

Centre for Health and Social Justice

Theme: COMMUNITY ACTION FOR HEALTH RIGHTS (CAHR)

Half Yearly Report: April - September, 2014

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. Starting from 2007, CHSJ 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.

Domain: Networking Community of Practitioners in Accountability and Social Action in Health (COPASAH)

COPASAH is a community platform where practitioners in the field of community monitoring for accountability in health interact regularly and engage in exchanging experiences and lessons; sharing resources, capacities and methods through the production and dissemination of conceptual, methodological and practical outputs towards strengthening the field; and in networking and capacity building among member organisations.

Major Activities

- Editing, formatting and designing of COPASAH commissioned case study- Women in the lead: Monitoring health services in Bangladesh. This study was an output of collaboration between COPASAH and Naripokkho, Bangladesh.
- A CEGGS narrative report for the reporting period between September to March, 2014 was prepared
- Gujarat COPASAH workshop report was edited, formatted and uploaded on COPASAH
- A report on Facilitated Learning exchange Visit- 2 held in January from 22-24, 2014 in Tumkur, Karnataka with THAMATE as the host organization was compiled, edited, formatted and uploaded on COPASAH
- One day meeting of COPASAH members termed as COPASAH Accountability Lab was held. The documentation for the COPASAH Accountability Lab was also done.
- Preparatory activities carried out for Global Symposium on Health System Research (GSHSR) symposium at Cape Town held from September 29- October 3, 2014 included:
 - Submission of abstract for GSHSR Symposium
 - Two posters were conceptualized, designed in-house and printed for the symposium
 - Compilation, editing and designing of the eighth edition of COPASAH Communiqué, which was printed to be disseminated to participants at the GSHSR symposium
 - Designing and printing of two banners
 - COPASAH Knowledge Key (resource repository) of the COPASAH knowledge products- the knowledge products, reports, manuals, toolkits and audio-visuals pertaining to community monitoring practice from different regions were compiled in a pendrive
- Sixth, seventh and eighth (special) edition of the COPASAH Communiqué were compiled, edited, designed and published. In addition, the eighth edition of COPASAH Communiqué was printed to be disseminated to participants at the GSHSR symposium



**Facilitated learning Exchange visit -3
Nagpur under COPASAH**

Facilitated Learning Exchange Visit-3 at Nagpur, Maharashtra was conducted from September 18 – 20, 2014. A short summary report was prepared and shared with the participants and on the COPASAH listserv

- Screening of COPASAH at various platforms- the COPASAH website was screened to over 150 CSO staff in seven states with a view to encourage membership and to introduce the various features, components and reading material. Virtual meeting for COPASAH Youth Platform was held on May 24 2014 and 13 participants took part in the discussion.

Future Plan

- COPASAH-III proposal- compilation and drafting of the final proposal for submission
- Implementation of detailed plan and proposal for AV and small grants workshop and hold the AVF workshop as a Photo voice

Domain: Capacity Building- Resource Pack on Community Monitoring

Resource Pack is a 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

Major Activities

Virtual Learning Platform

- Review, categorization, referencing and introductory briefs of the online resources/ links uploaded on the website
- Exploring other websites and online learning platforms.
- Brainstorming and discussions on new ideas for website redesign.
- The resource pack manual is under content revision, language simplification and copy editing

Dissemination

- The web-resource was screened to over 120 CSO staff, who participated in training workshops of allied projects conducted in seven states of India- Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh and West Bengal.
- A sub-group on COPASAH Google group titled COPASAH India group was also created to facilitate discussions among practitioners in local language.

Review by Website Design Expert

The review was aimed at critical appraisal of the learning resource from the perspective of the social accountability practitioners with positive suggestions for improvement in the web-design, content and layout. An independent technical expert was engaged for the purpose within the objectives of the learning resource and with focus on its relevance, effectiveness and quality of content including practical suggestions for its improvement.

