

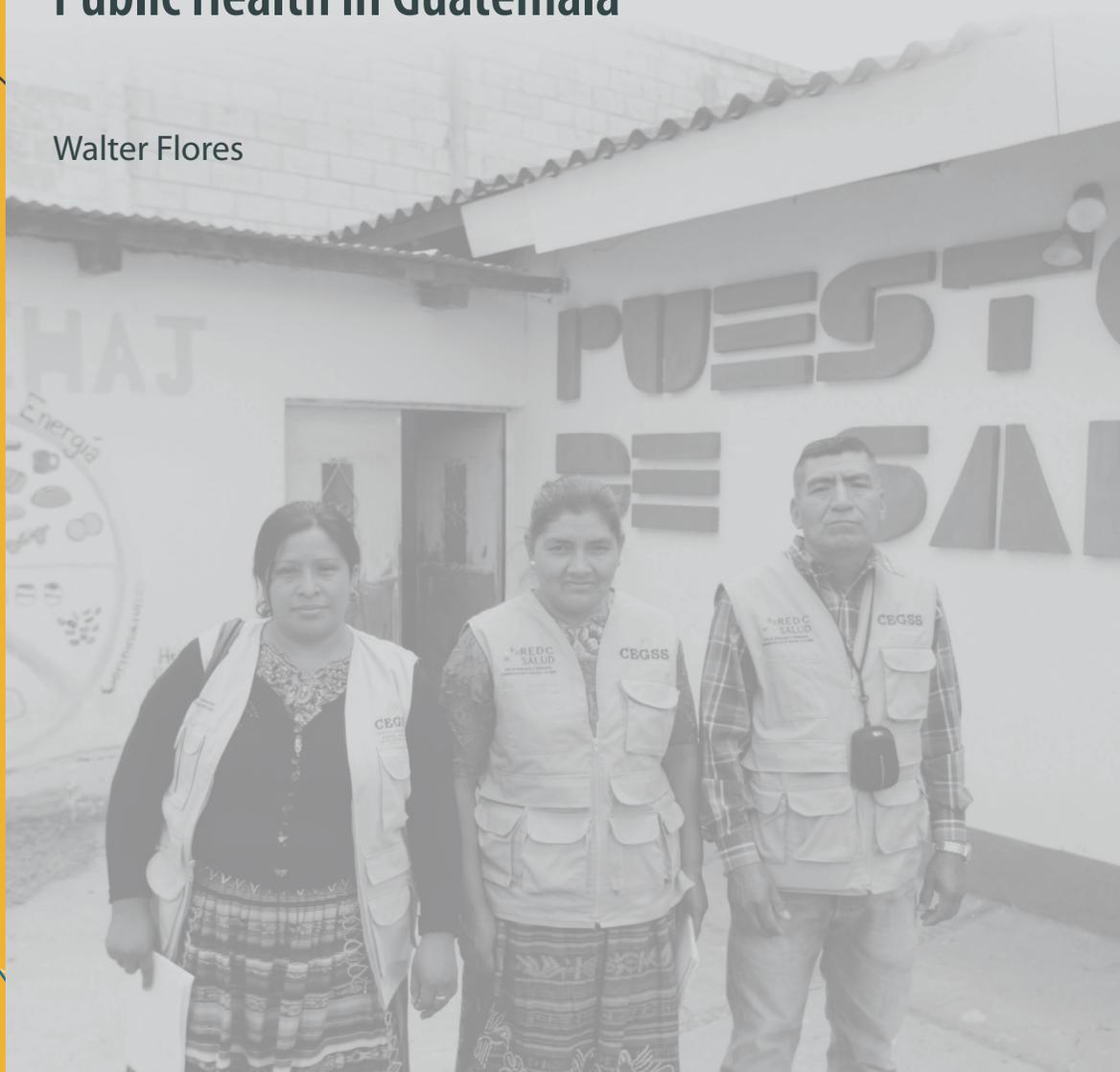
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How Can Evidence Bolster Citizen Action? Learning and Adapting for Accountable Public Health in Guatemala

