

COPASAH SOUTH ASIA ICT WORKSHOP

January 8-10 2015

**Venue- Bhopal, Madhya Pradesh
India**



COPASAH South Asia ICT workshop

Coordinated by: Centre for Health and Social Justice, New- Delhi, India,

Under COPASAH AV Small Grants

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Abbreviations

AGCA- Advisory Group on Community Action

BHMO-Block Health Medical Officers

CBM- Community Based Monitoring

CBMP- Community Based Monitoring & Planning

CHC-Community Health Centre

CHSJ- Centre for Health and Social Justice

COPASAH – Community of Practitioners on Accountability and Social Action in Health

ICTs- Information Communication Technologies

JSA-Jan Swasthya Abhiyan

JSSK – Janani Shishu Suraksha Karayakram

JSY –Janani Suraksha Yojna

MO-Medical Officer

NHRC- National Human Rights Commission

NRHM – National Rural Health Mission

PHC- Primary Health Centre

VHND- Village Health Nutrition Day

VHSC- Village Health Sanitation Committee

Executive Summary

With a view to facilitate grass root community practitioners to strengthen the community based monitoring (CBM) work by using technology, a three day capacity building workshop, of Community of Practitioners on Accountability and Social Action in Health (COPASAH) South Asia -Innovative Use of Information Communication Technologies (ICTs) for Community Monitoring to Enhance Health Rights of the Community was held from January 8- 10, 2015 at Bhopal in the state of Madhya Pradesh in India. Nearly 30 grass roots practitioners from six different linguistic states of India including Gujarat, Karnataka, Tamil Nadu, Maharashtra, Uttar Pradesh and Madhya Pradesh participated in the workshop. It aimed to enhance the skills of practitioners and develop tools, thematic innovations, new constituencies for accountability practice in health using technology. The goal was to facilitate strengthening of the processes of social accountability practices and to strengthen the existing community of practitioners to innovate in community monitoring practices especially with the use of technology, while using Photo-Voice as the primary methodology. The value addition aimed to the traditional Community Based Monitoring through this three day workshop was capacity building of practitioners, as a move from theory to practice in learning use of technology to document evidences for accountability and social mobilization. The first day of the workshop focused upon knowledge and perspective and skill building where the practitioners were facilitated by resource persons in broadening the vision on community based monitoring and Photovoice methodology. The participants were also facilitated to engage with audio visual tools and technology such as photography, video cameras, video clippings from cell phones and other media tools such as SMS, website, blogs, face book etc. The second day focused more upon technical sessions along with practical work where the participants were engaged in using technology as well focused on how dissemination of the technology inputs learnt during the technical session skill could be done. The focus in the workshop was on innovation and group (collaborative) work in the

workshop. To further facilitate sharing of innovative practices of monitoring, accountability information, evidence documentation using Innovative Use of Technologies (ICTs) and facilitate peer learning, COPASAH groups (social media-facebook) of community practitioners including that of Karnataka, Tamil Nadu, Uttar Pradesh and Madhya Pradesh were also created on the second day. Maharashtra already had a group existing on Community Based Monitoring and Planning (CBMP), so a new platform was not created for the state. The group of practitioners in accountability formed in each state consists of collective of organizations working for social accountability. Created with an aim to assist grass root community practitioners to strengthen the community based monitoring work by using technology, these groups on social media will be used to share community based monitoring innovative practices, knowledge, information, evidence documentation using Information Communication Technologies (ICTs) techniques and methodologies such as Photo voice, video clippings, photo stories, photos with stories and other methodologies. These groups will be linked to global COPASAH network to facilitate inter- state sharing as well a wider sharing and peer learning amongst practitioners on the global COPASAH platform.

The final day focused upon the way forward and working upon the plan of action. Prior to the workshop proposals from the states on the current work and how the groups would like to use the ICTs were also invited. In the workshop the proposals were fine-tuned and a focus theme was chosen by the state groups in the workshop to work further- from January- April , 2015) within which they will use ICT innovation and develop a final AV product. The theme chosen in states include the following:

- Health rights of Dalit - Manual scavenging and Safai Karmacharis (sanitation workers community) -Karnataka
- Functioning of committees (Anganwadi committees, Gram Panchayats, and school management committees)-Tamil Nadu
- Sanitation and hygiene in Primary Health Centres(PHCs) – Maharashtra
- Access to ante-post natal care and referrals -Madhya Pradesh
- Quality of care in maternal health service -Uttar Pradesh

- Quality of maternal health care – Gujarat

As all members of the Gujarat team could not be available for the workshop the tentative theme indicated by the Gujarat team was to focus upon quality of maternal health care. It discerned that the groups would primarily use Photovoice methodology for evidence generation on the chosen themes. In addition they will select either a video or audio medium to supplement the same. They will hold engagement with the community as well as health providers using the evidence and media platforms. The photovoice product, AV product will be submitted in its completed form in March 2015 by the groups along with a final report on the process. The e-learn resource on CBM was also screened at the workshop and practitioners. The participants from six different linguistic states in the workshop expressed in unison that the workshop had aided them with the knowledge of technology use in CBM and emphasised upon series of workshops for continuum.

COPASAH South Asia -ICT workshop Proceedings

Day I- January 8, 2015

Context Setting and Perspective Building -I

The three day Community of Practitioners on Accountability and Social Action in Health (COPASAH) -South Asia capacity building workshop on Innovative Use of Information Communication Technologies (ICTs) for Community Monitoring to Enhance Health Rights of the Community was held at Gandhi Bhawan in Bhopal (Madhya Pradesh) in India from January 8-10, 2015. The workshop focused upon the use of technology to strengthen Community Based Monitoring (CBM) in health and the ways to document evidences using technology in CBM and disseminate information through different platforms. COPASAH practitioners from six different linguistic states of India of Uttar Pradesh, Maharashtra, Madhya Pradesh, Gujarat, Tamil Nadu and Karnataka participated in the workshop.

Goal of the Workshop

The three day workshop intended to strengthen the community based monitoring work by using technology. Grass roots practitioners from six different states were invited in the workshop to enhance skills and develop innovations, tools, thematic innovations, new constituencies for accountability practice in health using technology. The goal was to facilitate strengthening of the processes of social accountability practices and to strengthen the existing community of practitioners to innovate in community monitoring practices especially with the use of technology.

