Participatory research: shaping the process and pathways to UHC

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Principles

- Knowledge is a collective action mediated by specific social, economic and political contexts.

- Social order (class, race, ethnicity, income) and power, favor or exclude some populations from the benefits of knowledge.

- An ethical imperative: to oppose exclusion by supporting knowledge production of marginalized populations and their access to existing knowledge

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- Knowledge is produced by many people through many different types of interactions

- Ordinary people also interact and also produce knowledge

- Citizens affected by inequities actively participate in data gathering, analysis and in debating policy reforms and monitoring their implementation

Participatory knowledge approaches

- Systematize local experience and organize shared collective analysis on relationships and causes of problems

- Links such analysis to reflection and action, organizing shared experience to generate new learning and knowledge

- People become active researchers and agents of change

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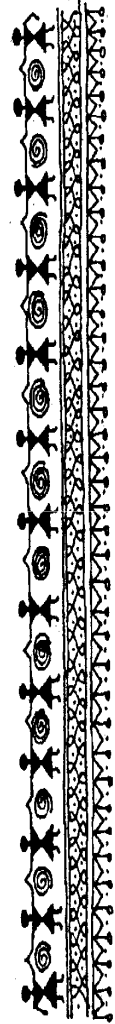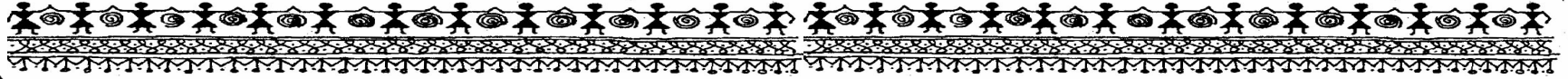
Community based monitoring and planning of Health services in Maharashtra, India

A framework for making public health services accountable

Community based monitoring and planning – an emerging approach for accountability

- **Community members and local activists** identify gaps, issues, priorities for change

- Perspective of **people's health rights** and **accountability of public services** is at the core

- Challenging the hierarchy of power and **moving towards some level of equalization of power**

Key processes in CBM

- *Capacity building* of monitoring committee members through trainings

- Monitoring by committee members through *data gathering and filling report cards* at village, PHC, Rural Hospital levels.

- Based on report cards, *dialogue with health functionaries* (Public hearings or mass dialogue)

- *State level conventions and dialogue*

Pictorial tools for community monitoring

- Monitoring booklet forms
- Village Health Calendar
- Interview format for MO PHC / CHC
- Actual medicine stock taking at PHC/CHC
- Format for Exit interview (PHC / CHC)
- Documentation of testimony of denial of health care

Preparation and display of Report Cards

facilitators **collect data** regarding health services at village, PHC and Rural Hospital level.

Report Cards prepared by them after analyzing data collected from community

Displayed in poster form in the village, PHC and CHC

Public hearings: a forum for dialogue and accountability

- Report cards and cases of denial presented.

- Health officials respond to issues raised by people.

- Actions ordered regarding services at village, PHC and Rural hospital levels

- **Nearly 200 Public hearings organised so far** at PHC, block and district levels

Improvements in health services in CBM areas

- Practice of PHCs **prescribing medicine from private shops has largely stopped**
- Illegal charging and **private practice** by certain medical officers **has now been checked**
- **Frequency of visits** of ANM and MPWs in villages has led to improved village health services in many villages

- Definite **improvement in immunisation coverage**
- Certain non-functional sub-centres, mobile units, lab facilities now started functioning

