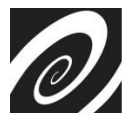# Practitioners Convening on Community Monitoring for Accountability in Health

CONVENING REPORT

18th – 20th July 2011

Held at
Indaba Hotel and Conference Centre
Johannesburg
South Africa

Accountability and Monitoring in Health Initiative
Public Health Program

OPEN SOCIETY
FOUNDATIONS

Table of Contents

Cite as: Accountability and Monitoring in Health Initiative, Open Society Foundations (2011). Summary report of the proceedings from the *Practitioners Convening on Community Monitoring for Accountability in Health* held in Johannesburg, South Africa from 18th – 20th July 2011.

Acknowledgements

List of Acronyms

AFR	Accountability for Reasonableness
AMHI	Accountability and Monitoring in Health Initiative
CBM	Community Based Monitoring of Health Services
CBO	Community Based Organization
CEGSS	Centre for the Study of Equity and Governance in Health, Guatemala
COPCOM	Community of Practice on Community Monitoring for Accountability in Health
CSO	Civil Society Organization
OSF	Open Society Foundation
PHP	Public Health Program at Open Society Foundation
TARSC	Training and Research Support Centre, Zimbabwe
UNHCO	Uganda National Health Consumers' Organization

1.0   Background

This report summarizes the proceedings of a two and a half day convening of experienced practitioners of community monitoring for accountability in health who met in Johannesburg, South Africa from 18th – 20th July 2011. The meeting was organized by the Accountability and Monitoring in Health Initiative [1](AMHI) of the Open Society's Public Health Program (PHP), in close collaboration with an advisory group[2] of four experienced practitioners from Guatemala, India and Zimbabwe.

AMHI's internal reflections and a commissioned mapping of existing resources in community monitoring for accountability in health have highlighted that it is an evolving field, with few initiatives across the world. One of the critical gaps identified as hampering the advancement of the field was the absence of spaces and opportunities for practitioners of community monitoring for accountability in health to come together to share, collectively reflect on their experiences and to think creatively about the field and its future. This was confirmed through AMHI's consultations with experienced community monitoring practitioners at the First Global Symposium on Health Systems Research in Montreux, Switzerland in November 2010.

> **THE CONVENING:**
>
> **Was truly diverse**
> - 39 participants
> - 12 countries: *Bangladesh, Brazil, Denmark, Guatemala, India, Kenya, Peru, South Africa, Uganda, United States of America, Zambia, Zimbabwe*
> - 30 organizations
>
> **Had a wide range of rich experiences in**
> - health rights
> - community monitoring
> - budget monitoring
> - expenditure tracking

This strategic convening sought to initiate discussions in response to this gap[3]. It brought together 39 participants from 12 countries around the globe with a mandate to review current experiences and begin shaping an agenda for strengthening the field. These practitioners came from a wide range of experiences in community monitoring, health rights, budget monitoring and expenditure tracking.

Broadly speaking, the three convening days were divided as follows:
Day 1: focused on concepts as a way to develop a shared understanding and language in community monitoring for accountability in health.
Day 2: moved into a more in-depth analysis of practice. What is being done and how, and looking at the scope, challenges and enabling factors.
Day 3: focused on mapping available resources, identifying gaps, and exploring ways to face the challenges and strengthen the capacity of community monitoring work.

Two background documents were prepared prior to the convening: a review of the literature on community monitoring and a synthesis of responses to a questionnaire sent out to all the convening participants. Both of these reports and minutes of the convening, which outlines in detail the presentations, discussions and conclusions arising from each session are available on the Reports section of the OSF PHP Seminars website (Click Here).

---

[1] Combining the former Public Health Watch and Health Budget Monitoring and Advocacy Projects of the Open Society Foundation's Public Health Program
[2] Advisory Group members included Abhijit Das (CHSJ, India), Abhay Shukla (SATHI, India), Rene Loewenson (TARSC, Zimbabwe) and Walter Flores (CEGSS, Guatemala)
[3] Please see: "Practitioners Convening on Community Monitoring for Accountability in Health: A Concept Note" (Available Here)

This report is a summary of the minutes, with a particular focus on the main points arising from the convening and a clear listing of recommendations and commitments.

2.0   Main points arising from the convening

Delegates were given numerous opportunities throughout the convening to share their distinct experiences in, and understanding of, community monitoring for accountability in health. Through case presentations, group work and plenary discussions, the convening explored a range of issues related to context, the concept and design of community monitoring for accountability in health, different approaches and tools used, and ways to measure success. These discussions pointed to the rich diversity of experiences and insights at the meeting, all of which offered opportunities for deepening delegates' collective understanding of the strengths and challenges they face in this field. The meeting also pointed to a number of key lessons learnt and resulted in some clearly articulated areas of consensus.

