CERTIFICATE COURSE
ON
SOCIAL ACCOUNTABILITY TOWARDS HEALTH SERVICES

ORGANIZED
BY
SATHI (Pune, India)

RECOGNIZED BY
KARVE INSTITUTE OF SOCIAL SERVICE, PUNE

SUPPORTED BY COPASAH

DISTANCE LEARNING CERTIFICATE COURSE

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Developed in September 2015

Developed by: SATHI

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METHODOLOGY

OF

‘CERTIFICATE COURSE’

ON

HEALTH AND SOCIAL SERVICES ACCOUNTABILITY

Methodology of 'Certificate course' on Health and social services accountability

- ***Selection of practitioners –***

- Applications for the course were invited from civil society organizations, CBMP and other networks.
- Advertisement was released through e-mail, face book, what's app etc.
- Approached the Social work College for course accreditation.

- ***Prepared study material -***

- Prepared AV material regarding concept of **CBMP** and health rights, Right to health care etc.
- Prepared the reading material (1-4 Module)

Module 1: Health Rights and Right to Health Care • Health in the Context of Human Rights • Health Rights and Right to Health Care • Gender and Health Inequalities from the Perspective of Equity and Equality • Health Services at Various Levels : Village to rural hospital
Module 2: Concept of Community based Monitoring for Accountability of Health Services • Community based Monitoring and Planning : Conceptual Framework • How Community based Monitoring can be Implemented at Local Level • Important Components of Community based Monitoring • Discussions and Experiences Sharing with People Involved in Community based Monitoring
Module 3: Components of Democracy and Planning of Health Services with Peoples' Participation (Democracy Components : Gram Sabha, Social Audit, RTI, Public Hearing) • Planning of Health Services through Peoples' Participation • How to do Village Health Planning • Importance of Village Health Funds and Planning for the Same
Module 4: Accountability and Regulation on Private Health Services • Current Situation of Services in Private Health Sector & Patients' Rights
Photo Story- How to Prepare Photo Story and advocacy based on photo story

❑ ***Organised contact session***

- Organized first contact session in each region, 90 student practitioners had participated in the course *during Sept. to Oct. 2015*
- **Organize final contact session in each region involving**

❖ prepared presentation of field activity for final contact session by Student practitioners

❖ Experience sharing by student practitioners

❖ Knowledge and practice assessment (pre-test and post-test)

❖ Distribution of certificates to qualifying practitioners

❑ ***Use of Social media for course***

- To keep regularly in touch with the student practitioners, a Whatsapp group, "Sathiyon ke Sathi" was created, along with a Facebook page on "Distance Learning Course for Social Accountability".
- All visual and written information about the course has been uploaded on this Facebook page. This way the student activists can access this information anytime for their activity. The link of this Facebook page is as follows :-

❑ ***Planned village level activity and mentoring the activity***

- Conducted field level exercises linked with the modules
- **Regular mentoring of all participants by mentor in each region**

- Visiting the organisations of the student practitioners
- Supervision and guidance for their activity
- Examined whether the student practitioners had read all the modules .
- They were guided on how to write a report.
- Writing field visit, students activity and contact session report.

MODULE -I

RIGHT TO HEALTH

AND

HEALTH SERVICES

MODULE 1

Right to Health and Health Services

To broaden and deepen the perspective of grass root level workers about the accountability of social services

Compiled by

Bhausaheb Aher

Support by

Dr. Nitin Jadhav

About the course:

In last decade many organizations and Sanghathans in India took efforts to improve public health services, to develop a communication process between health system and people and to improve accountability of health system and transparency in health services towards people. It leads to the development of various models of community based monitoring in India. The grass root level workers/ field facilitators, like you, working at village level have a major role in implementing community based monitoring models. Therefore, the concept of community based monitoring is emerging, at least in Maharashtra. In our opinion, this concept should be expanded at a wider level. This course is being conducted with this intention, taking into consideration the requirement of grass root level workers for expanding this concept.

This course will be conducted in entire Maharashtra. Total 125 student-practitioners (grass root level workers) from different regions of Maharashtra, such as, Vidarbha, Marathwada, West Maharashtra, Konkan and North Maharashtra, etc. will be included in the first phase of this course. Twenty- five student practitioners will be selected from each region.

This course is conducted in collaboration with SATHI organization and Karve Institute of Social Service which offers Masters in Social Work degree course. This course has received financial assistance from COPASAH (Community-of Practitioners on Accountability and Social Action in Health) which works at the international level for social monitoring and action on health services. This is a distance learning course and the duration of the course is one year. Two contact sessions will be organized; first session is for 3 days and second is for 2 days. The training and course material will be provided to representative participants in the first contact session, while in second contact session the exam and discussion will be held on activities conducted by student practitioners in their own operational areas. After the first contact session, student practitioners are expected to complete a field activity in their own operational areas as mentioned in Guide Book / Module.

The main objectives of the course are:

- To develop a perspective and broaden the understanding of grass root practitioners in order to understand the principle of accountability on health and other public services
- To develop a perspective and an understanding of these grass root practitioners about the various techniques and strategies used by various organizations for advocacy purpose.

About the Guide book/ Module:

Currently, work in the area of health is being done roughly through two approaches. First is a 'charitable/ service orientated approach' which aims to offer various types of health services to the people. Another one is the 'rights based approach' which is based on the premise that the access to health services is the right of the people. It is primarily the government's responsibility to provide health services to people. The major purpose of the rights based approach is to empower people to demand the health services from the government if they do not have access to it. The detailed layout about this rights based approach is given in this module. Similarly, how to define health in the real sense? Which are the basic determinants which have an impact on health? What is the impact of social and economic inequality in society on the person's health and need of rights based approach in minimizing and preventing inequality? We will try to get information about all these aspects through this module. It is the government's duty and responsibility to maintain the health of each and every citizen of our nation. This module discusses the government's obligations towards citizens' health and use of rights by citizens to ensure that the government has fulfilled its obligations.

