Community of Practitioners on Accountability and Social Action in Health

REPORT OF THE COPASAH ORGANIZED SATELLITE SESSION AT THE SECOND GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH, BEIJING, CHINA

"Community monitoring for accountability in health and its contribution to building equitable and people-centred health systems"

October 31, 2012; 9:00 – 12:00

The session was attended by around 55 persons against the initial expected participation of 35 persons who had pre-registered. COPASAH Steering Committee members present were: Abhay Shukla (Support for Advocacy and Training to Health Initiatives (SATHI), India); Abhijit Das (Centre for Health and Social Justice (CHSJ), India), Ariel Frisancho Arroyo (CARE, Peru); Barbara Kaim (Training and Research Support Centre (TARSC), Zimbabwe) Renu Khanna (SAHAJ, India); Robinah Kaitiritimba (National Health Users/Consumers Organization (UNHCO), Uganda) and Walter Flores (Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (CEGSS), Guatemala).Vinay Viswanatha(Accountability and Monitoring in Health Initiative (AMHI), USA) was not able to travel due to Hurricane Sandy that disrupted the normal life in New York. In keeping with the ethos of COPASAH, the organisers changed the seating arrangements from the formal classroom setting, to an arrangement of chairs in two semi circles.

After a brief welcome by Walter Flores, Barbara Kaim facilitated an Introduction of the participants through a sociogram exercise. This exercise revealed that there was, by and large, a gender balance in the participants. They came from South Asia (including China), Africa, Latin America, a few from Europe and North America. Most were academics/researchers, followed by NGO representatives, one who identified as a donor/government representative, and two from media. Participants seemed to appreciate this interactive method of introductions.

Abhijit Das initiated the substantive part of the session with a brief presentation on community monitoring. Using the example of the Maternal Health Programme in India, with its emphasis on increasing institutional deliveries, Abhijit built a case for Community Monitoring. He argued that the Government of India's method of monitoring the programme through the volume and numbers of recipients of the JananiSurakshaYojna – the conditional cash transfers for institutional deliveries – gave an incomplete picture of the quality of institutional deliveries. Community Monitoring, on the other hand, provided valuable data on the quality of services and the issues in Maternal Health from the users' perspectives. From the Health Systems Research perspective, Abhijit brought in the issue of what kinds of knowledge and evidence are privileged – he emphasised that knowledge based on peoples' lived realities and gathered by the 'people' is as important as the 'objective' evidence generated by researchers.

This was followed by a panel discussion on Experiences of Community Monitoring from India, Uganda and Peru. Abhay Shukla, Robinah and Ariel were the panellists and Renu

facilitated the panel discussion. A six minute video film on Community Monitoring in Maharashtra set the stage for the issues that ranged from a description of the **context** within which these three organisations situated their community monitoring work, the**capacity building and other processes,** the**methods and tools** used, the **challenges** faced and the **lessons learned.**The discussion sharply brought out that the community monitoring models implemented by these organisations were characterised by:

- A focus on marginalised sections of society, enabling them to demand for their health rights by informing them of their entitlements
- Attempting to create mechanisms and processes for dialogue between community representatives and the health system at all levels – the village, PHC, secondary care level, province/district, state, national.
- Continuous cycles of essential steps like systematic data gathering and analysis, compilation into some kind of report cards that are used for dialogue with health systems personnel, redressal and corrective action

After 45 minutes of the panel discussion, the session was thrown open for questions and comments by the audience. The next 75 minutes brought in rich perspectives from the floor through five rounds of questions/comments. A sample of these is as follows:

- Is democratic context a precondition for community monitoring? What are some of the other preconditions, if any?
- What can be the role of academics and researchers in the efforts for community monitoring?
- How can sustainability of community monitoring be ensured?
- How are private providers brought into the realm of community monitoring?
- How do you balance expectations from the community?
- You described community monitoring at local levels – what is the relationship with international accountability mechanisms for human rights?
- How do you inject this evidence into global forums?
- What are the implications of bringing together health workers with community representatives? How do power relations play out?
- How can less literate, marginal members of even marginalised communities participate in community monitoring? People living with disabilities, the survivors of mental diagnosis, and survivors of violence....?
- You described community monitoring efforts for health services? How can we make community monitoring multi sectoral?

