Participatory research: shaping the process and pathways to UHC

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Principles

• Knowledge is a collective action mediated by specific social, economic and political contexts.

• Social order (class, race, ethnicity, income) and power, favor or exclude some populations from the benefits of knowledge.

• An ethical imperative: to oppose exclusion by supporting knowledge production of marginalized populations and their access to existing knowledge
• Knowledge is produced by many people through many different types of interactions
• Ordinary people also interact and also produce knowledge
• Citizens affected by inequities actively participate in data gathering, analysis and in debating policy reforms and monitoring their implementation
Participatory knowledge approaches

• Systematize local experience and organize shared collective analysis on relationships and causes of problems
• Links such analysis to reflection and action, organizing shared experience to generate new learning and knowledge
• People become active researchers and agents of change
Community based monitoring and planning of Health services in Maharashtra, India

A framework for making public health services accountable
Community based monitoring and planning – an emerging approach for accountability

- Community members and local activists identify gaps, issues, priorities for change
- Perspective of people’s health rights and accountability of public services is at the core
- Challenging the hierarchy of power and moving towards some level of equalization of power
Key processes in CBM

• Capacity building of monitoring committee members through trainings

• Monitoring by committee members through data gathering and filling report cards at village, PHC, Rural Hospital levels.

• Based on report cards, dialogue with health functionaries (Public hearings or mass dialogue)

• State level conventions and dialogue
Pictorial tools for community monitoring

- Monitoring booklet forms
- Village Health Calendar
- Interview format for MO PHC / CHC
- Actual medicine stock taking at PHC/CHC
- Format for Exit interview (PHC / CHC)
- Documentation of testimony of denial of health care
Preparation and display of Report Cards

facilitators collect data regarding health services at village, PHC and Rural Hospital level.

Report Cards prepared by them after analyzing data collected from community

Displayed in poster form in the village, PHC and CHC
Public hearings: a forum for dialogue and accountability

- Report cards and cases of denial presented.
- Health officials respond to issues raised by people.
- Actions ordered regarding services at village, PHC and Rural hospital levels
- **Nearly 200 Public hearings organised so far** at PHC, block and district levels
Improvements in health services in CBM areas

- Practice of PHCs **prescribing medicine from private shops** has largely stopped
- Illegal charging and **private practice** by certain medical officers **has now been checked**
- **Frequency of visits** of ANM and MPWs in villages has led to improved village health services in many villages

- **Definite improvement in immunisation coverage**
- **Certain non-functional sub-centres, mobile units, lab facilities now started functioning**
East and Southern Africa
-Over 10 years experience, in 20 sites spanning 9 countries

-Health organizations have been working to strengthen community and health system interactions through a Participatory Action and Reflection
East and Southern Africa

- Practitioners implement work on various areas of health
- Strengthening mechanisms for community involvement in health planning
- Their work has collectively validated the importance of giving voice to people in health systems

Walter Flores
Health Systems Literacy

Walter Flores
East and Southern Africa

RESULTS:

• Improved **communication** between health personnel and communities

• Enhanced **mutual respect and joint analysis**, leading to a greater **understanding** of the barriers to health and strategies for overcoming them

• As people systematize their local experience, they generate **knowledge** that can lead to **collective action**
Guatemala: Country of contrasts

- 5th largest world exporter of coffee and sugar
- 4th place in the world: highest chronic malnutrition in children
Guatemala

Travel to Guatemala, save money and return home in better health!

Guatemala, the largest country in Central America, boasts of some of the best medical and hospital services in the region. In the private sector, you'll find highly qualified specialists and well-trained medical staff, who are used to treating tourists and Europeans residing in Guatemala, unlike the public sector which is often understaffed and underfunded.

Medical tourism in Guatemala is booming in recent years, which has led to a significant increase in patient satisfaction. Guatemala offers a wide range of medical services, including plastic surgery, dental care, and alternative medicine. Patients from various countries have reported positive experiences, and the cost of medical care is significantly lower compared to their home countries.

Deficits infrastructure & HHRR in public sector
Other inequities:

• Malnutrition in indigenous children (70%) is twice as high compared to non-indigenous children

• Indigenous women are three times more likely to die in child birth than non-indigenous

• Indigenous children are twice as likely to be out of school than non-indigenous children
War burden

• Armed conflict (1960 to 1996): the most vicious and violent in the American Continent.

• Guatemala’s Truth Commission (GTC): 200,000 people were executed or “disappeared”; 1.5 million people were displaced.

• More than 80% of all crimes verified by the GTC affected indigenous people.
What is UHC in such context?

• Achieving UHC must be part of a larger effort to redress historical discrimination

• Social empowerment of indigenous population is a key condition to UHC
A PROCESS IN CITIZENS’ EMPOWERMENT TO RIGHTS CLAIMING

**DIMENSIONS**

- **Citizens’ political power**
  - Citizens demanding institutional, political and legal reforms
  - Strong citizens’ organizations that engage with government from local to national level
  - Expand and strengthen citizens’ vigilance from the local to the national level

- **Collective vigilance of public policies and services**
  - Analysis of achievements and lessons learned
  - Strategic Advocacy by citizens’ organizations
  - Plan and implement community monitoring
  - Citizens learn about rights and responsibilities

- **Collective consciousness**
  - Analyze common problems and intervening actions
  - Asking why the existence of inequity and exclusion
  - Collective reflection

- **Individual needs/individual awareness**
  - Individual reflection/awareness
A participatory process to monitor public policies and the health system:

• Based on rights’ claiming
• Carried-out by citizens’ health boards:
  – Surveying existing services to assess compliance with national standards (drugs availability, medical equipment, human resources)
  – Document cases of families suffering hardship due to unmet healthcare needs
  – Studying barriers to access (transport, discrimination, resource allocation)
  – Submit a report to authorities
  – Implement strategic advocacy to demand changes
Surveying healthcare facilities
Discussing findings, signing reports
FINAL MESSAGE

• UHC goal must take into account the structural and historical inequities that exists in many countries

• Gaps in coverage also mirror deficits in democracy, political representation, inclusion: UHC within broader goal of sustainable development with dignity

• People’s knowledge is key to UHC
Social mobilization: driver to equitable and inclusive UHC
THANKS!

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RESOURCES:
www.equinetafrica.org
www.copasah.net
www.sathicehat.org
www.cegss.org.gt