2.1   Recognizing diversity

Diversity of contexts:

It was clear from this meeting that contextual factors affect how organizations develop and adjust their strategies in community monitoring for accountability in health:

- Historical, political, economic and social factors influence the extent to which community monitoring for accountability in health programs work within or outside of the state apparatus. In India, for example, the Community Based Monitoring (CBM) programme was developed in 2005 at the national level after the newly elected government developed clear delivery standards and guidelines for different levels of care, and created a framework for communities to be able to monitor the delivery of services at community level. In many other countries, such as in Zimbabwe, South Africa, Kenya and Peru, community monitoring is undertaken by community based organizations (CBOs) to put pressure on the state to meet its obligations, and to ensure the health rights of all citizens.
- During an exercise where delegates placed themselves physically along two axes - repressive/democratic state and poorly functioning/well-functioning public health system -, the meeting revealed the range of experiences, with Denmark, Switzerland and Canada at one extreme of the spectrum, and Zimbabwe, Uganda and Uttar Pradesh State in India at the other. There were a number of countries where, even though the state was relatively democratic, public health services were nevertheless functioning poorly. In most situations, delegates agreed that there is more room to maneuver if community monitoring work remains in the 'safe' domain of health without tackling issues of political and economic power and inequity.
- Similarly, there was a diversity of experiences when looking at the relationship between the density and strength of health-related civil society organizations in each country or region measured against varying degrees of community organization and awareness. There was general recognition of how important it is to give voice to community groups, to strengthen the capacity of CSOs, and build alliances at all levels from local to national in order to put pressure on the state to meet its obligations.

Diversity in conceptual frameworks:

- The background document to the convening outlined a number of conceptual frameworks identified in the literature review on community monitoring for accountability in health. These ranged from a World Bank focus on strengthening 'client power', to frameworks that focus on

rights and obligations (Helen Potts, University of Essex), to the Institute of Development Studies at Sussex University which sees the dynamic relationship between citizenship, power relations and access to resources and rights as important factors for contextualizing political, social and cultural differences in community monitoring.

- While most organizations acknowledged that they did not explicitly work within a clearly defined framework, it was clear that organizations came from a diverse perspective in relation to principles, project purpose, objectives, goals and outcomes. For example, the Centre for the Study of Equity and Governance in Health (CEGSS) in Guatemala noted that their aim was to challenge power dynamics, especially between frontline health workers and the wider community. The organizations implementing CBM in India maintained that their conceptual framework was based on two assumptions: that there is an empowered community and clearly articulated health service standards. Other objectives ranged from wanting to change and transform the state (Training and Research Support Centre, TARSC, Zimbabwe), to focusing on achieving legitimacy and fairness (Accountability for Reasonableness, AFR, working in East Africa), promoting citizenship (Sahaj, Gujarat, India), to creating hope (Community Health Cell Extension Unit of SOCHARA, Chennai, India).

Diversity of approaches, methods and terms:
- There is a broad diversity of methods for enabling community monitoring for accountability in health, including:
  - Community-based data collection and score cards
  - Health facility surveys
  - Social audits
  - Budget and social accountability monitoring.

  Their essential features, uses and challenges are outlined in the table below.

Method	Essential Features	Uses	Challenges
Community-based data collection and score cards	Compiles information on community experiences and needs through use of a range of participatory approaches and tools; local advocacy begins with interface meetings with local service providers to agree on changes needed and ways to implement the change.	Gather community perceptions on accessibility, availability and quality of services to identify gaps and promote accountability of local service providers; identify local solutions.	Literacy level of a community; monitoring private health sector; ensuring participation of marginalized groups in a community.
Health facility surveys	Community visits to health facilities to assess and verify type of service, adequacy of health human resources, medicines and equipment, and functionality of infrastructure; information is collected through questionnaires, checklists, key informant interviews, exit interviews and critical review of health facility documents/records.	Identify gaps in service delivery, health human resources, medicines, equipment, and infrastructure at health facilities; identify solutions at local level; findings can also be used as an advocacy tool at district or national level.	Weak relations or limited power/authority of local health governance structures can make communication and shared problem solving between community representatives and health facility personnel challenging.

