Using Information Communication Technologies for Social Accountability in Health – Sharing Global Experiences

Organised by: COPASAH -Community of Practitioners on Accountability and Social Action in Health

Co-hosted by: CEGSS (Guatemala) and CHSJ (India)

Venue – CHSJ, Delhi
Date -26 February, 2015

Introduction

With a view to collectively deliberate upon the use of Information Communication Technologies (ICTs) for social accountability in health, nearly 10 practitioners from different parts of India and Guatemala shared their experiences on February 26, 2015 at the Centre for Health and Social Justice (CHSJ) in New Delhi. The meet was co hosted by Centre for the Study of Equity and Governance in Health Systems (CEGSS), Guatemala in association with CHSJ and COPASAH. The discussions and experiences revolved around placing the use of ICT as used by community and practitioners for accountability as against the use of ICT as a techno-managerial instrument.

Sharing of Global Experiences

Accountability Practitioners shared their experiences of using ICT in accountability practices in the respective regions.

SAHAYOG (India): Representative of SAHAYOG, rights based organization in Uttar Pradesh state of India; Jashodhara along with co-representatives Sandhya and Shishir shared the experiences of the Mera Swasthya Meri Aawaz (My Health My Voice) venture implemented by SAHAYOG in Uttar Pradesh. Jashodhara added that this project was implemented to enable women and citizens to use a toll-free service and to confidentially report incidents of lack of health services, payment of informal fees etc. Due to low literacy levels of women the Ushahidi platform was followed to enable women to use the Interactive Voice Response system (IVRS) to report about illegal demands for informal fees and lack of maternal health services while maintaining confidentiality and anonymity. Intensive capacity building of the women was done in the women's network-Mahila Adhikar Swasthya Manch (MSAM) and it discerned that people complained majorly in those areas where women's groups were active. The complaints got recorded against each health facility marked on a map. The health officials were cooperative but there was no active response against the complaints. SAHAYOG representatives outlined that though the state government has initiated a pilot helpline now but it received only 300 complaints relative to the MSMA which had received 1300 complaints. They outlined that the venture did not aim at fault finding but aimed for improved health system.

Nazdeek Foundation (India): Representative of Nazdeek foundation, Assam; Anthony shared the experiences of SMS based platform which has been used to prevent maternal and infant deaths among Adivasi women (who are the dispossessed group bereft of entitlements and other health services) working in the tea gardens in Sonitpur district of Assam. He added that Nazdeek has been working in association with PAJHRA and ICAAD organizations. Through the End Mortality Now project, 45 women volunteers were trained in 2 blocks of Sonitpur district about what maternal health violations are and how to report through SMS. Reports were sent through codified SMS for maternal health rights violations, demand of informal fees, undue payments etc. and these were mapped online on a platform. Following the reports, 8 case studies were collected which also caught media attention and it led to bringing some accountability of state in conjunction with legal advocacy to Adivasi women working in tea gardens of Assam.

CEGSS (Guatemala): Walter representing CEGSS (Guatemala) shared the experience of using SMS based platform for reporting health problems of indigenous communities in the Guatemala. He said, nearly 1000 community leaders were trained and more than 300 complaints were received in the first month regarding lack of drugs, illegal charges, discrimination, denial of services, health rights violations etc. Alerts were also sent to health authorities, but the authorities were ignoring the information. Following further discussions he said that technology is not expensive but experts are once the platform has been set, there is a resource for usage. Community wants to complaint about other services apart from health also. He further added that ICT reduces time to collect evidence but does not reduce the resolving time.

THAMATE (India): Obalesha from THAMATE, Karnataka presented photo documentation to be used as evidence for health rights of manual scavenging communities in Karnataka during public hearings and for advocacy for removal of the manual scavenging practice. He added that the whole issue is of evidence; the state governments and the apex court in India are not recognizing that manual scavenging is existing. He added that with the use of ICT, THAMATE is using video and photo documentation to press for the health rights of the manual scavengers.

COPASAH (South Asia): Representatives of CHSJ presented the experiences of use of ICT, including camera, mobile phones and photovoice methodology to generate evidence in

Community Based Monitoring (CBM). Abhijit from CHSJ anchored the discussions on ICT. Premdas from CHSJ outlined that experiment of use of ICT in CBM is being documented under COPASAH and is being carried across six states including UP, MP, Gujarat, Karnataka, Tamil Nadu and Maharashtra and the value addition in this venture is use of accessible technology.

SOCHARA (India): Ameer Khan from SOCHARA, Tamil Nadu shared the use of the SMS technology for health services in Tamil Nadu. He added that it was a huge tool with 200 variables and questions on 8 health services and was implemented across 1300 hamlets to measure the quality of services. The answers were sent in a code of 1(yes)/2(No) to a central server. The biggest advantage is the cost effectiveness however the limitation is that technical person has to collect and send the data from the server and there is no two way communication and the other limitation is the scalability.

Conclusion and Way Forward:

A good discussion took place on the processes of using ICT for social accountability in health with very valuable inputs from Marta Schaff (Columbia University), Walter (Guatemala) and from others.

The experiences and presentations shared by all the practitioners highlighted that the use ICT has been to supplement evidence for the maternal health rights violations, denials of health services, discrimination in health services, demand of illegal charges and poor health conditions of the socially excluded communities but it has to be a combination of different approaches and communication technologies. The discussions discerned that there is a need to shift the focus of ICT as social accountability tool rather than being a techno-managerial instrument.

Suggestions for follow up: Very useful suggestions came forth from many participants to take forward learning and mutual solidarity. Some of them include the following:

- *Writing case studies:* The experiences in generating AV evidence can be taken further by way of comparative case studies based on the experience of use of ICT can be written. Since all the practitioners have experience of working with marginalized communities, the power relations and engagement with the processes can be explored.

- *A knowledge hub for using AV evidence for social accountability through COPASAH and other affiliate organisations:* The rationale for the knowledge hub can be the AV evidence for the social accountability and mobile based communication technology for social accountability.

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Annexure: List of Participants

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