Newsletter

- The sixth edition of COPASAH Communiqué was published in June, 2014. The newsletter is available at <http://www.copasah.net/january---march-2014.html>
- The seventh edition of COPASAH Communiqué was published in August, 2014. The newsletter is available at <http://www.copasah.net/april---june-2014.html>
- The special (eighth) edition of COPASAH Communiqué was published in September, 2014.

Accountability Lab

With a view to provide continued support and inputs to the community monitoring practitioners, a one day meeting of COPASAH members who participated in the Mumbai and Delhi COPASAH workshops was organised at Centre for Health and Social Justice (CHSJ), Saket, Delhi on April 22, 2014. Thirteen participants from six states of India including Bihar, Delhi, Karnataka, Madhya Pradesh, Odisha and Rajasthan participated in this meeting. During the meeting a seminar titled 'Critical Accountability Issues for Practitioners of Accountability in Health' was also organised.

More details are available on:

http://www.copasah.net/uploads/1/2/6/4/12642634/copasah_communique_apr_-_jun_2014.pdf (Page 12-13 and Page 3 respectively)

Innovative inclusions in the resource pack

A seven day training module on community based monitoring with social inclusion and health rights perspective has been developed and uploaded on the website as an additional component (<http://www.copasah.org/training-module.html>).

Domain: Community Intervention for Accountability (SAJHEDAR PROJECT)

Partnership for Community Action in Health (Family Health Campaign: Accountability for Change in Madhya Pradesh)

The Sajhedar project being carried out by CHSJ in two districts of Sidhi and Morena in Madhya Pradesh is facilitating the process of gendered accountability of men towards family and maternal health. The process aims to sensitize men and empower them as responsible and gender-sensitive partners so that they would be accountable for family and maternal health needs. It also aims that they would equally engage with the health providers to elicit accountability and responsiveness for better maternal health services.

Major Activities

- Technical support to facilitators was provided besides developing an understanding on health amongst animators



Community members discussing the citizens' charter

- The social and citizens charter were implemented at the grassroots level
- Formats were prepared to collate information on PHCs, Arogya Kendras and Village Health and Nutrition Day (VHND)
- Community based monitoring process was carried out for Arogya Kendras and VHND besides preparing report cards
- Information from 27 villages was obtained on the institutional and home based deliveries
- Monitoring of the irregularly functioning Karawahi PHC was done
- A Video documentation was undertaken on the change in the men folk after gaining information on health related issues in the meetings and reports were also prepared accordingly

Key challenge

- The key challenge while carrying out the activities was time shortage as groups members in villages were not available readily for meetings
- The meetings with the members of the health action groups had to be carried during night time most of the time
- Resistance from health service provider in Karawahi PHC has been a major challenge

Outcomes:

The activities led to some positive outcomes:

- It led to final development of social and citizen demand charter which was pasted at different public locations across 15 villages
- It led to increased capacity of animators on the issue of health and inspired by the information gained many animators volunteered to get male vasectomy done as a measure for family planning. Many animators have started taking responsibility of household chores with the spousal partners
- A charter of demands prepared after gathering information on the malfunctioning PHC at Karawahi and signed by persons from across 15 villages was submitted to district collector
- It led to qualitative improvement in the services at five Arogya Kendras out of 15 villages
- Good quality nutrition supplements were provided to children in five villages after intervention of animators and group members



Men counterpart taking responsibility of household chores

Future Plan

Premised upon the activities carried out in the past six months it is proposed under the project to carry some significant activities further such as:

- Proceed with follow up of the first phase of CBM and Initiate preparations for second and third phases of CBM
- Operationalise the demands charted out in the social and citizens charter
- Capture the change in animators in past two years through medium of formats

- Document the different phases of the processes of CBM (through video clippings, audio, case studies and stories of change)
- Document the case study of Karawahi PHC in a detailed and chronological manner while capturing the changes before intervention of CHSJ, pre NRHM phase and post intervention phase

Domain: Advocacy Campaign - Maternal Health Rights Campaign (MHRC)

Maternal Health Rights Campaign (MHRC) is a state level autonomous network in Madhya Pradesh (MP). Various groups and civil society organisation in 18 districts of MP are integral part of the network. Community Based Monitoring (CBM) on maternal health services was carried out in all these 18 districts. The information gathered from the CBM process was further analysed and then shared with various health department government officials in district and state level Jansamvads (public hearings). MHRC is now working as a state level advocacy platform on maternal health. The process of second round of CBM will start soon. State level advocacy would be done. The following work has been done in the past six months under the MHRC network.

