Theme: Community Action for Health Rights

As a health policy resource centre, Centre for Health and Social Justice (CHSJ) works actively with public health systems and with the community to improve both the health systems and health outcomes in India. CHSJ was the technical anchor for communitisation process under the National Rural Health Mission (NRHM) that included piloting of community monitoring of health services in nine states of India during 2007-10. CHSJ, starting from 2007, has acted as the National Secretariat coordinating the Community Based Monitoring (CBM) of health services program in more than 1,600 villages spread across nine states in India, probably the biggest of community monitoring initiatives globally. In addition to providing technical and coordination support in the overall process, CHSJ was involved in the development of implementation framework, training manuals and plans for successfully implementing CBM in India. CHSJ has also been providing spaces and opportunities, through other independent initiatives, for the community members to directly interact and dialogue with health policy makers, managers and providers in many Indian states. The experiments and experiences gained are physically and virtually available to practitioners in India as well as across the globe.

A village men's group was formed to address issues of maternal health in their village, and to understand the social norms that maintain the inequality between men and women. The men were taken on a visit to understand the process of a Village Health and Nutrition Day (VHND). The men observed that the VHND took place in the open air with no mats or seating for the women and children. Immunisation was the only service supplied - the villagers referred to it as 'tikakaran divas' (immunisation day). The nurse (ANM) came, vaccinated and left. What shocked the men, were the needles being thrown on the ground, rather than being properly disposed. Children were playing with them, trying to poke each other and hiding them in their pockets. This visit was a lesson.

The men went back and had a dialogue with the ASHA (Accredited social health activist) members of the Tadarth Samiti (Village Health Sanitation and Nutrition Committee), where they learned the services they were entitled to through the VHND (such as blood tests, urine

tests and physical examinations; measuring height and weight and blood pressure of the pregnant women; and counselling services to pregnant and lactating women. What was actually available to the community spread across the village, and the community members started discussing them with the ASHA.

The group discovered that a dustbin, drug kit, a small tank for storing drinking water, a jug and glass, a durrie (mat) and some chairs were available using the untied fund. Inspired, even the ANM has improved her service delivery; she regularly brings the hub cutter, BP apparatus, weighing machine, malaria and urine kit, Iron pills and checks the haemoglobin of the pregnant women, gives counselling and conducts follow ups after the VHND. As a result more lactating and pregnant women have started going to the VHND and are being accompanied by their partners.

Area: Consolidating the community of practitioners in accountability and social action in health as a knowledge-generation and dissemination community

South Asia Region workshop on COPASAH

CHSJ is the south Asia region secretariat for Community of Practitioners in Accountability and Social Action in Health (COPASAH). COPASAH is a group of practitioners in the field of community monitoring for accountability in health interact regularly, exchange experiences and lessons; share resources, capacities and methods to strengthen the field, and engage in networking and capacity building among member organisations. The goal is to establish and promote the field of community monitoring that is firmly anchored to processes focused on

community empowerment and active citizenship around health rights and to consolidate a community of practitioners with a body of shared repertoire of resources. This has been undertaken through development, publication and online dissemination of issue papers, case studies and quarterly communiqué; training modules and workshops, exposure visits and targeted technical assistance within India as well has in neighbouring counties of Nepal and Bangladesh. Moreover, the internet based communication platform is active with four separate portals- the website, listserv, blog and facebook. These are being used for disseminating information and facilitating communication and are providing IT support to other regions.

Area: Resource Pack on Community Monitoring

The virtual learning platform is a collation of readings, guidelines, exercises, and examples which are intended to support a grassroots human rights practitioner to adopt new methodologies or improve existing practices. The interactive web based learning platform draws upon the existing practice of community monitoring in different parts of the world to enable practitioners to build their skills. The content generation and pooling various experience based content under a framework for accountability practice for health rights from the practitioners' perspective is a first time initiative globally. The key outcomes have been two fold- resource manual and an interactive web-based platform on community monitoring, which is a set of inter-connected resources and processes which will allow practitioners to engage with co-practitioners as well as use online resources. In the continued phase, CHSJ intends to start live discussions on critical areas of accountability, upload recorded talks/ lectures by key resource persons and allow the practitioners to engage with a large range of learning and sharing processes.

Area: Decentralized Monitoring of Health Expenditures

CHSJ had initiated Community level Monitoring of Health Expenditure in 24 villages in the states of Orissa and Assam. Its current activities taking place include meetings with Gaon Kalyan Samiti (GKS), Rogi Kalyan Samiti (RKS), and Secondary data collection from various stakeholders. A Community enquiry was conducted with mobilization meetings and village health mappings.). The GKS and RKS members are being trained.

Area: Maternal Health Rights Campaign, Madhya Pradesh

One of the aims of the National Rural Health Mission (NRHM) is reduction of maternal and infant mortality rates. Over the last eight years, the health system has undergone many positive changes due to NRHM. The benefits of these improvements are not evenly distributed and there are still deficiencies in the public health delivery system and reported inaccessibility of health servicesto communities in rural areas. Women in need of maternal health services are still dependent on private institutions for these essential health services. As a voluntary initiative CBM was conducted in 12 districts of MP. The data was compiled and shared with the community and led to the "Maternal Health Right Campaign (MHRC)". The larger goal of this campaign is to improve the access of community to maternal health services by improving the public health services. A series of positive steps have been taken by the government functionaries for improving the health service delivery. There has been media sensitisation and follow up by NHM on various incidents of maternal health rights violation. A space for community's voice has been created through this process and has given an impetus to CSOs to make way forward for further cycles of CBM to make health system more accountable.

Jansamwad (public hearing) in MP under MHRC

Area: PACS- Social Inclusion and Health Rights

CHSJ is offering technical support to PACS for a programme on capacity building of the CSOs on social inclusion and health rights. The programme is aimed at initiating health rights advocacy on the issue of social exclusion in health services at the community level as well as provide linkages to existing advocacy campaigns in the work area of PACS, i.e the seven states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh and West Bengal. A rigorous process was undertaken to understand the issues of social exclusion through consultations, field reviews, formulating a capacity building module on perspectives, knowledge and skills in health rights and community based monitoring with a prime focus on understanding and addressing social exclusion. Through the discussions and the capacity building process to the key resource persons of 40 CSOs in the seven states, the community based monitoring (CBM) approach has been adopted to identify and address the concerns of social exclusion and discrimination in health services. State-wise plans of action have been formulated to build up a coordinated action leading to a health rights campaign for social inclusion in each of these states with a possible goal to converge such efforts at the national level.

Group Discussion with community people on issues of marginalisation as part of capacity building on Health rights advocacy on Social Inclusion and Health Rights

Theme: Human Rights and Marginalised Communities

Area: Health Rights and Entitlements of the Socially Excluded Communities

Through the Swadhikar network's Poorest Areas Civil Society (PACS) programme, we work in three districts of Madhya Pradesh (MP)- Raisen, Chhindwara and Betul. Awareness is being created on the entitlements in the National Rural Health Mission (NRHM).

Health Rights Campaign under PACS- Swadhikar

This includes the scheduled caste (SC); scheduled tribes (ST); and other backward classes (OBC) communities. Health Action Groups (HAGs) have been formed at the village level. Monthly meetings are held with HAGs and they are given information on these entitlements. Relationship building efforts of HAGs with service provider are taking place, to facilitate sharing of the health problems of the community.. This will ensure delivery of quality health services to the excluded communities. The trained HAG leaders ensure benefits from entitlements reach the communities through service providers. Stories of change are emerging, and there is reduced discrimination with health service delivery providers, and this is being shared with governmental functionaries.