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Summary

How Can Evidence Bolster Citizen Action? Learning and Adapting for Accountable Public Health in Guatemala

Walter Flores

Most theories of change in the field of transparency and accountability assume that scientifically rigorous evidence increases the possibility of influencing officials and decision-makers. Generating this evidence has been the work of academic experts. Over the last decade, the *Centro de Estudios para la Equidad y la Gobernanza de los Sistemas de Salud* (the Center for the Study of Equity and Governance in Health Systems, or CEGSS) has considered the question of how to use evidence to influence authorities and promote participation by users of public services in rural indigenous municipalities of Guatemala. Our initial approach relied on producing rigorous evidence through the surveying of health care facilities using random samples. However, when presented to authorities, this type of evidence did not have any influence on them. In the follow-up phases, we gradually evolved our approach to employ other methods to collect evidence (such as ethnography and audiovisuals) that are easier to grasp by the non-expert public and the users of public services. The involvement of users of services in evidence collection was accompanied by civic action strategies to engage with authorities in the resolution of problems. Throughout a decade of work, we learned that methods for gathering evidence that draw in participation from the wider community, that help communities to tell their stories, and that facilitate collective action among service users tend to be the most powerful to influence responsiveness from authorities at local and regional levels of government.

In addition, using participatory approaches to generating and interpreting evidence fosters pedagogical processes of civic action that empower service users by activating their roles as citizens and voters. This process has been used to open space for negotiating the allocation of public resources with authorities at different governance levels.

I. The Role of Evidence in Formulating Theories of Change in the Field of Transparency and Accountability



The argument that public policies should be evidence-based has gained ground in the last decade. There is no one unified position among experts as to what counts as evidence, nor on the acceptable methods for generating evidence. Yet, explicitly or implicitly, advocates of evidence-based public policy call for rigorous methods accepted by the scientific community, including the use of experimental and quasi-experimental designs, as well as random samples. It is generally assumed that the more rigorous the evidence, the more there will be a consensus on “what works”, and the greater influence the evidence will have on authorities and decision-makers. The expectation is that public policies are implemented and adjusted based on the evidence of their effectiveness and impact. This argument has influenced several approaches to development, including the growing field of transparency and accountability.

This note describes the experience of the Center for the Study of Equity and Governance in Health Systems (CEGSS), a non-governmental organization based in Guatemala. A decade ago, CEGSS began with an emphasis on generating rigorous evidence to influence public policy implementation. Over the course of its existence, however, the organization has evolved to situate evidence in the political and social context of Guatemala’s rural indigenous municipalities. In this context, evidence is not understood as an academic construct built on scientific rigor (i.e. hierarchy of evidence) but any information (photography, video, testimonies, life-stories) that may be used to open-up a channel of engagement with authorities to resolve existing problems in public services. The approach has come to include maximizing synergy between the participatory process of generating evidence and using that to inform action. As importantly, CEGSS monitors how authorities respond.



Health Post, San Pedro Jocopilas municipality, Quiché Province, Guatemala. Health Rights Defender: Armando Peláez.
Credit: © Sandra Sebastián

II. CEGSS and its Working Model



CEGSS is a civic association of professionals who have come together to reduce social exclusion and inequality in health care, which mainly affects the rural indigenous population in Guatemala. The interdisciplinary team conducts applied research, capacity building for organized community-based grassroots groups, and advocacy around public policies and services. We also work with community health defenders to conduct participatory action research. This requires flexibility and dynamism in the implementation of interventions and strategies, as well as adaptation and a process of continuous learning.

