ISSUE NO - 20 | OCTOBER - DECEMBER 2017

COPASAH

COMMUNIQUÉ

SHARED PRACTICE. GROUNDED KNOWLEDGE.

Role of Community in Strengthening Accountability in Health

Global Symposium
on Citizenship, Governance
and Accountability in Health

COPASAH
GLOBAL SYMPOSIUM

EDITORIAL
COPASAH

Role of the Community in Strengthening Accountability of Health Systems for Achieving Universal Health Care/ Sustainable Development Goals

E. PREMDAS PINTO

The Alma Ata Declaration of Health for All by 2000 in 1978 marked a new shared aspiration for all citizens of the earth. It elevated health to the realm of a fundamental human right and comprehensive primary health care was seen as an achievable goal. Community participation was centre-staged as one of the core principles. In the last four decades, the goal of Alma Ata was undermined by structural adjustment, increasing privatization, and high costs of care as well as techno-centric fragmentation and prioritization of certain types of health care, leading to high levels of inequality in health outcomes. We are currently experiencing a pendulum swing back toward universal care and acknowledgement of the social determinants of health, as exemplified by approaches like Universal Health Coverage (UHC), Universal Access to Health Care, Social Determinants of Health, and Millennium Development Goals as well as the current efforts on the Sustainable

CONTENT

Development Goals (SDGs). Because of their universal and interconnected nature and emphasis on leaving no one behind, the SDGs provide an opportunity to review the functioning of health systems to strengthen participation, equity and accountability. The current Director General of WHO, Dr. Tedros Adhanom Ghebreyesus, too has emphasised on Universal Health Coverage as a human right in light of the SDG Goal 3.8.

In order to make such an aspiration a reality and building upon the current interest on achieving UHC and the need to include the most marginalized within the ambit of health systems as active participants, COPASAH is organizing a Global Symposium on Citizenship, Governance and Accountability in Health. COPASAH as a learning network with an intense focus on marginalized communities has been using Social Accountability approaches to strengthen the linkage between communities and the health system towards achieving health as a human right. COPASAH is facilitating the interface of practice with other stake holders such as academia, policy makers and the donor community towards sharing lessons on how to improve elements of participation and increase equity and accountability of health systems. COPASAH members have also been specifically exploring equity and accountability in the context of private health care as well as for indigenous and other excluded communities.

The Symposium with the theme – Role of the Community in Strengthening Accountability of Health Systems for Achieving Universal Health Care/ Sustainable Development Goals will provide a dialogical space and a platform for learning exchange between practitioners and other actors who are engaged in shaping the discourses on health systems. It is envisaged to be a synergy and coming together of various international networks and people oriented institutions and several international and national (India) partners.

ABOUT THE AUTHOR

E. PREMDAS PINTO is the Global Secretariat Coordinator for COPASAH. As an Advocacy and Research Director at Centre for Health and Social Justice (CHSJ), India, he facilitates the thematic area of social accountability with a special focus on processes of community monitoring and accountability in health. He also coordinates the South Asia region for COPASAH. He is a Human Rights advocate and Public Health practitioner- scholar, actively engaged in processes and social justice issues of the the communities of Dalit Women, rural unorganized labourers and other disadvantaged communities for the last 22 years.

To know more about the work of CHSJ and COPASAH please visit, www.chsj.org and www.copasah.net

COPASAH Organisational Review: Snapshot of Reflections on COPASAH

COPASAH SECRETARIAT

As a major step in consolidating COPASAH as an institution to be able to achieve its vision, mission and goals, an Organizational Review exercise was conducted in 2017. This exercise aimed to assess the strengths and challenges of COPASAH with a focus upon taking stock of progress to-date and inform key directions and its mission, structure, and plan of action for the next five to seven years. Apart from this it expected strategies for the institutional strengthening of COPASAH to establish its autonomous identity and strengthen its governance mechanisms recommendations for its future.

COPASAH commissioned this organizational review to an external reviewer Dr. Florencia Guerzovich and her team. The review was conducted from June to August 2017, using a customized analytical framework by the reviewer and her team. The framework focused on understanding the value addition of COPASAH and its activities. The team reviewed program documentation and carried out 28 interviews over the course of the review. An interim report of the review was presented to the COPASAH's Steering Committee in September. Following which the key findings were also shared with a larger group of COPASAH including internal and external stakeholders.