Major Activities

Reach of MHRC to national level networks: MHRC has been working in MP along with other national level networks and has become an integral part of them. MHRC is working as a member of NAMHAR, as national level network on maternal health. It has started working closely with Common Health, a national level network working on maternal deaths.

Networking with state level networks: MHRC has been associated with other state level networks such as MP voluntarily health association and PACS for last few months. MHRC has also playing an important role in building capacity of various networks on maternal health issues.

Advocacy-District Level: The main purpose of MHRC is to ensure maternal health rights for the socially excluded communities. Under it various letters and complaints have been sent to the district collector, CMO and health minister on maternal deaths in Shahdol district of MP.



Community members sharing health services related grievances during public hearing

A District level Jansamvad has been planned in Chindwada over a malfunctioning Primary Health Centre (PHC). Member organisations of the network are gathering more evidence on the irregularities at the PHC. A follow up is being carried on maternal deaths in Annupur and Satna districts.

State Level: State level advocacy is continuing in the form of follow up with various officials of health department.

Right to Information: Various RTIs have been filed to gather data on maternal deaths in the state.

Documentation:

- A vision document has been prepared in consultation with members of the network.
- A brief note was prepared to strengthen the understanding of members on maternal health rights.
- The tools on PHC, SHC, VHND, Maternal health and social exclusion for second round of CBM have been prepared.
- Survey format for CBM has been prepared.
- Newspaper cuttings on the news regarding activities of CBM under MHRC and public hearings and other media information are constantly being gathered.

Documentary: A video documentary of state level Jansamvad was prepared and is being showcased at various platforms.

Case Story: Various case stories of discrimination and success stories are being gathered to evaluate the status of maternal health in the state.

Domain: Capacity Building Social Inclusion and Health Rights- Capacity Building for Health Rights Advocacy

Centre for Health and Social Justice (CHSJ) along with the Poorest Areas Civil Society (PACS) was involved in capacity building process of 48 Civil Society Organisations (CSOs) in seven states including West Bengal, Odisha, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand and Uttar Pradesh. The process of capacity building was completed successfully in two phases during the past nine months from January- September, 2014. The focus of the capacity building was on Social Inclusion and Health Entitlements. The process of capacity building started by obtaining information on different organisations and their needs for perspective building, knowledge and skill building around the issue of health rights and social inclusion.

Further steps taken include:

- Desk review of 48 CSOs was done as a background for understanding the context
- Field reviews of six organisations in 3 clusters i.e. Bihar-Jharkhand, Chhattisgarh-MP and Uttar Pradesh were carried out
- Four one day consultation meetings, one in each cluster were conducted
- Training health needs assessment of 30 CSOs was done in 4 clusters- West Bengal- Odisha (6 organisation, Madhya Pradesh- Chhattisgarh (4 organisations), Bihar- Jharkhand (10 organisations) and Uttar Pradesh (10 organisations)
- Organisation profile socio-economic and geographical context was also understood in the process and field review was done in three clusters (two organisations in each clusters)
- Training modules on social inclusion and health rights were prepared and printed. The modules were also translated into Hindi, Bengali and Oriya and printed in these regional languages

- Tools for community monitoring were tested, modified and translated. These tools were prepared for CBM at PHC, sub-centre, maternal health and social exclusion. These tools aimed to understand the service delivery and discrimination in access to services. These tools were also translated into local languages Report Cards were prepared based on the analysis of information gathered utilising the tools in the field.



