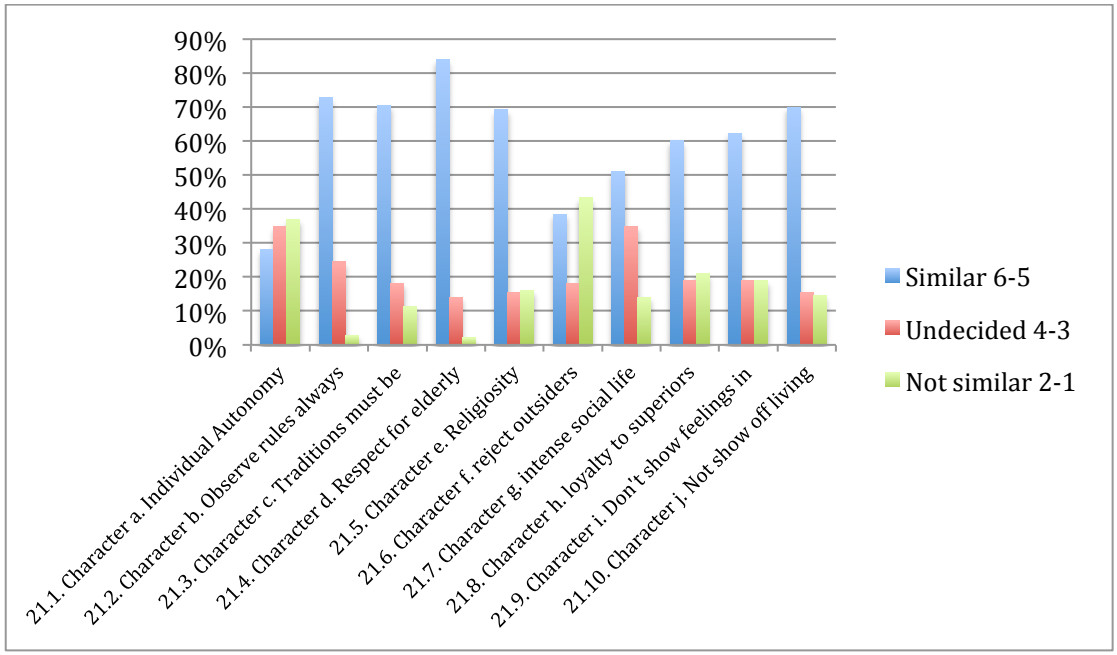
He will try not to show his true feelings in public in order not to appear selfish or egocentric.

**Character j.**

He prefers not to show to others his economic standards of living to avoid jealousy.

Graphic 16 summarizes the responses to this question.

**Graphic 16: self identification with different characters**




Overall, the responses fit the profile of a traditional society. Especially notable is that the character trait that respondents associated themselves to most strongly was respect for the elderly. Respect for rules and for traditions also rank high in the responses, which fits the encountered profiles of these communities as instances where internal (often informal) rules are followed and enforced effectively.

Of special interest is the fact that the character less respondents associated themselves with is the one leading an autonomous life as an individual. This is relevant because it fits well with a very marked pattern we found in these communities: individualism is greatly discouraged, adherence to the rules and views of the community is encouraged and, even, enforced.

One very concrete manner in which the communitarian values of these populations are expressed is in a widely held social value stating that “only

those who work for the group have a right to participate in its achievements" or that "to belong to the group one has to work for it."

This principle is invoked to, for example, demand assistance to community assemblies and perform certain functions. Also, when a new member joins the community (most commonly through marriage) he has to pay a kind of admission fee, recognizing the work others have committed previously and the benefits that community membership accrues.

An extremely interesting illustration of this "communitarianism" came about during the course of the research. During preparations to convene focus group discussions, we sought authorization form the local authority (comisariado ejidal), explaining that our intention was to inquire about the manner in which community members experienced the provision of health services in the local clinic. The process for organizing the focus group was explained to us as follows: first, a community assembly would need to be convened to discuss and decide whether the community granted authorization for the meeting. Second, if the authorization was granted, then we would be required to provide the questionnaire that we intended to apply and a second community assembly would be convened in order to agree on a common version that would be given to us.

As this example vividly illustrates, individual action and agency are actively discouraged in the communities we studied.

