COPASAH International Meeting

at
Centre for Health and Social Justice
New Delhi –India
September 30, 2015

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COPASAH international meeting was conducted at the COPASAH global secretariat, Centre for Health and Social Justice (CHSJ), New –Delhi, India on September 30, 2015 wherein COPASAH members from Amalipe Centre for Interethnic Dialogue and Tolerance, Bulgaria and GOAL, Uganda shared the experiences of social accountability. COPASAH global coordinator, E.Premdas shared about COPASAH's initiatives being pursued both at the global and regional level.

Amalipe's experience in community monitoring for Roma community & the context of Bulgaria

Representative of Amalipe, Teodora Krumova and DeyanKolev, Chariman of Amalipe - Centre for Interethnic Dialogue and Tolerance, shared the experience of Amalipe in community monitoring and their association with COPASAH. Besides they also shared the context of Bulgaria. It was outlined by Teodora that Amalipeis a Roma organization working for the equal integration of Roma in Bulgarian society. The organization plays a key role in organizing a Roma civic movementand advocating for Roma integration within the state institution. As regards the context of Bulgaria Teodora and Deyan noted that Bulgaria lies in the Eastern part of Europe. The total population of the country is around 7 million. The country is amongst the poor countries in the EuropeanUnion in which 12% of the people live below poverty line.

Roma community

Roma and Gypsy are the two minorities in this country who have been considered untouchables. Both these communities are very different in terms of their socio-economic status. The average life expectancy of Roma community is dismal, only 10 years. The Roma community is very diverse as there are sub communities who speak different languagesand pursue different religious practices. The issue of identity is a critical one as Roma people are recognized by their group or national identity like Roma from Romania, Roma from Bulgaria. Amongstthe varied communities the interaction and communication is very less.

Community Monitoring in Bulgaria

Community Monitoring in Bulgaria is very similar to India. It is done in the four stages with

- Community mobilization
- Community Enquiry
- Social Audit
- Advocacy at local level

Amalipe, has established Community Monitoring Centres. At the state level there is no community structure by the state. At the same time the Constitution does not work with the community. People have their rights at individual level. The health status of the Roma community in Bulgaria is significantly lower than the majority of the Bulgarian population. Roma people meet serious health problems both in access to healthcare and in the quality of health care services. The access to health of Roma people in Bulgaria remains very poor due to high levels of discrimination, number of prejudices that the health service providers have and the low health education and awareness people have.

Short film in community monitoring

A short film on Community Monitoring practice in Bulgaria was also showcased which presented the process of Community monitoring on healthcare services implemented by Center Amalipe in Bulgaria with the financial support of Open Society Foundations. It showcased the results of community monitoring through 'community inquiry', including periodical consultation (twice in the year) with the local communities about the health services they receive and their quality.

View on:
https://www.youtube.com/watch?v=yMByugpgWM0

Context of Uganda

Opio Geoffrey Atim, senior accountability manager at GOAL, Uganda and member of the editorial team of COPASAH Communiqué reflected briefly upon the health care services and the context of Uganda. He said that the population of Uganda is around 35 million and 60% of the population is young. Utilization of health care is quite low approximately only 3 out of 10 people are utilizing the public health care services. Health worker absenteeism is a major issue as absenteeism is nearly 60%. The other major reasons for not utilizing the health service include non-availability of drugs, rude behavior of health service providers and corruption in health system.

Geoffrey added that GOAL has been pursuing social accountability for health to strengthen the relationship between communities and their health service providers in order to achieve better health outcomes. He added that under the accountability initiatives carried out by GOAL, in the preliminary work of baseline, report cards were prepared for health services across 365 facilities in 16 districts and these highlight the dysfunctional status of health unit management committees. The initiative is an ongoing process and is aimed that when local communities actively engage in the assessment and planning of their healthcare the quality of care will improve, service would become more efficient and would be utilized more.

The COPASAH meeting ended on a very positive note with Amalipe and GOAL Uganda assuring to contribute in the knowledge generation process of COPASAH through social accountability practice along with a potential of case study from Bulgaria.