Some observations, strategies and future directions as elucidated by the reviewer in the Review

The review affirmed the growth COPASAH from 2011 to 2017 and the network has grown in its membership, structure, and activities. The network has created a global presence, social capital and a good reputation for supporting southern practitioner-led knowledge and learning for social accountability in health. It reflected that there is no

comparable Southern-based organization bringing together community grounded practitioners to strengthen social accountability in health. The review pointed out that COPASAH's key strength is its principal stakeholders - practitioners of accountability across diverse cultural and political contexts. These results are quite significant given the complexity of the community's mission and available resources. COPASAH has potential to contribute to practice and to the field as the organization consolidates.

The review discussed three areas of work through which COPASAH has delivered value including 1) capacity building, 2) south-south research, communications and knowledge management, and 3) field building.

- The review presented that the different ways of conceptualizing and organizing civic action in the regions has been a critical factor affecting COPASAH's ability to provide value for its membership by nurturing practitioners' capacities. Other factors influencing COPASAH's effectiveness include geographical, logistical, technological, cultural and language challenges across and within regions.
- The review showcased that COPASAH has created a global virtual platform with stories of praxis from the ground which foster the perception that COPASAH is a vibrant cross-regional community. The reach of the virtual community is uneven across regions. These constraints are especially significant for grass roots CSOs in more remote locations. Accessibility and visibility do not determine effectiveness which is not clear.
- The review reflected the evolution of COPASAH's global engagement as organic rather than following a planned exercise. It pointed out that COPASAH needed to develop a shared understanding about the purpose, logic and interfaces for global engagement. The review discussed alternative avenues for global engagement, discussing trade-offs that COPASAH could consider.

Risks and Challenges Identified for COPASAH

The reviewer identified different risks and challenges for COPASAH and these span as:

Strategic risks: These risks relate to key stakeholders' shared understanding of what the organization's work is about, where it is leading them and their constituencies and what core strategies they are following as they strive to reach their collective goals. Strategic risks are the most pressing risk facing COPASAH, as they intersect with other risks enumerated in this review.

Financial risks: The cumulative nature of opportunities has not been matched by an equal or sustainable expansion of resources. COPASAH has today more funding and non-material resources than ever since its creation, but the mission is ambitious beyond the available resources. The funding environment is unclear in the medium term for COPASAH.

Institutional Challenges: COPASAH has identified several institutional challenges for governance and they include evolving participatory decision-making. Mechanisms to ensure the organization is in touch with members' needs and wants are weak. COPASAH's perceived value add in global spaces is contingent in its grounding on practice and practitioners. The linkage to the membership, understood as the original constituency of community grounded practitioners, remains critical even in a global-facing future. The size and diversity of the membership can provide visibility to the community, but it may have come at the cost of meaningful engagement or feasible management with the resources available.

Future suggestions for COPASAH:

For immediate future of COPASAH the review put forth some suggestions and areas to consider such as COPASAH Global symposium, re-engaging in membership, responsiveness vis-à-vis ESA mapping, and creating ownership of the Thematic Hubs, values and links to regions/membership and codifying processes of COPASAH. The review also presented three strategic scenarios for COPASAH's future including i. Return to COPASAH's origin (focus on improving practice); ii. Strengthen the conditions for Practice (focus on the global enabling environment); iii. An opportunistic approach (responsiveness to opportunities). Each of them imply different strategically focus, and different operational strategies and organizational structures should follow.

THEMATIC HUBS

COPASAH strives for field building through three Thematic Hubs that concern Citizens' Right to Health:

- Reproductive/Maternal Health and Accountability
- Indigenous People's Rights and Accountability
- Accountability of Private Medical Sector

Get Involved in the Thematic Hubs for Consultations, Capacity Building of Practitioners, Creating Knowledge and Advocacy for Social Accountability

Know more: http://www.copasah.net/thematic-hubs.html

Dalit Women's
Struggle and Campaign Towards Demanding Accountability for and Claiming Maternal Health Rights

A Photostory narrative of Jagrutha Mahila Sanghatan

BACKGROUND

E. PREMDAS PINTO

- Jagrutha Mahila Sanghatan (JMS) is Dalit women Agricultural/wage workers' grass roots collective and has been one of the few Dalit women's autonomous collectives with a clear articulation on health rights issues and has been tracking dalit women's access to health care services in Sindanoor and Manvi taluks of Raichur district (Karantka State, India). The core of JMS' intervention is the issue of dignity and justice of Dalit Communities in general, and Dalit women in particular.