Specific Objectives

- To encourage young people to do innovative thinking, to energise practitioners and to explore new issues and constituency for accountability and community monitoring practice with the effective use of technology at the community level'
- To build the skills of young practitioners in using technology for Community Monitoring in health

Introductory Session

The first day started with a round of introduction by the participants, where Lavanya Mehra, from Centre for Health and Social Justice (CHSJ) suggested that the participants should reflect upon their association with COPASAH and how they are involved in Community Based Monitoring (CBM) while introducing themselves. She also suggested that in order to facilitate a better shared understanding the participants should keep on changing their positions in the three day workshop and mingle along with other participants from different states. She outlined that CHSJ has been a key anchor along with other organizations in formulating; designing the ICT related platforms of COPASAH including the Google groups, website, listserv and facebook platform for the South Asia region since the time when the genesis of COPASAH

was being talked about in 2011. She added that the web presence of COPASAH is such that it is an equally owned network by different organizations. Following the introductory round by the participants and their association with CBM work,



Participants introducing themselves in the introductory round at the workshop

the objectives and schedule plan for the three day workshop was deliberated upon by Surekha from CHSJ. She acquainted the participants briefly with the frame work and objectives of the workshop and noted that the workshop intended to strengthen the community based monitoring work by using technology. She outlined that the three day workshop aimed to move from theory to practice and the sessions were a combination of the both perspective building and technical perspective. She said that the first day of the workshop would revolve upon building knowledge and perspective around COPASAH, CBM and use of ICT for CBM. The community practitioners would also gain perspective upon the Photo –Voice methodology and its use in CBM apart from technical sessions. The second day would focus upon more of technical sessions along with practical work where the participants would engage in using technology as well would be involved in dissemination of the technology inputs learnt during the technical sessions. She added that as after the workshop each team is required to submit a documentary proof (a final product) of innovative use of technology, the third day of the workshop would majorly focus upon the plan of action and way forward, based upon the learning at the workshop and the collective proposal formulated by each state for the final AV product.

Perspective Building on CBM

Following the introduction of the framework and objectives of the workshop, the participants from Karnataka and Tamil Nadu enquired for updates on Community Based Monitoring at the national level. Renu Khanna, coordinator, SAHAJ and Steering Committee (SC) member of COPASAH outlined that CBM is now referred to as the Community Action in many quarters and the Advisory Group of Community Action (AGCA) also refers to it as Community Action. Providing a brief historical introduction to CBM she said, When the National Rural Health Mission (NRHM) was being designed in 2005, civil society activists like that of Jan Swasthya Abhiyan (JSA) campaign were making an effort that their perspective should go into the NRHM document. As a result activists of Jan Swasthya Abhiyan (JSA) were invited and the evaluation document of NRHM proposed that the process of community monitoring should be three pronged. One prong was to monitor the data of health system that would go from Primary Health Centre (PHC) to Community Health Centre (CHC), the second prong was to conduct small

special studies on themes like Janani Suraksha Yojna(JSY), Janani Shishu Suraksha Karyakram (JSSK) and National Human Rights Commission(NHRC) and other networks would conduct these studies. The third idea proposed was to conduct community based monitoring, where community would monitor the health services and look into whether health services are being available to them or not. Following which, a pilot project was undertaken in seven states of Bihar, Madhya Pradesh, Orissa, Jharkhand, Tamil Nadu, Karnataka and Maharashtra under NRHM and all tools were devised along with the methodology besides formation of technical advisory group by the Advisory Group for Community Action.

The pilot was also evaluated and JSA members were also involved in it. She added that JSA members including me had advised that it is too early to do an evaluation; however Government of India felt that if evaluation is not done, up -scaling would be difficult. Then an evaluation was done after three rounds of data collection. It became evident after the evaluation, that at the ground level lots of work had been done and movements had gained momentum and community were mobilized to monitor, however at higher levels there were many problems like funds had not reached, trainings were not done etc. Following the evaluation, the pilot project was up scaled in many states, however was not in all states. Health being a state subject states have their discretion so many states did not go on with the CBM. Gujarat is one of the states where CBM was not done though VHNSC's were set up. In Maharashtra it has been carried out extensively but after facing many challenges. In Tamil Nadu



Practitioners sharing experiences on CBM at the workshop

CBM is not being carried out since past three years, though extensive work had been done there. Kedar Rajak, from Dharti Sansthan in Madhya Pradesh (MP) noted that in MP the situation of CBM is similar to that 'we are the empire and we will do the monitoring ourselves.' Renu Khanna noted,

that the experience of Maharashtra delineates internal monitoring has been carried out in the state. The evaluation led us to discern that there was immense community external pressure which forced them to internal monitoring in the health system. The problem which surfaced in Maharashtra is that the community monitoring gets stuck at the Zila (district) level, Community based monitoring does not get support at the state level. The officials at the district level including the District health officer may resolve the problem at the Zila level, but the systemic issues like budget, appointment of doctors which are to be taken at the state level, do not get resolved.

Suresh D, from SOCHARA shared the experience of CBM in Tamil Nadu. He added CBM was initiated in the state in 2007 and later it was started again in late 2010 with state support, and continued till two years, till July 2012 and after that we are trying to get funds, recognition etc. Some district and state level Non Government organizations are trying to carry out CBM with their own efforts, like we are carrying in 15-16 Panchayats of Dharmapuri district, otherwise there is no interest being shown by the state government. It is getting confrontational at the root level, thus the medical officers want to avoid it.

Renu Khanna said that there are two sort of experiences, what surfaced in Maharashtra was that initially there is resistance from health care providers, then as trust starts building up, the problems of Block Health Medical Officers (BHMOs) and Medical Officers (MO) also come to fore through CBM. The health care providers too have started organizing themselves and it has been experienced in Maharashtra that during public hearings MOs and BHMOs too have started raising their issues, and this has surged through community based monitoring. It has become evident that the trust factor goes down initially and then oscillates, vibrates and then only it rises up. During the discussion on CBM, Ajay Lal of CHSJ from MP raised the issue of malfunctioning of VHSCs and VHND. He added that MP Government has its own CBM mechanism and structure where there is no participation of people, and post are advertised for block level and state level CBMP officers Corroborating Ajay's stance, Suresh. D from Tamil Nadu also pointed out that a similar phenomenon is occurring in the state of Tamil Nadu, as in the VHSCs only five committee members are there, there is no participation from the community nor is there any staff involved in the VHSCs. Even PRIs are not involved in VHSCs.