In the beginning of this module, we will discuss about the concept of human rights and how health can be seen with the rights based approach. We will try to understand some of the issues such as, what is meant by equity, equality and health inequality? What is its impact on health? What is Gender? What are the issues related to women's health? etc. We will also try to gain information about how to resolve these issues by doing decentralized planning related to health at our own level.

Various publications of SATHI have contributed in developing this module. This module has been reviewed by the steering Committee of the Karve Institute of Social Service and COPASAH network which works for social monitoring and action on health services at international level.

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Chapter -1, Module I

Rights Based Approach, Human Rights and Health

1.1 Objectives:

- To understand health as a right and not only as a need.
- To understand the relationship between needs and rights
- To develop a rights based approach
- To explain the concept of human rights
- To understand government's responsibility to fulfill human rights

1.2 Which perspective will be developed?

This chapter will broaden and deepen an understanding about the conversion of needs to rights and freedom, differentiation between rights and authority as well as inform us about the human rights and its relation to health rights.

1.3 Right based approach

In order to understand rights based approach we need to first understand our needs and which needs can be converted to rights. "Basic needs" refers to those fundamental requirements that serve as the foundation for survival with dignity. According to the great thinker Maslow, "Needs are those fundamental requirements that are essential for dignified survival of a human being in a developed stage.There is a hierarchy of needs which includes mainly needs for survival (food, clothing, shelter and water-physiological needs), psychological needs and intellectual needs after fulfillment of lower level needs.

Intellectual
Psychological
Needs for Survival / Physiological Needs

1.4 Conversion of needs to rights

Need changes from person to person. It can change in accordance with time, place and situation. E.g., Needs of a malnourished child and a normal child are different from each other. Similarly, needs of urban and rural people are different from each other. The nature of rights is wider than

needs. Thus, the language of rights needs to be used for the approval of needs. Each and every need is not necessarily a right.

Increasing iron level of family members' blood by using iron pots is the need while it is government's responsibility to reduce iron deficiency and anemia and make each and every person especially a pregnant mother healthy to resist diseases. Good health and essential health services for that are our basic rights. Thus, it is our right as a citizen to demand that the government should implement various initiatives to improve iron level. Once need becomes a right, it is applicable to everyone. Rights are essential for equal treatment and opportunity to every man, woman and child in the society. It is the government's responsibility to provide fundamental needs. If the government fails to provide our fundamental needs, we must obtain them on the basis of rights. E.g., Common people and sometimes even middle class people cannot afford expensive medications and treatment. Many trusts provide medicines and financial assistance to such people. This is a need based service. When we see the same issue with the rights based approach, we can say that free health service is the right of the citizens.

1.4.1 Various steps for conversion of needs into law

First, need should become a law for its conversion to right. Various steps for conversion of needs into law are as given as below:

a) Proving the need

For proving the need it is essential to take proper information, collect evidences about physical, psychological and economical loss due to the unavailability of the concerned need and to present conclusions to the people and government with the help of interviews, surveys and studies.

b) Raising demand for the need

Comprehensive and long term efforts are essential for claiming the need.

i. Awareness of the concerned need
ii. Creating public opinion by educating people
iii. Application/ Demand/ Memorandum to the government
iv. Constant Struggle
v. Advocacy
vi. Dialogue at government level
vii. Follow-up

Claiming the need is possible with these steps

- Certain processes and follow up work at grass root level needs to be done to convert needs into law. The law has to be approved in both houses (assemblies) after a discussion of pros and cons on the draft presented by people's representatives.

- After the conversion of the need into the right, its actual legal implementation is essential so that people can benefit from those rights.

The implementation of schemes like Rajiv Gandhi Jeevandayee Arogya Yojanana Janani Shishu SurakshaYojana is the government's step ahead to provide rights to the people.

There was need to bring out the act about 'Right to Information' to inform each and every citizen about government proceedings, procedures and expenditures. Similarly, the employment guarantee act is passed for providing employment opportunities and proper wages to everyone and employment guarantee scheme is started for its implementation. The act cannot be established legally unless government approves it.

What is required for the establishment of the rights?

Proving the Need – Claiming the Need –law (Struggle/ Follow Up to Create a Plan/ Scheme) –Government's Approval (Establishment of the law)

The student practitioner needs to follow this order and take efforts consistently and carefully.

Many grass root level workers/ activists come forward in this manner and bring out such needs as an issue of the thousands of people, it is only then that the media, government and peoples' representatives wake up in the real sense and after a success of the long struggle of several years a need gets converted into a law.

1.5 The difference between freedom, authority and right

We briefly looked at needs and rights. Let's try to understand the difference between freedom, authority and rights as there is possibility of confusing with these words.

1.5.1 Freedom

Freedom means the freedom of expression, freedom to move from one place to the other (migrate), freedom of profession, freedom of religion and many other kinds of freedom. Though freedom is given it's not mandatory to use it. E.g., though the freedom of migration from one place to the other is given everyone need not migrate. Everyone has choice about whether to use freedom or not. The government does not intervene in it. However, the government needs to intervene if anyone creates barrier in using any freedom. The freedom can be withdrawn/ taken

away for certain period. E.g., if person is arrested he/she cannot go out of the prison though he/she has freedom to move from one place to the other.

