

COPASAH- SOUTH ASIA

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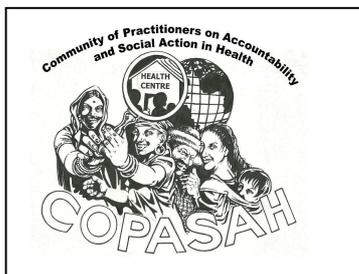
LEARNING EXCHANGE

VISIT- 1

December 17 - 19, 2013

HOST ORGANISATION: Gramya Sansthan

**VENUE: District Chandauli, Naugarh Block,
Uttar Pradesh, India**



**COMMUNITY OF PRACTITIONERS ON
ACCOUNTABILITY AND SOCIAL
ACTION IN HEALTH**

Background and Context

Community of Practitioners on Accountability and Social Action in Health (COPASAH) is a global network of practitioners that places a strong emphasis on the role of civil society to promote access to equitable, quality and accountable health services. COPASAH has been promoting an approach of strengthening accountability for seeking health rights. Keeping this perspective in mind, learning exchange visits are being organised in different parts of India that aim to provide practitioners an opportunity to visit a relevant organisation's work and learn from their social accountability practice using a common set of principles. These visits are an extension of the principles and concepts discussed during the south Asian region workshops conducted in Mumbai in February, 2013 and in Delhi in September, 2013.

The first of these visits under COPASAH was organised from December 17-19, 2013 in district Chandauli, Naugarh block, Uttar Pradesh, India with Gramya Sansthan as the host organisation. Gramya Sansthan is a grass roots level organisation working in Chandauli, Sonbhadra and Varanasi districts of Uttar Pradesh on the issues of health rights of women, violence against women, child rights, labourers' rights, right to food and rights of marginalised tribal. The organisation is working to mobilise and support women in Naugarh block of Varanasi on the issue of maternal health rights through the community monitoring work of the 'Mahila Swasthya Adhikar Manch'(MSAM)¹.

On the first day of this convening the participants from different organisations shared their work and experiences of community monitoring practice with each other. The second day comprised of the participants' visit to three villages- Karwaniya, Majhgai and Dumariya; and got an exposure to the functioning of the Mahila Swasthya Adhikar Manch (MSAM). They learnt from the women's struggle for community monitoring of maternal health rights. The group also visited a village (Nainvat) where MSAM is not active. Discussions with residents of this village revealed a stark contrast vis a vis the status of essential health services. On the third day of this exposure visit, the participants shared their observations, learning and future plans to implement the learning in their own practice. As per the participants the learning visit was an enriching experience and they got an opportunity to observe the various principles of community monitoring and accountability in practice. The group comprised of 13 participants from Delhi, Madhya Pradesh and Uttar Pradesh.

Objectives

The three days learning exchange visit organised in Varanasi was envisaged to achieve the following objectives:

¹ The MSAM is a unique organisation of 12,000 poor rural women spread across 10 districts of Uttar Pradesh that is committed to advocacy and monitoring of women's rights to health. Since its formation in 2006, the MSAM has enabled rural women to recognize their own entitlements as 'rights holders'.

- To provide facilitated learning opportunity to practitioners within the region through visit to a COPASAH member organisation and learn from their social accountability practice
- To learn about a variety of accountability initiatives being undertaken by civil society organisations

MSAM is grassroots women's forum that employs various monitoring efforts which include - monitoring the provisioning of Supplementary Nutrition Programme of the ICDS and the Public Distribution System (PDS), untied fund, compliance of Sub centres to the IPHS and the provisioning of 'free' health services under the Janani Shishu Suraksha Karyakram (JSSK). Using simple pictorial tools and monitoring formats MSAM leaders place before district and state level officials compelling grassroots evidence, that in several cases led to an improvement in the quality of health services, establishment of new anganwadi centres and improvement in the frequency and quality of supplementary nutrition distribution. It was envisioned that participants learn from this model of community monitoring, the reason behind its sustainability and how the various challenges were overcome.