Method	Essential Features	Uses	Challenges
Social audits	Community assessment of public records to assess the allocation and use of public resources; findings presented to public officials in public forums to reinforce the rights of citizens to scrutinize effective use of public resources and receive stated government services and hold public authorities accountable for their decisions and actions.	Scrutiny of public authorities' decision making and use of resources by communities; monitor individual case studies with regard to receiving services or supplies (e.g. medication); document negative impact of current policies and practices; reveal corruption and unfulfilled obligations.	Access to government/public documents and information; social audits look at specific entitlements at lowest level of service delivery, leaving lower levels of authority vulnerable to criticism and often critical of the process; Needs involvement of strong civil society groups to ensure decisions and follow-up actions.
Budget and social accountability monitoring	Tool to understand the intent and impact of government budgets; skilled mediator undertakes the analysis, while community representatives set priorities, review findings, and plan for action; facts are compared with government commitments and standards.	Assess Government's compliance with its own stated policies and commitments; assesses how equitably and efficiently government's resources are being used; identifies funding gaps.	Access to relevant government documents and information; sustaining community involvement over time.

- Each approach has its own particular characteristic in terms of how information is gathered and the way community and authorities are engaged in the process. For example, while community based data collection and social audits are similar in that they both engage communities in the monitoring process, their starting points are different: in social auditing the starting point is the validation of official documents by community representatives; community-based monitoring starts with the experiences of the community. At the same time, community-based monitoring focuses on implementation, while social accountability and budget processes start with government policy documents.

Figure 1 A woman filling a Village Scorecard on Health Services in Maharashtra State, India

- The meeting acknowledged the complementarity of different community monitoring approaches. Community-based data collection and health facility surveys can be used to identify and push for changes at local level; social audits or budget monitoring can monitor implementation and/or policy changes to ensure gains are realized and maintained. This calls for a more strategic way of implementing community monitoring programs. It also assumes one organization cannot do it all, thus necessitating the need to build alliances across programs and sectors, as is being done in countries such as in India and Kenya. (See more on the complementarity of approaches in section 2.3 below.)

- There are a wide range of methodologies and tools used by organizations involved in community monitoring for accountability in health. Many of the tools involve the active participation of community representatives and try to include marginalized members of the population, including women (many initiatives), low caste (India) and indigenous populations (Guatemala, Peru). The tools are often visual – for example, score cards, visual mapping – and in many contexts communities are involved in reporting findings to higher authorities through participation in large public hearings, community meetings, or representation to state authorities.
- The meeting explored the diverse use of key terms such as 'power', 'consciousness', 'citizenship', legitimacy' and 'change', and agreed that it was not necessary to build a common language. It was, however, important to recognize commonalities and differences when they arise and to contextualize use of these terms. Language is not neutral and can be co-opted easily, such that practitioners may use the same term but with totally different meanings.

2.2   Other lessons emerging

Privatization of health

There was general consensus that privatization of health is a common issue faced by most countries, that it brings up a number of complex issues related to the relationship between the private and public health systems, and needs much more discussion to address implications for community monitoring for accountability in health work. Specific issues arising:
- All countries are dealing with mixed health systems. Communities are interfacing with private for profit, private not for profit and public health facilities and services.
- It is important to look at the private sector through a community lens to understand how it is or is not meeting community health needs. People are not simply users of either system but active citizens with expectations and rights.
- It is also important to explore the role of the state in this complex environment and review how the state may be getting co-opted or impacted by private interests and the private system.
- Both the public and private sectors need to be made accountable to ensure communities' right to health are not abused. Monitoring of the private and public sectors is not sufficient; there is also a need to build alliances across public and private spaces. A case study from UNHCO in Uganda highlighted the potential advantages of a private-public mix where the organization brought together private providers, civil society and public health officials to look at the role of the state in regulating the private sector and ensuring consumer protection.

Addressing the connection between local, national and global

Discussions during the convening highlighted the need to:
- Address the structural inequities between local and national decision-making and authority, and to some extent at international level, in order to effectively drive systemic change.
- Bring pressure to bear on the donor and international community to implement international priorities, such as the Millennium Development Goals, with greater flexibility to give more space for local aspirations to be realized and for monitoring of a wider range of concerns such as issues of equity.
- Recuperate the emphasis on rights which take into account the citizenship and power of communities.
- Strengthen the voice of local communities by forming vertical and horizontal alliances to ensure their interests are incorporated into all discussions at district, national and international fora. It is especially important to strengthen relations with health workers.
- Identify stories of change expressed through the voice of empowered people at local level.