1.5.2 Authority

Authority depends on responsibility. Authority is generally for a particular time and depends on person's position and kind of work he/she does. E.g., the judge can provide justice till he/ she has that position. He/ She is not able to provide justice after retirement. Rights give us authority, but the misuse of authority can lead to violation of rights. E.g., the government has an authority to decide the kind of health services to be provided in government hospitals but people must have the right to monitor and express an opinion about the government health services.

1.5.3 Right

The word 'Right' has two components, 'a person' who deserves the right and 'the system' which is responsible for providing this right. It is mandatory for the government to provide rights.

Once a need is converted into a right, the right becomes the government's responsibility and accountability. E.g., Each and every citizen has a right to vote. If people cannot vote because of certain pressures, it is the government's responsibility to overcome these pressures.

The constitution, government system, citizen and judiciary are the four minimum essential components for the establishment of the rights.

1.6 Human Rights – Concept

According to International Treaties, Human rights are the rights to which a person is inherently entitled simply because she or he is a human being. Each and every human being inherently deserves these rights irrespective of the discrimination based on country, caste, sex and race. These rights can neither be provided nor taken away. Human rights are the rights which are essential for survival as a human being. Human rights recognize the inherent dignity of the person.

The government system alone is not enough for the protection of the human rights. Thus, there is need of the international treaties for the protection of the human rights.

The Universal Declaration of Human Rights (UDHR) was adopted in 1948 at the international level and which is signed by 48 countries including India.

Health and health rights are primarily included in human rights for dignified survival.

Human rights underlined that, the health and health services are fundamental needs and government is mandated to provide these. Thus, health and health services are not only the needs

of the people but these are the rights of the common people. The understanding of major declarations/covenants of human rights will help us for more clarity.

1.6.1 The Universal Declaration of Human Rights (UDHR) 1948

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 25

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

1.6.2 International Covenant on Civil and Political Rights (ICCPR)

This covenant includes right of participation, safety, freedom of expression, freedom of religion, freedom to move from one place to the other and the freedom from discrimination.

1.6.3 International Covenant on Economic, Social and Cultural Rights (ICESCR)

This covenant includes food, shelter, health services, employment and recreation.

In a sense, the protection of human rights is the responsibility of both, the government as well as the citizens but the government has an active role in it.

Two parts of the Indian Constitution are important as far as human rights are concerned

1.7.1 Fundamental Rights

This is applicable to each and every citizen of the India. Safety, protection and implementation of these rights is mandatory for the government. It has mentioned the Civil and Political Rights like, freedom of safety and freedom to move from one place to the other.

1.7.2 Directive Principles of State Policy

The implementation of things mentioned in this part depends on the availability of the funds. This part has mentioned the Economic, Social and Cultural Rights, such as, shelter, employment, health and recreation.

In this era of globalization, these various international covenants can serve as a tool for us. These covenants can apply legal accountability in the framework of human rights.

1.8 Summary: Important Points:

- Need is of certain people but right is for all the citizens
- Need changes from person to person. It can change in accordance with time, place and situation. Rights are important for the approval of needs.
- Provision of the fundamental need is the government's responsibility. If government is not doing so then we must obtain these by using our rights. Once need becomes a right, it is applicable to all.
- There are various kinds of freedoms like, freedom of expression, freedom to move from one place to other, freedom of religion and freedom of profession. Everyone has a choice about whether to use freedom or not. The government does not intervene in it. However, the government needs to intervene if anyone creates barrier in using freedom.
- The word 'Right' has two components, 'a person' who deserves the right and 'the system' which is responsible for providing right. It is mandatory for the government to provide rights.
- According to International Treaties, Human rights are the rights to which a person is inherently entitled simply because she or he is a human being. Each and every human being inherently deserves these rights irrespective of the discrimination based on country, caste, sex and race. These rights can neither be provided nor taken away.
- According to Article 2 of the Universal Declaration of Human Rights (UDHR) 1948, everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

1.9 Questions for practice

1.9.1. What are the four essential steps for the establishment of the law?

1.9.2 What are the different steps for proving the need and its conversion into a right?

1.9.3 What is the difference between an authority and a right?

1.9.4 What does the Article 25 of Universal Declaration of Human Rights talk about?

1.9.5 What civil and political rights are included in the fundamental rights?

Chapter 2- Module I

Right to Health & Health Services

2.1 Objective

The main objective of this chapter is to understand right to health & health services with human rights perspective and to understand how to use it while monitoring health services.

2.2 Which perspective will be developed?

It will help to deepen the understanding & broaden the perspective about right to health & health services.

2.3 The concept of right to health

Right to life (Article 21) is one of the fundamental rights of the Indian citizens given in the Constitution. Healthy environment, regular and sufficient health services are essential along with food, water and shelter for healthy and quality life, which are nothing but health rights in a broader sense. Naturally, health rights should be considered as fundamental rights.

'Right to health' refers to the access to things which are the basics of health such as food, clothing, shelter, employment, healthy and cultural environment, health services, etc.

Everyone who has access to all above things is not necessarily a healthy person. Good health is neither only absence of disease nor curing the disease with medication. In brief, a comprehensive & inclusive thought process is required for defining health. Health is dependent on various aspects like, employment, water, shelter, food, education, health services and environment.

As a part of health rights, the government should provide health services & facilities at various levels for healthy environment and quality health for healthy living. Right to health services will lead us in the direction of the establishment of health rights.