Day 1: December 17, 2013- Understanding the Context

After registration and tea, Rakesh Sahu from Sathi and Neetu Singh from Gramya Sansthan welcomed everyone, thanked them for taking out time to attend the three-day exposure visit and called on the participants to introduce themselves. The agenda to be undertaken over the next three days was discussed following this.

Session: Introduction to community monitoring and social accountability

Rakesh Sahu, SATHI who was a resource person during the south Asia region COPASAH workshop in Delhi started the first session of the day, where the group discussed about the concepts of community monitoring, accountability and how health rights work.

He began by stating that there are all sorts of government schemes to help, but most of the times systemic problems are ignored and therefore, the structural inequalities remain as it is. This leads to rights violation, which demands community monitoring in order to ensure that services are available. Knowledge-based advocacy and empowering people with knowledge is impertinent to bringing about changes in governance. Once the people have been mobilised, organised political action is possible, and government is forced to listen. The participants reflected on the growing recognition of the important role that civil society organisations can play not only to strengthen the system of accountability of the government towards elected people's representative but also to make the government accountable to people themselves.

In a community every individual cannot be an expert, and we cannot expect everyone to be equally aware of the rights they are entitled to. Therefore, it becomes important to make the people in a community understand as to why rights are important. We pay taxes to the

government and in return certain minimum level of services is expected, such as, water, electricity, transport, health, nutrition etc. But there are numerous examples of inefficiency of these services. Government is accountable to the citizens for providing these services as we are paying taxes to procure and maintain them. Accountability follows a bottoms-up direction. When the users of services are aware of their rights and entitlements, they can raise their voice against inadequate and inefficient services. Community monitoring and accountability are two sides of the same coin and help in ensuring adequate and quality availability of services. Through monitoring, a community collects data that provides a perspective for undertaking advocacy for improvement of services

Bharti Prabhakar from CHSJ summarized the above discussion through a presentation that talked about the two concepts, the key elements, steps integral to any monitoring initiative and the outcomes anticipated out of a community monitoring exercise. Community based monitoring seeks to provide regular and systematic information about community needs, provide feedback on fulfillment of entitlements, functioning of various levels of public health system and service providers, and identify gaps and deficiencies in services. It is visualised as a process wherein feedback and reports from various levels lead to appropriate action and intervention aimed at improving the quality of service provisioning by the public health system.

Session: Evolving COPASAH's perspectives on principles of social accountability

Jagdish Lal, from CHSJ continued the discussion and said that since morning we have been talking on the principles of community monitoring and accountability. Next important thing in this are the values and principles that are inherent to any community monitoring process. These are enumerated as follows:

- Answerability
- Transparency
- Honesty
- Equity and equality
- Constitutionality
- Group feeling
- Rights/ justice
- Community centered
- Community awareness
- A process of community empowerment
- Shared leadership
- Justice in favour of the marginalised

It was highlighted that this list is not exhaustive or complete. The points enumerated here have arisen out of the mutual discussions of people engaged in this work. He called on the group to share their perspectives as well. The group could relate to many of these in the work they were engaged in and shared experiences from their practice where these have been implemented. Emphasis was also put on the essentiality of the components of equity and equality to any community based process. There is now an emerging collaboration between civil society and local government, and this is a collaboration which would hopefully help in the citizens' voice being heard.

Following these discussions Ajay Lal from SATHI moderated a session in which a movie from Maharashtra was shown on community monitoring titled "Ab sarkari dawakhana ho raha janta ka". This was followed by a discussion and the following points came up:

- The movie shows how the health services are being made accountable
- It shows how information and evidence was collected
- A report card was prepared based on progress reports. The progress reports were also shared with the doctors in the village
- Public hearing was also organised with doctors and panchayat representatives
- The people were given a voice in the procurement and betterment of health services

Replying to a query posed by a participant on how to facilitate meetings in case the officials and/or circumstances are not favourable, Ajay answered that usually it is the responsibility of the moderator handling the discussions to resolve the arguments and bring the two antagonistic groups on a common ground. We cannot afford to offend any one of the groups. While working in an alliance if an NGO is not contributing or supporting, strategies need to be developed based on the circumstances. There might be certain challenges, but it always help to try and understand the limitations and plan accordingly. However, it is impertinent that while strategizing, the principles/ rules based on which an alliance has been formed should not be flouted.

