HEALTH GOVERNANCE FROM GROUND UP

COMPLUS Updates

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This is the second issue of the COMPLUS newsletter. The project, Community Voices in Health Governance: Translating Community Participation into Practice in a World of Pluralistic Health Systems (COMPLUS), is a four-year action research initiative funded by the National Institute for Health and Care Research (NIHR). It brings together four partners from three countries:
Brazil – Brazilian Center for Analysis and Planning (CEBRAP) | **South Africa** – University of Cape Town (UCT)
India – The George Institute for Global Health (TGI) and Society for Promotion of Area Resource Centres (SPARC)




(Left to right) FGD with social movements of UAPS Regis JucáFGD, BR; Eastern Cape capacity-building, SA; What is the stated role of MAS in Health Policy Documents - a discussion in the Pillaganahalli MAS meeting in July, IND; Western Cape capacity-building, Manenberg, SA.

India SPARC: Strengthening Community Health Committees across Mumbai

The field team continues to expand and strengthen Health Committees (HCs) across informal settlements and relocation colonies in Mumbai. At present, 12 HCs are active, each rooted in its neighbourhood, identifying key public health issues such as sanitation, access to water, waste management, drainage, and community toilets. Committees are drafting and submitting demand letters to ward offices and are following up to ensure action.

Five committees have been especially active in sustained engagement with ward authorities, leading to visible improvements such as requests for public dustbins, fumigation and repair of community toilets. Two HCs jointly organised a menstrual health awareness session. Most committees are now linked to nearby health posts and Primary Health Centres, with one HC holding monthly review meetings with the Medical Officer, leading to discussions on iron supplementation and referral pathways for underweight children.

The field team also conducts monthly child growth assessments across five settlements, with committee members participating in home visits and counselling families. In cases of severe undernutrition, referrals to health posts are carried out with committee support, reflecting increasing local leadership.

Looking ahead, the team will organise workshops on non-communicable diseases, anaemia, menstrual health, nutrition, and maternity care. Medical camp data will guide targeted interventions. HCs will be trained in using Growth Monitoring Card. Monthly coordination meetings with PHCs, ASHA workers and Anganwadi centres will continue to strengthen collective action and follow-up.

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Partners:

School of Public Health — Departement Openbare Gesondheid — Isikolo Sempilo Yoluntu — University of Cape Town

The George Institute for Global Health

SPARC

CEBRAP

Contact us:

COMPLUS project manager- Lucille Ryan: lucille.ryan@uct.ac.za
UCT, South Africa- Hanne Haricharan: hanne.haricharan@uct.ac.za
TGI, India- Surekha Garimella: sgarimella@georgeinstitute.org.in
SPARC, India- Vinodkumar Rao: vinodkumar.rao@gmail.com
CEBRAP, Brazil contacts- Vera Schattan Ruas Pereira Coelho: veraspc@uol.com.br

India TGI: Strengthening Community Participation Through MAS Meetings

TGI's work with Mahila Arogya Samitis (MAS) has continued to deepen community dialogue and collective action on local health concerns. In partnership with their local partner organisations - Sangama and SIEDS, TGI conducted 15–17 MAS meetings each month, with around 12–15 women participating per session. These meetings provide a space for members to share experiences and identify issues such as water access, waste management, and challenges in accessing public health services. These MAS groups also address grievances and support follow-up with ward officials and frontline workers.

Each month focused on a specific theme. In May, discussions centred on Women's Labour in general and the role of MAS in particular; in June, on how Community Participation is envisaged in India's health policies; and in July, on the role of MAS as per the official health policy documents on state and national levels. Inputs from these discussions were compiled highlighting women's contributions to local health governance, encouraging them to see the importance of their organising work. In these last few months, the team has also facilitated MAS gatherings at the ward levels, and brought together different MAS groups to share their collective learnings, challenges, and strategies for the way forward.

TGI has also begun conducting in-depth interviews with MAS members and field staff to document perspectives on community participation as well as how people perceive the urban local health systems. 21 such interviews have been conducted and transcribed for a further analysis to continue.

MAS meeting themes have also shifted to sharing research findings, elements of the intervention, and the actual execution ideas of the intervention. In doing so, the team has incorporated a ground-up and participatory approach towards the intervention, furthered by also understanding what the success metrics for the intervention look like for the community members.