Tracking and Addressing Progress

During a plenary discussion on identifying results and tracking progress in community monitoring, delegates came to the following conclusions:
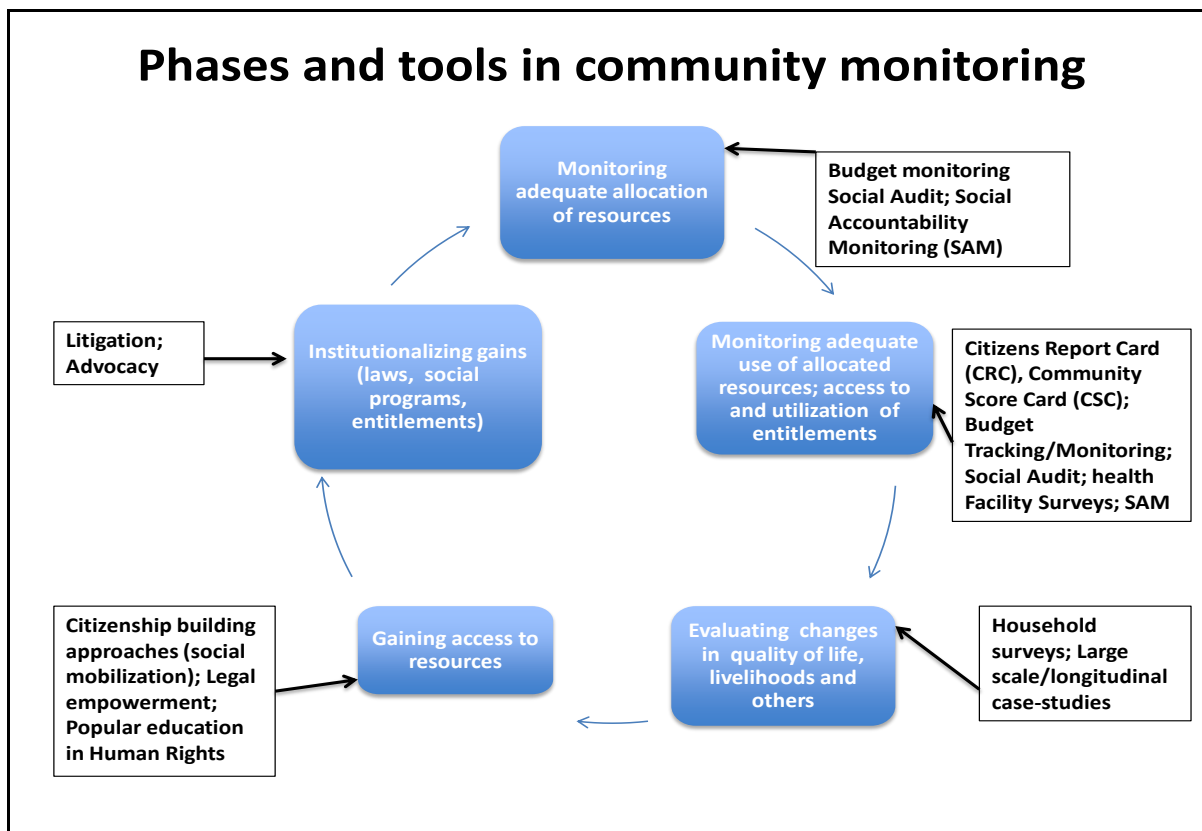
- There is a strategic path to measuring success. Community monitoring, at the very least, must achieve awareness and inclusion of the local population. But it is also possible to identify success at various other stages along the path –including increased community organizing, to articulating and negotiating demands, through to the power of producing change, whether personal (a patient is more assertive in demanding her right to health), social (community demands are met) or structural (government resources allocated more equitably).
- Mapping and tracking successes is an internal part of the community monitoring process. This meeting has shown that practitioners have a number of approaches to doing this, for example: outcome mapping, sign posts, wheel charts, and progress markers. It is important to embed these approaches in existing structures (e.g. in health center committees or health literacy programs) to ensure continuity and community ownership.
- In terms of outcomes: there are a number of domains for measuring outcomes, not only in relation to health. These outcomes range from the way norms, values and issues of solidarity are changing, through to changes in health services and health outcomes, through to actions in various processes such as community engagement with parliamentary committees and other formal structures.
- Evidence needs to be carefully documented to suit a variety of audiences. Communities need to have easy access to the information, but it is equally important to reshape the findings to make them accessible and persuasive to higher level authorities. This necessitates a variety of approaches, from the more established ways of documenting findings such as formal quantitative reports, to the use of case studies, oral histories, and participatory tools.

2.3   Building consensus

Complementarity of approaches: phases and tools in community monitoring

- The convening participants agreed that, while community-based monitoring has its strengths, there are distinct limitations to what it can achieve, especially in relation to structural or systemic change. Community monitoring is good at identifying issues, but there needs to be a clear strategy on how to convert that information into change.
- Based on these discussions, the convening participants concluded that practitioners in the field of community monitoring for accountability in health need to engage in an entire cycle of approaches - from facilitating communities to become informed and aware, to demanding their rights, to improved services, to structural change. The process needs to be able to respond to invested interests and power dynamics. As shown in the diagram below, this links up with a range of methods, such as budget tracking to ensure the allocation of resources, to social auditing or citizen report cards to monitor the proper use of those resources, to changes in quality of life through household surveys, etc. All these tools are equally important. They simply work at different levels, from local to national (See Fig 2).