Promoting citizen participation is fundamental to CEGSS. We offer training, basic equipment, and technical assistance to a network of volunteer community-based defenders of the right to health who have been chosen by their own communities.¹ In Guatemala, because of decentralization, local public services are governed primarily by municipal governments and the Ministry of Health's local and regional branches. This means that local authorities are actually in a position to address some issues of service quality, corruption, and abuse—though not deeper systemic issues, such as health budgets. CEGSS, together



Health Post Patachaj, San Cristotal Totonicapán, Guatemala.
Health Rights Defenders: Carmelina Puac and Bonifacio Puac.
Credit: © Sandra Sebastián

with the network of community-based defenders, has therefore focused actions at the local and regional levels. However, advocacy requires engaging occasionally with national level officials, Parliament, Ombudsman and national human rights bodies.



Health post in municipality of Tectitán, Huehuetenango Province, Guatemala. Health Rights Defender: Roel Ovalle
Credit: © Sandra Sebastián

The participation of communities in generating evidence and engaging with authorities is also a pedagogical process of civic action. Through a participatory capacity-building process, community volunteers learn the basics of public policy and budgets. They also learn about the mandates and limitations of existing official channels of engagement with authorities. By engaging with the Ombudsman office and Parliamentarians, they also learn about checks and balances in government. Whenever we expand to a new municipality, the training of new community volunteers is carried out together by CEGSS staff and community defenders with more experience. The contents for the capacity building and the dynamics to deploy it are continuously being adjusted as result of the learning acquired through the process described above.

III. The Evolution of CEGSS’s Use of Evidence



CEGSS launched its first project in 2007, promoting participatory planning and monitoring in the local health services in six rural indigenous municipalities. Based on that initial experience we expanded the work, covering 35 municipalities by 2012. CEGSS’s theory of change, and conception of the role of evidence, has evolved over the last ten years. Our initial emphasis was on producing rigorous evidence to influence authorities. In response to the growing realization that our capacity to influence the authorities in this way was limited, or even nonexistent, we gradually adapted our approach. During this learning process, we found that evidence collected, analyzed, and systematized by the users of the health system was key to engaging the authorities. This conclusion was based on a systematic analysis of different methods for gathering evidence CEGSS used to document the conditions and user

experience of local health services. Between 2007 and up to now, we have implemented five different methods for gathering evidence: 1) Surveys of health clinics with random sampling, 2) Surveys using tracers and convenience-based sampling, 3) Life histories of the users of health services, 4) User complaints submitted via text messages, 5) Video and photography documenting service delivery problems.

Each of these methods was deployed for a period of 2-3 years and accompanied by detailed monitoring to track its effects on two outcome variables: 1) the level of community participation in planning, data collection and analysis; and 2) the responsiveness of the authorities to the evidence presented. The indicators for each of these two outcome variables are shown in Table 1.

Table 1. Indicators for Assessing Community Participation and Government Responsiveness

Outcome Variable	Indicators
Community participation	<ul style="list-style-type: none"> Number of participating community leaders Number of information campaigns at the municipal level Number of activities to collect complaints from users Number of complaints from users of services Changes in users of services perceptions of health care providers and government officials
Government responsiveness	<ul style="list-style-type: none"> Number of meetings between community defenders and authorities Number of complaints resolved Number of municipalities and provinces with channels of communication between defenders and authorities Changes in officials’ perceptions of users of services and their complaints

We did a retrospective assessment using the key indicators shown in Table 1. Each outcome was scored on an effectiveness scale from “none” to “high”. CEGSS’s information and evaluation system was the source of

information. This assessment was done for each of the five different methods CEGSS used to generate evidence. The results of the assessment are shown in Table 2.

Table 2. Evidence Gathering and Dissemination, Community Participation, and Government Responsiveness

Method of Generating Evidence	Means of Disseminating Evidence	Community Participation	Government Responsiveness
Surveys of health clinics with random sampling	Written reports	None	None
Surveys using tracers and convenience-based sampling	Written reports	Minimal	Minimal
Life histories of the users of health services	Written reports	Medium	Medium
User complaints sent by text message (SMS)	Complaints coded and sent to an electronic platform	High	High
Video and photography documenting problems	Video or photos	High	High

Each of the five methods for generating evidence requires different levels of academic and technical knowledge. The academic complexity inherent in each method influences both the level of community involvement and the responsiveness of the local officials.

