Social Accountability and Community Action in Health

State level Workshop organised by SAHAJ, ANANDI, SARTHI

Supported by COPASAH

March 25-28, 2014

Background and Introduction

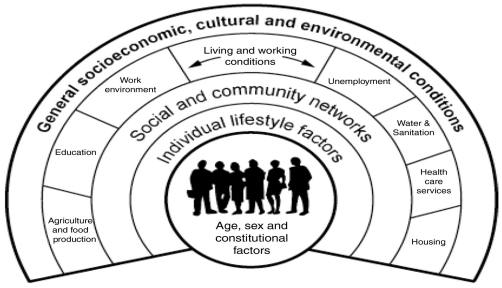
Five participants from Gujarat (SAHAJ, SARTHI and ANANDI) had attended the Regional COPASAH Workshop in Delhi in September 2013 with a view to doing a state level Social Accountability in Health training in Gujarat. A collaborative workshop was organised from March 25 to 28, 2014. The venue was the SEWA Rural Training Centre in Guman Dev. The workshop was attended by 35 participants from 13 organisations. These organisations worked on a range of issues from Child Rights, Right to Food, Natural Resource Management, Adolescent Health, Adolescent Rights, Maternal and Child Health, Women's Rights and so on. Participating organisations were part of various active networks and campaigns like the Jan Swasthya Abhiyan, Anna Suraksha Abhiyan, Buniyadi Adhikar Andolan Gujarat and so on.

Resource Persons consisted of a **core team** of Manushi Parikh, Mahima Taparia (SAHAJ), Dhan Singh (SARTHI), **supported by** Renu Khanna (SAHAJ), Neeta Hardikar and Pradeepa Dubey (ANANDI), Chinu Srinivasan SAHAJ/LOCOST), Dhiren Modi and Shobha Shah (SEWA Rural), from the participating organisations. COPASAH members Nitin Jadav and Bhausaheb from SATHI and Bharti from COPASAH Regional Secretariat in CHSJ also contributed their expertise. Panels consisting of staff members from SEWA Rural, Deepak Foundation, SAHAJ, ANANDI, PRERNA shared their organisational experiences related to Social Accountability and Community Action for Health.

List of participants is in Annexure 1. The schedule followed during the workshop is in Annexure 2. List of resource material provided is in Annexure 3.

Summary of the first day

The first day's sessions consisted of introduction to concepts like: Social Determinants of Health, Human Rights and Right to Health, and Power, Intersectionalities, Equity and Equality. Participants explored Social Determinants through five stories and questions around those. After the five small groups gave their interpretation of the determinants of health in each story, Manushi summarised by pulling together their responses.



The participants were introduced to the modern history of human rights and the origins of the rights based approach that many of them are following in their organisations through an interactive lecture by Mahima Taparia. They learnt about the right to health – that it is not a guaranteed right in the Constitution of India and that several pro people's campaigns like the Jan Swasthya Abhiyan were actually struggling for the right to health to be made justiceable.

This session was followed by a game called Power Walk, in which participants were given certain identities and asked to move forward or backward from where they stood along a common line, in response to certain situations stated by the facilitator, Neeta Hardikar. Neeta and Manushi then debriefed. The participants who had moved right to the rear, - among them a sex worker and a mentally ill woman in an institution – spoke about the hopelessness of the situation. There was no possibility of the mentally ill woman to get out from her captivity because her family had abandoned her. The sex worker said that society had pushed her to the absolute margins because sex work was stigmatised. Those who were in the front, politician and government health worker said that their sights were trained on their goal – they had no time or inclination to look back to see who was left out, of the society and the development process. Based on the sex worker's experience, there was a rich and revealing discussion on identities based on diverse sexualities.

Bharti from CHSJ New Delhi and organisation that is handling the for South Asian Regional Secretariat of COPASAH introduced the participants to the Community of Practitioners of Social Accountability for Health. She showed them the website pages, told them about the objectives and activities of COPASAH and invited them to become members. She urged them to contribute their own stories of Social Accountability even in Gujarati, and add to the richness of resources being generated by practitioners in the region.

The day ended with the organising team reflecting on the participants' feedback which was largely positive. Participants appreciated the diverse methods of training used during the day – group discussions stories, games (both the introductory game and the power walk, as well as the game of memorising the names of the participants). They appreciated the training venue – spacious, well lit, airy, and set within a green, treefilled campus. A few participants had issues around the rotis (that they were not optimally cooked) and the fact that they had to come to the session straight away after lunch – given the onset of heat and the fact that many had travelled that morning, they would have preferred a short nap. Participants also wanted some fun entertainment activities like garba, film screening and so on. The Cultural Committee got down to action!