Group exercise being held during Phase- I training

- In the Phase-I two days thematic training on social exclusion and health rights was conducted in all the four clusters during June, 2014. The overall objective of the Phase –I, thematic training was to build a perspective of right to health care in the local context of health and health care in various

states. Besides, it aimed to facilitate relating these perspectives of trainees to the experience of social exclusion in health, the status of access to health entitlements and to understand how the public health care system is meeting these needs. After building a preliminary understanding of health rights perspective it aimed to draft a plan to mobilize communities for understanding community health needs, the functioning of the public health care system to meet the health care needs of the marginalized communities.

- In the phase II, in July- August, 2014 five days training on health rights and social exclusion was conducted in all four clusters. The Phase –II training premised its focus on knowledge and practical skill building. The objective of the Phase-II training was to develop capacity of participants to analyse the



Group discussion during Phase -II training

context of discrimination and social exclusion and identify the gaps in the realisation of health rights. It sought to build the capacity on community monitoring on health as a medium for advocacy on health rights. Besides it aimed to facilitate drawing up of an action plan towards addressing entitlement gaps and issues of discrimination in accessing health services.

- Nearly 150 participants attended both the trainings. The tools for field inquiry were also used in the process and critical health issues in respective clusters were identified.
- After the two phase training, a two days national consultation was held in Delhi on September 4-5, 2014 on the theme of “Addressing the Challenges of Social Exclusion through Community Action for Health.” The focus of the consultation was to discuss in detail the issues of social exclusion in community based monitoring. Public health experts and activists shared their views on social exclusion. About 120 participants attended the meeting from seven states of India. The different themes of social exclusion such as Gender, Caste, Religion and Tribe were discussed in group discussions.

Future Plan:

Bringing out the CBM plan by CSOs in all 4 clusters:

The national level consultation charted out the way for CBM across the states and the participating CSOs drafted the CBM plan as:

- At least two rounds of CBM at PHC and Sub Health Centre in one year time frame in all clusters
- Hold district level and state level Jansamvads
- Total coverage is : Districts-57, Villages-1215, Wards-332, CHC-11, PHC-93, Health Sub Centre -128, Sadar Hospitals-3, Maternal health-1079 and Social discrimination-1082

Reports

- Detailed reports of the seven days capacity building process for all four clusters were prepared
- Detailed report of the national consultation held in Delhi was also prepared

Key Outcomes

- Module on health rights and social exclusion was developed
- Tools on social discrimination and maternal health were developed
- Exposure to various terrain
- Opportunity to understand the diversity of the issues of social exclusions

Learning

- It led to more clarity on the issues of social exclusion
- Learning from the process of module and tool making
- Deeper and a broader understanding was developed on social exclusion
- Team leadership building

Challenges

- How to take forward the work in the respective clusters after the process of capacity building role is over
- How to engage further with the organisation on their plans made during the process of capacity building and consultation.

Domain: Community Intervention – Health Rights and Entitlements of the Socially Excluded Communities (SWADHIKAR)

The aim of Swadhikar network is to work towards non-discriminatory access to health rights. The main objective is to ensure the health rights of socially excluded communities. Under this project, CHSJ is working in three districts of Madhya Pradesh namely Chindwada, Betul and Raisen with schedule castes, schedule tribes, Muslims and backward communities. CHSJ is disseminating information, awareness and building the capacity of communities on the provision provided to people under NRHM. CHSJ is mainly providing technical support to the partner organizations. The aim is towards building a synergy amongst the health service providers and communities to solve the health problems of the village. Organising health dialogues is a step towards building this synergetic relationship.

Major Activities

Community Based Monitoring Report

Community based monitoring was carried out in all three districts to take the account of condition of health services. Under the CBM process, information was gathered on VHND, JSSY, JSY, other health services and RKS. The analysis of JSY was done by CHSJ. The analysis reflects that 91 percent of women have received cash back facility under JSY, 79 percent women faced problem in getting the cash back facility and 5 percent had to pay informal cash(bribe) in order to get the cash facility under JSY.