Our initial intervention generated evidence by surveying a random sample of health clinics—widely considered to be a highly rigorous method for collecting evidence. As the surveys were long and technically complicated, participation from the community was close to zero. Yet our expectation was that, given its scientific rigor, authorities would be responsive to the evidence we presented. The government instead used technical methodological objections as a pretext to reject the service delivery problems we identified. It was clear that such arguments were an excuse and authorities did not want to act.

Our next effort was to simplify the survey and involve communities in surveying, analysis, and report writing. However, as Table 2 shows, participation was still “minimal,” as was the responsiveness of the authorities. Many community members still struggled to participate and the authorities rejected the evidence as unreliable, again citing methodological concerns. Together with community leaders, we decided to move away from

surveys altogether so authorities could no longer use technical arguments to disregard the evidence.

For our next method, we introduced collecting life-stories of real patients and users of health services. The decision about this new method was taken together with communities. Community members were trained to identify cases of poor service delivery, interview users, and write down their experiences. These testimonies vividly described the impact of poor health services: children unable to go to school because they needed to attend to sick relatives; sick parents unable to care for young children; breadwinners unable to go to work, leaving families destitute. This type of evidence changed the meetings between community leaders and authorities considerably, shifting from arguments over data to discussing the struggles real people faced due to non-responsive services. As Table 2 shows, we had moved up to a “medium” level of community engagement and government responsiveness. After a year of responding to individual life-stories, however, authorities started to treat the information presented as “isolated cases” and became less responsive.

We regrouped again with community leaders to reflect on how to further boost community participation and achieve a response from authorities. We agreed that

more agile and less burdensome methods for community volunteers to collect and disseminate evidence might increase the response from authorities. After reviewing different options, we agreed to build a complaint system that allowed users to send coded text messages to an open-access platform.² We also wanted to continue to facilitate communities to tell their stories and experiences. Instead of presenting life-stories as text, we began helping communities to use photography and video to document their stories. Audiovisual evidence proved a powerful method to attract the interest of traditional media and other civil society organizations. Also, by using coded complaints sent via text messages and sending electronic alerts and follow-up phone calls to authorities, we were able to draw attention to service

delivery problems in real time. This situation resulted in a “high” level of both community engagement and government responsiveness.

Figure 1 below shows the relationships between each method graded from greater (+) to lesser (-) based on three variables: 1) academic complexity, 2) level of community engagement, and 3) responsiveness from authorities. The points in the graph are the time periods, expressed in years, in which each of the methods was used to generate evidence. The methods of lodging complaints by text message and the method of photography and video have been combined in the figure, since they began at the same time and have a similar level of academic complexity.

Figure 1. Government Responsiveness Related to Complexity of Methodology and Community Participation