Session: Organisation context and introduction to Mahila Sawasthya Adhikar Manch

Bindu Singh, the secretary and director of Gramya Sansthan gave a presentation on the the history, work and organisational context of Gramya Sansthan. The organisation is working in Chandauli, Sonbhadra, and Varanasi districts of Uttar Pradesh. Its focus is on networking and participating at state and national level on the issues of women's health rights, violence against women, child rights, labourers' rights and rights of marginalised tribals. GRAMYA works on following programme areas which reflect the efforts towards women's empowerment:

- Oppose female feticide, adolescent and early marriages and promote enrolment and retention of girl child
- Awareness education of women on equality, organised leadership training and organise them for legitimate rights and social justice
- Action on violence against women and promote male participation on the issues of equal rights, democracy and women's health rights
- Strengthening panchayati raj institutions (PRIs) and efforts to ensure women's participation in the process of decision making
- GRAMYA is actively participating in the state and national level networks and alliances on women's health rights advocacy and on violence against women- DAG, AALI, WAMA, CSJ, WHRAP, FEM, SAHAYOG and MASVAW

Sadiya Siddiqui from Sahayog, Lucknow gave a presentation on the Mahila Swasthya Adhikar Manch (MSAM) explaining why it was formed, the objectives of this platform and the issues it takes up. MSAM was started in the year 2006 and is a unique organisation of 12,000 poor rural women spread across 10 districts of Uttar Pradesh that is committed to advocacy and monitoring of women's rights to health. The key objectives behind formation of the MSAM have been:

- Establish the right of every woman to health
- Monitoring the quality of health services available locally
- Advocacy at the local, district and state level for improvement of maternal health services in Uttar Pradesh

The key issues addressed through the MSAM platform are- right to maternal health services, food security and nutrition, employment, social security, and protection against domestic violence. Under MSAM, the women leaders from within the community are mobilised to fight for claiming their rights. Committees are formed at village, block, district and state levels and the representatives are selected by the members of the alliance. The women members are continuously provided training on various health-related issues, such as janani suraksha yojana (JSY), janani shishu suraksha karyakram (JSSK), untied fund, village health and nutrition day (VHND) and facilities that should be available at the sub-center. These women then monitor the quality and type of different health services and collect data for reporting. The issues identified from the statistics so collected are then taken up with the service providers at the block, district and state level. Advocacy on these issues is undertaken through dialogues with service providers, public hearings and discussions with state ministry officials. The alliance has been successful in mobilising women to identify violation of their rights, demand services they are entitled to, pursue advocacy initiatives and participate in government functioning.

Session: Field visit plan and points for observation

Sadiya Siddiqui along with Neetu Singh briefed the participants about the plan for field visit. Field visit was planned for three villages where MSAM is active- Karwaniya, Majhgai and Dumariya and the participants were divided into three groups:

Village	KARWANIYA	DUMARIYA	MAJHGAIN
Theme	Advocacy by MSAM	Reasons behind sustainability of MSAM	Monitoring by MSAM
Group members	Neetu Singh Ajay Lal MD Dastagir Ali Azam Rajneesh Shrivastava Jagdish Lal	Surendra Singh Sadiya Siddiqui Bharti Prabhakar Ramkuwar Pradeep Singh	Bindu Singh Rakesh Sahu Ramprasad Bharti Aamir Siddiqui Ajay Kumar Gupt Mohona Chatterjee

The participants were also told that towards the end of the day they will also be visiting one village where MSAM is not functioning. Sadiya moderated this session and together with the participants' inputs listed down points for observation during the field visit:

- Challenges during advocacy and coordination with service providers
- In what way are the issues that are a taboo in the community raised and discussed
- Strategies adopted
- Diversity within the group
- Monitoring of overall system
- Evidence gathering
- Purpose behind members who are associated
- Long term goal
- Achievements and benefits
- Technical support

In the closing session participants were introduced to the COPASAH website, membership criteria and the Resource Pack website following which the groups were asked to discuss and decide responsibilities for next day's field visit

Day II: December 18, 2013- Field visit and experience sharing by leaders and members of MSAM

Basic health care is a right of the people. In majority of the cases, people do not have access to health rights for one chief reason and that is lack of accountability. There is a lack of community ownership, lack of accountability for protection of the physical assets as well as accountability of reporting, lack of basic amenities, and non responsiveness to citizen. MSAM is an organisation that addressed these concerns of the community and helped to dispel the myth that rural women cannot be empowered enough to take responsibility for their health rights. Further, when supported and provided with information and training, this empowered group can lead to effective change.

The second day of the learning exchange visit focussed on discussing and learning from the experiences of MSAM leaders. The members and leaders of MSAM shared their stories of struggle. These women are well aware of their rights and entitlements and voiced their opinions confidently. The MSAM leaders related that reaching this far has not been easy. They have had to struggle a lot and faced a lot of apathy. At times the resistance from the people in authority was to the extent that their families too had to bear the consequences. But now the things have improved and the change that they are now witnessing is motivating them to take this process ahead. The MSAM membership badge has given them recognition and is a symbol of power and strength for all the members. The

discussions provided an insight into the struggle that they had to go through and also their tremendous willpower in facing the odds.

A visit to the Anganwadi center revealed that even though the ANM and ASHA are serving the duties expected of them, there is a lack of infrastructure to support them. The ANM said that MSAM women have been closely working with them and this has helped them to reach out to a greater number of women and children. However, there is still a gap between the demand and availability of essential supplies and infrastructure from the state system.

Towards the end of day two all the participants of the learning exchange visit were taken to Nainvat village, where MSAM is not active. Group discussion with residents of this village revealed the apathetic condition of services. Conversation with the women who assembled for the discussion made the contrast even more evident. The women related that they have to pay money to get the services and were not even aware of the free healthcare facilities they were entitled to. During hospital visits, they have to purchase medicine from outside, pay money for ambulance services (when it should be available for free), pay money to ANMs also. Even a substantial percentage of the Janani Suraksha Yojana money that they were getting for institutional deliveries was being taken away by the service providers. A few women also said that they had to borrow money to pay for the services because without it they are not given any attention. ANM and ASHA visit the village only once every month. During pregnancy none of the ANC check-ups are done and services are limited to immunisation.

Day III: December 19, 2013- Debriefing, Discussions and Reflections on Learning

On the third day the participants were asked to discuss in groups and prepare charts for presentation of their field visit experiences the previous day. They were asked to prepare their presentations keeping in mind the following broad headings- their observations about the functioning of MSAM, the principles of community monitoring that were being implemented, their learning and how they intend to implement the same in their area of work.

Session: Debriefing and interactive session

The key points arising out of the presentations from the three groups are as follows:

VILLAGE	OBSERVATION	PRINCIPLES	LEARNING
Majhgai	Leadership Identification of issues Challenges	Community awareness Shared leadership Hierarchy	Methodology of implementation and working Process of community monitoring Ownership Membership
Karwania	Leadership skills in members of MSAM Feeling of communitisation among members of MSAM Knowledge and understanding about rights Ability to fight for their rights Leadership for proper functioning of MSAM Intervention and advocacy for various issues at the village level	Rights Justice Advocacy	Patience and perseverance Energy Selflessness Desire to take up and do something innovative
Dumaria	Women are well aware of their rights MSAM is monitoring as a collective to ensure accountability of service providers Women are challenging the traditional norms	Community awareness Shared leadership Community centered Strong evidence based	Collective and community action leads to effective action Through community monitoring responsible persons can be made accountable The MSAM model is sustainable and with technical support from local CSOs it can be continued for a long time.