2.4 Determinants of health

The fundamental rights given in the Indian Constitution are automatically applicable for each and every person born in India. It means, each and every citizen of India deserves rights like, right to dignified life, right to vote, right to stand for election, right to conduct meetings and right to celebrate religious festivals. Human rights are inherently entitled to each individual simply because she or he is a human being. Government's responsibility is to fulfill fundamental needs

of the people and protect rights of each person. Government, political system & judiciary work for protection of the rights and providing basic needs to the people.

In brief, rights refer to the essential requirements that each individual needs for his/her dignified survival. (The person has right to demand these rights if he/she does not have access to them.) Each person ought to have his/her rights whether he/she is poor or rich, man or woman, belongs to urban, rural or any caste or religion simply because he/she is a "Human Being".

India has representative democracy; hence it is the responsibility of elected representatives and government to provide fundamental needs essential for dignified survival of each and every citizen of India.

Fundamental needs include employment, water, shelter, food, education, environment, etc. Are the fundamental needs of people really fulfilled? The status of fundamental needs of people in Maharashtra is given below:

2.4.1 Let's see the status of the fundamental aspects responsible for health in India

Water facility

Tap water facility is available only for 25% rural people and 75 % urban people. The situation of water facility is still worse in rural areas.

Drainage System

Half of the houses (50 %) in rural India do not have proper drainage system.

Bathroom & Toilet facility-

Around 64 % houses in our country do not have toilet facility while nearly 50 % people go for open defecation. Around $1/3^{rd}$ houses in country do not have bathroom facility.

Adequate food & nutrition

Around 50 % children with poor economic background are underweight in urban areas while in rural area; percentage of underweight children is high among tribal people.

Shelter

57% of the houses in the country have an inner floor of soil. Near about 61 lakh houses are kachcha types built with soil and lose bricks, while the condition of 10 lakh houses is such that they can collapse anytime. The roof of 22 % houses in India is made up of grass or tin or soil while many people reside on footpaths. There is lack of cleanliness in the premises.

Education

The literacy rate is 74 % in rural areas while 82 % male and 65% female in urban areas are educated. The literacy rate is comparatively very less in districts where tribal population is higher. Surprisingly only 11 % of children could get education till 12^{th} standard while 13 % children could reach till graduation level.

Employment

Though employment opportunities rate increases by 1.6 percent every year, its maximum growth is in unorganized sector. Low income and uncertainty of the future are the characteristics of unorganized sector which leads to increase in poverty ratio. According to Maharashtra government records, 25% people are below poverty line but more than 60 % of people are poor in reality.

2.4.2. The status of health services in India

- 70% people in urban area seek treatment in private hospitals while 50% rural people approach private hospitals for treatment.
- In India, around 50% people are below poverty line and struggling for accessible and quality health services
- In urban area 13 allopathic doctors are available while in rural area there are only 3 allopathic doctors for around ten thousand population.
- The children with poor economic background in urban areas do not have regular access to immunization services which have to be compulsorily given in first year of his age.
- As far as the availability of ANM (Health worker) is concerned, there are only 15 health workers in urban area and four health workers in rural area for the population of ten thousand.

On the one hand, India dreams of becoming a superpower, moving towards economic development while maximum people in the country are deprived of even fundamental rights. Though economic status of Maharashtra is better, the status of health & health services is worst. This status would be more or less same in your areas too. One should have access to different health services (immunization, ANC- Antenatal Care, the treatment for usual illnesses) in their own villages. Very few people are aware of the fact that "The access to government health services is our right" It is the government's duty to provide ANM, health workers, medicines. All the government services that we need to receive is our right.

2.5 Roots/ origins of health rights

Recently, 'The Right to Education' has been accepted as a fundamental right in Indian Constitution. It leads to a process of accepting almost all social services as fundamental rights. Courts also have accepted 'protection of health and life from hazardous illnesses as a

fundamental right'. The constitutional remedies prescribe it as the primary duty of the state to raise the level of nutrition and the standard of living and to improve public health.

It is state's responsibility to protect the health of people. Let's see how the state is accountable for availability of funds and drawing measures for protection of the health of people.

Huge amounts of funds are required for running the government system. Government collects these funds in the form of taxes. A certain amount of money from the things which we purchase from the market contributes to government funds in the form of tax. Even if we buy a smallest thing like needle, certain amount of money is collected in the form of tax. Likewise, we pay taxes for the public services like roads, water supply which we use. The government should necessarily spend this money collected from the people in the form of tax, on different facilities and health of the people. We should pressurise the government to spend this money for people's welfare.

The Indian government has adopted the principle that "Basic health services are the rights of disadvantaged sections of society", by signing international declarations on human rights like, Universal Declaration of Human Rights 1948, International Covenant on Civil and Political Rights (ICCPR) 1966 and International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966. India has also signed "Health for all by year 2000" the declaration of Alma Ata. Thus, Indian government should keep this promise and should provide basic health services to people.

2.6 What is expected as a part of "right to health services?"

Right to health services refers to the access to health services regardless of the money any individual has.

It is quite impractical to demand a doctor in each and every village as the appointment of doctor for thousand or twelve hundred population is not affordable. Other important thing is that, many simple diseases do not need treatment from a doctor. We are expecting government to provide adequate health services essential for dignified survival of citizens.

The effective implementation of declared policy on public health services by government is essential. As per these policy declarations the government should provide health services at various levels from village to district level in rural as well as urban areas. However, there is lack of implementation of these policies in reality. This can be definitely implemented properly by concentrating on things given below:

1.6.1 Availability of resources

The appointment of residential health staff in Primary Health Centre is essential as per the declared policies by government which requires adequate residential facility for the staff.