- The broader of dimension of health as part of the fundamental human rights of Dalit communtieis, JMS is has been constantly intervening and raising issues of maternal care issues in Raichur district:

  - Demanding accountability of the health care system and challenging its malfunctioning
  - Systemic deficiencies such as absenteeism, shortage of staff, shortage of supplies – even of items such as IFA tablets and Iron sucrose injections
  - Lack of robust emergency referral transport services
  - Indiscriminatory referral to private clinics and hospitals for maternal health care
  - Dysfunctional block level (taluka) referral hospitals

Increasing incidence of maternal deaths and poor quality of ante-natal care (ANC) in the northern Hyderabad Karnataka region prompted Jagrutha Mahila Sanghatan to launch a campaign on this issue.

The campaign was led by the leaders of JMS and was undertaken in collaboration with Karnataka Janaarogya Chaluvali, an autonomous health rights movement in Karnataka.

The campaign focused on the following key issues:
The availability, access and quality of ANC Dalit women were receiving in government health facilities

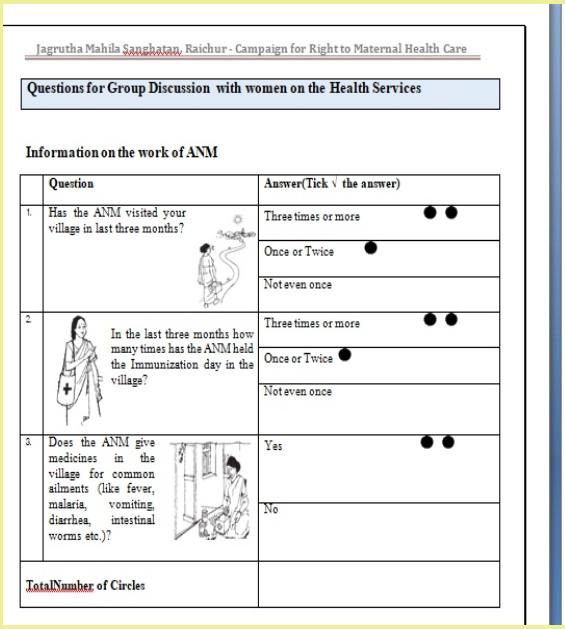
- The unavailability and undue referrals of Dalit women to the private hospitals for maternal health services
- The out of pocket expenses incurred by pregnant women and their families in the private sector
- Various kinds of health problems suffered by pregnant and nursing women in villages
- Outcomes of pregnancy and follow up care
- Issues related to newborn care

PREPARATIONS

- The campaign was launched in May 2017 in the meeting of JMS karyakarthara samiti (coordination committee). The women leaders expressed grave concerns over the news of denial of services, rampant referrals to private nursing homes and incurring of exhorbitant expenditure for ANC, child birth, neonatal care and PNC.
- However, it was decided to be a systematic and evidence based process.

DESIGNING THE TOOL

- In an attempt to systematically document the issues of availability, access and quality of ANC for women from the Madiga community.
- JMS developed upon the basic NAMHHR. MSAM and MHRC pictorial tool (used in UP and MP for Community Based Monitoring on maternal health services)
- It was pilot tested, the feedback was incorporated and then modified and customised for the community enquiry. [CE] (CE is a process of discussing with community on maternal health services, impart entitlement awareness and inquire into service gaps)
- Later it was translated to Kannada, the local language.

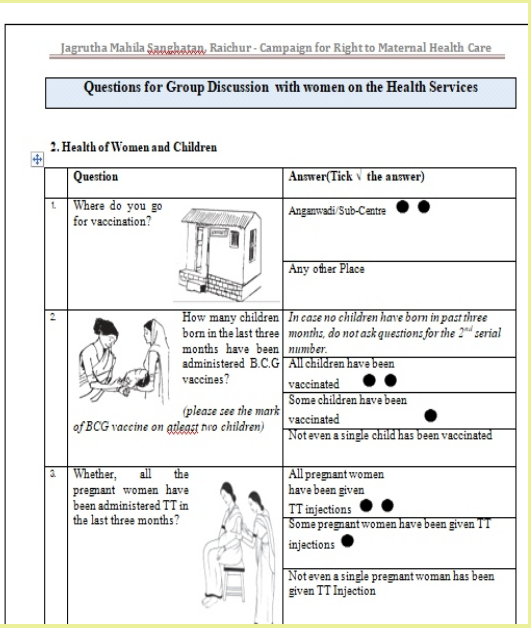


Jagrutha Mahila Sanghatan, Raichur - Campaign for Right to Maternal Health Care

Questions for Group Discussion with women on the Health Services

Information on the work of ANM

	Question	Answer(Tick √ the answer)
1.	Has the ANM visited your village in last three months?	Three times or more ●● Once or Twice ● Not even once
2.	In the last three months how many times has the ANM held the Immunization day in the village?	Three times or more ●● Once or Twice ● Not even once
3.	Does the ANM give medicines in the village for common ailments (like fever, malaria, vomiting, diarrhea, intestinal worms etc.)?	Yes ●● No
	TotalNumber of Circles	