Speaking about the experiences of CBM in Maharashtra, Bhausahab from SATHI noted that though the state is ahead in CBMP, however it has been facing the problems in funds. The last installment of the funds was released after a gap of seven- eight and our state and we only have three months to complete our projects. Our state and organization coordinators have been continuously communicating with the state and centre to release funds. We have been adopting different strategies to carry on the CBMP process to take it a step ahead from the routine manner (of information collection, data analysis, public hearing, follow ups etc.)The health system is getting used to the regular aspects of Jan Sunwais etc. VHND federations have been established at the block level, in Amravati, Pune, Nandurbar and other eight districts. Grievance redressal cells have been established and were proposed to be established in five districts where CBM was carried out as a pilot in 2007. The government has supported setting of grievance cell only in Amravati and SATHI has been suggesting that state level grievance should not be restricted to certain levels but should be established at the block level also. Secondly Community Action Resource Centers (CARU's) have been established and these would be modeled on the lines of social audits being done for NREGA in Andhra Pradesh and will be implemented in CBMP. The idea is to implement CBM in a more voluntary and campaign mode. We are proposing a plan to train volunteers in 10-15 villages, who will collect information related to health at the block level and then Jan Sunwais (public hearings) will be held at block level. We have also developed a local plan called Aroyga Sevancha Hame Sathee locally, a mission for Guaranteed Health Services- Mission 2015. SATHI in association with 32 different organizations has identified 15 issues in 13 districts, and these include issues which have not been resolved at the lower levels and the network would press upon the government to take action on these issues. Though there have been small changes at the PHC levels though CBMP. We have adopted different strategies like organizing sensitization workshops for health officials, holding signature campaigns, press meets over health issues, social media campaigns. Besides this we are planning to hold 12 day study rallies (Yatra) for students of mass communication who can interact with people in drought affected villages of Maharashtra and report the issues. We want that CBM should not be restricted to health issues, but advocacy

should expand to other areas, like Integrated Child Development Scheme (ICDS), Public Distribution System (PDS), education etc.

Renu Khanna added that the basic of CBM is that the community people should be monitoring. The government criticism has been for CBM that NGOs are monitoring, where is the community. The more and more CBM ripens, it has to move from NGOs to the general public to monitor and that is what is being experienced in Maharashtra, people are volunteering without any remuneration for community monitoring.

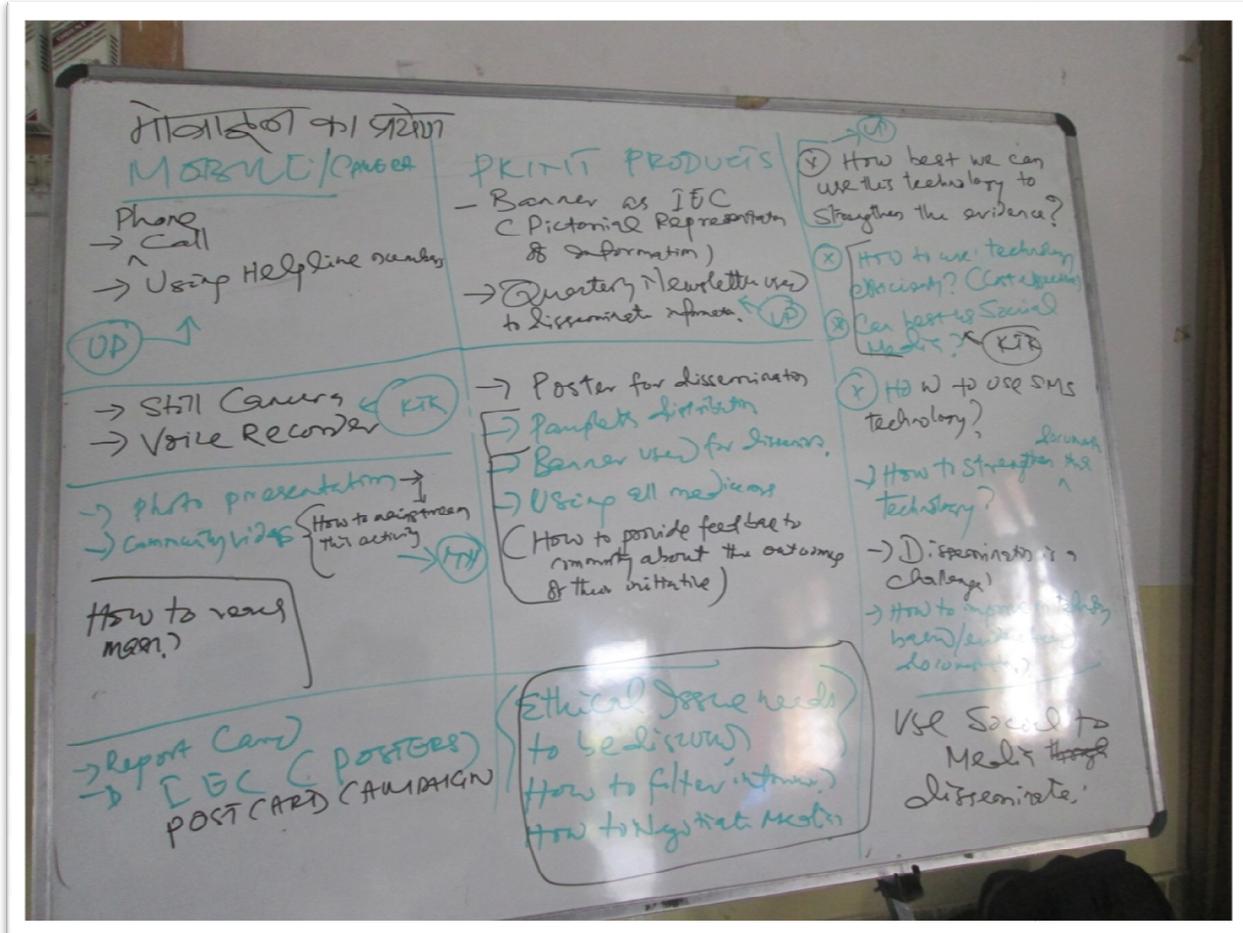
Corroborating the stand raised by Renu Khanna of government criticism on CBM, Obalesha from THAMATE in Karnataka noted that the similar phenomenon has been observed in Karnataka since 2008 when the pilot for CBM was done. Though several CBOs and VHSCs were involved in CBM but hardly any community persons were involved in the process. However, the name Jan Sunwai (Public Hearing) was changed to Jan Samwad (Public dialogue) in the state as the state health officials opined that the word is quite political. Now the word community based monitoring has been removed though monitoring is being carried out in communities locally.

A Marathi film was showcased on CBMP in Maharashtra. The participants in the workshop reflected that the film has drawn attention to the process of CBMP where citizens have moved from being passive to active activists taking on the responsibility of monitoring. They also opined that the film suggests about the structure of CBMP and how people are mobilized from the grassroots level and the challenges in CBMP and how to build a network for CBM within the system. Obalesha from Karnataka reflected that a series of CBMP initiatives have been carried and the film showcases its effectiveness in Maharashtra. He added that the movie should also reflect upon the status of the public health system before CBMP was initiated in Maharashtra at the PHC level or the Taluka level.

