

## **SOCIAL ACCOUNTABILITY PRACTICES: RICHNESS, VARIETY AND SIMILARITY**

The Community of Practitioners on Accountability and Social Action in Health (COPASAH) South Asia Region Workshop on Social Accountability & Community Monitoring in Health (Sept 21-25, 2013) was a rich learning experience as it provided a platform to grass roots level practitioners of social accountability in various issues of human rights and dignity to meet and share their experiences and consolidate the social accountability framework promoted and facilitated through COPASAH.

A total of 44 practitioners comprising of 20 females and 24 males participated, which included participants from Bangladesh and 11 states of India. Unfortunately participant from Nepal had confirmed participation, could not attend the workshop due to illness. The five day training workshop was designed on adult and participatory learning principles. The important themes that contributed to the development of social accountability framework included the following:

1. **Foundational concepts on health and health rights:** The lens of power and equity was used to discuss the perspectives of social accountability in health. Health itself was set within the larger framework of human right to health and health as socially and politically determined. The framework of social accountability was sharpened pitching it within the social, political, economic and cultural contexts of determining the marginalisation of communities.
2. **Socio-political contexts of accountability in health:** The discussion of social accountability chain in its vertical, horizontal and hybrid forms was applied to health situations of participants. It was reinforced that the understanding and processes of social accountability in health was related to the situation of health systems which in turn gets shaped and leveraged by democratic spaces available within particular political contexts. Different participants mapped the south Asian democracies in the range of highly authoritarian and undemocratic states to slightly liberal states.
3. **Methods and processes of social accountability – learning from experiences:** The day 3 was on learning from the practices of accountability from number of fields - community based monitoring and monitoring under the framework of National Rural Health Mission (NRHM), Maternal Health Report Card, use of Interactive Voice Recording System (IVRS) for tracking maternal death and working with hospital management committees to bring about transparency and accountability, using accountability approach and strategies in organizing manual scavengers etc provided rich practices in accountability. Along with this a show and tell session named 'Accountability Haat' (*haat*, in local language means a people's market) gave opportunity to various practitioners to talk about their practices on the themes of marginalised communities, health services, women & dignity and children-adolescent-youth issues.
4. **Promoting Evidence based accountability processes – Generating community data:** Some important methods were discussed and worked upon in small groups on the theme of generating community based and community related evidence– using participatory group discussion, conducting a fact-finding study or recording a case-study, reviewing secondary data were the important methods discussed. This was followed by a practical session on participants collecting

data using appropriate tools on the themes of training workshop, food & accommodation for the training and on the Delhi transport experiences.

5. **Dissemination, advocacy for change and Review of the process:** The day began with the presentation of tools, methods and the report card on the three themes. Drawing on from the sessions the discussion and inputs continued on the advocacy for change and the evaluation processes to assess how we are making a difference.

**Experiences and inputs from the practitioners:** The participants contributed richly to the workshop as many of them were experienced and represented some of the leading campaigns and social movements in the country such as – women’s rights groups, Adivasi (Indigenous People) Movements, Dalit (the community discriminated on the basis of caste) community, strong people’s organisations/movements and community based organisations. The thematic fields of children-adolescents and youth, community entitlement/ rights movement, dignity and identity (Dalits), sexual minority rights, women’s rights, maternal health rights and the community development and health rights issues represented by participants made the workshop and the discussion on accountability quite enriching. Most of them were using accountability strategies and methods in empowering communities.

Experiences of some of the practitioners have been captured through video-recording. Community based monitoring in the community of manual scavengers (Karnataka state – India), empowering women for rights (Maharashtra state – India), Hospital Management Committee (Bangladesh) are a few of the stories captured.

***Illustration: Using Social Accountability strategies with Manual Scavenging Community***

The manual scavenging community is engaged in the inhuman practice of the manual removal of human and animal excreta using brooms, small tin plates, and baskets carried on the head. They belong to the *Dalit* community discriminated on the basis of caste as the allocation of labour on the basis of caste is one of the fundamental tenets of the Hindu caste system. Though untouchability itself is banned by the Constitution of India and manual scavenging also is legally abolished, the very legal norms have created problems to the identity of manual scavenging community. Due to legal provisions all the state governments denied the existence of manual scavenging while thousands of them in fact continued as contract workers or daily wage labourers sweeping streets, cleaning the man-holes etc. A number of deaths in the process of cleaning manholes, serious illnesses and infection of limbs etc. were picked up by the media while state continued in the denial stage and the victims were denied any benefits such as health care, compensation etc. In this context, the accountability processes and strategies were two pronged– one to establish the identity of the manual scavengers and to establish their existence; and two, to address their health rights issues and to demand accountability. The strategies included self-declarations (affidavits) by manual scavengers, photo and video documentation, community documentation and research on health and illness, advocacy with the National Human Rights Commission and various other statutory commissions and legal strategies with petitions in the various high courts and supreme courts.

**Bonding and overcoming key challenge of language barriers in South Asia:** The participatory methodology practiced in the workshop comprising of activity based learning, break-out sessions into groups helped in overcoming the greatest language barrier that we had. Some of the participants from Bangladesh did not know Hindi (spoken by majority of the participants) and some of the participants from South India too did not know Hindi. Without having formal translations the challenge was met by bi-lingual and sometimes even tri-lingual (Hindi, English and Bangla) facilitation by the facilitators. A cultural evening on the fourth day show-cased diverse cultural richness and helped in forging a great bonding between all the practitioners. Songs and short performances in different languages marked the fun.

#### **Follow-up and looking beyond workshop:**

- ***Practitioners' Forum in India:*** During the course of the workshop, the need and possibility for an independent youth / younger generation practitioners' forum was greatly discussed by participants in their free time and it was discussed at a considerable length on the last day. Most of the practitioners agreed with the felt need for such a platform and about 7 members volunteered to facilitate this process, take the conversation forward among them and have requested COPASAH to play a handholding role. If this takes shape it would be the first autonomous group of social accountability practitioners in India. This is apart from the plans that participants from particular states are making for themselves and taking forward as a resource team in their own jurisdictions.
- ***Continued learning - Facilitation of coming together and sharing:*** The practitioners have expressed the need to come together physically to share their experiences, strengthen their learning and the network, at least once a year.
- ***Resource Material in various languages:*** A great need is also felt in developing a few of these sessions and reading materials in various Indian and other South Asian languages.

Richness of experiences, variety in issues of practice and similarity in the social accountability perspectives were the highlights of this workshop. The whole workshop was ably and efficiently supported by the organising, administrative and finance team of Centre for Health and Social Justice, the South Asia Region Secretariat of COPASAH. The steering committee members of COPASAH anchored the whole process with their expertise in facilitation of thematic sessions.

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