Planning is underway for more Community Engagement and Involvement (CEI) activities, following the one in October wherein over 80 attendees gathered to celebrate the 2 years of community participation and collective agency with the MAS group.

- The team presented their research paper manuscript on community voices at the IPSA 2025 Conference in Seoul, South Korea, in July.
- The team also presented the policy and literature review on community participation in health systems and policies, to the consortium in June. A blog by community mobiliser Menaka MB on establishing an Anganwadi Centre, has been published on the COMPLUS website. It discusses her work on tangible changes and how this impacted her trust and relationship-building with the community members.




(Left to right) FGD with the Health Council of UBS Arrastão, BR; National Colloquium groupwork discussion, SA; Panel on Comparative Evidence of the Use of Coordination Mechanisms in Plural Health Systems to Promote Universal Health Coverage at the IPSA 2025 Conference in Seoul in July, IND; Western Cape capacity-building, Khayalitscha, SA.

South Africa UCT: Strengthening Clinic Committees and Collective Action

UCT delivered an extensive round of community participation and NHI focused capacity-building workshops in Nelson Mandela Bay in the Eastern Cape and Cape Town in the Western Cape between 31 July to 30 Aug. In total, 296 clinic committee members and community representatives participated—138 in the Eastern Cape and 158 in the Western Cape; from COMPLUS pilot sites. While the attendance numbers of individuals linked to public sector services was much higher than those linked to private sector providers, the varied contributions added invaluable perspectives to the discussions.

The training was led by project and training lead, Lucille Ryan, with the training material co-created leveraging the skills of a UCT MPH student and doctor and COMPLUS community coordinators, who are health committee members; ensuring the material was contextually grounded and practically relevant. The Training curriculum also included input from the Western Cape Department of Health. Workshops came to life with the support of facilitators, community members & students, and used participatory methods, including role-plays, community mapping of social determinants of health, and discussions on the National Health Insurance (NHI), human rights, accountability mechanisms, and the role of clinic committees in strengthening primary healthcare. Here's the full training manual.

On 16 August 2025, the team hosted a COMPLUS National Colloquium, bringing together clinic committee representatives from all nine provinces. The event introduced the wider goals of the COMPLUS programme and a possible model for community participation within the context of the NHI, as well as created space to share experiences, and generated strong momentum for continued collaboration. Participants highlighted the value of networking and building collective strategies. The People's Health Movement's South Africa chapter also partnered in the process, helping strengthen linkages among health committees and supporting ongoing communication and solidarity.

These activities have strengthened local health governance structures and laid a strong foundation for the next steps.

Brazil CEBRAP: Advancing Community Voices in Health Governance

The third stage of the research project "Community Voices in Health Governance – Translating Public Participation Into Practice in a World of Pluralistic Health Systems" is now underway in Brazil, with focus groups conducted in São Paulo and Fortaleza. These discussions aim to understand how community participation operates in practice within primary healthcare services, and how user and community representatives experience their roles in health governance.

In São Paulo, the pilot focus group took place on September 19, 2025 with user representatives from the Health Council of the UBS Arrastão primary care unit. Participants shared reflections on community engagement, accountability, and everyday challenges in influencing health service delivery. In Fortaleza, the pilot focus group was held on October 8, 2025 with representatives of social movements linked to the UAPS Regis Jucá. This session highlighted the strategies community actors use to advocate for rights and the need for continuous dialogue between users and health professionals.

In October, COMPLUS researchers participated in the NIHR Networking Event at the University of São Paulo's School of Economics, Business, and Accounting. The event convened NIHR-funded teams working in São Paulo to discuss shared research challenges and identify opportunities for collaboration. Small-group discussions focused on methodological innovation and strategies for sustaining partnerships across institutions. The next day, NIHR representatives conducted a monitoring visit to CEBRAP. The team shared study's progress, preliminary findings, and operational and analytical challenges. CEBRAP launched the Complus Brazil Series with its first publication titled 35 years of the SUS: a plural ecosystem. The article explores Brazil's Unified Health System (SUS) as a plural and multi-actor system and its implications on equity and democratic health governance.

Menaka MB's Blog

UCT's Training Manual