### Question 22: Most appropriate statement

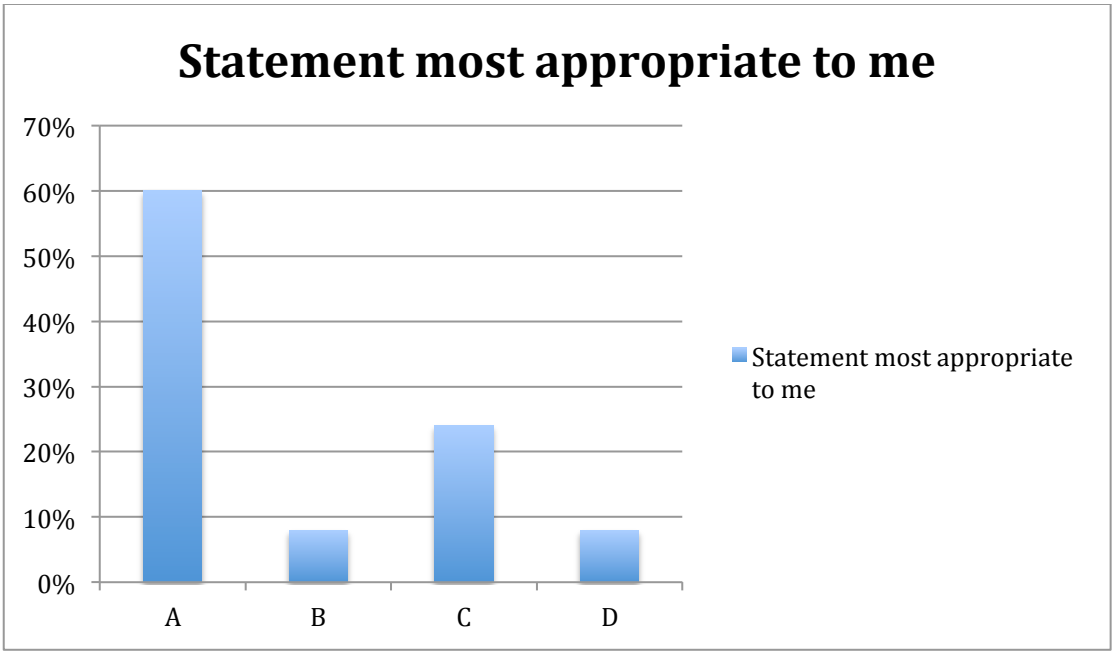
One of the last items in the survey has given the participants choose from the following statements they would deem most appropriate to them:

- A) to believe living conditions can be changed mainly through my actions
- B) to believe only those in power can improve our living conditions

- C) to believe only our community as a strong group can improve living conditions
- D) to believe no matter what my actions are our conditions will not improve easily

Graphic 17 summarizes the responses to this question.

**Graphic 17: statement most appropriate to me**




This was, to put is somehow, a surprising finding given the previous discussion about communitarian values that were observed in the course of the study. One possible explanation is that the observed “communitarian” traits actually reflect informal mechanisms of social control that are to a greater extent imposed, rather than embraced, by at least some groups within these communities.

This is an interpretation that could be illustrated by another incident where, during discussions with community members (specifically women Oportunidades recipients) a newcomer questioned the practice of making donations to buy food and cook for the Oportunidades workers who come to deliver their monthly allowances in spite of the fact that these personnel receive stipends when travelling to perform those visits. This woman also complained that the health center nurse is often absent. Both comments

generated a strong response from the other women who tried to quiet her and made the point that she did not know how things worked and was, essentially, lying.

Most troublesome, but also indicative of the internal community dynamics, just a few hours later, in a different meeting with the local authority, he told us that he had been informed of the incident and to ignore the negative comments from that woman, that she was lying and did not know what she was talking about. He further said: "we have spoken to her and we will give her a reprimand."[12]

One of the interesting aspects of this episode is that illustrates the manner in which there is a close informal relationship between key community members and the local authorities, which at least in this case was used with a twofold intention a) to prevent a dissenting opinion from being exposed to an outsider (in this case the researcher) and b) to discipline a community member whose complaints were not acceptable to the group. This suggests that the lines between private and public sphere are at best blurry and that this communitarianism has a coercive edge to it.

### Question 23: Most important statement

Participants were asked to choose "the most important" statement for themselves. Question was posed as follows: "Choose from the following list the statement that is most important to you".