Jagrutha Mahila Sanghatan, Raichur - Campaign for Right to Maternal Health Care

Questions for Group Discussion with women on the Health Services

2. Health of Women and Children

	Question	Answer(Tick √ the answer)
1.	Where do you go for vaccination?	Anganwadi/Sub-Centre ●● Any other Place
2.	How many children born in the last three months have been administered B.C.G vaccines? *(please see the mark of BCG vaccine on atleast two children)*	*In case no children have born in past three months, do not ask questionz for the 2nd serial number.* All children have been vaccinated ●● Some children have been vaccinated ● Not even a single child has been vaccinated
3.	Whether, all the pregnant women have been administered TT in the last three months?	All pregnant women have been given TT injections ●● Some pregnant women have been given TT injections ● Not even a single pregnant woman has been given TT Injection

PICTORIAL TOOL

Training women leaders on the tool and maternal health entitlements

- The women leaders from the villages were trained in two batches on maternal health entitlements. The campaign and the community inquiry process was discussed with them in detail.
- The overarching perspective of health as a human right was discussed.

Community Enquiry: Interviews and Group Discussions

Community Enquiry process included community level group discussions with women who had child birth in the preceding one year (August 2016 – 17) and individual interviews with 234 women from the Madiga community who had delivered in the village in the past one year.
This process was conducted over a two month period (August – September 2017).

Participatory Analysis and Report (October 2017)

- With some expert help, data was then entered into SPSS for analyses.
- The data was then processed with JMS women leaders and core team over two days for analysis and interpretation.
- . It was found that as the primary health care system is in doldrums, several women were forced to go to private nursing homes, spending as much as 70,000/- around one child birth, while the annual income of the household put together is about 43,000 rupees.
- 73% of all women and 69% of women with risk factors had delivered in government facilities
- Only 21% of all women and 22% of women with risk had delivered in taluk hospitals
- Only 2% of all women and 3% of women with risk had delivered in CHCs
- Only 2% of the women including women with risk had delivered in district hospitals
- 45% of all women and 38% of women with risk had delivered in PHCs, mostly attended only by staff nurses
- **As a consequence 27% of all women and 31% of women with risk had delivered in private hospitals**

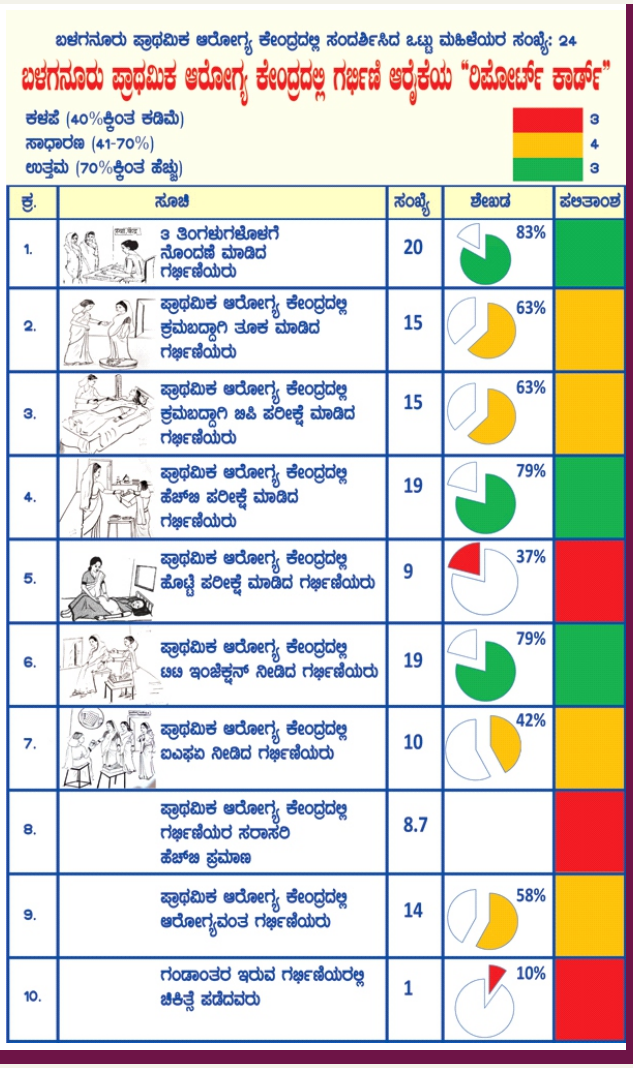
Catastrophic cost of maternal care in private