Figure 2 Phases and tools in community monitoring

Phases and tools in community monitoring

- Monitoring adequate allocation of resources
- Budget monitoring Social Audit; Social Accountability Monitoring (SAM)
- Litigation; Advocacy
- Institutionalizing gains (laws, social programs, entitlements)
- Monitoring adequate use of allocated resources; access to and utilization of entitlements
- Citizens Report Card (CRC), Community Score Card (CSC); Budget Tracking/Monitoring; Social Audit; health Facility Surveys; SAM
- Citizenship building approaches (social mobilization); Legal empowerment; Popular education in Human Rights
- Gaining access to resources
- Evaluating changes in quality of life, livelihoods and others
- Household surveys; Large scale/longitudinal case-studies

Role and ethics of facilitating organizations: putting people center-stage

At various stages during the convening, delegates reflected on what role facilitating organizations should play when working with communities. There was general consensus that there are specific ethical issues that need to be followed in order to honor the shared commitment to put communities at the center of this work. Issues arising included:

- Community monitoring practitioners/facilitators may be from outside the community, but they still have to have strong links with community-based institutions and leadership, and a clear understanding of the dynamics and power structures of the various social groups within that community, including the role of women and other vulnerable groups.
- Facilitating organizations and actors need to be accountable to the communities in which they work. They can assist in strengthening the community's institutions, provide technical support in the monitoring process, or contribute to setting the conditions and sustaining community mobilization but they cannot do the mobilizing themselves or set community priorities.
- Putting people center stage also assumes that facilitators have a more long-term commitment to that community and their processes. It is not a one-action intervention, but a cycle of events that take place over a period of time.
- Any serious attempt to put people center stage requires the commitment of the implementing or facilitating institution to develop a conceptual framework that supports this notion and is willing to review its own organizational agenda in order to make it happen. If this is not achieved, then there is likely to be a conflict between the way the organization works and the way it interacts with the community.

- Donors will also need to change their modus operandi if they are to be responsive to peoples' needs and time frames at grassroots level. They need to be more flexible in their approach to working with communities, less bureaucratic and more open to mutual discussion with regard to the terms of the partnership. This is a huge challenge for donors and one that confronts higher layers of power and control.

3.0   Recommended actions and commitments

3.1   Recommendations

Looking ahead
- In looking ahead, the convening agreed that community monitoring is a reasonably powerful approach, especially if it is used in context and combined with other approaches. That being the case, delegates concluded that it is important to reflect collectively on the future of community monitoring for accountability in health, what it should and could achieve in the next 3-5 years and what role this group of practitioners want to play in building towards that future. The meeting recommended that this discussion be taken forward into future gatherings.

Future research
The convening recommended further discussion, analysis and documentation on:
- Guidelines for facilitating organizations on the ethics of community monitoring.
- Exploring ways in which community monitoring for accountability in health work can include monitoring of the private sector.
- Exploring ways to build links between local, national and global institutions to strengthen and inform community monitoring in health at all these levels.
- Theories of change in relation to community monitoring for accountability in health.
- Good practice on tracking and assessing progress, and how to reshape evidence to make it more accessible to a broad spectrum of actors.

Documentation and Platform of Exchange
Delegates were unanimous that there was a need for improved documentation and a larger platform for sharing ideas and resources, to assist in analyzing, critiquing and deepening their work. They recommended the following towards this end:

Improved documentation
- Develop or source creative ways of documenting information - such as videos, storytelling, case studies, and participatory tools – to address lessons learnt, challenges faced, etc.
- As much as possible, documentation needs to be done by the practitioners themselves or with technical support from outsiders.
- Ensure that documentation focuses on the issue of change, with a specific focus on influencing national and international attitudes to community monitoring and action.

Platform for knowledge sharing and learning
- A web-based resource center or repository of documents:
    - to make manuals, guidelines and other community monitoring materials more accessible
    - containing an analysis of the context and usefulness of the material, based on an agreed set of criteria for this analysis
    - a resource person or organization to manage the resource center
    - with links to other institutions and materials beyond this network

- Take advantage of different fora for learning and support, including: web communication, peer review of publications, exchange visits, regional and international meetings

3.2   Commitments – AMHI at Open Society Foundation

Based on the above recommendations, the Director of AMHI, Cynthia Eyakuze, outlined ways in which AMHI could contribute to taking the work forward.

