



Community Monitoring and Social Accountability of Health Services

South Asian Practitioners' Workshop

20th – 22nd February 2013, Mumbai

Organized by

Community of Practitioners for Accountability and Social Action in Health (COPASAH)

Concept note and Application Form

Context: Community of Practitioners on Accountability and Social Action in Health (COPASAH) is a global network of practitioners with a common interest and passion for the field of community monitoring for accountability in health. COPASAH was set up by a group of practitioners who had come together for a meeting to share experiences at Johannesburg in July 2011 and currently has a steering committee of 8 members from Asia, Africa and Latin America.

With a view to understanding various approaches and experiences from a range of organisations and activists, COPASAH would like to offer a forum for discussion to contribute to strengthening the field of community monitoring for accountability in health in South Asia. CHSJ will take the lead along with members of the organising committee to host a select group of practitioners from India and other countries of South Asia to dialogue and exchange approaches, experiences, methods and possible further strategies regarding development of community monitoring and accountability in the health sector. A small organising committee has been set up to support this process. COPASAH has been provided with modest financial support from the Accountability and Monitoring in Health (AMHI) of the Open Societies' Foundation for organising this meeting.

Aims and Objectives of workshop: The overall aim of the workshop is to exchange experiences and information between organisations and individuals on the use of different approaches and use of community based evidence for social accountability for health with the following specific objectives:

1. Build a shared understanding of the purpose of CBM and its role in empowering people to negotiate improved services with greater accountability
2. Present and discuss the range of community monitoring approaches and share experiences among practitioners of community monitoring/accountability on sustaining these initiatives
3. Enhance synergies between practitioners by inviting new members to join COPASAH and undertake documentation to look at processes of change through community monitoring / accountability initiatives;
4. Identify and review methods and modules and how it can support community driven initiatives to improve accountability and quality of services.
5. Discuss how existing institutional and policy spaces as well as constraints need to be addressed, to expand and deepen community accountability in the health sector, in countries of South Asia

Organising Committee: Dr Abhay Shukla (SATHI, Pune); Dr Abhijit Das (CHSJ, Delhi); Ms Jashodhara Dasgupta (SAHAYOG, Lucknow); Ms Renu Khanna (SAHAJ, Vadodra); Dr Rakhal Gaitonde (SOCHARA, Chennai)
Regional Secretariat – CHSJ, Basement Young Women's Hostel, G Block, Saket, N Delhi 110017. Ph 011-26511425, 26535203, 26536163; website – www.copasah.net

Expected Outcomes:

1. Take an inventory of existing practices and learning's of community monitoring processes around the world with focus on South Asia;
2. Identify gaps in knowledge, skills; share the challenges faced; and plan for development of skills for effective practice and use of community monitoring for accountability in health.
3. Facilitate in strengthening our understanding of the purpose and underlying perspective regarding use of community monitoring approaches;

Participations: The organising committee will identify potential participants, on the basis of a questionnaire/application form which all applicants will need to fill. A total of 30 participants- mostly from India and including 4 participants from other countries of South Asia (2 participants from Bangladesh; 1 participant from Pakistan and 1 participant from Nepal will be invited and their travel and boarding cost will be supported by COPASAH). All invited participants, who work in local or indigenous organisations will be provided travel support and accommodation support (if required) to participate in this workshop. Participants from international organisations are also encouraged to apply, however the organisers will not be in a position to extend any travel support to such participants. Accommodation for the workshop will be at the venue on a twin-sharing basis. The Workshop will be conducted bilingually in English and Urdu/Hindi. Ability to communicate in either of these two languages will be essential for this workshop.

Venue: Sarvodaya Ashram, St. Pious Complex, Goregaon East, Mumbai, Maharashtra, India

Important dates:

Please complete and submit the following application to nidhi@chsj.org by 7th January 2013

Notification to successful applicants will be sent by January 31st, 2013

Workshop Dates: February 20th – 22nd, 2013 (3 days)

For further details you can contact Ms. Nidhi Sharma on email: nidhi@chsj.org; Tel: 011 26511425/26535203; Mobile: 09968498430

Community Monitoring : An Introduction

The need to activate the 'demand side' of service delivery, by establishing key process where communities exercise their rights and hold the state accountable for its obligations and service providers accountable for violations is necessary to strengthen a rights based approach to service delivery. Evidence of the increasing importance of approaches that encourage citizens to become more involved in scrutinising and expressing demand for public services, as well as exacting accountability from local service providers and including the institutionalisation of community monitoring in health can be seen at the local, regional, national and global level. In India the MNREGS has provisions for social audit built into its programme design. The National Rural Health Mission in India has incorporated Community-based Monitoring as a key strategy both for accountability and increasing participation. Increasingly such community based interventions are also being seen as a key element of deepening the participation of marginalised communities into the democratic governance process.