It is quite difficult to get this health service unless health staff has pucca building for their residence. Improper health services like leakage in hospital building, unrepaired ambulance etc., is violation of human rights. Primary Health Centre is expected to have capacity of admitting six patients at a time which requires six beds and enough staff for taking care of patients.

The health services at various levels and adequate resources for its implementation are essential aspects of right to health services.

Rural Hospitals and higher level hospitals are expected to conduct surgeries. The availability of operating room (OR), sufficient water & electricity facility is one of the aspects of right to health services.

It is denial of right of the people if they do not receive health service at Rural Hospital due to unavailability of health experts.

2.6.2. Trained personnel

The major role of public health services is to provide preventive measures for avoiding diseases and to treat the illness which requires adequate number of personnel. Trained health personnel are very much essential at various levels for providing different types of services for proper treatment and prevention of the diseases.

The availability of Anganwadi Worker in the village, visit of A.N.M (Heath worker) and M.P.W staff to the village are certain provisions for right to health services.

2.6.3. Guarantee of certain services/ Service guarantees

The government should decide upon availability of services at particular level and provide specific services, such as OPD, IPD, Antenatal and post natal services for women and other services mentioned under National Health Program. E.g., the facility of cesarean section delivery should be available at the rural hospital level. Free of cost diagnosis, treatment and counseling of leprosy and tuberculosis patients has to be available at PHC level while first aid should be available at sub PHC level. Pre-primary education & Supplementary Nutrition diet should be made available in Anganwadi at village level. Asha health worker should provide services like, Medicines for simple diseases, counseling and guidance to pregnant and lactating mothers, necessary help during delivery, etc. Various health services should be available at different levels for the people. If people do not have access to services guaranteed by government at specific level then they have right to complain about it.

2.6.4 Availability of Medicines

Hospitals at various levels that are responsible for the providing a particular treatment should provide medicines required for that particular treatment. Patients need not purchase medicines from outside. Snake bite is quite common and life threatening incidence in rural areas, hence Primary Health Centre must have anti snake-bite vaccine(ASV). However, health system is answerable if anyone dies due unavailability of ASV in PHC. A board mentioning availability of medicines should be affixed at a prominent place of the hospital for people's knowledge. Besides, medicines should always be available in the hospitals. Inadequate medicines, giving medicines which have crossed their expiry date or asking patients to purchase medicines, etc. incidences are violations of our right to health services.

We have seen some of the major aspects of right to health services. Patients should be aware about the health services available at different levels in order to have access to their right to health services. It is nothing short of denial of right to health services if people do not have access to the information on health services.

What are the health services available at various levels?

Health services given below should be available in our village:-

Treatment on regular/ simple illnesses

- Regular monthly visits of health staff to the village
- First aid should be provided during village visits on simple illnesses such as fever, malaria, cough, diarrhea, abdominal pain, body pain, scabies, etc.

Vaccination

- Tetanus vaccination for pregnant women
- Vitamin A dose for children below 3 years
- Four types of vaccinations to each & every child below 1 year (BCG on tuberculosis, DPT on Diphtheria, tetanus, and whooping cough, vaccination against polio & Measles)

Disease prevention activities

- Mixing TCL powder in water, regular examination of water
- Blood sample collection, Registration and treatment follow up of tuberculosis and leprosy patients
- Registration of cataract patients for free surgery

Health Awareness

- Counseling of adolescent girls and newly married couples
- Counseling of pregnant and lactating mothers about upbringing of a child
- Providing information about abortion and family planning methods to fertile couples

- Providing information about Schemes, like, Janani Suraksha, Matrutva Anudan and Janani Shishu Suraksha.
- Providing information about toll free numbers and referral services
-

Anganwadi

- Recording height and weight of children from 0-6 years old
- Vitamin A dose and jantnashak medicines dose for children above one year old
- Fresh supplementary nutritious food , two times in a day for children between year 3 to 6 years in Anganwadi
- Nutrition education and supplementary food for malnourished children, pregnant and lactating mothers.
- Vaccination and doctor's referral services if needed

2.6.6 Right to health services: - Village level experiments

Services available at Sub Centre level

- There should be one sub centre for 3-4 villages or 7-8 Wadis/ Padas.
- One Auxiliary Nurse Midwife (ANM) and one Male Health Worker MPW should be appointed in each Sub-Centre for the population of 3000 in tribal area and 5000 in rural area.
- Separate building and residential staff for sub centre is mandatory
- Treating people for common diseases like, cold, cough, fever, diarrhoea, Head ache, abdominal pain, etc. dressing of wounds
- The services for checking weight, blood pressure, abdominal examination, haemoglobin of pregnant women
- Registration and vaccination of pregnant woman and children
- Registration of maternal and child mortality
- The Primary Health Centre doctor should visit sub centre once in a week for health check up and treatment
- Counselling and distribution of family planning methods/ contraceptives
- Home visit, counselling and guidance within 7 days after baby's birth
- The facility of normal delivery
- Facility of saline bottle if needed

Important health services in Primary Health Centre

- OPD services for treating people for common diseases
- In-patient service (IPD) of 6 beds and water and toilet facility for patients
- Routine urine, Sputum and blood tests
- 24 hours ambulance facilities for serious patients
- Operation theatre/ Room

- Regular supply of vaccination for Dog bite/snake bite/scorpion bite

Medication/ Treatment

- Treatment of common diseases like, fever, diarrhoea, abdominal pain, etc.
- Small surgeries like fracture, stitches to wounds
- Free treatment on STDs (Sexually Transmitted Diseases), Skin diseases & malnutrition related diseases
- First aid/primary management of cases of poisoning, burns and accidents
- Treatment under National Health Programs
- Designing specific programs and free medication for treating diseases like, malaria, diarrhoea, tuberculosis, elephantiasis and cataract

Preventive Measures

- Vaccination programs for preventing diseases like, malaria, polio, diphtheria, whooping cough, tetanus and chickenpox
- Disinfection of water sources and testing of water quality for preventing communicable diseases, mosquito control, breeding *Gappi* fishes (for control of mosquito breeding), fogging for insect control, free health check-up and treatment of migrants.