Documentation and the Setting up of a Resource Centre:
- Assisting in the documentation of experiences and different community monitoring for accountability in health approaches.
- Support the process of writing up case studies, issue briefs, fact sheets, etc.
- Support the creation of a resource center for easier access to materials on community monitoring.
- AMHI will upload all relevant information and resources related to this convening on the PHP Seminars website (Click Here); including participants' contact information, background documents, presentations, films, etc.

Creating spaces for further learning and sharing:
- Assist in organizing more meetings to deepen learning on various aspects of community monitoring, for example on community monitoring of the private sector. The content of these meetings would be informed by the priorities and needs of practitioners.

Advocacy and support:
- Engage with other donors on the concept of community monitoring for accountability in health to leverage additional resources.
- Create spaces for practitioners to have direct conversations with these donors.
- AMHI is one of 10 projects in the Public Health Program at OSF and will work with colleagues in the other projects to complement and support ideas arising out of the convening, such as health policy issues, health and legal frameworks and strategic use of the media to advance community monitoring and health rights.

3.3   Formation of Community of Practice on Community Monitoring for Accountability in Health (COPCOM)

Following the convening participants' expressed need for establishing a Community of Practice (CoP) and a call to join the four convening advisors in actualizing the idea; three participants[4] (one each from Africa, Asia and Latin America) volunteered to join the advisory group. This group of seven practitioners along with a representative from AMHI decided to form an interim Steering Committee to take forward the work, and adopted the name of COPCOM for the proposed CoP with an agreed mandate to strengthen the field of community monitoring for accountability in health through the collation, production and dissemination of conceptual, methodological and practical experience outputs and by sharing these resources, capacities and approaches among member organizations and other interested stakeholders.

---

[4] Ariel Frisancho Arroyo (Peru), Renu Khanna (India) and Robinah Kaitiritimba (Uganda)

Appendix 1: List of convening participants:

Name	Country	Organization	Email
Abhay Shukla	India	Support for Advocacy and Training to Health Initiatives (SATHI)	abhayshukla1@gmail.com
Abhijit Das	India	Centre for Health and Social Justice (CHSJ)	abhijitdas@chsj.org
Adah Zulu	Zambia	Lusaka District Health Management Team	Adahzulu@yahoo.com
Agnes Pauline Apolot	Uganda	Uganda Debt Network (UDN)	papolot@udn.or.ug apolotp@yahoo.com
Anne Gathumbi	Kenya	Health and Rights Program, Open Society Initiative for Eastern Africa (OSIEA)	agathumbi@osiea.org
Ariel Frisancho Arroyo	Peru	CARE Peru	afrisanchoarroyo@yahoo.es; afrisancho@care.org.pe
Artwell Kadungure	Zimbabwe	Training and Research Support Centre (TARSC)	artwell@tarsc.org; artwellkadu@gmail.com
Barbara Kaim	Zimbabwe	Training and Research Support Centre (TARSC)	barbs@tarsc.org
Cesar Martin Amaro Suarez	Peru	Servicio De Medicinas Pro Vida	camaro@smprovida.com
Christine Munduru	Uganda	Health and Rights Program, Open Society Initiative for Eastern Africa	cmunduru@osiea.org
Cynthia Eyakuze	USA	Accountability and Monitoring in Health Initiative (AMHI)	ceyakuze@sorosny.org
Daygan Eagar	South Africa	Budget and Expenditure Monitoring Forum (BEMF)	eagar@section27.org.za
Erin Elizabeth Howe	USA	Accountability and Monitoring in Health Initiative (AMHI)	ehowe@sorosny.org
Françoise Girard	USA	Public Health Program, Open Society Foundations	fgirard@sorosny.org
Gertrude Mugizi	South Africa	Centre for Social Accountability (CSA)	g.mugizi@ru.ac.za
Gurjeet Singh	India	Child In Need Institute (CINI)	gurjeetvsrc@gmail.com
Hussein Khalid	Kenya	Muslims for Human Rights - MUHURI	h.khalid@muhuri.org
Itai Rusike	Zimbabwe	Community working Group on Health (CWGH)	itai@cwgh.co.zw
Jashodhara Dasgupta	India	SAHAYOG	Jashodhara@sahayogindia.org
Jens Byskov	Denmark	DBL - Centre for Health Research and Development	jby@life.ku.dk
Kandice Arwood	USA	Accountability and Monitoring in Health Initiative (AMHI)	karwood@sorosny.org