- An average of Rs.11,114 for antenatal care services for on an average of 4 visits (consultation, average 2 scans, medicines and tests)
- An average of Rs.4338 for treatment of complications during pregnancy
- An average of RS.13279 for normal delivery
- An average of Rs.48145 for c-section
- An average of Rs. 6808 for ‘treatment’ of newborn

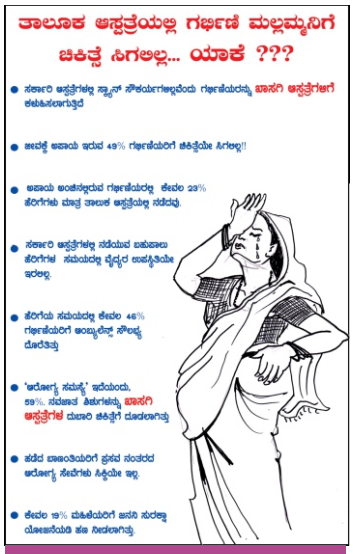
Popular Presentation of the Report on the Status of Maternal Health Services

- Pictorial presentation with images and cartoons.
- Popular and colloquial Kannada language through pamphlets
- Popular Imaginative Story – Why was Pregnant Mallamma forced to go to Private Hospital and become poor?

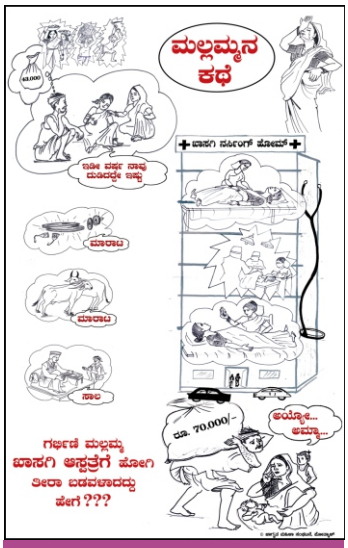
Pictorial Cue	Poor quality of AN care in government facilities pushing 80% women to seek AN care in private	
	registered in the first three months	59%
	women were weighed 3 times or more	40%
	women's abdomen was examined 3 times or more	32%
	women's BP was checked 3 times or more	39%
	women were given the entire course of prophylactic IFA tablets of three packets	31%



Dissemination of findings through the story of Mallamma – developed as huge banners



Pictorial story on why Mallamma did not care in the public hospital



Why did Mallamma become poorer because of her treatment in the private hospital?

What are the maternal health entitlements of Mallamma?

Mallamma is quite a common name of a woman in the area. A story was narrated through the life of Mallamma

- Why did Mallamma had to go to private hospital: narrated the denial of services in the public hospitals and referred to private hospital
- Why did Mallamma become poorer because of her treatment in the private hospital? - The out of pocket expenditure of 70,000 rupees (1100 USD) in the private hospital
- What are the maternal health entitlements of Mallamma?

Maternal Health Rights Caravan and March across 40 villages

- JMS organised a maternal health march on foot across
- 40 villages from Dec 26, 2017 to Jan 05, 2018.
- The caravan with banners, posters, public announcement system accompanied them.
- They held meetings with communities on the findings of community enquiry on Dalit womens access to pregnancy (pre-natal) and post-natal services


VILLAGE MARCH

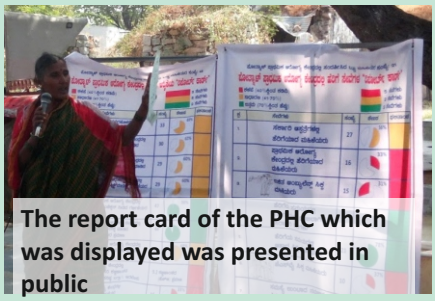

VILLAGE MARCH

Dialogues with the communities and mobilisation

This included a series of actions in each of the villages – community meetings, door to door distribution of pamphlets in which the findings were written in local Kannada language, march through the village, reading aloud the findings over a public announcement system loaded over a tractor which was the caravan vehicle.

Maternal Health Dialogues in PHCs

JMS also held public dialogues in five primary health centres – Three in Manvi Taluka (Tehshil):
Pothnal, Byagwat, Thoranadinni, Two in Sindhanur Taluka: Ragalparvi and Balaganur



The report card of the PHC which was displayed was presented in public

Women informing PHC MO about public meeting on PHC report card

In each PHC, women presented memorandum to the medical officer

'Manvi Chalo' to demand better maternal health care

49 per cent of pregnant women who are in danger fail to receive treatment in Primary Health Centres

Grass root women activists spearheading Manvi Chalo

EXPRESS NEWS SERVICE @ Raichur

DALIT and labour class women to march towards Manvi taluk on January 8 demanding better maternal health care in government facilities.