Context Setting and Perspective Building- II

Session 2: Technological Introduction of ourselves

Moving on from the first introductory in which the participants provided their introduction and their association with Community Based Monitoring work, Technological Introduction session



Technological introduction by participants around the work on CBM

was held. Facilitating the session, Lavanya from CHSJ, asked the participants to provide their technological introduction reflecting upon the kind of technology used by them in their work. She asked the participants to reflect upon the which technologies they used in their work, what has been their experience of using technology in the work, the success and challenges and expectations from the three day workshop in use of technology. Suresh from SOCHARA highlighted that during the introduction it should be taken into consideration that experience of CBM only should not be highlighted; any work in association with the community can be outlined. The focus should not be on use of electronic technology only if participants have used print technology like posters in their work creatively that experience can also be highlighted. Neetu from Gramya Sansthan and Pravesh from SAHAYOG in UP, said that they

have been involved in the usage of mobile phones for campaign called “Mera Swasthya, Meri Awaaz” (My Health My Voice), under the women’s collective campaign Mahil Swasthya Adhikar Manch(MSAM). This service has been used by grass root women practitioners to generate evidence as well register complaints against violations of health rights and this is being pursued in seven districts of Uttar Pradesh. Trainings are provided to community members on usage of mobile phones and how to use it for the toll free service. The toll free service has distinct codes for every block in a district and has a provision of emergency complaints.

Neetu added, that unlike in Maharashtra where CBM is being supported by the government and is receptive to the feedback from the community, the case is not so in UP. The toll free number has a provision of emergency number, whenever zero is dialed for a critical complaint, she can receive the complaint and direct the call to the Chief Medical Officer or the District Magistrate and they are held accountable to resolve that problem. She added that we have managed to save two lives in Chandauli district of UP using the toll free service. Earlier the government was not receptive to this mode in UP, now they have also started opening up. For example the Village Health and Nutrition Day (VHND) services were not being organized properly in UP and were seen as immunization services, now the authorities have started opening to these also. Neetu also outlined the flex charts being used with the women practitioners. Nearly 13,000 women practitioners are associated with MSAM. The chart is used for monitoring of entitlements in a pictographic for women with low literacy levels. The chart explains what the entitlements are, and it is also used as a monitoring tool on which women can tick the availability or non-availability of the services. The feedback and the calls are collated using the USHAGIRI model and the frequency of the calls gets mapped in colour. The feedback is reviewed every three months and is also disseminated and shared with the community members and stakeholders through a newsletter, ‘Mera Swasthya Mera Haq’ (My Health My Right).

Adding further, she said that they have also used pamphlets, posters besides the earlier mentioned methods. The UP team including Neetu, Pravesh and Awadesh added that they face several challenges in the processes, like the authorities and health officials do not value the issues or the evidence that is presented by them through CBM. The biggest challenge is to

justify the evidence. They collectively outlined that in the three day workshop they were expecting to learn about how to make the documentation stronger and what methods to use. Neetu shared an example that while on a visit to the health facility, she noted a rusty table on which deliveries were being conducted. She had a camera with her and clicked the photographs of the table and showed it to the officials and as a result the table was changed. Neetu added that she wanted to learn like in such situations how technology can be used better.

Obalesha from Karnataka said that his team had been using technology mediums like still photography and video recordings(recordings of statements) to generate evidences for fact finding amongst Dalit communities, since 2007 and have used it largely to highlight case of atrocities on the Dalit communities. These evidences have been extensively used in Jansamwads (Public Dialogues). He added that they had used toll free numbers, SMS services in NREGA implementation besides posters, handbooks for activists.

Obalesha opined that though his team was using the technology mediums but had not used them extensively and expected that the workshop would facilitate them to disseminate their work at on macro level with the use of cost effective technology mediums including social media, websites and facebook platforms.

Sunil Chandrawanshi, from Satyakaam Jankalyan Samittee (Chindwara) in Madhya Pradesh said that they have mostly used photos to generate evidences in the community work especially capturing failures of sterilization and other issues and have presented these evidences in Jan Sunwais. He added the in the workshop, they were expecting to learn more technological methods to portray the evidences effectively.

Someshwar from Apeksha Homeo Society, Maharashtra outlined that they have used posters on which the phone numbers of the officials, different committee members (like of VHSC) and numbers of PRIs are displayed. A quarterly newsletter Dawandi is also published, which contains stories of success and challenges. Bhausahab from SATHI also shared that use of SMS through monitoring is also being used in Maharashtra. Every quarter an issue is selected like condition of the laboratory, availability of medicines and SMSes are sent to 150 facilitators and community members. These facilitators are told to visit the health facilities on a designated day

and provide the feedback of the situation and the feedback is analysed and problems of community members are also solved as they are provided feedback through voice messages.

Kedar Rajak, from Gram Sudhar Samiti from Sidhi in MP said they use mediums like Focused Group Discussions, exit interview, Rallies, postcard campaigns, report cards etc. as mediums to generate evidence. He added that they expected in the workshop to know about better documentation techniques.

Smriti Shukla from Sathiya Welfare Society, MP noted that they used case studies but faced several limitations like confidentiality of character, place etc. she wants to improve evidence based documentation. Suman from Dharti Sansthan, in Morena (MP), said that they had used mediums like Nukkad Natak (street play) pamphlets, door to door campaigns, wall- paintings, emails, slogans, Rath Yatras- IEC material, report cards, case stories for dissemination of information and to generated evidence. She added that they expected to learn about more dissemination platforms in the workshop.

Suresh. D, from SOCHARA Tamil Nadu said that he has used social media, websites, primitive and non-primitive modes of communications and used RTI also. Dharendra from SOCHARA, Madhya Pradesh raised some queries on how should ethical issues be taken into account while using technology. He added that most of the times, lot of information is collected and it does not get disseminated and filtered in a proper manner. He also enquired about possibilities of prevention of misuse of technology and how to prevent media from presenting information accurately. Sambit from CHSJ, reflected upon use of media. He said that use of media should be done strategically and intelligently. Practitioners can effectively use media, both print and electronic to disseminate information and for advocacy purposes, by involving them at every step.