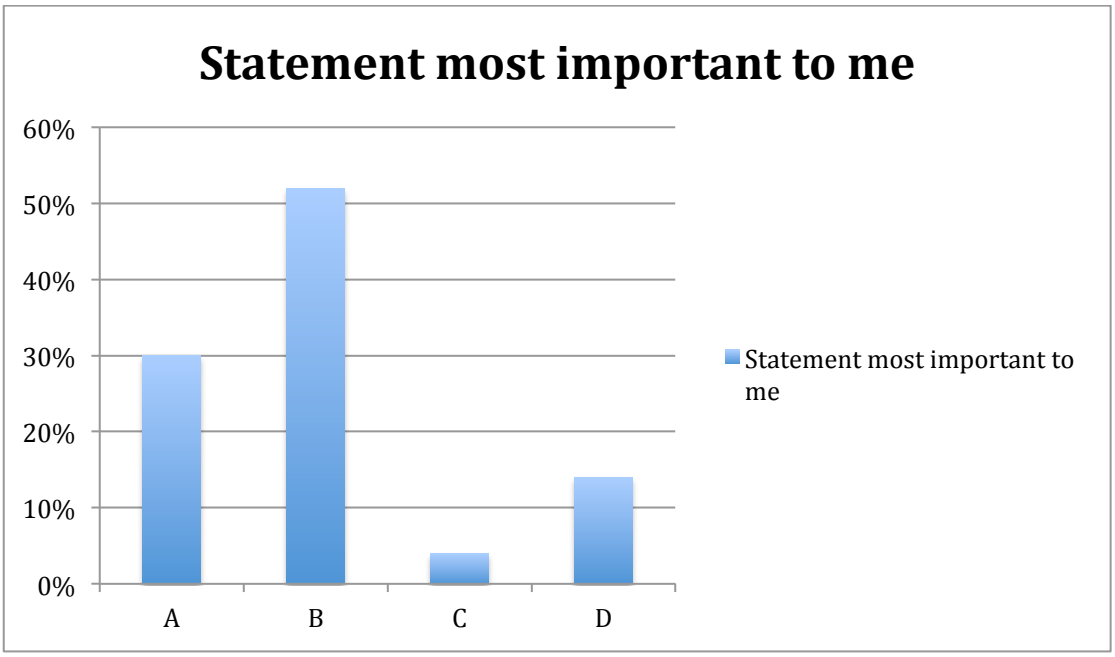
- A) to do all my best to help the community in which I live
- B) to do all my best to improve only the life of my family, others will do by themselves
- C) to do what I can to improve things according to the indications of those who administer the country

[12] While the incident is revealing and interesting for the research, we were very concerned about potential negative repercussions for that woman. Subsequently we made an effort to dissuade the authority from further escalating this issue, arguing that our interest in these topics was purely academic and that we do not have any political agenda. In the end he seemed satisfied and agreed to leave it at that.

- D) to do what I can to improve my living standards, this will help to change things as everyone will do his best too

Graphic 18 summarizes the responses to this question.

**Graphic 18: Statement most important to me**




Again, this response apparently contradicts the observed importance of the community as an essential element in constructing identity, articulating perceptions and opinions and as a mechanism to articulate voice.
This response, in a similar manner as was argued for the responses to the previous question, definitely suggests that the observed communitarian traits prevalent in these communities are multidimensional and complex.

## Additional findings and final reflections from the ethnographic study of insitutional performance and social values in Chiapas, Mexico

We conclude this report with some final reflections of the findings of the study undertaken in Mexico. One first observation is that the communities where we undertook the research activities are relatively isolated and for this reason they found the experience of interacting with a researcher unusual, even when he was relatively known in the area. A common first reaction was to think the study concealed an ulterior motive (political) and that the researcher had to be a government official. This is a situation that has to be mentioned as it has a potential impact on the veracity of the responses if it was indeed frequently the case that respondents believed they were answering to an official inquiry.

That being said, we do believe that ultimately it was possible to gain some real and revealing insights into the prevailing perceptions permeating the manner in which these communities relate with public institutions, as well as their social norms and values.

One important result of the research was to obtain insights into the way in which mechanisms of social control operate in these communities. These generally speaking tend to quiet down dissenting voices and act to generate a single voice. This is often used in a political context as with the Oportunidades cash allowance where the threat of taking away the financial support apparently is made not infrequently. But also, that Oportunidades is used also as a tool to exercise control over recipients in other way, for instance in the field of healthcare provision.

According to the program guidelines, the payment of the cash allowance is dependent on the women recipients performing certain actions, including getting prenatal care, and bringing their children in for regular checkups, but also attending regular preventive talks at the health center. The manner in which health staff refer to the manner in which the program has affected the

way in which they relate to the population is indicative of deeper underlying assumptions that both communities and service providers make about the nature of the relationship between the state and its citizens.

