Health as a Social Movement

Right to Primary Healthcare Campaign: Jana Arogya Andolana Karnataka (JAAK)

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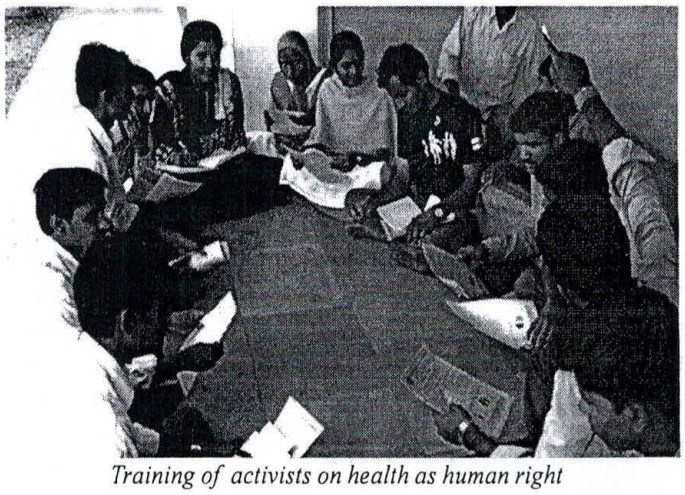
The Karnataka Chapter of People's Health Movement known as Jana Arogya Andolana Karnataka (JAAK) has raised the issue of revitalizing health systems and people's participation in the process, from its inception in the year 2000, when CHC, BGVS and other networks came together to form the JAAK. The Movement strongly emphasizes that Health has to go beyond service delivery shown as a goodwill gesture by some NGOs or charity organizations, and that it has to be the right of people who also have to own up the responsibility in the process. There have been three state health assemblies in Karnataka in the year 2000, 2005 and 2007. A huge number of health awareness materials was generated and workshops conducted to put the Right to health issue onto the agenda of social movements and voluntary organizations.

Intensive efforts have been galvanized since 2006 to take the 'Right to Primary Health Care Campaign' with specific focus on revitalizing Primary Health Centres. JAAK in the past two years has invested time and resources in intensive training to build activists of health rights in 18 districts of the state as an effort to strengthen the movement at all levels. The District Forums of JAAK have become active in organizing and leading many processes.



Training of activists on health as human right

Following are some of the strategies adopted and events that happened in consolidating the processes of health movement in Karnataka.

Right to Primary Health Campaign

- *Health Awareness Materials:* Realizing the need that many grass-roots level activists and organizations needed to know more about the public health system, the entitlements therein, and its way of functioning JAAK developed print and audio-visual materials on health rights. There were a number of handouts, reading materials, CD and audio cassette on the right to health songs and a documentary on the campaign done in Belgaum District of Karnataka with the leadership of JAGRUTHI, a voluntary organization.
- *District-level workshops and trainings:* This was a key strategy adopted to ensure both spread and depth to JAAK's work in the state. A two-day training and workshop at the district level involved an in-depth understanding of the concepts of health rights, and entitlements and the realization of rights is possible only in the public health system. The training also involved an understanding of the public health system and the services available at various levels and the

newly initiated NRHM and its components. The training concluded with an action plan by the participants where many decided to visit as many PHCs in their districts to know more about their current status and to mobilize people around getting PHCs to function and be answerable to people. These workshops also helped people working in other development sectors to integrate health rights issues into their work. These workshops have been completed in 7 districts where on an average 40 activists from various organizations participated.

- *State capacity-building workshop*: As part of the continued strategy to build perspective of the health activists, state workshops have been held where participants from various districts participated and developed district-level plans to address health rights issues.

The district-level workshops and trainings culminated in a major campaign to revitalize primary health care in the state. People's anger at the state of the public health system, particularly in rural areas, and the government's apathy became a rallying point for people to come together. They themselves undertook a survey of 93 PHCs from 12 districts in the state that revealed:

- Severe staff shortage in all categories –doctors, nurses, male health workers, ANMs, block health educators and others
- Shortage of essential medicines and equipment
- Lack of basic amenities –toilets, electricity, drinking and running water, beds and dilapidated buildings
- Irrational geographic distribution of PHCs – where villages close to a PHC were assigned to another PHC which in some cases was as far as 50 km away
- Last but not the least, rampant corruption.