The Grassroot Women Dalit Madiga Association, Jagrata Mahila Sanghatane (JMS) and Karnataka Janarogya Chaluvali (KJC) resolved to march after carrying out a study on maternal health care access to Dalit, backward and marginalised communities. The study made some startling revelations on poor health care in the primary health centres. The JMS surveyed 234 delivered women attended five primary health centres (PHC) looking after 36 villages in Manvi and Sindhanur taluk.

at the centres. It is blatant to learn for the study that 39 per cent of pregnant women were not tested for BP (blood pressure) and doctors refused to touch stomach of 32 per cent of pregnant women, while 31 per cent of expecting mothers did not get Iron tablets.

On the other hand, the leader of the JMS, Chinnamma said only 22 per cent of expecting mothers who were in danger delivered in government facilities and others were forced to get treatment at private hospitals. Chinnamma rued that poor families manage to earn Rs 40,000 a year. But if they were forced to go to private hospitals they have to pay up to Rs 70,000.

For private hospitals, poor women have to sell their belongings, like jewels and live stocks. This is the sad state of affair

liveries, doctors remain absent throwing burden on the nurses. In most of the PHCs there are no MBBS doctors as government has appointed AYUSH practitioners. Besides this, 46 per cent of expecting mothers are denied the privilege of ambulance to travel from home to PHCs or PHCs to Community Health Centres or Taluk Hospitals due to non-availability of ambulances. What is more worrisome is 39 per cent new born babies are treated at private hospitals owing to lack of treatment infrastructures at PHCs.

With an aim to demand to fix the problems prevailing at the government facilities, the JMS is carrying out Manvi Chalo rally and around 500 women are expected to participate in the march. On January 2, at 11:30 pm the rally will kick-off from ... and move to ... ra Bhavana ... public meet... Later the JMS ... orandum to ... Nayak.

Dalit women speak - press conference

Rally for Maternal Health – Manvi Tehsil Headquarters

The March converged at the Manvi Tehshil place on Jan 8, 2018 where about 500 women gathered with a public demand for revitalising public health care system, and to demand protection from falling in the hands of private health care providers, who push them further into poverty.

- They presented their community enquiry findings on the deficiency and unavailability of services due to which many of them were pushed into private nursing homes incurring exhorbitant expenditure. They demanded, among others, ultrasound (scanning) facilities in the Tehshil/taluka hospital and neonatal care unit for which they were referred to the private facilities by the public health care doctors, where they were literally fleeced.
- The District Health Officer who was planning to abscond, was forced by the women to be present. The MLA, MLC and other leaders were present where the women did the talking.

District Health Officer Raichur responds to demands in the presence of Manvi MLA Hampaiah Nayak and

Submission of Memorandum to the members of legislative assembly and council

Women take to the streets demanding good quality maternal care in public health system

Narsamma (JMS convener) addressing the protestors, 8th Jan 2018

KEEPING THE PRESSURE ON
JMS CONTINUED THE DEMAND FOR ACTION ON THE FINDINGS BY THE SYSTEM

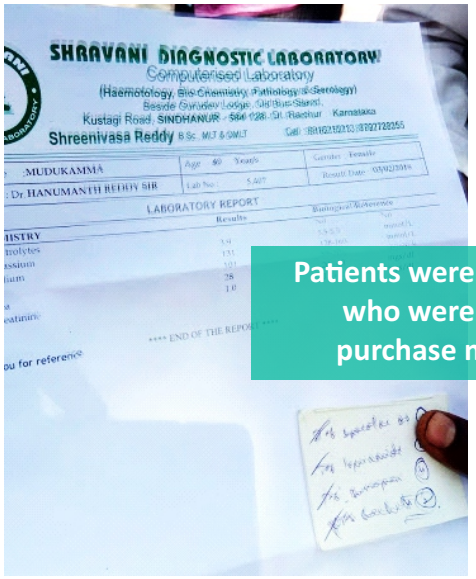
A follow up meeting with the Taluka Health Officer along with front line health workers was organised (Manvi Taluka)
Similar follow up in another THO also was organised
Both with large number of women cadre presneting their issues and evidence


ಆರೋಗ್ಯ ಸೌಲಭ್ಯ ಒದಗಿಸುವಂತೆ ಆಗ್ರಹಿಸಿ
ಮಹಿಳಾ ಸಂಘಟನೆಗಳ ಪ್ರತಿಭಟನೆ

Press Coverage

Submission of Memorandum to the MLA

Public meeting and public audit – Sindhanur taluka hospital



Patients were interviewed who were made to purchase medicines

OUTCOMES

The immediate outcome

- The Medical officers and front line health workers of five PHCs were invited for a detailed discussions with JMS women
- Manvi THO issued a letter with details of follow up on each of the demands
- The MLA and MLC took responsibility to organise the meeting at the district level meeting of JMS with all the officers concerned
- In one PHC (Ragalparvi), a staff nurse was appointed soon after the protest rally
- In several PHCs women followed up with individual cases of access – on availability of medicines, taking informal payments etc.