Health Check-up of Children

- Regular health check up and free medication of children in Anganwadi, Ashram schools and other schools in the vicinity, by Primary Health Centre's doctor

Family planning and birth control services

- Contraceptive services like insertion of Copper-T and distribution of oral contraceptive pills
- Provision of condoms and free family planning surgeries of male and female (Permanent methods like tubectomy and vasectomy / NSV)
- Free safe abortion services (MTP)
- Counselling and guidance for fertile couple about reproductive health, family planning and child upbringing.

Crime and law related services

- Check up and certification about rape, family dispute on woman, murder, accident, etc.
- Free age proof certificate to senior citizens

Services in Rural Hospital

- Rural hospital should provide referral services of specialist doctor to 4-5 PHCs in surrounding area
- Postmortem and death certificate

- Rural hospital should have 25 health staff along with specialist doctors
- Morning and evening OPD service and IPD service for 24 hours
- Specialist doctors and Operation Theater for complicated deliveries and surgeries
- Free tea, breakfast and meal for hospitalized patients

Special services in Rural Hospital

Case paper is available only for Rs. 5-10 in Rural Hospital	Routine urine, Sputum and blood tests	X-ray machine and X-ray specialist	Emergency services for complicated diseases	IPD – hospitalization of 30 patients at a time

It is responsibility of Civil Surgeon to arrange staff of rural hospital, medicines, instruments and vehicle / ambulance. Civil Hospital provides referral services to Rural Hospital.

The special team of doctors and health staff carry out health check up of School and Anganwadi children from entire block under Rashtriya Bal Swasthya Karyakram (RBSK)

"Health Calendar Program" about public health services started by Kashtakari Sanghatana in Tribal area of Dahanu

The record about the monthly visits of health workers to each village was put up on the calendar under this program. The calendar was signed by health worker during his/her visit to the village. Otherwise, health committee used to remark as absent. The calendar was being reviewed in PHC along with representatives of Health committee from all the Padas. As a result, visits of ANMs have doubled as compared to earlier, within a year. It has also helped to expand the scope of the vaccination program. Community Based Monitoring which emerged after this experiment is also seen as an important part of right to health services.

You must have observed in the above example that, it is also possible to achieve equitable objectives and to increase quality and scope of health services with efforts through rights based approach.

(The detailed information about Community based Monitoring process is given in Module No. 2)

2.6.7. Weaker Sections and Unfavorable Circumstances/ special circumstances

It's true that Human rights should be equal to all human beings. There is need to provide special provisions to people in special needs in order to provide equal rights to all.

For example, in order to implement principle of "Everyone should get proper and sufficient food" we cannot provide same kind of and same amount of food to everyone from different age groups. The same thing is applicable to health services. While providing health services one should always keep in mind that, different groups in society have different needs.

Certain groups of society such as, women, children, senior citizens, mentally ill patients, HIV affected people and the differently abled people naturally require more and special kind of health services. Besides these groups of society are weaker sections in current scenario. Thus, health services should be more sensitive for providing special needs of these groups.

In today's society, poor, tribal, dalits, women are socially deprived sections due certain social factors. Health needs of these sections are more. Therefore, health services should be more sensitive about these socially deprived sections of the society for practical implementation of "Right to Health Services".

Let's take an example about the special health needs of women and essential special services for providing those needs. Other sections of the society can be seen similarly.

Certain illnesses are seen only in women, for instance - Health issues related to reproductive system, such as those related to the menstrual cycle, pregnancy, delivery, breast feeding and other such biological responsibilities, besides bacterial diseases of reproductive system (abnormal vaginal discharge) or other diseases (tumors in uterus, cancer etc.) Therefore special provisions are needed to cater to these specific needs of the women.

2.7 Government's duties/ responsibilities about rights are as follows

The government should provide assurance to people at three levels when it approves rights.

2.7.1. Level 1- Respect to rights

Government itself should not be the violator of rights. It means government should not be negligent while providing services related to "Right to Health"

2.7.2. Level 2- Assurance about protection of rights

The government should assure protection of rights not only at government level but also at non government level. E.g. the government must provide a sexual harassment free environment at every workplace- whether it is a government office or a private office.

2.7.3. Level 3- Provision and promotion of rights

The government is accountable for provision and promotion of rights. E.g., the provision of rights mean providing health services by constructing sub centre and Anganwadi at village level. The government should go beyond the construction of sub centre and Anganwadi. It is the government's responsibility to find out and solve the difficulties of people if they do not utilize provided services.

2.8. Elimination of obstacles in enjoying rights

The government is accountable for finding out the obstacles like shortage of vehicles and unaffordable travel while using health service and should provide vehicle or vehicle fares from the government. The promotion of rights is nothing but enabling such an environment. The government is also responsible for providing essential facilities and opportunities. Most of the time government does these things with the welfare approach but one should keep in mind that government is not doing any favor on anybody by providing these things.