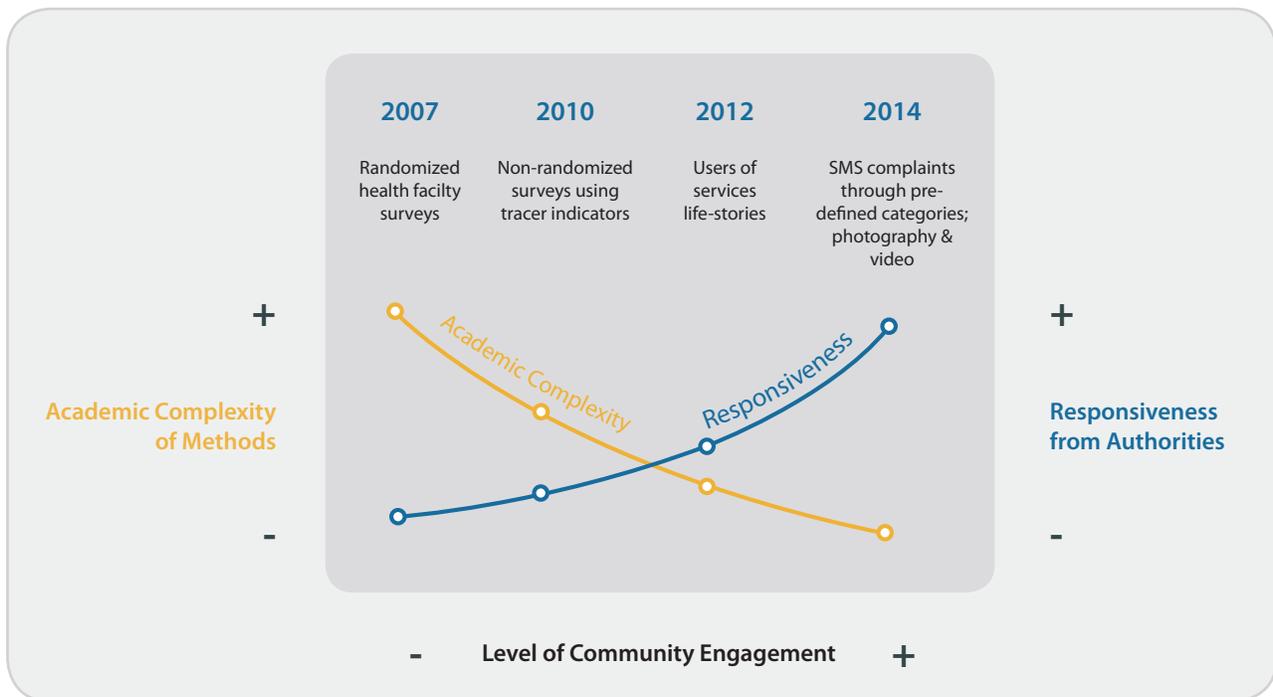


Figure 1 reveals a clear picture: as the academic complexity of evidence-gathering methods diminishes, the level of community involvement increases, which promotes greater responsiveness from officials.

generated the greatest level of community involvement and responsiveness from officials. Randomized surveys, with a high level of academic complexity, generated little community participation and little government responsiveness.

Audiovisual methods and mobile communication technology, the least academically complex methods,



Health Rights Defenders from Huehuetenango Province. Activity: Identifying bottle-necks in community-led accountability work. Event: Community Defenders Annual Assembly, December 2017. Credit: © Carlos Quiñonez, CEGSS.

Government responsiveness relates to community engagement in clear ways. The communities we work with have deployed, with CEGSS's support, a diverse range of civic action tactics to negotiate and resolve service problems with the authorities. This has included publishing evidence in the media and displaying it at public exhibits, street demonstrations, requests to parliamentarians, reporting cases of abuse and corruption to public prosecutors, and calls for observation from

the official human rights ombudsman. The specific tactics employed have depended on the type of service delivery problem and the openness of authorities to resolve a complaint. What is clear, however, is that methods for gathering evidence that draw in participation from the wider community, that help communities to tell their stories, and that facilitate collective action among service users tend to be the most powerful.

IV. Conclusion



In contrast to theories of change that posit that more rigorous evidence will have a greater influence on officials, we have found the opposite to be true. A decade of implementing interventions to try to influence local and regional authorities has taught us that academic rigor itself is not a determinant of responsiveness. Rather, methods that involve communities in generating and presenting evidence, and that facilitate collective action in the process, are far more influential. The greater the level of community participation, the greater the potential to influence local and regional authorities.

An additional benefit of community involvement in generating evidence and interacting with authorities is the possibility of implementing pedagogical processes for civic action. Such processes empower users and activate their roles not just as users of services, but also as citizens who vote for local, regional, and national authorities. Users can also make use of the evidence to create opportunities to negotiate with authorities at different levels, including on the reallocation of resources.