CONCLUSION

- The evidence through community inquiry received acceptance from the health service providers
- The elected representatives were able to relate to the issues of maternal and reproductive health
- JMS has resolved to make it an electoral issue in 2018 where assembly elections are going to be held in Karnataka

GLOBAL SYMPOSIUM
2019

GOVERNANCE
CITIZENSHIP
ACCOUNTABILITY

COPASAH Global Symposium on Citizenship, Governance and Accountability in Health

Role of the Community in Strengthening Performance and Accountability of Health
2019, India Habitat Centre, New Delhi, India

COPASAH
SYMPOSIUM SECRETARIAT

Context of the Global Symposium

The "Alma Ata Declaration" with its call for Health for All by 2000 in 1978 marked a new shared aspiration for all citizens of the earth. Community participation was centre-staged as one of the core principles by Alma Ata. In the last four decades, the goal of Alma Ata has not been met and the vision of comprehensive primary health care for all has been corrupted by increasing privatization and high costs of care as well as techno-centric fragmentation of care leading to high levels of inequality in health outcomes.

There have been some efforts to ensure a level of continuity in the discourses around health care for the poor through focus on approaches like Universal Health Coverage, Universal Access to Health Care, Social Determinants of Health, Millennium Development Goals as well as the current efforts on the Sustainable Development Goals (SDGs).

COPASAH (Community of Practitioners for Accountability and Social Action in Health) focuses on marginalized communities where practitioners learn from each other and by distilling lessons from practice and a bottom up process. (www.copasah.net) Building upon the current interest on achieving universal health coverage and the need to include the most marginalized within the ambit of health systems as an active participant, COPASAH proposes to organize a Global Symposium on Citizenship, Governance and Accountability in HealthCare/Systems.

The overall purpose of the Symposium will be to provide a platform for learning, exchange and knowledge building on the issues related to theme by grassroots practitioners, programme managers, thematic experts, academics as well as donors and international agencies. A unique element of the Symposium will be its focus on community level practice and bottom up knowledge building processes.

Objectives of The Global Symposium

The Symposium envisages some objectives:

- To facilitate an opportunity for the practitioners of social accountability and human rights advocates in health from global south to interact, dialogue and share their common concerns and experiences;
- To provide space for structured and semi structured interaction between academicians, researchers and development organisations concerned about set righting the power asymmetry to dialogue with practitioners and activists for sharing concerns, seeking common ground for coordination, supporting each other's search for creative solutions and initiate spaces and platforms for networking and solidarity;
- To provide donor organisations and policymakers at the global level with pulse of the ground realities vis -a -vis reach of global health programmes to communities.

Themes of the Global Symposium

The Symposium is organised around diverse themes which allow the delegates to engage in multiple ways to share and exchange their experiences surrounding accountability and health care/systems. The themes include:

- Role of Participation in Governance and Accountability of Health systems for achieving SDGs
- Improving access to quality health services for Indigenous Communities and other marginalized Ethnic Social Groups
- Revisiting Reproductive Health - Completing the unfinished agenda of securing reproductive health and rights for all.
- Setting the framework and agenda for demanding accountability of the private medical and health care sector
- Forging alliances between the community and the health workforce

Interactive Platforms

The Symposium is envisaged to be an interactive and a participatory process allowing much space for conversations, discussions and interaction between the practitioners and other delegates. The Symposium will follow a format which stimulates interactions and this includes:

- Conversations with the experts with audience participation
- Sessions with film shows/ AV demonstration followed by discussions
- Facilitated Round Table discussions
- Curated Poster presentation - Gallery walk with discussion
- Skills exchange workshops
- Cultural engagements

Participants

The Symposium is expected to bring together 400 delegates

which includes at least 200 community based practitioners working on health equity and social accountability and an equal number of participants from human rights/accountability organisations, researchers/ academics working on accountability, health systems and health equity as well as those working on health related public policy, media as well as donor organisations.