Session: Experience sharing by leaders of Mahila Swasthya Adhikar Manch

The MSAM leaders and members had been invited to the Gramya Sansthan office in Chandauli on day three to further clarify any questions or doubts of participants. These included Ramrati, Anti, Pyari devi, Jamuna devi, Baccha Lal, Tribhuvan, Ram Vilas. After presentations by each

group a panel discussion was conducted with Neetu Singh as the moderator. The learning exchange visit participants asked their queries from the MSAM leaders during the panel discussion. If any services are denied to the village people, the leaders and members go up to the service providers and demand action. They also seek to make the service providers accountable for their duties. The women shared their stories of struggle and the resistance that they had to face from the authorities as well as their families. But now that things are improving and people are receiving the services they are entitled to, they feel that their struggle is rewarded. Gramya Sansthan's association has been instrumental in creating awareness, mobilisation and providing technical support. The women told that they want the next generation of leaders to take forward what has been achieved so far and are preparing them for taking this movement ahead.

Session: Reflection and plans for implementing the learnings in participants' own Practice

All the participants filled out evaluation and feedback forms. The participants were happy with the content and all the participants felt that the learnings provided them with useful answers on accountability. All the participants strongly felt that the sessions were related to their work and were content with the sessions.

Below are comments and feedback from the participants:

- The learning will be used in implementing community monitoring principles and strategies in the area of youth and adolescent sexual and reproductive health and rights to ensure that rights based information is being given to young people through existing service delivery platform at community, district and state level
- I learnt about accountability, monitoring and formation of an organised collective in a community from the experiences of MSAM
- Community awareness skills will be helpful in our work. Besides women advocating as a collective rather than individually has provided strength and receptivity to the demands being made. This has resulted in changes and improvement in the quality of services being offered.
- Training and capacity building of leaders as well as the community is essential for issue based advocacy
- The work being done by MSAM is inspirational in view of the hardships and odds that women in the Naxal affected areas of Naugarh are facing. Despite the lack of transport and other basic amenities, the struggle by women members of MSAM is highly appreciable and motivating
- There are various leaders for each of the five issues within the MSAM. However, when it comes to community based monitoring all of them work as a collective for mobilisation and advocacy of health rights

Maternal health rights and accountability: Key learning from practice

- It was opportunity to discuss an learn from the experiences of MSAM women leaders and provided an insight into the community monitoring processes
- MSAM is a collective of 12,000 women and is a sustainable model involved in ensuring availability of health services
- The division of responsibilities and shared leadership has been instrumental in taking the struggle forward
- The advocacy mechanisms, stories of women's struggle, leadership and communitisation skills provided an enriching learning
- The importance of documenting and strong evidence was also highlighted by the women leaders
- People outside the collective are also benefitting; the members are called for advice and inputs when the community is faced with any problem
- Coordination and relationship building with service providers has been instrumental in ensuring improved availability of services

Conclusion

Community based monitoring leads to an active engagement between the community and the health department, by involving the community as a significant stakeholder. It gives a voice to marginalised groups and creates a sense of accountability and responsiveness within the health department which results in an increase in availability and utilisation of services. Many citizens are not advocates; they are users of health services. They see the services and provider. Health system and users work together to ensure that we have an accountable system. The tools used for this are community based monitoring. There are hundreds of schemes. And sadly enough people who are supposed to benefit from these schemes are unaware about it.

The visit was instrumental in helping the participants to learn from the practical applicability of the principles and values of community based monitoring. It helped them in observing that increased collaborations between the government of Uttar Pradesh, grassroots community groups and civil society, would make it possible for women to realize their entitlements, utilize free, life-saving maternal health services and accelerate the reduction of maternal mortality in rural areas of the state through the implementation of community based monitoring to promote social accountability for health in the state.