Session on Photovoice Methodology

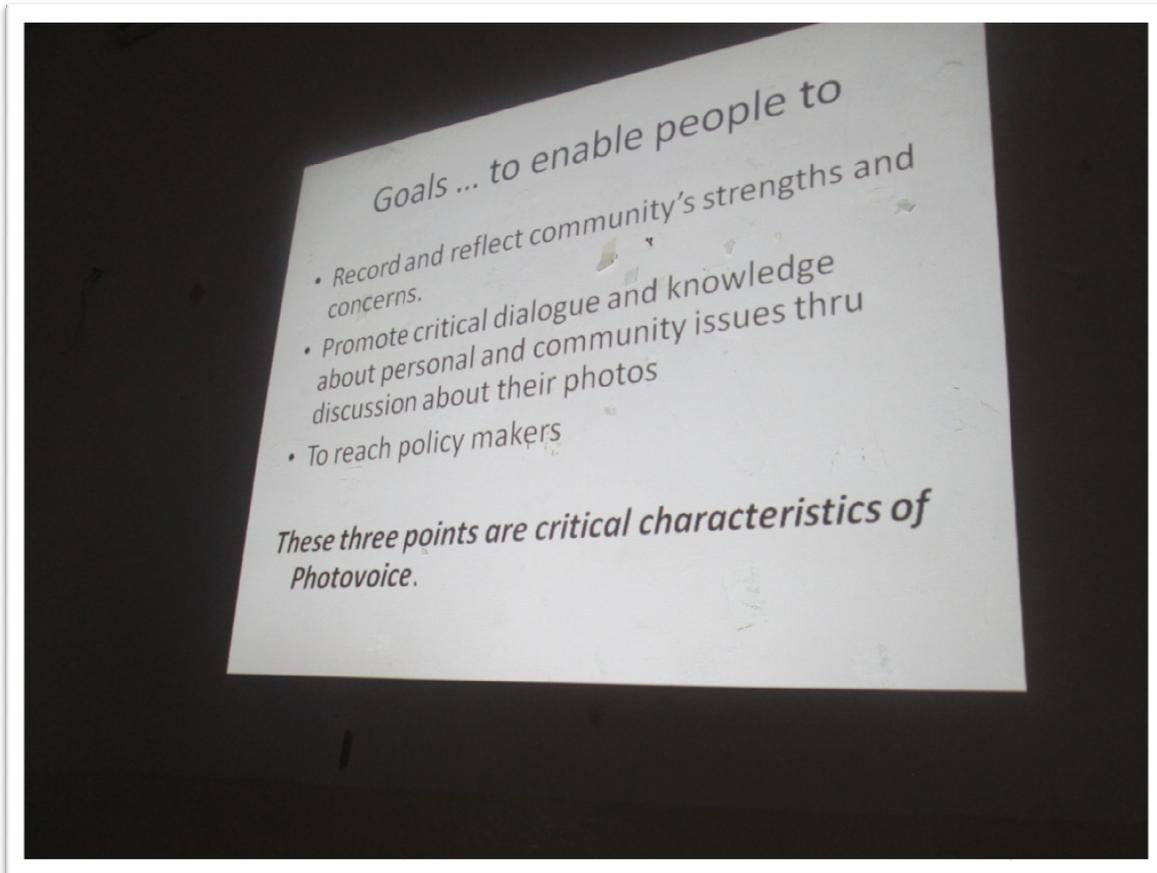
Renu Khanna, from SAHAJ (Gujarat) and COPASAH Steering Committee member facilitated the session on Photo Voice Methodology and delineated how to use this technique to generate evidence. She



Renu Khanna, COPASAH steering committee member facilitating session on Photovoice

said that this methodology has a lot of potential to generate effective evidence. It is done and used by the community itself. She added that though Photovoice has been used by different practitioners and Chinese village women in Yunnan Province used this technique to document their everyday work and life realities in late 1990s. We will follow a definition as suggested by Chinese expert Wang as “Participatory Action Research to identify, represent and enhance their community through a specific photographic technique (Wang 1999). People in the community photograph their realities and use the photos to dialogue with policy makers/community leaders.” She added that three points are critical characteristics of Photovoice and we can adapt and modify the steps -

- It should record and reflect community’s strengths and concerns.
- Promote critical dialogue and knowledge about personal and community issues through discussion about their photos
- To reach policy makers



Session on Photovoice: Highlighting critical characteristics of Photovoice

While elaborating upon the Photovoice further she added that Images teach. The pictures can influence policy. Community people should participate in creating and defining images to shape policy -Voice of the community should reach the policy makers through picture and the effort should be on to involve policy makers/those you want to influence right from the beginning. Depending upon the purpose of the Photovoice the representatives should be selected and recruited accordingly amongst the target audience of policy makers or community leaders. For example if the issue is on Dalit rights, it should focus upon including members of the Dalit community also to reflect their realities and experiences of discrimination. She added that there are ethical dimensions of photography it is essential to take informed consent and understand and respect the right of people.

She also elaborated that everything cannot be captured by photography- there are some limitations attached with it and this methodology is also time consuming, as everything cannot

be done in the first meeting itself. It has to be decided how to approach the community and first identify the issues in community, then prioritize the issue and then seek the informed consent of the people and tell people about the use of photographs. It requires constant brainstorming on theme of what to photograph also, what is to be monitored through the photographs.

It is essential to plan a format to share photos and stories with policy makers after second or third meeting and the format can be slide show, exhibition, book etc. She highlighted some examples where Photovoice methodology has been used including Yunnan Women's Health Project in China Community level health systems through the eyes of Youth in Uganda, Malaria research and in Climate Change, Health and Resilience in Sundarbans in India etc.

She highlighted that the main point in this method is that the community should take its ownership and the topic on which the evidence building is to be done should also be decided by the community itself. The final product of photo documentation should also remain with the community. *(For more details on Photovoice-see PPT in Annexure)*

Context Setting and Perspective Building- II

E. Premdas from CHSJ conducted a group exercise for practitioners to summate their learning on Photo Voice methodology and how it is used. He also outlined different way of how technology can be used to generate evidence for community based monitoring- by using photo story, photos with story. He also explained that COPASAH is not a platform for academicians but it is a platform for practitioners where knowledge is created, innovative practices and experiences are shared on CBM from all around the globe.

To take the learning of the sessions further and devise the plan of action, E.Premdas charted out an activity for the practitioners to deliberate collectively upon a Theme, and how photo voice methodology will be used to document it and deliberate how data analysis and advocacy will be done on the basis of the evidence and information gathered.

Technical session on Communication

Sambit from CHSJ facilitated a technical session on the basics of communication. He outlined



Technical session on Communication

that the basic elements of communication include sender, receiver, message, channel/medium and noise or interference. It is significant to know that sometimes the sender fails to deliver the clear message and sometimes receiver fails to receive the message clearly, in such cases the message gets tempered. To facilitate a better understanding of the elements of

communication, the game of Chinese- whisper was utilized, through which the participants could better understand how noise –interference plays a role in communication and the message gets tempered. He also highlighted the timeliness of the evidence. Evincing the recent sterilization deaths in the Chhattisgarh state of India, he noted that when the evidence is new and fresh, then only it will get the attention of the people, attention of the media. He also explained that evidence and platform both are complimentary of each other.



Practitioners participating in the recap round on Day 2 at the workshop facilitated by E. Premdas from CHSJ

**Day II- January 9, 2015-
COPASAH South Asia -
ICT workshop, Bhopal**

Practical skill sessions

The Day 2 of the workshop focused on the practical sessions

and practicing the learning of the first day. The second day started with recapitulation of the first day learning and all the practitioners outlined that Photovoice was the new technology they learnt on the first day besides the basics of communication. Taking the sessions further on the second day the practitioners were divided into groups for Photo Voice practice session, where teams of practitioners mentored by a resource person each including Lavanya (CHSJ); Sambit (CHSJ) and Suresh (SOCHARA) respectively prepared a photostory on a theme in the premises of the Gandhi Bhawan (venue of the workshop). All groups were assigned a task to develop a photo story taking into consideration some significant pointers like:

- Theme
- Manage timeline
- Accuracy-time (what is the message)
- Reviewing (the best utilization of equipments)
- Dissemination of photo story using social media

Following the completion of the assignment the three groups presented the photostories which they had developed. Subsequent to the presentations the discussions of the participants focused upon issues like power dynamics while using camera, perceptions of photographs, good photos that do not contain activity but contain the process, who holds the camera, how different angles can be used to show, and seeking consent while taking photographs. The participants also learnt about the technical details of the shots – like medium shot, long shot etc. ***(For details of presentations see Annexure)***

While highlighting the role in evidence generation by use of technology, Sambit noted that two points are involved in it i.e. Pre-production and Post-production. Taking cue from the presentations of the groups he noted that in the presentations and discussions we are generally concerned about post-production and we forget pre-production i.e. the planning before generating the evidence. We should also focus upon evidence before generating it not only after generating it.