Rationale

It is important and imperative that public services instead of being externally evaluated are evaluated by the clients/users who utilize them. Client/users monitoring otherwise known as community monitoring is an approach that will facilitate a process of change on a continuous basis. It will also ensure that a response mechanism is established to remove the discrepancies that are often there between policy and practice, and contributes towards making delivery of services more demand driven rather than command driven. The failure to deliver services or poor delivery of services has been caused for various reasons:

- Establishment of services delivery has always depended on homogenous centralized planning at the policy level. As a result there is a lack of knowledge on the needs and perception of the services required by the users/communities.
- It has also not developed public accountability of the Government through civil society and has remained limited within the Government machinery.
- The voices of broader stakeholders groups have never been heard or established as community members have never been involved in planning or decision making, and a learning/knowledge sharing based Monitoring and evaluation which is the key to good planning and decision making has never been established.

To bridge the accountability gap and increase the capacity of the collective action to enhance the quality of services, there is a need to ensure that community takes charge of their own development through a responsive tool which can be integrated into the traditional data oriented, quantitative techniques currently being used. More positively this will also make use of communities' knowledge, power of working together, and taking charge of their needs.

What is community monitoring?

Community monitoring is a bottom up approach sustained by participatory processes. The documentation and analysis is carried out by citizens themselves. Through social mobilisation monitoring results are used to demand concrete actions to bring about changes in service improvements and equitable distribution of resources. Since community monitoring is carried out

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within and by socially excluded populations, it adds legitimacy to equity concerns and to specific demands for more responsive and people centered health systems.

Some of the essential features of community monitoring are:

- a. It is based on an ‘accountability framework’ and linked to government responsibility for the provision and/or overseeing of health services as a right to the people;
- b. It reflects the ‘people’s or community perspective’ on health services and how governments are responding to their health rights towards realising its health related commitments;
- c. It is an ‘empowering process’ where capacities of participating people/community is enhanced to address power imbalances that affect their health;
- d. It is linked to ‘advocacy/action plan’ with the aim as changing or improving the implementation of health policies or programmes and not a stand-alone activity with information collection as an end in itself

What does community monitoring achieve?

Implementing a community monitoring approach is envisaged to lead to changes in terms of empowerment, democratic decentralization and improved service delivery. In terms of impact, a community-based monitoring process can result in the following outcomes:

- ❑ **Process Outcomes** – changes in procurement, staff training, and management of service delivery etc at the community level.
- ❑ **Institutional Outcomes** – new forums for discussions and joint working at the community level, new organisations implementing accountability initiatives (e.g. audit committees), new performance based incentives for the management of facilities etc.
- ❑ **Policy Outcomes** – changes in resource allocation to areas or to facilities based on performance, new information/transparency laws, more transparent public record keeping etc. At the national level the approach would produce documentation to inform policy briefs and guide policy makers in planning and priority setting.
- ❑ **Capacity Building Outcomes** – improved knowledge and performance monitoring skills of communities, partners, service providers and local government. Increased understanding among service providers of the barriers to accessing services, particularly among vulnerable groups, would also improve service delivery capabilities.
- ❑ **Empowerment Outcomes**- Empowered community members who are able to extract accountability and work proactively with service providers and local government. This will also lead to an increase in the uptake of health services and improving critical outcomes. Inclusion of vulnerable groups in these processes will increase equity within communities and decrease stigma and discrimination among communities, service providers and government officials.
- ❑ **Accountability Outcomes**
 - **For service providers** -Improvement and better responsiveness in service delivery, greater efficiency, transparency and accountability.
 - **Local government**- changes within local government, its relationship and attitude to engaging and responding to the needs of local communities.

Community monitoring has been used to increase the quality and accountability of health services and has also enabled the community to play a larger role in not only evaluating the services provided but also hold health care providers accountable. Community monitoring is grounded in good governance and supports in strengthening government accountability which is a prerequisite to improve health services. Community monitoring may be combined with community based planning of health services, which has the potential of making health planning more participatory, appropriate and effective.