Capacity building of Health Action Group:

CHSJ conducted workshops to build the capacity of Health Action Group (HAG) members in the three districts. The purpose of these capacity building workshops was-

- To enhance the knowledge and understanding of HAG members on the provisions under NRHM
- To build the leadership capacity in HAG members so that excluded communities especially women can demand their health rights.
- To build the capacity on group operations so that they can handle their groups in better ways



Members of HAG participating in an activity at a capacity building workshop

Capacity Building of Health Service Providers:



Health service providers participating in a capacity building workshop

CHSJ held one day orientation workshop with the health service providers and NRHM committee members. The purpose of the workshop was to ensure the reach of socially excluded communities to health services. Two such workshops were conducted, one each in Chindwada and Betul district. The focus of these workshops was to

sensitise the service providers towards the health rights of socially excluded and to have a better coordination and helping attitude among HAG leaders and NRHM committee members.

Helping the Partner Organisation in Making Work-Plans:

CHSJ helped the partner organisation in three districts' to chalk out their detailed plans. This would help them to work efficiently to ensure that they work more effectively towards ensuring health rights of socially excluded.

Sharing Information:

CHSJ has constantly shared information with the partner organisations on maternal health, and other themes such as bleeding and complications during pregnancy and government health policies.

State Level Alliance Meeting:

A meeting of the Madhya Pradesh state level networks and organisation was held on August 6, 2014 in which around 15 took part. Plan for health rights of women from excluded community was prepared in the meeting. This plan would be implemented through the process of CBM.

State Level Health Meet:

A state level health meet was organised by Swadhikar. Participants from 15 districts took part in the meet. The purpose of the meet was to strengthen the maternal health services in Madhya Pradesh. The utility untied fund for Scheduled Caste/Scheduled Tribe was also discussed as an important agenda in the meet.

Domain- Research and Writing

The thematic area of research and writing is cross cutting across projects:

Key Activities:

Reports:

- Consultation, training needs assessment and desk review reports were prepared under the collaborative project of CHSJ and PACS
- Reports for Gujarat COPASAH workshop was compiled and edited
- Report of the Facilitated Learning Exchange Visit (FLEV-II) under COPASAH, visit to Tumkur in Karnataka with THAMATE as the host organisation was compiled, formatted and edited
- CEGGS narrative report was prepared
- National consultation and curriculum development for PACS
- COPASAH accountability lab work report was prepared
- Training reports of PACS – Phase I –II, were compiled
- Report of Bhopal Jansamvad report under the Maternal Health Rights Campaign (MHRC) was compiled, edited
- Report for 'National Consultation Addressing the Challenges of Social Exclusion through Community Action for Health' jointly organised by CHSJ and PACS on September 4-5, 2014 in New –Delhi, was documented, compiled and edited
- A summary report of FLE 3- Nagpur (Maharashtra) was compiled
- Monthly CAHR report for CHSJ website was compiled

Case Study:

Women in the lead – Editing and formatting of a COPASAH commissioned case study- Women in the lead: Monitoring health services in Bangladesh. This study was an output of collaboration between COPASAH and Naripokkho, Bangladesh.

PAPERS

- Two abstracts of papers were submitted for a symposium on global health governance in JNU
- Two papers one as poster and the other for oral presentation were written as well as presented for a global health governance symposium in JNU. The poster paper was titled: 'Influencing self- governance through community monitoring: Case study of evidence based monitoring and dialogue with the health service system in Madhya Pradesh, India. The paper for presentation was titled, 'The Engendered Accountability for Responsive Health Governance: Case study of Adivasi men in Madhya Pradesh organised for change in their gender based power relationship with women and for demanding accountability from the health care system for better maternal health entitlements'

Newsletter – COPASAH

- Articles for sixth, seventh and eighth newsletter COPASAH communiqué were compiled and edited