Summary of Day 2

The day started with songs – Vinay and Charul's We, the People prepared for the 5th Right to Food Convention encapsulated the previous day's discussion on Human Rights and the Constitution of India. Pradeepa and Alka gave the feedback of the participants on Day 1. Dr. Pankaj Shah, Managing Trustee of SEWA Rural welcomed the participants and spoke about the relevance of the current workshop. He urged the participants to see the previous Sunday's episode of Satyamev Jayate which was on Accountability and role of Mohalla Samities and people's groups in demanding accountability from the elected representatives and other duty bearers. The previous day the participants had expressed that they would like to learn more about skills as a trainer – Pradeepa then facilitated the group to reflect on the previous day and state what they learnt as trainers. Participants mentioned –

- How to create an atmosphere for participation
- Use of games and how to debrief after them
- Use of stories to impart learning
- Small group discussions help to increase participation of all.
- We can adapt what we learn here and use in our VHSNCs training and in our work in the villages with women's groups.

Neeta reinforced an issue emerging from the previous day – who's voice is heard? We need to constantly be seeking out who is invisible in the areas where we work? Who's voice is not heard? This is our important function as human rights' defenders. She led the participants to reflect on what they have done as human rights' defender - 'what have I done to promote accountability? Which 'affected group' have I worked on behalf of? What strategies have we used in our organisation?' This individual reflection then formed the basis of their group discussions on the concept of Social Accountability.

The four groups discussed

- What is our concept of Social Accountability?
- What according to us is the relevance of Community Action?
- What methods of Social Accountability and Community Action have we used?
- What are the conditions required for successful Social Accountability?

The four group presentations focussed on the issues that the participants worked with: VHNSC fund utilisation, demand for a doctor at the PHC, interface with the talati for BPL cards, human rights of minority groups, quality of Mid Day Meal, School Management Committees and so on. Groups defined Social Accountability as: interface between service providers and service users, marginalised people getting information, identifying issues of concern and demanding their rights related to these issues. The relevance of Community Action according to them was ultimately for realisation of people's rights and to lessen the inequalities in society. Many methods of Social Accountability and Community Action were spoken about. They ranged from RTIs, Monitoring of services, dharnas, media advocacy, dialogues between rights claimants and duty bearers for Social Accountability. And falia meetings, songs, dramas, videos, competitions, preparing community leaders to articulate their issues as methods of community mobilisation and community action.

Based on participants' experiences some conditions for successful Social Accountability are: Information and knowledge of standards, and entitlements, communication and motivation of community and allies, documentation and collection of evidence, people's sangathans, local activists, transparency, and regular evaluation of our own work – our own accountability.

Participants also talked about the challenges that they faced: Target oriented approaches of the government in every sphere, obsession with quantitative indicators and no appreciation of quality of programmes, state's tendency to mask the truth - one participant reported that the anganwadi

worker told her that she had been instructed by her superiors under no conditions to show malnutrition in her anganwadi! Participants shared numerous examples of how marginalised groups had been systematically excluded from services.

Dhan Singh's presentation on the Concept of Social Accountability built on the rich group reports.

The second session of the day was on the Politics of Medicines by Chinu Srinivasan of LOCOST. Participants were shocked at the rampant profiteering of the pharmaceutical sector and the apathy of the state in regulating prices of medicines. Chinu spoke about the case studies of Tamil Nadu and Rajasthan where free medicines were available for all patients in public health facilities. Discussions around monitoring the availability of drugs in the PHCs and CHCs reflected anxiety because the participants felt quite powerless in the face of 'asymmetry of information'. In order to mitigate this anxiety to some extent and to enable participants to continue their education on the issue, Chinu spoke about the Lay Person's Guide to Medicines. Participants felt that they could at least do systematic local level enquiries through exit interviews at PHCs and CHCs – how many medicines were you prescribed? Were you given all of these free of cost at the health facility? Did you have to buy any medicine from outside – which ones and how much did you spend? Chinu also invited participants to participate in the advocacy for: increase in the number of medicines in the essential drugs list, bringing in all medicines on the essential drugs list under price control, banning of combination drugs.

