

Working Together with Communities to  
Strengthen Health Accountability  
Facilitated Learning Exchange (FLE)-  
ESE, Macedonia to India



Visit facilitated by CHSJ with COPASAH  
October 5-9, 2015 (India)

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COPASAH has been developing and implementing different practitioner and peer led learning strategies, one of which is Facilitated Learning Exchange (FLE). These learning exchange visits aim to provide practitioners an opportunity to visit a relevant organisation's work and learn from their social accountability practice using a common set of principles and exchange with them their own experiences. These visits are envisaged to facilitate peer learning and to enable strengthening of the practitioners' forum across regions.

In October 2015, COPASAH & COPASAH Global Secretariat, Centre for Health and Social Justice (CHSJ- Delhi, India) held a FLE for practitioners from different accountability practices of Macedonia including that of organisations, Association for Emancipation, Solidarity and Equality of Women of Republic of Macedonia -ESE and KHAM, from October 5-9, 2015. The participants in the FLE included Jasminka Frishchikj, Marija Gelevska, Borjan Pavlovski, Darko Antikj, Stojan Mishev of ESE and Zoran Bikovski of KHAM in Macedonia.

The aim of the FLE was to help practitioners from Macedonia gain greater knowledge and understanding about the principles and practice of participatory assessment of health priorities in communities in India, as advocated by CHSJ along with its partners. Besides this the focus of the FLE was also to elucidate the of 'theory change' for ESE Health Accountability project with partners in Macedonia and identify possible monitoring parameters. It also aims to let the practitioners gain greater knowledge about the practice of accountability methods viz. Case work based on health entitlement awareness, Social Accountability, Strategic Litigation, Alliance building towards developing a health rights campaign.

### ***Process of the FLE***

The facilitated learning exchange visits consisted of a three part process- an introductory two days in house learning workshop at CHSJ, field visit to the tribal district of Morena in Madhya Pradesh and later a debriefing session to agree on the way forward for implementing the learnings.

### ***Two days In-house workshop at CHSJ (October 5-6, 2015)***

During two days of the in –house workshop at CHSJ, the focus was on Introduction to CHSJ’s advocacy work. The session on the two days were facilitated by director of CHSJ and COPASAH global convenor, Abhijit Das. The in- house workshop was a combination of presentations and group exercises to facilitate the practitioners to deliberate upon what they attempted to change through their interventions. The practitioners also collectively mapped the inputs and



**Macedonia practitioners participating in in-house workshop**

outcomes to develop a programme theory and were provided an insight into the key PRA exercises and their potential use in health priority setting and planning. The second day of the in-house workshop saw many associates of CHSJ and COPASAH members reflecting their varied experiences on social accountability in health through varied presentations and discussions. Experiences of Community mobilisation for strengthening local health accountability in the state of Madhya Pradesh, through Maternal Health Rights Campaign (MHRC) which is a coalition of more than 52 civil society organizations working in 22 districts of Madhya Pradesh for advocating for maternal health rights, were shared by COPASAH global coordinator and Director- research and advocacy at CHSJ, E.Premdas on the theme of State level advocacy Campaign – MHRC. The experiences of Mahila Swasthya Adhikar Manch (MSAM) from the state of Uttar Pradesh (UP) were shared by Jashodhara Dasgupta and Y K Sandhya, representatives of SAHAYOG –UP, apart from use of IVRS for accountability in UP. Representatives of Nazdeek foundation including Jayshree Satpute shared the experience of using legal accountability for individual rights violation to strategic Litigation – case of Maternal Health. Sana Contractor from CHSJ, shared the experiences of the Sajhedar (Accountability for Change), an initiative by CHSJ at the community level in 15 villages each in the districts of Morena and Sidhi in Madhya Pradesh. She highlighted the Participatory Assessment for Strengthening Accountability processes – Sajhedar, intervention in Madhya Pradesh for organizing men for enhanced accountability to their spouses and a collective accountability to engage with the public health system for increasing women's access to maternal health entitlements. COPASAH's initiative of using ICT's for social accountability across six selected states was highlighted by Sambit Mohanty from CHSJ.

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### ***Field Visit & De-briefing (October 7-9, 2015)***

Following the two day in house workshop which aimed to provide an understanding of the context of the social accountability initiatives carried on by CHSJ and its partners, the field work

on the third day of the FLE aimed to provide insights into the experiences from the field i.e. the tribal district of Morena in Madhya Pradesh. During the field visit the practitioners were able to meet various stakeholders, including community groups and their animators under the Sajhedar initiative, front line health workers and visit health facilities (Primary Health Centres) which helped them understand the roles, perceptions and practice of community monitoring as implemented in the field. Besides interaction with various stakeholders the practitioners from Macedonia could get insights on the changes and improvement in the health facility due to the Sajhedar intervention and could witness it through the case of revamp of the Karwahi, Primary Health Centre – Community action through health. The practitioners were also introduced to the Maternal Health Rights Campaign (MHRC) in Madhya Pradesh and its context, emergence and achievements.



ESE and KHAM (Macedonia) practitioners interacting with community members in Madhya Pradesh during field visit

Besides they could gain knowledge on Community action for Gender equality and Social Accountability in Health as pursued by Dharti organisation and also know about the work towards health rights of the marginalised community of the Dalits

### ***Learnings***

Following the field visit, the FLE culminated in a de-briefing session in Agra, where the practitioners shared and discussed their learnings from visit. The practitioners from Macedonia outlined that they could relate to the community monitoring experiences as carried out by CHSJ along with its partners and some processes were similar to the community work pursued by them in Macedonia. Some of the similarities included the process of making score cards, reflection meetings conducted by practitioners and mobilisation process of minority community.

Amongst the new things they learnt about from the CHSJ interventions included the community charter, social charter. Besides this, they found the stories of change inspiring as reflected by the animators after getting involved with the Sajhedar intervention. The ESE and KHAM representatives outlined that the level of group empowerment and ownership as expressed by the animators was indexical if sustainability of the intervention. Zoran from KHAM observed that the biggest difference they could observe in the Sajhedar intervention was that the leadership was involved in the accountability processes relative to the Roma case where Roma leadership does not take interest in the accountability processes.

The practitioners from ESE Macedonia and KHAM outlined collectively that the experience had been enriching and it was interesting to learn about the social accountability as practiced in the tribal context of Madhya Pradesh for marginalised communities through the Sajhedar intervention.