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East and Southern Africa

-Over 10 years experience, in 20 sites spanning 9 countries

-Health organizations have been working to strengthen community and health system interactions through a Participatory Action and Reflection
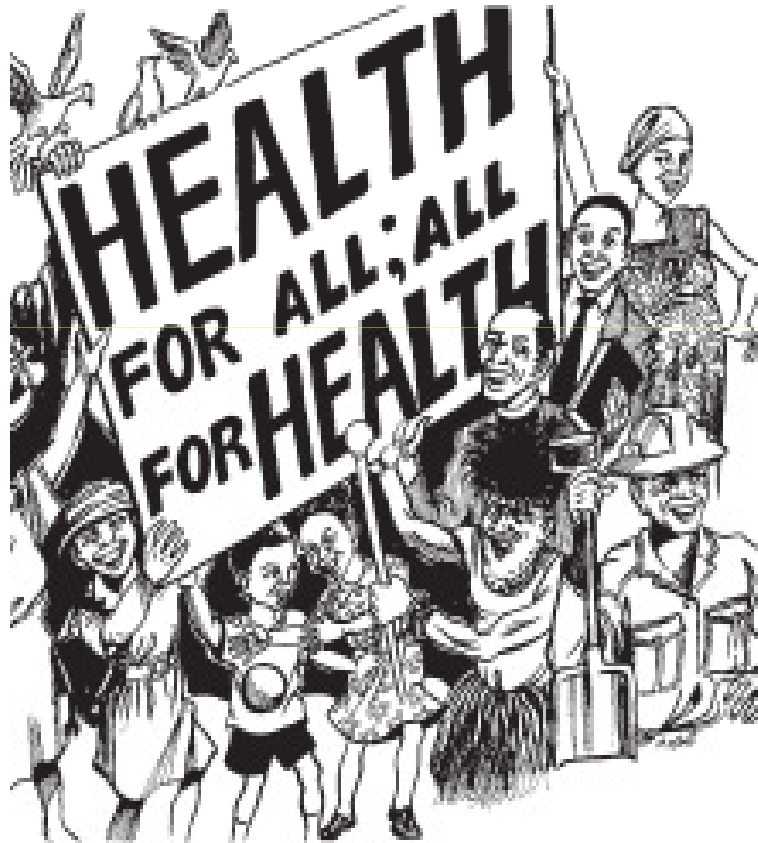
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East and Southern Africa

-Practitioners implement work on various areas of health

-Strengthening mechanisms for community involvement in health planning

-Their work has collectively validated the importance of giving voice to people in health systems

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Health Systems Literacy

East and Southern Africa

RESULTS:

- Improved communication between health personnel and communities

- Enhanced mutual respect and joint analysis, leading to a greater understanding of the barriers to health and strategies for overcoming them

- As people systematize their local experience, they generate knowledge that can lead to collective action

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Guatemala: Country of contrasts

- 5th largest world exporter of coffee and sugar
- 4th place in the world: highest chronic malnutrition in children

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Medical tourism

Deficits infrastructure & HHRR in public sector
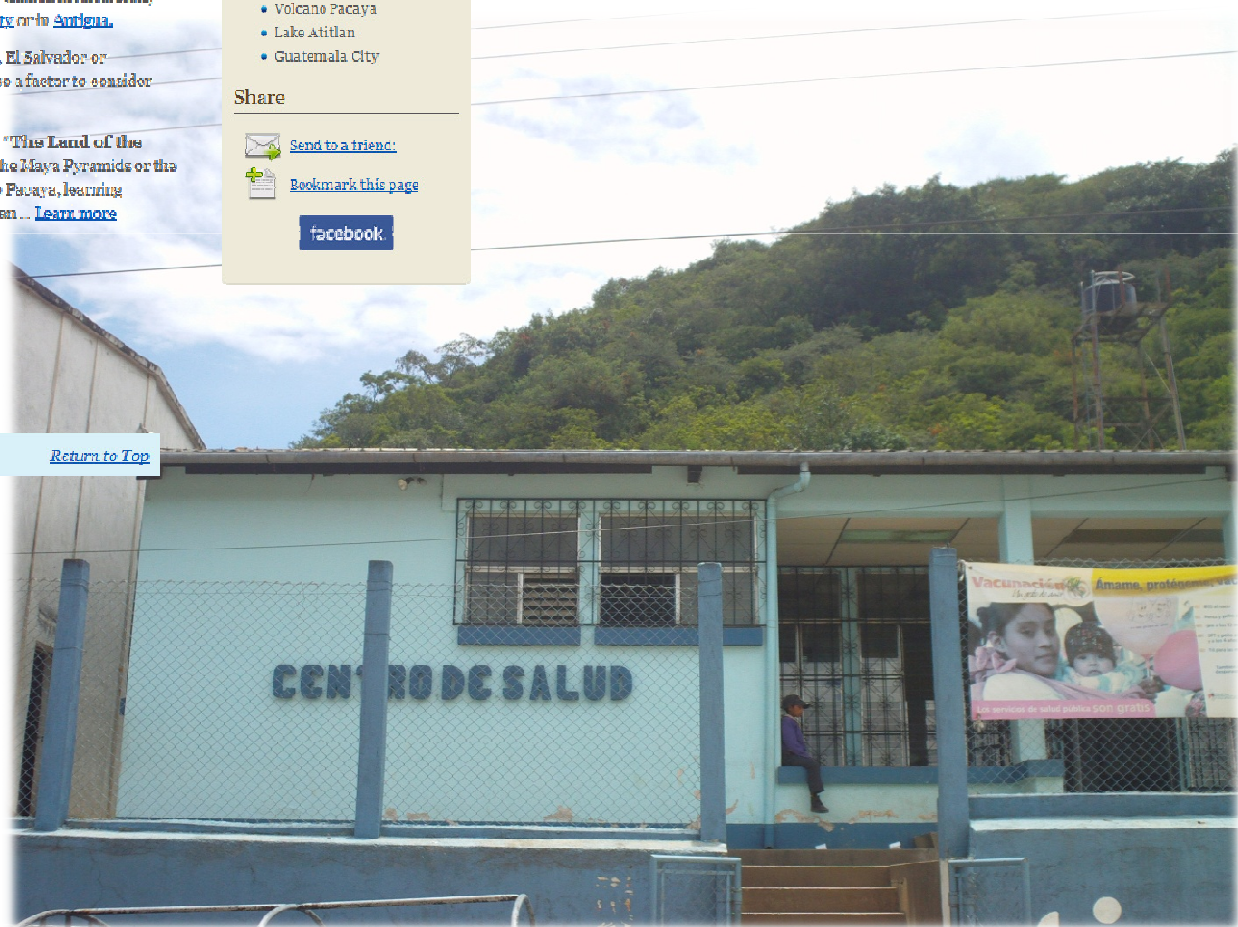
Other inequities:

- Malnutrition in indigenous children (70%) is twice as high compared to non-indigenous children

- Indigenous women are three times more likely to die in child birth than non-indigenous

- Indigenous children are twice as likely to be out of school than non-indigenous children

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War burden

- Armed conflict (1960 to 1996): the most vicious and violent in the American Continent.

- Guatemala's Truth Commission (GTC): 200,000 people were executed or "disappeared"; 1.5 million people were displaced.

- More than 80% of all crimes verified by the GTC affected indigenous people

What is UHC in such context?

- Achieving UHC must be part of a larger effort to redress historical discrimination

- Social empowerment of indigenous population is a key condition to UHC

A PROCESS IN CITIZENS' EMPOWERMENT TO RIGHTS CLAIMING

DIMENSIONS

CHARACTERISTICS

Citizens' political power

Citizens demanding institutional, political and legal reforms

Strong citizens' organizations that engage with government from local to national level

Expand and strengthen citizens' vigilance from the local to the national level

Collective vigilance of public policies y services

Analysis of achievements and lessons learned

Strategic Advocacy by citizens' organizations
Plan and implement community monitoring

Citizens learn about rights and responsibilities

Collective consciousness

Analyze common problems and intervening actions

Asking why the existence of inequity and exclusion

Collective reflection

Individual needs/ individual awareness

Individual reflection/ awareness

PARTACTION RESEARCH

A participatory process to monitor public policies and the health system:

- Based on rights' claiming
- Carried-out by citizens' health boards:
  - Surveying existing services to assess compliance with national standards (drugs availability, medical equipment, human resources)
  - Document cases of families suffering hardship due to unmet healthcare needs
  - Studying barriers to access (transport, discrimination, resource allocation)
  - Submit a report to authorities
  - Implement strategic advocacy to demand changes

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Surveying healthcare facilities

Discussing findings, signing reports

FINAL MESSAGE

- UHC goal must take into account the structural and historical inequities that exists in many countries

- Gaps in coverage also mirror deficits in democracy, political representation, inclusion: UHC within broader goal of sustainable development with dignity

- People's knowledge is key to UHC

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Social mobilization: driver to equitable and inclusive UHC

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THANKS!

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RESOURCES:

www.equinetafrica.org

www.copasah.net

www.sathicehat.org

www.cegss.org.gt