Practical session on creating state COPASAH group accounts



Practitioners from Tamil Nadu creating state COPASAH group account

practitioners including that of Karnataka, Tamil Nadu, Uttar Pradesh and Madhya Pradesh were also created by participants.

Adding on to the practical session on the second day state COPASAH groups (social media-facebook) of community



Practitioners being facilitated by resource persons to create Karnataka state COPASAH group account

The group of practitioners in accountability formed in each state consists of collective of organisations working for social accountability in health and health related themes. Created with an aim to facilitate grass root community practitioners to strengthen the community based



Practitioners of MP creating the state COPASAH group account

knowledge, information, evidence documentation using Information Communication Technologies (ICTs) techniques

monitoring work by using technology, these groups on social media (facebook) will be used to share community based monitoring innovative practices,



UP practitioners being facilitated by facilitator to create a state COPASAH group account

and methodologies such as Photo voice, video clippings, photo stories, photos with stories and other methodologies. These groups will be linked to global COPASAH network to facilitate inter- state sharing as well a wider sharing and peer learning amongst practitioners on the global COPASAH platform.

Day III- January 10, 2015- COPASAH South Asia -ICT workshop, Bhopal

The third day of the workshop started with a brief recapitulation of the proceedings of the

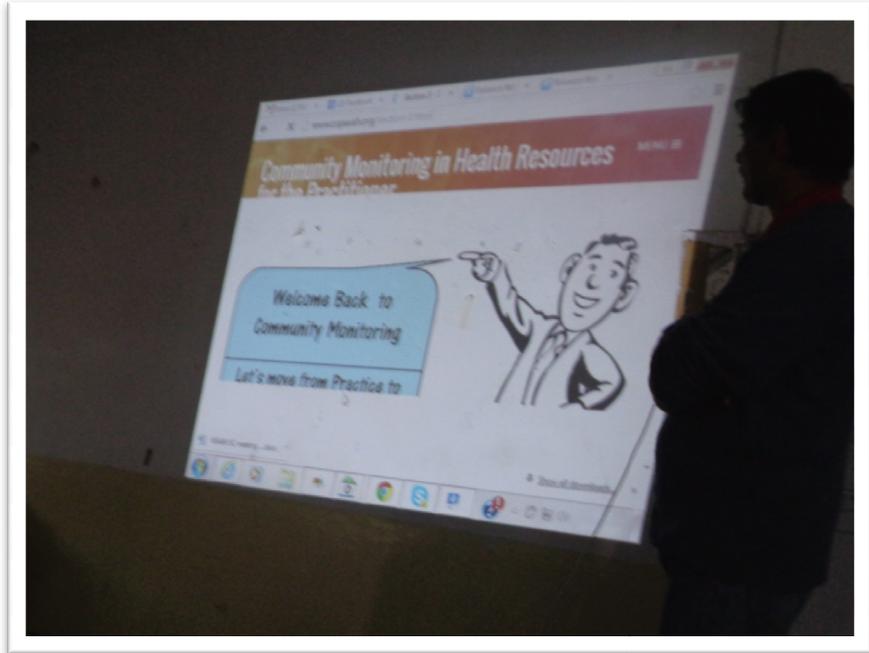


Experiences of the participants being video documented

earlier two days. A video documentation prepared by the participants themselves reflecting the experiences of participants was showcased. The video presentation showcased experiences of how were their experiences in the workshop. Suresh from SOCHARA, Tamil Nadu facilitated a technical session on the use of camera and technical components including that of light, angles, exposure etc.

A virtual learning resource(e Learn CBM resource) for practitioners of accountability containing field experiences, ideas and practices on community based monitoring which has been overhauled based on the feedback and review of users and experts to make it more interactive and is embedded in the COPASAH website, was also screened for the practitioners in the workshop.

The practitioners gave their feedback on the e-learn CBM resource and reflected that though it was a fine initiative but it was in



e Learn CBM resource screened at the ICT workshop

English and had more of Western pictures. The practitioners reflected that it should be available in local languages.

On the third day the participants also discussed how the learning from the workshop should be taken forward and all the state teams reflected on how ICT would be used in their own areas of community monitoring work. The way forward was discussed upon the basis of the groundwork that had been done by the state teams on proposals which had been invited earlier for the workshop.

Plan of Action

Prior to the workshop proposals had been called for from the states on the current work of accountability in health and how the groups would like to use the ICTs for value addition of community monitoring work and generate a photo voice product. Facilitated by a key person to coordinate the work the states groups chose a focus theme in the workshop to work further (January- March, 2015) within which they will use ICT innovation. The plan as deliberated in the workshop by respective state teams include:

| State | Issue | Districts | Communities | Methodology | Advocacy |
|----------------|--|--|--|--------------------------|---|
| Tamil Nadu | Functioning of committees(Anganwadi committees, Gram Panchayat committees, School management committees) | 2 Vellore, Dharmagiri | 3 | Photo | News media, 3Photostories, Community level |
| Maharashtra | Sanitation and Hygiene in Primary Health Centres (PHCs) | 3 Thane, Amravati, Gadchiroli | 6 PHCs, 2 in each district | Photo/video | 6 photo stories Jansamwad |
| Karnataka | Health Rights and Manual Scavenging and Safai Karamchari community | 1 Tumkur | 3 blocks Manual scavengers | Photo | Exhibition, Photostory, Jansamwad |
| Madhya Pradesh | Maternal Health – Access to ANC, PNC and referrals | 5 | 5 PHC, 5 SHC, 10 Villages Women in marginalized communities | Photo story, video audio | Photos story, community level |
| Uttar Pradesh | Quality of care in maternal health services | 3 Chandauli, Gorakhpur, Kushinagar | 6 blocks, 18 sub health centres, 6 block hospitals | Photo story, video | Block level Dialogue, RKS, use media and use ICT for sharing with officials |
| Gujarat | Quality of Maternal health care | Dahod Panchmahal Anand | 6 PHCs | Photo/ video | News release, Block level dialogues with health system |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | Creating community voices by using photos and videos |
|--|--|--|--|--|--|

Way Forward

It was decided collectively in the workshop that to take the learning ahead, the state teams will primarily use Photovoice methodology for evidence generation on the chosen themes. In addition they will select either a video or audio medium to supplement the same. They will hold engagement with the community as well as health providers using the evidence and media platforms. The photovoice product, AV product will be submitted in its completed form in March 2015 by the state teams along with a final report on the process.