2.9. Doctor-patient relationship

So far we have tried to understand 'Right to Health' and 'Right to Health Services" with examples. It is also essential to understand 'rights and duties related to doctor-patient relationship' for assuring good relationship between doctor and patient. In general there is an understanding that the patients' rights are applicable only to the private doctors. Most of the times the doctor –patient relations are similar in private as well as public health system.

Good doctor-patient relations are essential for both patients to have access to better health services as well as for doctors to work properly. Doctors should protect human rights and patients should follow their duties and responsibilities. Doctor- Patient relations are not only Seller- Consumer relations. There is a need to build a system which will follow 'rights and duties in doctor- patient relationship' by realizing the characteristics of this relationship and health services.

The medical profession is unique because of the characteristics of medical technology. The nature of medical technology is not specific and precise like engineering or physics. e.g., the medicine on typhoid does not necessarily cure all patients. Some patients may have side effects of the medicine or some patients may be unexpectedly critical. It cannot be predicted before giving medicines. Most often doctor may not be in a position to avoid complications or

unexpected side effects. But early detection of such complications, proper treatment and communicating the same to patients and relatives is essential. It is possible to communicate with patients/ relatives even in such complicated situations if there is smooth communication and good doctor – patient relationship.

Relief from pain and other troubles is an emergency need of the patients. Besides they are in hurry to get cured and join their jobs for survival. Doctors help them to meet this delicate and emergency need. Doctor should be allowed to check any part of body and mind for proper diagnosis of the illness. The doctor should use this right for patient's benefit is the most important principle of medical ethics. In other professions, the customer thanks the professional and completes the transaction. However, in a Doctor-patient relationship the patient remains under doctor's obligation. Considering this, it is more essential to safeguard the patient's rights.

Let's see step by step about care/precautions patients and doctors should take by keeping in mind above characteristics.

We will understand patients' responsibilities and human rights as a human being irrespective of discrimination based on poor, rich, woman, man, rural, urban, caste, religion, etc. in chapter 3 (Private Hospitals) .

Patients' Rights

1. Patients and their relatives should receive proper treatment in government as well as private hospitals
2. Dignity of each patient especially of women should be respected
3. Patients should have right to seek second opinion about a particular disease
4. Patient or his/her relative has a right to be clearly informed in advance about illness, proper alternatives of treatment and necessary expenses for treatment.
5. Rate List about expenses for particular illnesses and other required expenses should be kept affixed in a prominent place in the private hospital.
6. Patient has right to get discharge file, detailed bills and reports.
7. Patient has right to complain and seek justice.
8. Private hospitals should provide emergency first aid services.

2.10 Summary: Important Points:

- Right to health should inevitably be considered as a fundamental right. Right to health refers to the access to things which are the basics of health such as food, clothing, shelter, employment, healthy and cultural environment, health services, etc.
- As a part of health rights, the government should provide health services & facilities at various levels for healthy environment and quality of health for healthy living.

- The fundamental rights given in Indian Constitution are automatically applicable for each and every person born in India.
- Government, political system & judiciary works for protection of the rights and providing basic needs to the people.
- India has representative democracy; hence it is altogether the responsibility of elected representatives and government to provide fundamental needs essential for dignified survival of each and every citizen of India.
- Courts also have accepted 'protection of health and life from hazardous illnesses as a fundamental right'. The constitutional remedies prescribe as the primary duty of the state to raise the level of nutrition and the standard of living and to improve public health.

- The government should necessarily spend the money collected from the people in the form of tax on the health of the people. We should pressurise the government to spend this money for people's welfare. Thus, public health services which we receive is our right and not any charity on the part of government

- The Indian government has adopted the principle "Basic health services are the rights of disadvantaged sections of the society" by signing international declarations on human rights.

2.11 Questions for practice

3.11.1. What is "Right to Health"?

3.11.2. Write about determinants of health in detail.

3.11.3. What do you expect as a part of "Right to health services?"

3.11.4. Which are the international declarations on human rights that Indian government has signed and which principle has the Indian government adopted by signing these declarations?

3.11.5. What are patient's rights? Explain in brief.

Chapter 3 Module I

Equity & Equality Approach/ Perspective

3.1 Objective

In this chapter we will seek information about current social and economic status, health inequality, meaning of equity and equality.

3.2 How will the perspective be developed?

A broad and intensive perspective about health inequality, equity and equality will be developed.

3.3 Current social and economic status

Let's have a look at some national and international references for understanding concepts of health inequality, equity and equality. 10 percent rich people in the world are the owners of around 85 % of the entire property of the world. Richest people in the world (20 %) use hundred and fifty times more resources than poorest people (20 %) (United Nation's Human Development Report 1999). This gap is widening rapidly due the process of globalization.

These social and economic inequalities certainly impact the health of people. Consequently there is inequality in health status and availability of health services based on class, caste, sex and religion among most countries in the world. Rich people can afford expensive private health care services while poor people don't even get enough of basic services properly in our country. It means the access to health services depends on the economic conditions of the person and not on his/her need for such health service.

Let's see a story for understanding all these things …

This story is of Rampur village which is situated in a valley and mountains. There are lots of potholes/pits on the road to the village. The ST bus comes twice in a day to the village. The main profession of the people in the village is agriculture and daily wage labor. The village has dry agricultural land. Few people in the village own lots of land while most of the people have very less land and some of them are landless. Therefore most of the people rely on daily wage labor for their survival. People grow crops only in the rainy season. People grow crops as much as possible in four months of the rainy season and the remaining eight months they undertake labor work in other's agricultural fields. The overall situation of some of the communities is extremely poor, they struggle for their survival.