An example of this can be discerned from the following conversation with a local woman regarding pregnancy and childbirth:

> ®: Do you find that women now prefer to give birth in the hospital rather than with the assistance of midwives? Why is this the case?
> Woman: Well, because since we now receive the Oportunidades allowance, they can now demand certain things from us. From the first month of the pregnancy they demand that we come to the hospital every month, every month. This means that they have the control, not the midwives. And if we do not satisfy their requirements they scare us, they tell us they will take our Oportunidades away. That is why women now come to the hospital.
> ®: Has any woman actually lost the benefit?
> Woman: No
> ®: Are you told constantly that you might lose it?
> Woman: Yes, and if we miss one of the talks they deduct some money from our allowance. Sometimes we forget, but we arrive ten minutes late and they say we failed, you get a fail. And when we come to get our support they have cut it in half because we did not come to the talks, because we were 10 minutes late.
> ®: Are there many talks?
> Woman: Yes, every month
> The same relationship becomes evident in the following talk, this time with a hospital social worker:
> SW: I am responsible for 20 families, but only 17 have Oportunidades. I can make demands to those 17, I can make them comply with the different health protocols. But the other three families do not come to the talks, don't come for checkups, don't go to their nutritional checks. So what can I do? I can only visit them, invite them, tell the community authority, but nothing else, I have no way to integrate them.

Besides the manner in which the cash allowance can be used as a mechanism of social control, it is also interesting and revealing the manner in which recipients themselves view the benefit. Among all the women who participated in the focus group discussions, Oportunidades was not seen as

something they have a right to, but rather as a gift given to them by the government. This specific understanding of the program has certain implications in terms of how people relate to the state and the plausibility of exercising actions to demand accountability. When the program is viewed as a gift, it means that from the recipients' perspective they do not have any possibility to respond where it to be taken away, the gift is in this sense seen as more of a generous, but ultimately discretionary, act on the part of the government, the "great provider." Furthermore, the history of clientelistic use of government programs creates a perception that actions that seek to in anyway challenge, confront or manifest inconformity towards the government can lead to punishment in the form of social benefits being taken away.

Another meaningful point that is worth emphasizing is the issue of the communitarian nature of the way in which inhabitants in these villages articulate common positions and exercise authority. However, so far, the examples provided illustrate what could be seen as a somewhat authoritarian element of this communitarianism. But to leave it at that would generate a misleading picture. While researching mechanisms of citizen engagement in improving provision of public services we found that the community, specifically the community assembly, plays an important role in engaging the corresponding authorities in a dialogue and to demand accountability when service provision is deemed unsatisfactory.

During interviews with regional management of IMSS Op it became evident that these instances of the communities calling their clinic or hospital staff to account are not uncommon. An interesting finding, which we elaborate further elsewhere (Baez-Camargo and Megchún Rivera 2013) is the manner in which the formal accountability mechanisms in place by the IMSS Op program and the informal accountability mechanisms that communities make use of do not have a good fit. On the one hand, the formal procedures for disciplining staff in IMSS Op, require written documents documenting every instance of absenteeism, bad service, etc. They require also individual action, by filing a detailed account of each incident involving misconduct of a health provider, and this has to be done on an individual basis, giving even the name of the

person denouncing the problem. On the other hand, the communities mobilize, to put it simply, when they have had enough. Then the entire health team is typically called to meet with the community assembly and often management is notified the community does not want the bad performing service providers in their facilities anymore.

A regional manager of IMSS Op explained the situation quite clearly. At the moment he was dealing with four different cases of doctors that had been expelled from the communities. However, he was helpless to resolve the situations because the paperwork necessary for filing formal complaints had not been presented.

The doctors in question were in a sort of hiatus, because they had been expelled from the communities (so they could not attend their place of work) and were spending their days in the regional office performing ad hoc consulting duties. Because of the institutional rigidities in the IMSS Op operational rules, the regional manager has very little room to manoeuver in this situation. The doctors' contract cannot be terminated (they are "tenured" in their positions) and the manager cannot transfer them to another location (the doctors would need to take the initiative themselves and informally bargain a transfer with another doctor). The regional manager said he was informally in contact with the community authorities, to try to negotiate that the communities take the doctors back. Otherwise, the only solution would be to hope the doctors themselves would be willing to find a colleague and negotiate an exchange of positions. In the meantime, the doctors continue to cash their salaries and those communities have no health services.