The ICT workshop was carried out under the COPASAH small grant programme. Small grants will be given to the six states for carrying the specific ICT evidence generation project for two months. The groups of practitioners involved in the workshop are those who have been proactively engaged with the COPASAH processes since last two years.

Feedback from the Participants

The participants were asked to outline their response on the workshop through medium of a checklist of questions. The responses of the participants have been collated for each state:

| State | Learning | Suggestions for further improvement |
|---------------|---|--|
| Uttar Pradesh | <ul style="list-style-type: none"> • Use of monitoring in health services and for advocacy • Technical learning | <ul style="list-style-type: none"> • Proper module • More practical • Follow up of the workshop |

| | | |
|----------------|--|---|
| | <ul style="list-style-type: none"> • Photovoice- its challenges and its achievements • Photo editing • Social media | |
| Tamil Nadu | <ul style="list-style-type: none"> • Photo as base for evidence production for voice less community • New strategy for community in the CBM process • Communication is one of the tool in CBM • Photovoice to collect evidence | <ul style="list-style-type: none"> • It should be continued in different themes • ICT should have different levels (beginner, moderate , expert) • Need state level workshop |
| Maharashtra | <ul style="list-style-type: none"> • Photovoice • Photostory, Photo with story | <ul style="list-style-type: none"> • Field visit should be there to make it practice oriented • Organize region wise workshops • Need for practical methods |
| Karnataka | <ul style="list-style-type: none"> • Technical aspects • (Photo editing, Photo story, Photo voice – Photo power • CBM | <ul style="list-style-type: none"> • Provide more ICT practical sessions |
| Madhya Pradesh | <ul style="list-style-type: none"> • Photo Voice • Communication Theory | <ul style="list-style-type: none"> • More sessions should focus upon use of ICT for CBM • Field visit on basis of issues |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none">• Reading resources should be provided before hand• Concepts like Photovoice should be explained through examples |
|--|--|--|

ANNEXURE -I

COPASAH – South Asia Capacity Building Workshop- Innovative Use of Technologies (ICTs) for Community Monitoring to Enhance Health Rights of the Community

PROPOSED SCHEDULE

Date January 8, 9 & 10; 2015
Bhopal

Venue: Gandhi Bhawan,

Schedule: Day 1(January 8, 2015)

| Time | Session | Facilitator |
|---------------|--|---|
| | Introduction and Registration | Surekha |
| 9.00- 11.00 | <p>CONTEXT SETTING AND PERSPECTIVE BUILDING -1</p> <ul style="list-style-type: none"> • COPASAH & Background to the workshop • Community Based Monitoring • Use of ICT for CBM | <p>Premdas, surekha Renu Khanna</p> |
| 11.00- 11.30 | TEA | |
| 11. 30- 13.30 | <p>CONTEXT SETTING AND PERSPECTIVE BUILDING- 2</p> <ul style="list-style-type: none"> • Open Discussion with participants, sharing of experiences & expectations • Use of Medium & technology for evidence generation and change in the health care system • Photovoice as Methodology • Objectives of the workshop • Methodology, Outputs , Process | <p>Premdas, Sambit and Lavanya</p> |
| 13.30- 14.30 | LUNCH | |
| 14.30- 15.30 | <p>TECHNICAL SESSION 1</p> <ul style="list-style-type: none"> • Photo Voice methodology - introduction | 1 hr Renu Khanna |
| | <p>TECHNICAL SESSION 2- Photographs as evidence</p> <ul style="list-style-type: none"> • Technical skills on Photography | Sambit, Lavanya and Suresh |
| 16.30- 17.00 | TEA | |
| 17.00- 19.00 | TECHNICAL SESSION 2- Photographs as evidence | Sambit, Lavanya |

| | | |
|--|-------------|------------|
| | (continues) | and Suresh |
|--|-------------|------------|

Schedule: Day 2(January 9, 2015)

| Time | Session – | Facilitator |
|---------------|---|---|
| 9.00- 11.00 | TECHNICAL SESSION 2 - Photographs as evidence (continues) | Sambit, Lavanya and Suresh |
| 11.00- 11.30 | TEA | |
| 11. 30- 13.30 | TECHNICAL SESSION 3 - Videography & Audio as evidence <ul style="list-style-type: none"> • Video • Audio | Sambit, Lavanya and Suresh |
| 13.30- 14.30 | LUNCH | |
| 14.30- 18.30 | PRACTICE SESSION - 1 This will be done in the field, followed by preparation of the photostory | This will be done in small groups on different themes <ul style="list-style-type: none"> • Transport • Sanitation & Hygiene • Environment • Market and people |
| 18.30 – 19.30 | TECHNICAL SESSION 3 - Session on components of Facebook , blog, SMS (subject to availability of time) | |

Schedule: Day 3 (January 10, 2015)

| Time | Session – | Facilitator |
|-------------|------------------|--------------------|
|-------------|------------------|--------------------|

| | | |
|-----------------------------|--|----------------------------|
| 9.00- 11.00 | PRACTICE SESSION 2: <ul style="list-style-type: none"> • Presentations and Review & Editing • | Sambit, Lavanya and Suresh |
| 10.00 – 11.30 (with tea) | TECHNICAL SESSION 4: Technical skills on using PHOTO evidence through social media : Blog, Facebook, photostory, report writing, making poster etc. | Sambit, Lavanya and Suresh |
| 12.30- 13.30 | FOLLOW UP 1: Group Discussions on <ul style="list-style-type: none"> • Plan of Action • Proposal finalisation • TOR with groups | Premdas |
| 13.30- 14.00 | Lunch | |
| 14.00- 16.00 | FOLLOW UP 2: Discussions on Final report, audio-visual products Conclusion | Premdas/Surekha |

Participants List

CENTRE FOR HEALTH & SOCIAL JUSTICE

Innovative use of ICTs for Community Monitoring to enhance Health Rights of the Community COPASAH South Asia- ICT Workshop – Participants List

