**Title: Using self-directed Videovoice diaries for policy analysis in Ethiopia**

**Sub-theme**: Future reciprocal learning and evaluation approaches for health system development

**Field-building dimension**: Innovative research approaches and measures

**Speaker**: Mirkuzie Woldie (MD, MPH), Department of Health Policy and Management, Jimma University, e-mail: [mirkuzie@yahoo.com](mailto:mirkuzie@yahoo.com), Tel: +251917804051

**Co-authors**: Tesfamichael Alaro, Bitiya Admasu, Kirstin Mitchell, Susannah Mayhew, Martin McKee, Dina Balabanova

**Background**

The use of audio and video diaries to collect data on daily routines of study participants is extensive in anthropology but relatively new to health policy analysis. These methods are thought to have significant advantages: a) participant-led and authentic in reflecting unique individual experiences; b) capturing experiences in real time, thereby minimising recall bias; and c) reflexive, stimulating the maturation of respondents’ ideas over time, and d) motivating for respondents—in particular video, which is seen as more interactive.

**Methods**

We report on the usefulness of a modified *Videovoice* method as a policy analysis tool; specifically to understand the role of community health volunteers as mediators of accessible primary health care in Ethiopia. Footage is obtained over 3-4 months, from 30 Health Development Army cell leaders (a cell of five families) in 3 woredas (districts) with diverse health system performance and population contexts. Following community engagement and training, participants receive an encrypted phone with recording capability. They are supported by experienced researchers through regular communication and visits, to establish trust and monitor preferences (e.g. for audio), ensure data validity and reduce social desirability of responses and other biases. Participants view their diaries, and are interviewed about their experience of participating in the study. The videos and qualitative data are analysed and compared using MAXQDA 12. A co-production workshop with participants and researchers aims to support interpretation.

**Results**

Findings explore the potential added value of the methodology: ability to capture more accurately health volunteers’ perspectives, better recall, emergence of new ideas or follow-up of previously discussed issues, respondent motivation, and complementarity with other methods, e.g.helping to interpret quantitative findings. The contribution of the co-production workshop to interpret and prioritise reoccurring themes, identify ‘blind spots’, and as an advocacy tool, is discussed. Some social desirability is likely to persist, especially where there are concerns about anonymity and data confidentiality and clashing social norms. Importantly, data obtained through diaries, and reflexivity over time, may itself act as an intervention, changing respondent’s perceptions of their reality.

**Discussion**

Our proposition is that the *Videovoice*—in format adapted to context—can be a useful tool to inform policy development. The approach can provide real-time findings, capturing the perspectives of health service volunteers within their spacial and temporal context. The approach may enable participants to understand better their own needs, and those of their community, ensuring that these are reflected in developing effective PHC policies.

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