This report has provided an overview of the findings and results of the application in Mexico of the institutional performance and social values survey developed within the scope of the activities of WP4, ethnographic study of corruption practice. The complexity and richness of the data make the task of summarizing the findings a difficult one. Here we have outlined some general issues that have emerged from the research and will continue to explore the additional dimensions and significance of the study within the comparative

work that we will undertake once the surveys in all countries that will be studied in WP4 are completed.

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# Annex 1

**Informed consent form for FGD**

## Estudio acerca de la provisión de servicios de salud básicos en el estado de Chiapas, México

### Forma para Consentimiento Informado para Usuarios del Sistema de Salud en el Estado de Chiapas, México

Equipo:
Jordán Corzo
Investigador en el área de Salud Pública (Mexico)
Rodrigo Megchún
Investigador en el área de Antropología (Mexico)
Claudia Báez-Camargo
Coordinación y Responsable del Proyecto
Instituto para la Gobernanza de Basilea (Suiza)

**Esta forma para el consentimiento informado tiene dos partes:**
**• Página de información (para compartir información sobre este estudio con usted)**
**• Certificado de consentimiento (para firmas si usted acepta participar)**

**Usted recibirá una copia completa de la forma para el consentimiento informado.**

**Parte I: Página de información**

**Introducción**
El Instituto para la Gobernanza de Basilea (Suiza) está llevando a cabo un proyecto de investigación para entender mejor como se relacionan los usuarios con los proveedores de servicios de salud básicos en el estado de Chiapas, México. Usted recibirá información sobre este proyecto y se le invita a participar. Se le invita a formar parte de un grupo de discusión en el que se abordarán temas relacionados a las experiencias de usuarios del sector salud. Si tiene cualquier pregunta acerca del estudio y su potencial participación en él, por favor no dude en preguntarnos y nosotros nos aseguraremos que todas sus dudas sean aclaradas a su total satisfacción.

**Propósito del estudio**
Queremos investigar los elementos que pueden afectar el acceso a los servicios públicos de salud en el estado de Chiapas, México y para ello nos interesa aprender como los usuarios se organizan en sus comunidades, como se relacionan con diferentes prestadores de servicios, los principales problemas que enfrentan, posibles causas de estos problemas y posibles soluciones.

**Tipo de participación**
Invitamos su participación en un grupo de discusión con una duración de dos horas y media.

**Selección de participantes**

Se le invita a participar en este estudio porque sentimos que sus experiencias como usuario(a) de los servicios de salud de IMSS Oportunidades y/o beneficiario(a) del programa Oportunidades le califica para contribuir puntos de vista importantes en este tema.

**Participación voluntaria**
Su participación en este estudio es enteramente voluntaria. Es su decisión si desea participar o no. La decisión que usted tome no tendrá ninguna consecuencia en su ámbito de trabajo ni en ninguna evaluación o reporte de carácter laboral. Usted puede cambiar de opinión y terminar su participación en cualquier momento, aún si anteriormente accedió a participar.

**Uso de los resultados**
Queremos asegurarle sobre la estricta confidencialidad de esta discusión. Nada que usted diga hoy le será atribuible a usted por nombre o posición. La información que obtendremos en esta discusión informará nuestro estudio sobre las experiencias y sugerencias sobre los principales retos en la provisión de servicios de salud desde la perspectiva de los usuarios de dichos servicios en el estado de Chiapas, México.

**Parte II: Certificado de Consentimiento**

**He leído la información anterior, o me ha sido leída. He tenido la oportunidad de hacer preguntas y las preguntas que he tenido han sido respondidas a mi entera satisfacción. Consiento voluntariamente a participar en este estudio.**

**Nombre del Participante_____**

**Firma del Participante _____**

**Fecha _____**
**Día/Mes/Año**

**Declaración del investigador atestando el consentimiento informado**

**He leído la página de información de manera exacta al potencial participante y a mi mejor habilidad me he asegurado que el participante entiende lo que su participación en este estudio involucra.**
**Confirmo que el participante ha tenido la oportunidad de hacer preguntas acerca del estudio, y que todas las preguntas han sido respondidas en su totalidad y a mi mejor habilidad. Confirmo que el participante no ha sido forzado a dar su consentimiento, y que dicho consentimiento ha sido dado de manera libre y voluntaria.**

**Una copia de esta forma de consentimiento informado ha sido proporcionada al participante.**

**Nombre de la persona atestando el consentimiento**

**_____**

**Firma de la persona atestando el consentimiento**

**_____**

**Fecha _____**
**Día/Mes/Año**