Date : 8-10 January, 2015

Location: Gandhi Bhawan, MP

| Sl. No. | Name | Address | Contact No. |
|---------|-------------|----------------------------|-------------|
| | Suman Singh | Dharti Sanstha, Morena, MP | 09770102677 |

| | | | |
|--|--------------------|---|-------------|
| | Leela Wagmare | Ahmi Amche Aroyga Sathe , Gadchiroli, Maharashtra | 09421987788 |
| | Suresh D | SOCHARA, T Nagar, Chennai-17 | 0940511638 |
| | D Kamaraj | DAJCBR, | 09791293962 |
| | Awadesh Kumar | Baba Ram Karan Das Gramin Vikas Samiti, Gorakhpur, UP | 0989808852 |
| | Sunil Chanrawanshi | Satyakam Jankalyan Samiti | 0917265384 |
| | Arun T G | SSK, Karnataka, Tumkur | 08951675201 |
| | N Velliangiri | DEEP | 08973790504 |
| | Dhirendra Arya | SOCHARA, MP | 09424093268 |
| | Lavanya Mehra | CHSJ, Delhi | 09873489590 |
| | Sambit Mohanty | CHSJ, Delhi | 09811445231 |
| | Kedar Rajak | Gram Sudhar Samiti, Sidhi | 09424349791 |
| | Mohan | Sarath , Godhra , Gujarat | 0976239763 |
| | Shettalaih | Tumkur, Karnataka | 09886897480 |
| | Kulvanthi Sakyelar | Tumkur, Karnataka | 08747905269 |
| | K B Obalesha | THAMATE, Tumkur , Karnataka | 09742586468 |
| | Surekha | CHSJ, Delhi | 08527028117 |
| | Bhausahab Aher | SATHI, Pune, Maharashtra | 09420143632 |
| | Mohan K Bhala | Van, Neketan Thane, Maharashtra | 09271996450 |
| | Someshwar | Apeksh Homeo Society, Amravati, Maharashtra | 09405280075 |
| | Renu Khanna | SAHAJ, Vadodra, Gujarat | 09427054006 |
| | Deepak Kumar | Azim Premji University, Bangalore (CHSJ intern) | 09470523489 |

| | | |
|----------------|----------------------------------|-------------|
| Smriti Shukla | Sathiya Welfare Society , Bhopal | 07566239004 |
| Ajay Lal | CHSJ, Bhopal | 09993112788 |
| Neetu Singh | | |
| Gramya | Gramya Sansthan, Varanasi | 09452822208 |
| Pravesh Verma | SAHAYOG, Lucknow | 09235888222 |
| Jagdish Lal | CHSJ, Bhopal | 09009836074 |
| Rakesh Sahu | CHSJ, Bhopal | 09179761400 |
| Mahendra Kumar | Men's Action for Equity | 09009965543 |
| E. Premdas | CHSJ, Delhi | 09999067140 |

PHOTOVOICE FOR COMMUNITY MONITORING

Renu Khanna
SAHAJ, COPASAH
January 8 2015

What is Photovoice?

- Participatory Action Research to identify, represent, enhance their community through a specific photographic technique (Wang 1999)
- People in the community photograph their realities and use the photos to dialogue with policy makers/community leaders

Goals ... to enable people to

- Record and reflect community's strengths and concerns.
- Promote critical dialogue and knowledge about personal and community issues thru discussion about their photos
- To reach policy makers

These three points are critical characteristics of Photovoice.

Historical and theoretical roots

Theories

- Education for critical consciousness (Freire)
- Feminist theory
- Nontraditional approaches to documentary photography

History

- Chinese village women in Yunnan Province to document their everyday work and life realities in late 1990s.

Key Concepts

- Images teach
- Pictures can influence policy
- Community people should participate in creating and defining images to shape policy
- Involve policy makers/those you want to influence right from the beginning
- Individual and community action results from the process

Methods or Steps

- Select and recruit target audience of policy makers or community leaders
- Recruit photographers – 7 to 10 representative sample or volunteers - criteria?
- First meeting: issues about use of cameras –
 - Power, ethics, potential risks and how to minimize them, giving back photos to community
 - Aim to influence –so plan how
 - Responsibility and authority – how to take informed consent
 - questions

Exercise...small group discussion on....

- What are the various Power dimensions in Photovoice?
- What possible risks can result from Photovoice?
- How to approach people for taking photos?
- How to take informed consent?

First Meeting (continued)

- Brainstorm on themes to photograph – what will they monitor through the photographs?
- Distribute cameras and orient to cameras and basic photography (don't stifle creativity)
- Give time to take photos – one week or 10 days
- Second meeting to discuss
 - Select photos
 - Contextualise or tell stories
 - Codify issues or themes or theories.
 - Plan a format to share photos and stories with policy makers (in second or then third meeting after more photos are collected after a pilot period) Format can be Slide Show, Exhibition, Book

Contextualise or tell stories through SHOWeD

- What did you **S**ee here?
- What is really **H**appening here?
- How does this relate with **O**ur lives?
- **W**hy does this situation/concern/strength exist?
- What can we **D**o about it?

Examples

- Examples from Yunnan Women's Health Project in China
- Other examples
 - Community level health systems through the eyes of Youth in Uganda,
 - Malaria research,
 - Climate Change, Health and Resilience in Sundarbans

Day 2 –Group Activity

List of Participants divided into groups for Practical session

| | | |
|--|--|--|
| Kedar (Team leader) Sambit (Resource Person) | Bhau (Team Leader) Suresh(Resource Person) | Pravesh (Team Leader) Lavanya (Resource Person) |
| Leela | Shettalaya | Awadhesh |
| Suman | Dhiren | Sunil |
| Smriti | Arun | Giri |
| Ajay | Obalesha | Someshwar |
| Mohan-GUJ | Kulavanthy | Neetu |
| Mohan-Maha | Kamraj | Nirmal |
| Deepak | | |

Annexure –II

Practical session assignment - Presentations by groups

Presentation 1-

ENVIRONMENT AND MAINTENANCE in GANDHI BHAWAN, BHOPAL

Pravesh, Giri, Sunil, Someshwar,
Nirmal, Awadhesh, Neetu, Lavanya

गांधी जी का सपना गांधी भवन के अन्दर
Gandhi's dream, in Gandhi Bhawan



संदेश कचरे में है।
Message is garbage



बड़ा परिसर एक ही कर्मचारी
Huge campus, only one worker



बच्चों का सुन्दर खेल का मैदान
Beautiful Children Play Ground



सबसे उँचा नागफनी का संरक्षित पौधा!
Big cactus plant is protected!



संसाधनों का सही प्रयोग



कचरों का ठीक से प्रबन्ध करना
Garbage should be properly disposed



नगर निगम की पेटी खुद कचरा में है।
Municipal corporation cart is in a dump!



SWATCH GANDHI BHAVAN

GROUP ACTIVITY
COPASAH - ICT Workshop, Bhopal



Group Memebtrs

Obelesh
Dhirenda
Shetalaya
Arun

Bahu
Kamaraj
Kulavanthi



END

Sanitation in Gandhi Bhawan

- Splitting around the compound
- Toilet
- Stagnated water
- Swage track
- Waste Management



Presentation 3



Gandhi Bhawan and the Garden and play school from Mohan's view point







Campus of the Gandhi Bhawan
From Suman's view point





Guest Room in Gandhi Bhawan

From Leela's Point of View





Meeting Hall in Gandhi Bhawan
From Kedar's Point of View





Observers at Gandhi Bhawan
From Smriti's Point of View

तस्वीरे बोलती है