The next session was on participants' experiences of Social Accountability. Pradeepa shared ANANDI's work on Participatory Learning Systems to devise tools for monitoring food security through the seasons, to find out women's perceptions of 'safe delivery' which could serve as indicators for quality of maternal health care. Monitoring of the Mamta Divas was done by women through a Toran that ANANDI has prepared – this Toran depicts all the services that supposed to be part of the Mamta Divas. The team from Prerna – Marina,Sunita and Jayshree – spoke about the systematic enquiry that they did into the state of SubCentres and PHC in their areas – this would be the baseline and then their planned interventions of community action would help to improve the situation. Mahima shared the Warli Madi tool monitoring quality of maternal health care that was being used in ANANDI and Tribhuvandas Foundation and Prerna areas. She also spoke about how the individual women's Warli Madi forms were compiled into a PHC level report card every quarter and that these served as a basis of dialogue between the health system and sangathan leaders. Manushi shared the angan wadi monitoring tool that basti level Bal Adhikar Mitras were using in the urban bastis in Vadodara.

Dhirenbhai Modi from SEWA Rural told the group about monitoring of the Janani Shishu Suraksha Karyakram that was being done by JSA. In the last General Body Meeting, JSA members had decided to find out whether women were incurring out of pocket expenditure for deliveries conducted in government health facilities. Six organisations had done this survey to date. The result found that 35 % of the respondents had spent money in government hospitals for transportations and cleaning.

The feedback for Day 2 was that participants appreciated the group discussions and presentation on the concept of Social Accountability. They also appreciated the various monitoring tools and wanted copies of each. The session on Politics of Medicines appeared to be a real eye opener for most participants.

Summary of Day 3

Recap of the previous day's contents was done in a creative way through passing the Parcel by Narendra and Urmila – the person who got the handkerchief had to state learning from the previous day. The main leanings were: those through sharing in the group discussions on Social Accountability, combination medicines are irrational, so much profit in medicines, we got to know about JSSK – so many of us did not know about it and that JSA is doing a survey on medicines spent for deliveries even in public hospitals, the various tools shared were useful especially the pictorial tools for people who have never been to school.

Nitin and Bhau from SATHI Pune were the resource persons for the day. Nitin started by differentiating between vertical and horizontal accountability - monitoring within the system and monitoring by those outside the system. He explained the meaning of Community Monitoring – users from the community provide feedback on the health services provided by the government. Monitoring by people is a matter of Power and let us be prepared for conflict as we embark on this journey of enforcing accountability, warned Nitin. This entire effort is a political one. A short film on Community Monitoring by SATHI formed the basis of discussions. Some questions that were raised by participants were: how did you bring about community awareness? What strategies were used? Did the people participate in the report card exercise or were only NGOs involved? What were the challenges? - 'if we try and do Jan Samvaads here the officials don't come even after we have taken time from them.'

Nitin emphasised that this should not be treated as an **event** or an **activity** – it is a **process**, a process which begins from the village and goes right up to the state. Three parties have to be involved – elected representatives, representatives of marginalised groups and health providers. Committees at every level have to be formed comprising of these three stakeholders. NGOs' role has to be very, very clear – the long term vision is for transformation of the system. Organisations should begin where they have historical connections and rapport. And should disseminate different kinds of new information, in different ways, on issues that they 'own' - flex sheets on saline injections, visits to PHC by Committees, visits to AWC, exchange visits to different villages to see strong Committees. Ways of attracting elected representatives was to send them the message of *support right to health and we will vote for you*, give them publicity, and give them status by calling them as chairperson for events. Strategy shared by Nitin – if you want officers to toe the line, work with the elected representatives, if you want elected representatives to toe the line, work with community people – all this is a matter of use of Power and will require a fine balancing by the coordinating NGO. The power of youth should also be channelled for the purpose of health monitoring. And don't expect the entire community to own the issue - few affected persons will form the core in every village.

Stages of Community Monitoring

- Disseminating information on entitlements in different ways and using different fora
- Formation of Committees, and activating them through capacity building
- Designing tools – start with issues where results will be demonstrable early.
- Evidence collection – through group discussions, direct observations, exit interviews

- Dialogue between service providers and users at various levels – in the Committees and also through Jan Sunwais.

The next session was on Jan Sunwais/Samvads. Experiences of four organisations were shared by a panel. Nandini Srivastav and Sahajanand Patel presented Deepak Foundation's experiences of Jan Samvads in Vadodara District through 2008 to 2010. Deepak Foundation organised the Jan Samvads around several issues that were a priority for the local people and not just health. Thus officers from several departments were required to be present. SEWA Rural's presentation by Dr. Shrey Desai and Kantibhai pointed out that although SEWA Rural was a service organisation, because of the fact that they were committed to improving lives of the most marginalised people, they moved beyond their service role to organise Jan Samvads, in the spirit of mediating the communities and the health system. Kantibhai raised an unresolved issue for them - the question of should elected representatives be invited for Jan Samvads? Pradeepa from ANANDI emphasised that they were guided by the local women's sangathans in the question of should elected representatives be invited – as an NGO, ANANDI team members also had mixed feelings about the presence of elected representatives, but the sangathan leaders were very clear that these persons should be present. SATHI's presentations consisted of some video clips of various Jan Sunwais. These showed that Jan Sunwais were done at the PHC level as well as at the District and State levels. These were multistakeholder forums – elected representatives, health care providers, representatives of the monitoring committees, civil society members were all present. Health care providers like ASHAs also voiced their issues. The nature of these gatherings changed from Jan Sunwais were health system persons were required to give answers to Jan Samvads where in addition to being accountable, joint actions were also planned for the future.