Name	Country	Organization	Email
Jorge Romero León	USA	Accountability and Monitoring in Health Initiative(AMHI)	jromeroleon@sorosny.org
Marine Buissonniere	USA	Public Health Program, Open Society Foundations	mbuissonniere@sorosny.org
MasegoMadzwamuso	South Africa	Economic Justice Initiative, Open Society Initiative for Southern Africa (OSISA)	masegom@osisa.org
Musiambo Elias Wakhisi	Kenya	The Institute for Social Accountability (TISA)	wanjiru.gikonyo@tisa.or.ke
Nhlanhla Ndlovu	South Africa	Centre for Economic Governance and AIDS in Africa (CEGAA)	nhlanhla@cegaa.org
Phillip Mokoena	South Africa	Treatment Action Campaign (TAC)	phillip@tac.org.za
Rakhal Gaitonde	India	Community Health Cell (CHC)	rakhal@sochara.org
Rene Loewenson	Zimbabwe	Training and Research Support Centre, Equity Watch EQUINET	rene@tarsc.org
Renu Khanna	India	SAHAJ - Society for Health Alternatives	renu.cmnhsa@gmail.com; sahajbrc@yahoo.com
Robinah Kaitiritimba	Uganda	Uganda National Health Users/Consumers Organization (UNHCO)	rkitungi@yahoo.com
Shireen Huq	Bangladesh	Naripokkho	shireenhuq@gmail.com
Sita Sekhar	India	Public Affairs Foundation (PAF)	sita@pafglobal.org
Soraya Vargas Cortes	Brazil	Rio Grande do Sul University	cortes.soraya@gmail.com; vargas.cortes@ufrgs.br
Sue Valentine	South Africa	Consultant, Health Media Initiative (HMI)	valentine.sue@gmail.com
Tukisang Senne	South Africa	SHARISA	tukisang@gmail.com
Vinay Viswanatha	USA	Accountability and Monitoring in Health Initiative (AMHI)	vviswanatha@sorosny.org
Walter Flores	Guatemala	Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud(CEGSS)	wflores@cegss.org.gt
Zerubabel Ogom Ojoo	Uganda	Management Systems and Economic Consultants Ltd	stalight@africaonline.co.ug

Appendix 2: Convening Agenda

SUNDAY, JULY 17	
17:00-19:00	**Registration in the reception (please stop by to pick up seminar materials) -** *Jurgita Poskeviciute and Team*
19:00-20:00	**Dinner at the Chief's Boma restaurant at the hotel**
MONDAY, JULY 18	
6:30-8:30	**Breakfast**
8:30-9:00	**Registration and Information** *Jurgita Poskeviciute and Team*
9:00-9:15	**Welcome and agenda overview** *Cynthia, Eyakuze, Convening Advisors, Vinay Viswanatha* ***Objectives:*** • Setting the tone for the workshop. • Clarify the convening objectives and expectations from the convening from the perspective of organizers. • Giving an overview of the agenda and introducing workshop principles.
9:15-10:00	**Participant Introductions** *Jorge Romero Leon (Facilitator)* ***Objectives:*** • To establish an environment conducive to participation and openness in a relaxed but engaging setting. • To mutually familiarize participants and their organizations.
10:00-11:15	**Sharing community monitoring experiences from the field - Plenary Presentations** *Cynthia Eyakuze (Moderator), Presenters: Walter Flores, Abhijit Das, Abhay Shukla and Rene Loewenson* ***Objectives:*** • To launch reflection and begin to develop a shared understanding of what we do using three community monitoring experiences that are varied, diverse and long standing. • Introduce key terms of reference, key elements of our work and key lessons from a practical standpoint.
11:15-11:45	**Tea Break**
11:45-12:15	**Sharing community monitoring experiences from the field - Marketplace Presentations** *Jorge Romero Leon (Facilitator), Presenters: Jens Byskov and Jashodhara Dasgupta* ***Objective:*** • To provide a platform for practitioners to share their work to facilitate appreciation of diversity, generate interest and start dialogues among participants
12:15-13:15	**Building a shared language/collective glossary** *Walter Flores(Facilitator)* ***Objective:*** • To explore what we mean of key working terms and develop a shared