These findings galvanized people into action to save the seriously ailing health system. They:

- took delegations to the District Health Officers
- used Right to Information Act to get adequate information on the functioning of the health system and to pressurize the system to function
- carried out signature & letter campaigns and flooded the health directorate with complaints through post, email and fax
- held constant dialogue with the local health authorities and Panchayat members
- held press conferences and public protests

Health Rights Demand Day – in districts of Karnataka

Two Major coordinated events of the campaign to demand health: The Right to Primary Health Care campaign saw the fire catching up in the districts and led to large-scale state-wide mobilization of people culminating in the health rights demand day that was organized simultaneously across 12 districts on 1st February , 2007 and in 17 districts on 29th October, 2007.

Health Rights Demand Day, February 1, 2007. About 3000 people across 12 districts held rallies, addressed press conferences, submitted memoranda to the CEO of the ZP and the DHOs. The DHOs were asked to give answer to the problems in a time-bound manner. Right to Information (RTI) was used to follow up on the memorandum. The memoranda included among others addressing the issues of staff vacancies, inadequate supply of essential medicines, repair of the building and providing of basic facilities like toilets, drinking water, maintaining cleanliness, and electricity. This was the first ever large-scale effort to bring the agenda of health rights for public discussion and debate. It also came at a time when there was no sign of NRHM in the state even though it was two years since its official launch in the country. Many issues such as toilets, repair of buildings, and cleanliness of the PHC started improving though not to the desired extent.

Health Rights Demand Day - October 29, 2007: Buoyed by the building up of the momentum, *on* October 29th 2007, more than 6000 people from 17 districts took to the streets at the same time to claim their right to health and to protest against a corrupt, inefficient and apathetic public health system in the state. This second major public mobilization saw that the participation had not only doubled but had drawn many social movements and newer networks like sexual minority groups, Dalit

women, persons with disability, groups working on child labour and bonded labour indicating JAAK's concerted action and growing strength. They demanded:

- Recruitment of and equitable distribution of health staff in rural areas
- Increased budgetary allocations for buying drugs and providing diagnostic facilities and improving basic infrastructure
- Operationalizing 24 x 7 PHCs
- Regulation of private health care sector, stopping privatization of government health services
- Ending corruption in public health system
- Providing adequate housing and facilities to government health staff
- Making public system more accessible and responsive to the needs of people living with disability and HIV/AIDS
- Effective implementation of NRHM

Electoral Advocacy

Prior to the state elections in May 2008, JAAK developed a Policy Brief detailing the poor health status of the people of Karnataka, deficiencies in the public health system and a long list of failed promises. The health policy brief was discussed and debated by the JAAK at a state-level meeting that was held in April, 2008. At the state as well as district levels, JAAK representatives met many contestants in an effort to get them to put health on their electoral agenda. The leaders of major political parties were contacted by JAAK and were given the policy brief educating and asking them to include health rights in their party manifestos. The policy brief in Kannada and English was widely quoted and circulated in the press.

The policy brief and the electoral advocacy has had a substantial impact in Karnataka for the first time as the issues raised in the policy brief were discussed in the state legislature; especially, the issue of the vacancy of 4,480 ANMs was seriously debated. Subsequently the government has taken steps to fill in these vacancies, has proposed 150 ambulances for rural emergency services and is working towards upgrading PHCs and CHCs in the state. However, serious shortages of staff, essential medicines and equipment continue.

Roping in Lokayukta to Address the Issue of Administrative Reforms in Health System

On 21st July, 2008, JAAK held a dialogue with the Lokayukta of Karnataka, Justice Santosh Hegde. While briefing him on the denial of health care to the poor due to the malfunctioning of the system, he agreed that there were several problems in the health system and he also clarified the limits of his office and the constraints he was facing in booking the guilty. The Lokayukta assured that his office would definitely take action against errant public servants if the complaint was specific in terms of who did what, when and where. Justice Hegde indicated that he and his team would be visiting 17 district hospitals and begin investigations soon. He urged citizens to come forward to protest against poor services and demand their entitlements in the public health system.

As per the outcome of the dialogue, JAAK has informed all districts to use the Lokayukta office in the following ways:

- A 24 hour-helpline set up by Lokayukta: 080-22375014
- To have regular meetings with the Lokayukta officals at the district level
- To lodge official complaint in forms 1 and 2 on any denial of health care or corruption in the health system.

