

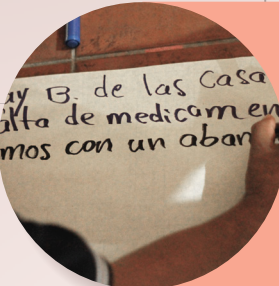
Audiovisual evidence of right to health violations

Seventy-five community members from five regions of the country are now performing as right to health community defenders. As part of their tasks, they carryout vigilance of local health facilities, and also collect audiovisual evidence of rights to health violations that are later presented to authorities



Why audiovisual evidence?

There is a need to verify and backup the complaints that users of healthcare facilities have about violations to their rights



Methodological design

A participatory action-research process that collectively share skills and knowledge about use of audiovisual tools and citizen advocacy



Selecting women and men that are community leaders

At community level, assemblies were carried-out to select the leaders that will be trained and then act as the defenders that will collect audiovisual evidence



Participatory planning of training and fieldwork

Agreements between facilitators and community leaders about roles and responsibilities, frequency of workshops and adequate use of audiovisual equipment



Training workshops

Interview techniques, field observation, newsletters production, photography, video and radio



Fieldwork

Field visits to healthcare facilities, users interviews, audiovisual documentation of complaints and cases



Editing evidence collected

Supported by technicians, trained community members prepare, edit and publish newsletters, videos, photo-essays and radio-reports



Dissemination of edited evidence

Presented to authorities, public exhibits, dissemination in local media outlets, registering evidence on the virtual [platform](#)

Reflecting on achievements, lessons learned and challenges

- Leaders are empowered, audiovisual complaints have a larger impact with authorities
- Several complaints already resolved, the rest is in process to be resolved
- A culture of demanding for their rights is being strengthened among leaders from rural indigenous communities
- Other rural communities that learned about this experience are requesting support for the training of their own leaders. Currently, there is a need for additional resources to expanding the experience