Since there were many in the audience from the research community, a long discussion ensued on the role of academics in making a paradigm shift to transforming what can be defined as measures of success for such efforts. Academics and researchers could play a very valuable role in documenting community monitoring experiments, in including them as a legitimate form of health systems research in their teaching as well as research efforts. The role of peer reviewed journals was mentioned – how could this kind of literature be published in the Lancet, for instance? This would then increase its legitimacy.

The rich and animated discussion that ensued after the panel discussion resulted in the organisers' changing the original plan of the session – instead of the World Cafe format on important issues (context, principles and approaches, tools and methods), open discussion was allowed to go on.

The last 30 minutes were spent on an introduction to COPASAH- its genesis, vision and mission, activities and resources including the website (www.copasah.net). The brochure/flier was distributed along with the Community Monitoring in Maharashtra pamphlet (Annexure 4 and 5). The website could not be shown unfortunately because of a lack of connection to the website. Participants were also told about presentations by COPASAH SC members at the symposium.

The feedback from participants was very appreciative. Richard Horton 'This will probably be the most relevant session of the entire symposium', MaitrayeeMukhopadhyay'This session was really inspiring'. Bjorn Palsdottir'How can we forge links between what we do in the Training for Health Equity Network and the Community Monitoring practitioners?'

LIST OF PARTICIPANTS

Sl. No.	Name	Country	Organisation
1	BjorgPalsdottir	Belgium	Training for Health Equity Network
2	MasumaMamdani	Tanzania	Ifakara Health Institute
3	Peter Kamuzora	Tanzania	University of Dar es Salaam
4	DevedeClutama	Tanzania	Muhimbili University
5	Moses Tetul	Uganda	Makerere University ,School of Public Health
6	BiswanathBasu	India	West Bengal Voluntary Health Association
7	Jane Stephens	UK/Nepal	Green Tara Trust
8	Elaine Byrne	Ireland	Royal College of Surctedns in Ireland
9	NanditaThatte	USA	USAID & George Washingtion University
10	MorankarSudhakar	Ethiopia	Jimma University
11	EddaCostarelli	Libiya	European Union Delegation to Libya
12	Rakhal Gaitonde	India	SOCHARA
13	Abubakar, Amine	Nigeria	FCI

Sl. No.	Name	Country	Organisation
14	Fatima Adamu		Health Partners Intematn, Nigeria
15	Charlyn Goliath		Stellenbosch University, South Africa
16	Anna-KavinHurtig		Umea University, Sweden
17	Jens Byskov		
18	Stephen Maluka		University of Dar Es Salam
19	UnnikarisHnan.P.M		United Nations University
20	Michael Humes, Jhu		United States
21	Richard Hirton		Therlunut/Terg
22	PololaMosquene		Umea University
23	Alison Hernandez		Umea University
24	AnthongZwi		University of New South Wales, Sydney
25	Maria May		BRAC
26	Michelle Van Velthoven		Imperial College London
27	HildegaldaP.Mushi		Ifkara Health Institute
28	Gloria Sikustahili		Ifkara Health Institute
29	XuAijun	China	Nakjing University of Chinese Medicine
30	Li Li	China	Harbin Medical University
31	Jessica Martini		University Libre de Bruxelles
32	ShahidulHoaue		ICDDR, B
33	MarjolemDieleman		Royal Tropical Institute
34	Kevin Pottie		University of Ottawa
35	Ravi Narayan	India	SOCHARA/PHM
36	TraucoisSobela	Burkina-Faso	APOC/Wtto

Sl. No.	Name	Country	Organisation
37	Saroj Sedalia	India/Bangladesh/USA	AMDD (Columbia University)
38	Kate Ramsey	USA	AMDD (Columbia University)
39	Baorong Yu	China	School Of Insurance And Economics
40	Qiaoqin Wan	China	Peking University, School of Nursing
41	MigvelCeccarelli	Peru	Universidad PervanaCayetavo Heredia
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43	BamikafeFeyisetan		E2A Project, Washington, DC
44	SharmilaMhatre	Canada	IDRC
45	ChizobaWonodi		IVAC
46	Asha George	USA	Johns Hopkins School of Public Health
47	Natalie Eggermont	Belgium	