Using audiovisual evidence for Citizen-led Accountability

Walter Flores, PhD
wflores@cegss.org.gt
Inequities of power

• In addition to disproportionate ill health and avoidable death, population groups facing inequities are also affected by:
  – Social exclusion
  – Marginalization
  – Lack of political representation
Holding Governments and Providers to Account

• Implies addressing power relations
• Using the existing legal framework (national and international)
• Rights literacy campaigns among population
• Capacity building:
  – To monitor public policies and services and demand accountability from authorities
  – Strategic advocacy to engage with the State (in addition to health sector, Parliament, Judiciary system, National Ombudsman and others)
From passive users of services to active citizens that demand accountability: examples
Surveying drug availability at a health care facility

Asking medical doctor to sign report on shortage of working hours
Interviewing users of services: did you receive your medicines and vaccines? Did you experience discrimination? Were you asked for Illegal payments? Etc.
Presenting evidence to Minister, vice-ministers and provincial authorities
What is the approach?
Once critical consciousness is in place (through rights literacy and campaigns), then actions:

1. Engagement with authorities at municipal, provincial and national level
2. SMS complaints
3. AudioVisual Evidence
4. Referral of cases to HHRR bodies
5. Monitoring resolution of complaints/service improvements
Key actors: Right to health  Community Defenders
SMS PLATFORM

COMPLAINTS ON RIGHT TO HEALTH VIOLATIONS
Categories of complaints send by users

- Lack of vaccines and drugs
- Lack of equipment and supplies at facilities
- Charging patients for services or emergency transport
- Selling MoH drugs in private clinics/pharmacies
- Denying care based on: ethnicity, gender, lack of documentation
- Lack of informed consent
- Mistreating users
- Insufficient information on diagnosis and treatment
- Health facility is closed
- Health infrastructure in bad conditions
Collecting audiovisual evidence

Public exhibits: evidence of right to health violations
Presenting audiovisual evidence to authorities

Press conference informing on collected evidence and demanding action plans to resolve problems
Meeting with Parliamentarians
Constant reflection and appraising: strategies, tactics and status of channels of engagement
Results

• Ethnographic data:
  – 32 municipalities (out 35) have active channels of engagement with citizens to discuss problems and implement solutions
  – 20 municipalities are allocating financial resources to improve services
  – In 15 municipalities, users perceive reduced discrimination and better responsiveness from providers
  – In 12 municipalities, local authorities are working together with citizens to demand changes at higher level (provincial and national)
  – Channels of engagement at 5 provincial level
- As a challenge: many problems are not under control of local authorities, are systemic
Sustainability

– Major value of approach is being an independent monitoring by service users

– Current authorities in Guatemala recognize this value and have requested upscaling of the approach so users can provide information to complement HIS and inputs to performance assessment and access barriers

– Challenge: contribution from public resources without compromising independence of citizen-led system
Key recommendations

– Social mobilization is crucial for the approach to work
– Tools will only work if there are mobilized users that collect evidence and a space to channel the evidence to authorities
– Don’t start with tools, rather supporting community organizing, rights literacy and collective action-tools will come after
– Community defenders require training, mentorship and technical assistance to face up to some authorities that are negative towards user participation, transparency and accountability
More info at:

www.vigilanciaysalud.com
wflores@cegss.org.gt

Thanks!