	understanding to inform and facilitate future discussions.
13:15-14:15	**Lunch Break**
14:15–16:00	**Community monitoring for social accountability: Basic concepts** *Abhijit Das (Facilitator)* ***Objective:*** • To explore the importance of some of the basic concepts that define our work in terms of how they have influenced and continue to influence the contours of our community monitoring work.
16:00–16:30	**Tea Break**
16:30-18:15	**Community monitoring for accountability – The road map for change** *Marine Buissonniere (Moderator), Panelists: Walter Flores, Jens Byskov, Sita Sekhar, Gertrude Mugizi* ***Objectives:*** • To understand how the organizations define the change they want to see from their work and the pathways they follow to achieve the desired change. • To understand the destinations of progress and the routes to travel on the way to achieving progress. • To understand the assumptions, such as the final destination (the ultimate change), the context for the map, the processes to engage in during the journey and the belief system that underlies the importance of traveling in a particular way. • To develop a shared understanding of the value of having a conceptual framework to plan and execute a successful transformational strategy.
18:15-18:30	**Review of Day One**
19:00-20:00	**Buffet dinner at the Chief's Boma restaurant at the hotel**
TUESDAY, JULY 19	
6:30-8:30	**Breakfast**
8:30–8:45	**Announcements and addressing logistical issues** *Jurgita Poskeviciute and Team*
8:45–9:00	**Sharing community monitoring experiences from the field - Marketplace Presentations** *Erin Howe (Facilitator), Presenter: Rakhal Gaitonde* ***Objective:*** • To provide a platform for practitioners to share their work to facilitate appreciation of diversity, generate interest and start dialogues among participants
9:00–10.15	**Community Monitoring tools, methods and practical approaches – Group Work** *Abhay Shukla (Facilitator)* ***Objectives:*** • To develop clarity about key factors of community monitoring, the types of work undertaken by organizations implementing community monitoring projects as well as the challenges they face. • To lay the foundations of a shared understanding of the work we do, its basis, scope and limitations.

	• To develop awareness about of the broad diversity of approaches, and the tools used by different approaches for enabling community monitoring. • To explore common challenges and strategic responses.
10:15–10:45	**Tea Break**
10:45–12:45	**Community Monitoring tools, methods and practical approaches - Plenary Presentations** *Abhay Shukla (Facilitator)*
12:45–13:45	**Lunch Break**
13:45–15:15	**Context matters: Understanding how context influences strategy and identifying successful implementation strategies in challenging contexts** *Abhay Shukla (Facilitator)* *Objectives:* • To explore how contextual factors affect the perspective of community work on the ground, and develop a shared understanding of how organizations adapt to meet specific challenges. • To develop a nuanced understanding of how convening participants develop and adjust their strategy in challenging environments, on the basis of their diverse and distinct experiences.
15:15–15:45	**Tea Break**
15:45–17:30	**Measuring success? Identifying results and tracking progress in community monitoring strategies** *Rene Loewenson (Moderator), Delegates: Ariel Frisancho Arroyo, Artwell Kadungure, Rakhal Gaitonde, Renu Khanna and Walter Flores* *Objectives:* • To explore in detail how participants understand success, how they understand and assess progress, and how they adjust to track it, and learn to monitor institutionally. • To understand how experienced and successful practitioners monitor results and track progress in different contexts, facing diverse challenges. • To explore what value, if any, institutional learning processes, monitoring and evaluation schemes add to community monitoring work.
17:30–17:45	**Review of Day Two**
18:30	**Departure from the lobby of hotel for group dinner at 'Cradle for Humanity'**
WEDNESDAY, JULY 20	
6:30-8:30	**Breakfast**
8:30–8:45	**Announcements and addressing logistical issues** *Jurgita Poskeviciute and Team*
8:45-9:15	**Sharing community monitoring experiences from the field - Marketplace Presentations** *Vinay Viswanatha (Facilitator), Presenters: Sita Sekhar and Gurjeet Singh*

	Objective:
	• To provide a platform for practitioners to share their work to facilitate appreciation of diversity, generate interest and start dialogues among participants.
9.15–10.00	**Mapping of available resources** *Rene Loewenson (Facilitator)* *Objectives:* • To explore what knowledge and technical assistance resources are available to participants, and develop an initial reference list. • To assess needs met by existing resources as well as gaps. • To jointly explore the value of support for learning and assistance, and discuss alternatives for creating a learning community.
10:00-10:30	**Summaries of collective experience, strengths, weaknesses and gaps** *Synthesis Team (Barbara Kaim and team)* *Objectives:* • To take stock of the discussions in the last two days and assess its usefulness for the practice. • To deepen our shared understanding regarding the features, commonalities, strengths and gaps. • To draw out key common lessons to inform and strengthen our practice.
10:30–11:00	**Tea Break**
11:00–12:05	**Strengthening community monitoring practice – Group Discussion in a World Café** *Abhijit Das (Facilitator)* *Objectives:* • To identify actions that can strengthen the practice • To develop a shared understanding of the value of learning process for improving our work • To explore the value of participating in a horizontal community of practice
12:05–12:45	**Strengthening community monitoring practice – Plenary Presentation** *Abhijit Das (Facilitator)*
12:45–13:00	**Next steps and concluding remarks** *Cynthia Eyakuze*
13.00-14:00	**Lunch**