All the presentations laid out that Jan Samvads were major events and required a lot of preparation and organisation. Evidence had to be generated systematically, people had to be prepared to articulate their issues clearly and concretely, presence of all the duty bearers whose issues were being taken up had to be ensured, panel of experts had to be selected judiciously. The event had to be facilitated skilfully – power imbalances had to be managed and negotiated, decisions related to redress and corrective action had to be arrived at in a fair way, responsibilities and time deadlines for action had to be negotiated transparently. And finally, constant and regular followup was required to ensure resolution of issues.

This was a very rich session – the discussions spilt over to after lunch. The final points were that the idea/purpose and perspective with which Jan Sunwais/Samvads was done had to be clear – these need to be done with the aim of promoting democratisation within our unequal society, giving power to the hitherto powerless and disenfranchised and holding duty bearers accountable. Jan Samvads/Sunwais have to place communities centre stage – their issues have to be presented by them. The role of NGOs is/should be merely facilitatory and supportive. Operationally, there is wide spectrum/continuum along which the Jan Sunwais and Jan Samvads can be organised – from being conflictual to cooperative – this will depend on a range of factors including: degree of awareness and articulation of community members, the composition and nature of the panel, comfort levels of the facilitating organisation, degree of responsiveness of the local health system representatives and so on.

The last session of the day was around documentation of evidence for promoting Social Accountability. Documentation is essential for evidence generation. It could take various forms- quantitative compiled information such as report cards, case studies describing experiences of denial of services, photographs showing gaps in health and other infrastructure. Shobhaben Shah from SEWA Rural provided some important principles of documentation of evidence for accountability – accuracy, specificity, details like date, time and place. If possible the documentation should be done by community representatives and not the NGO workers – pictorial, simple tools are thus preferable. Final report cards/compilations/reports that are to be presented should be understood and owned by community members.

Nitin highlighted the ethical concerns around documentation – informed consent is essential before cases can be documented and presented. People's autonomy to say 'no' should be respected if they do not desire to present their story as evidence in public fora.

The day concluded with the SATHI team reinforcing that Community Monitoring is an entire process and not a single event or activity – 'VHSNC training is not Community Monitoring' said Nitin. Community Monitoring as is happening in Maharashtra is within the NRHM framework, in collaboration with the state health department and financially supported by the NRHM Maharashtra. In Gujarat, while the State Health Department is supporting VHSNC formation and training, Community Monitoring is yet not being implemented by the Gujarat Government Health Department. The organisations present in the workshop were urged to continue their Social Accountability work outside of the system, in an informed way. And to support each other and come together as a collective effort for health rights of the most marginalised communities in the state.

Participants thanked the SATHI team warmly and invited them back to Gujarat. The evening included a trip to the Narmada and a visit to the SEWA Rural hospital.

Summary of Day 4

The day started with prayer – "malik tere bande hum" all participants sung together. Marina and Jayshree gave the feedback of the participants on Day 3. Everybody liked all sessions especially Jansunvai related information and some participants wanted to more information on Jansunwai. Recap of the day 3 was presented by Kishore and Mohan. Participants like sessions on various methods of community monitoring and importance of documentation. Participants mentioned that the visit of SEWA Rural hospital was very informative and useful to all of them. Everybody enjoyed Narmada river visit.

Session: 1

Conducting a participatory group discussion was carried on through a group exercise for that a group of 10 volunteers were identified and give 10 minutes to think on a given topic with the instruction was given that they could not share their views to each other. This group of people were then asked to hold a focussed group discussion among them and other participants were asked to observe the FGD on the basis of following points:

- What is the level of participation?
- How does the communication flowing?

- How does the group manage conflict?
- Who is sharing leadership in the group and what kind of leadership?

The observations were discussed in details and a common set of qualities were identified. These includes: in the group 2 to 3 volunteers took leadership, all members of group participation was unequal, some volunteers were not able to participate as they could not clear about the issue, lack of expression, lack of chance to voice their views.