People's Health Watch

JAAK has started to document cases of denial of health care and its serious consequences. The documentation includes a video recording of testimonies by individuals (by alive) and/or their families of their travails of seeking care in government as well as private health care facilities. There have been reports of denial of health care from Davangere, Raichur and Bidar.

Of serious concern are deaths of three pregnant women in Bidar — all in a span of one week in July 2008. These deaths never made the headlines in any newspaper. No one took up cudgels on their behalf. Perhaps such deaths have become so

Meeting with the Lokayukta

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course, it proved to be capital-intensive, it did affect the field work at times, it did take up a lot of energy and time of the doctors, but it also was a tipping point. Suddenly, the credibility of the health programme shot up. Women who earlier would never take MFI tables now started lining up at the GAH for their deliveries. Adivasis who were traditionally afraid of 'operations' were willing to undergo a Caesarean or a herniorapphe.

And, once again, we learnt that ideologies are not important. What is important is to listen to the people. And that CURATIVE AND PREVENTIVE CARE are both necessary for the people. And that the divide between curative and preventive is an artificial one created by us health activists. Washing hands prevents diarrhoea. ORS prevents dehydration. IV Fluids prevent death. Which is curative? Where do we draw the line? And when we look at successful community health programmes, be it Jamkhed or SEARCH, or CINI or ... all of them have a referral hospital to back up their primary care programme.

People can manage and monitor health services

Today, community-based monitoring is the buzz-word in NRHM. The adivasis taught this to us two decades ago. They taught us that though illiterate, they are capable of keeping tabs on the immunisation status of their village children; that they are able to analyse an infant death by raising the pertinent social and cultural factors that contributes to that death; that they are able to question an ANM as to why she did not bring the vaccines last Wednesday. Other than this, we also discovered that they are able to design a patient-friendly hospital; able to hold the doctors and nurses accountable to the community and manage a health insurance scheme effectively. Their leaders today negotiate with insurance companies, read the monthly computerised HMIS reports and berate the staff if his/her performance is below par.

And this is the most important lesson that we learnt – THERE ARE NO LIMITS to what a community can do as long as we believe in them and are willing to work with them.

We are grateful to all the adivasis of Gudalur who taught us more than we ever learnt from books, colleges and universities. ■

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routine that the government does not think they warrant an enquiry. NRHM and its host of schemes like Janani Suraksha Yojana, Madilu and whatever else are reduced to a mockery in the state. Pervasive and rampant corruption, gross neglect, callous attitude and irresponsible behaviour of health care staff seem to be the hallmarks of the health system that result in the deaths of innumerable mothers and infants. As per the investigation of the JAAK Racihur District Forum and their study conducted in 32 villages of 5 talukas, in the years 2006-08 about 96 cases of neonatal deaths (most of these deaths have occurred from 3 days to 3 months after birth) and deaths of 12 mothers have come to light. On 29th October, 2008 a mother, admitted in the Rajiv Gandhi Superspeciality Hospital (Raichur) in a very extreme anemic state, died soon after delivering her child. The child too died soon after. JAAK is now planning to create documentation of these cases for further advocacy.

JAAK Solidarity with Other Campaigns

Health as a social movement can be built only by building solidarity with other campaigns and social movements. JAAK has been actively collaborating with Free Dr. Binayak Sen Campaign, campaigns of National Alliance of People's Movements (NAPM) against SEZ, campaign to promote communal harmony, campaigns of people with disability for accessible and affordable health care and Novartis Boycott Campaign led by the Drug Action Forum – Karnataka.

Lessons Learnt and Way Forward

The so-called 'progressive' state of Karnataka has so far shelved NRHM and only after three and a half years, one is getting to see some things happening. While this is a symptom of the apathy in the entire system, mobilizing people towards this has given us some hope. People have started addressing issues of systemic failures in the district and the taluka levels. Dialogues of people with the PHC staff have happened. The letter campaigns, demonstrations, RTI and such other measures have raised the issues of state accountability. Positively, changes in staff attitude, Zilla Panchayat and Panchayat taking responsibility for repairs of PHCs and sub-centres are seen in many places. Most importantly, in some places, people have started cleaning up the sub-centres which were otherwise used to stock grains, to house animals and as sanitation place. ■

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