CEGSS's experience with targeting local and regional authorities shows that, although they have decision-making power over many aspects of service delivery,

some key decisions involving accountability and transparency are still controlled at the national level. For instance, the central government controls the regulations that could mandate that lower-level government should publish information related to service delivery. In the health sector, this could include: proactive disclosure of information related to procurement of medicines and other essential supplies, hiring and removal of staff, sharing minutes of meetings of authorities and boards, and certifying private providers who comply with public tendering regulations.

Given this, CEGSS is now defining strategies for engaging with authorities at the national level. During our recent annual assembly, we worked with the network of community-based defenders to evolve and expand our theory of change. This will include building coalitions that bring together social organizations and actors who share common goals. At the heart of this new theory of change will be the implementation of strategies and interventions that tie actions at the local and regional levels with actions at the national level that demand systemic and structural reforms to address accountability and transparency. We will be reporting on the results of this process in a follow-up piece.



Health Rights Defenders from Sololà Province. Activity: Rehearsing a role-play exercise. Event: Community Defenders Annual Assembly, December 2017. Credit: © Carlos Quiñonez, CEGSS.



Domingo Sambrano, Defender from Quiché province. Activity: presenting the work-plan 2018 for the Quiché province. Credit: © Jonathan Fox

2017 Annual Assembly Reflections and Planning

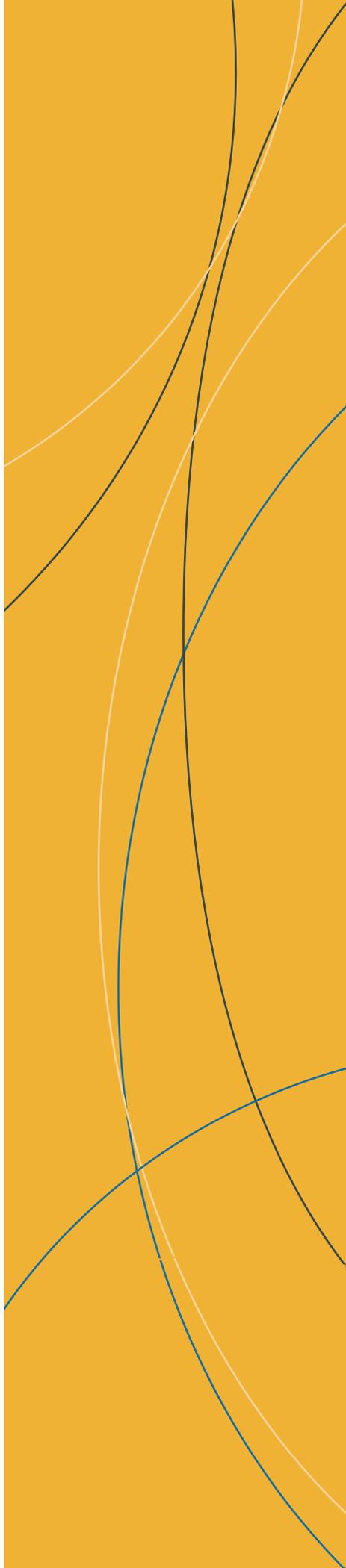
The network of community defenders and CEGSS carried out their annual assembly in early December 2017. During the assembly, there was a participatory exercise to assess, discuss and reflect about the successes, challenges and lessons learned related to our interventions to improve accountability in public health services. As result of this exercise, it was agreed by all participants that we should further adapt our actions and pursue a new strategy that would include:

- Integrating strategies within municipal, provincial and national levels
- Expanding alliances (with broader social movements and technical organizations)
- Engaging and influencing public budgets in the short, medium, and long term
- Tackling structural causes of poor public health services (budget, management, corruption, rule of law)
- Implementing preventive accountability tactics and actions.

The above agreements will be transferred into an action plan beginning in January 2018.

Endnotes

1. For more information on the network of community defenders visit: www.vigilanciaysalud.com
2. To access the complaint platform visit: <http://vigilanciaysalud.com/plataforma-de-denuncia/>



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