Manushi summarised the session by stating that effective and result oriented facilitation is essential to any group discussion. It needs a leader to provide direction and focus and also encourage everyone's involment. Any group discussion should end with a summarisation of the key points arising out of the process.

Session: 2

A. *Dialogue with the Health system –Anchor, Pradeepa (ANANDI)*

The participants were divided into two groups. Group 1 listed down the points they need to keep in mind while communicating with Govt. officials and Group 2 listed down the points that they should not do or avoid during this dialogue. Some of the points that emerged were:

Group 1 – What to do?

- We should be clear about the objective of the meeting and make preparations accordingly.
- We should be prepared with reliable data for discussion with the officials.
- The officials concerned should be given prior information about the meeting.
- Pradeepa said that for increasing accountability from the system, community members/sangathan leaders should present their problems instead of the NGO team members. Health officials often feel that NGOs are advocating for the community but when community members/leaders talk, they get convinced and listen attentively.

Group 2 - What not to do?

- Do not go unprepared and without accurate data.
- Be civil and polite and do not resort to rudeness or aggression.
- Do not meet officials in the presence of other junior staff when sensitive issues are to be discussed or when tempers are high.
- The mood of the officials should be observed before starting the meeting.

Sesssion 3

A. Way Forward and Planning

The participants were asked how would they would take their learning forward at individual, organizational and with other Networks. This is what the participants said:

1) Individual level

- Share the learning with other staff of their organization and will especially talk about the methodologies of community monitoring.
- From now onwards they will be aware about their own and family's Right to Health.

2) Organization

- Be aware and updated on current and newly introduced schemes.
- Spread information about government schemes.
- Disseminate information on maternal health and BPL schemes.
- Document health related issues in their own area and use it for community monitoring.
- Conduct leaders training on Community monitoring.
- Do monthly tracking of the state of malnutrition.
- Motivate members for monitoring of various health services set up for people.
- Community monitoring for PDS, RSBY and PHC.
- Monitoring of Government schools.
- One participant said that they would demand for an appropriate referral facility for Urban Health Centre.
- PRERNA team member said that they would do Jan Samvaad under the Right to Food program.
- Introduce documentation skills and learning in the new financial year i.e 2014-2015.
- Will use information on medicines.

The participants also wanted sex education to be taught well in the schools and the discussion dwelt on how this could be done as the teachers skipped this chapter in 10th standard and wanted sex education to be introduced in early adolescence. One participant also suggested giving training to Anganwadi workers about sexuality education. The group talked about advocating about the above but community monitoring in this context was not discussed.

3) Network

- The group felt that through collective strength issues can be dealt more effectively as we could use the network's resources and expertise .

- Should conduct two activities at organizational level. One participant suggested that they should do PHC facility check list and share it in the next workshop. Another participant also suggested that when they meet next they should come prepared with their small studies and share it in the follow up work shop.
- Should do state level advocacy
- Exposure visit for field level programs on community monitoring.

B. *Follow up plans*

- The participants decided to have a follow up work shop every three months. It was decided to hold a follow up workshop in the first or second week of July .Since majority of the participants were middle or supervisory level staff, it appeared that decision making about the follow up workshop would be held by their superiors in their organization. One of the project coordinators from Bhahujan Samaj Sanstha said that he was 80% sure that he wanted to do a follow up workshop but 20% of this decision would lie with his superiors.
- The discussion then dwelt on the venue for the follow up workshop, Ms Sunanda from SAHAJ suggested that these workshops could be done in rotation by the organizations involved in this training.

C. *Feed back*

1) A feedback form was given to the particpants.

Ms Archana, Trustee, SAHAJ, asked the participants about their feedback on the four days workshop.

- Tools were very useful
- Methodologies and exercises on equality and discrimination were very useful.
- Came to know about new schemes and programs
- Community monitoring
- Jan samvaad learning and exchanges were very useful.
- Advocacy inputs
- Information on PHC and medicines (LOCOST)
- Need more inputs for working with disability.
- Maternal health
- Rights of Adolescence
- Exchanges and learning

- Documentation and prioritisation.
- Some of the participants said *'Our expectations were taken into consideration that is a big learning'*. This was a comment on the exercise conducted on the expectations of the workshop planned at the beginning of the workshop.
- '*I will implement it now – when I get the first opportunity.'*

Participation certificates were distributed to the participants and workshop concluded with a vote of thanks by Dr Shrey Desai and Dr Shobha Shah of SEWARural, Jhagadia. The workshop ended with the song 'Hum honge kamyab' in Gujarati and 'Hum sab ek hai'.