Hosts of the Symposium

COPASAH Steering Committee and the COPASAH Global Secretariat, currently hosted by Centre for Health and Social Justice (CHSJ), New Delhi are the hosts of the Symposium. COPASAH seeks to host this Symposium in partnership with organisations and networks committed to the health and human rights of the most marginalised.

For more information on the Symposium and key dates, time lines for call of abstracts and other updates keep following www.copasah.net
Email: Queries related to the Symposium can be sent on copasahsymposium2019@gmail.com

Dates of the Symposium to be announced soon!

GLOBAL SYMPOSIUM

Watch out for...

COPASAH Global Symposium on

CITIZENSHIP, PARTICIPATION, GOVERNANCE AND ACCOUNTABILITY IN HEALTH

Join Us in New Delhi (India) in 2019

Community Health Worker Voice, Power, And Citizens' Right To Health: Learning Exchange Report

MARTA SCHAAF, CAITLIN WARTHIN, AMY MANNING, STEPHANIE TOPP (ARC AND AMDD)*

Community health workers (CHWs) are increasingly put forward as a remedy for lack of health system capacity, including addressing challenges associated with low health service coverage and with low community engagement in the health system. CHWs are often explicitly mandated or implicitly expected to enhance or embody health system accountability to the populations they serve.

While definitions vary, CHWs are generally community-based workers who: are members of the communities where they work; are (at least in part) selected by the communities they serve; and are required to represent and/or deliver health services (WHO, 2007). CHWs are also commonly envisioned as being answerable to the community for their activities, and they often perform a linking function between communities and the health system (WHO, 2007).

In June of 2017, thirty researchers, health advocates, and program implementers from eight countries attended a two-day 'think-in' at American University. While many country experiences were discussed, the meeting focused in particular on the experiences of Brazil, India, South Africa, and the United States. These countries were selected because, with the exception of the United States, they have large, scaled-up CHW programs where there have been at least some instances of CHWs facilitating—or demanding—greater health system accountability.

The detailed Learning Exchange Report can be accessed on http://accountabilityresearch.org/publication/report-on-the-think-in-on-community-health-worker-voice-power-and-citizens-right-to-health/

***Published with due permissions from Accountability Research Center (ARC)**

The Accountability Research Center (ARC) is an action-research incubator based in the School of International Service at American University. ARC partners with civil society organizations and policy reformers in the global South to improve research and practice in the field of transparency, participation and accountability. For more information about ARC, please visit the website: www.accountabilityresearch.org

COPASAH STEERING COMMITTEE MEMBERS

The COPASAH Steering Committee (SC) includes representatives from each of the three geographical regions represented in the convening (Africa, India and Latin America) and a representative from Open Society Foundations (OSF). The SC is composed of the following members:

ABHIJIT DAS, Global Convener - COPASAH
Centre for Health and Social Justice (CHSJ), India

ABHAY SHUKLA, Member (South Asia)
Support for Advocacy and Training to Health Initiatives (SATHI), India

ARIEL FRISANCHO ARROYO, Country Director, CMMB, Peru (Latin America)

RENU KHANNA, Member (South Asia)
Founder Member, SAHAJ Society for Health Alternatives, Baroda

WALTER FLORES, Member (Latin America) and Ex-Global Convener
Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (Center for the Study of Equity and Governance in Health Systems)-CEGSS, Guatemala

MOSES MULUMBA, Member (East Southern Africa)
Centre for Human Rights and Development (CEHURD), Uganda

COPASAH STEERING COMMITTEE ASSOCIATE MEMBER
Borjan Pavlovski, ESE, Macedonia

COPASAH SOUTH ASIA STEERING COMMITTEE MEMBERS

Gulbaz Ali Khan, CIG, Pakistan
Renu Khanna, Sahaj, India
Abhay Shukla, SATHI, India

EDITORIAL TEAM

Abhijit Das- Global Convener COPASAH
E. Premdas Pinto - COPASAH-Global Secretariat Coordinator
Renu Khanna - SAHAJ, India
Walter Flores - CEGSS, Guatemala
Sambit Mohanty & Surekha Dhaleta–COPASAH Communication Hub
Lavanya Devdas - COPASAH Communiqué– Technical Associate

COPASAH

Community of Practitioners on Accountability and Social Action in Health

FACEBOOK TWITTER BLOG

copasah.net

PUBLISHED BY **CENTRE FOR HEALTH AND SOCIAL JUSTICE**
GLOBAL SECRETARIAT & COMMUNICATION HUB FOR COPASAH
BASEMENT OF YOUNG WOMEN'S HOSTEL NO 2, AVENUE 21, G BLOCK, SAKET - 110017, INDIA