Sakhubai and her husband Gangaram have five daughters among which three got married and other two are unmarried. Elder daughter is Sanguna and younger one is Pinki. The main occupation of the family is agricultural labor. Sakhubai and Gangaram both are tired of poverty because whatever agricultural land they had, they sold it for their daughters' marriage. Now they have to go to other's fields for labor work. The health status of

Sakhubai is weak because of five successive deliveries and two abortions as they wanted a son. However, Sakhubai does all the work of the children, household work and other outside work. She does not have any option apart from working. Her husband is completely debt ridden. He drinks alcohol due to tensions. He also expresses his anger about overall situation by beating up Sakhubai.

Rakhamabai- old mother of Gangaram; aged near about 75 years old. She cannot see properly due to cataract problem. Her body is not stable due to hard work she did in her young age. She just lies down at one place and eats whatever she gets.

Saguna- 10- 12 years old fourth daughter of Sakhubai. She is clever in studies but dropped out from the school in 4th standard and helps her mother in her work. Sanguna also has responsibility to look after younger daughter Pinki. This little daughter does all the household work beyond her capacity.

Pinki- Everyone used to call her ' NAKOSHI' (UNWANTED) as no one wanted her.

Even after lots of prayers for a son to continue the family name, she was born as an unwanted child.

One day, Sakhubai got up early and went to the agricultural field. Gangaram was under the influence of alcohol still he went to the agricultural field. Saguna, Pinki and old Rakhamabai, three of them were in the house.
Saguna : Grandma, Pinki is having loose motions
Grandma: It usually happens to younger child. Put up some ash from Chula/ earthen stove on her forehead then she will feel better.

Loose motions continued.

Saguna: Grandma, what should we do Pinki is still having loose motions. Her condition is worsened. I am really worried of Pinki.

Grandma: Give her some rice for eating

Saguna: Grandma, Pinki has started vomiting too.

This continued till evening. Finally, Saguna carried Pinki on her waist and waited for her mother on the door itself. She had a strong belief that mother could do something on this.

Weary Sakhubai returned home in the evening. Saguna told whatever happened. Tired Sakhubai looked at Pinki.

Saguna: Mother, Nakoshi is suffering with loose motions and vomiting since morning. She did not eat anything. Please look at her.

Sakhubai: Yes dear. Go to that Ramoshi Bhagat and bring some ash. Bring tablet from a Nurse before that. I will look at household work. Your father will have alcohol and come. He

needs meal as he comes. Otherwise I will be beaten up again by him.

Saguna, 10 -12 years old girl ran fast and went to the Nurse. Nurse was not at home, she had gone for block level meeting. Saguna brought ash from Bhagat and put it on Pinki's forehead. Pinki's conditions worsened, she was not keeping well. Sakhubai somehow managed to cook a meal. Gangaram had alcohol and came home as usual. He had meal and slept. He didn't even know about whatever happened in the house.

Sakhubai: Mother in law, look at the condition of the Nakoshi. See how she is doing. I really don't understand what to do.

Rakhamabai:- What should I say on this ? I told my son/ Mudada (Used abusive word for son) but he did not listen. I can neither see properly nor move from my place. Where will you go at this hour in the night? Please wait for some time. We will see what can be done in the morning. You also rest for sometime because you have to look after everything whole day.

Pinki's loose motions have not stopped. Her condition was critical in mid night. She lost her consciousness and started gasping rapidly. Sakhubai is very scared, and wakes her husband and tells about whatever happened.

Gangaram : (While beating her up) Why didn't you tell me this earlier? From where should I bring money for this Nakoshi's hospital? We already have lots of loan. You and this girl will not allow me to live. I don't know anything. You do whatever you want. He slept again after all this.

Sakhubai was crying a lot. She woke her mother in law.

Rakhamabai : Lets go my daughter. We need to do something now only. I will come with you.

Both of them somehow managed to go the Nurse house in the dark night. Nurse was there at home but she did not have medicines for loose motions.

Nurse: Your daughter has to be taken to hospital as soon as possible. I cannot manage this illness. I also do not have medicines. Today, I went to Taluka hospital for bringing medicines only. Our Sir told medicines have not been provided from higher level office. I will give some tablet if I have.

Nurse gave tablet to Pinki but she vomited it out immediately. Loose motions were continuously going on.

Sakhubai: That hospital is so far. How should I go there at such a night time? There is no source/ vehicle for going there. Special vehicle needs lots of money. If I spend whatever money I have on vehicle then from where should I bring money? I can't even go walking as road condition is worst. Mother in law can't see and walk properly. Madam, You only suggest me what should I do?

Sakhubai was confused altogether

Nurse: What should I suggest on this? The Sarapach of the village has a vehicle. He is nice as a person. See if he gives a vehicle

Both of them went to Sarapanch's home with Pinki. Sarapanch took his vehicle understanding the seriousness of the situation.
It took one and half hour to reach the hospital during night time as road is in between mountains & valley.

Sakhubai: Oh my god, brother sarapanch, What should we do? My daughter's condition is worsening. She even stopped giving response. We came so far from our village and this hospital is closed. There are no medicines in the village. This hospital is still closed.

Sarapanch: Please don't cry. You will have to have some courage. We will take this vehicle ahead to the next village where private doctor is there. Don't worry about money. We will first focus on this girl's health.

Private doctor: This girl is serious. I will give an injection to her and put saline. But you will have to admit her to the higher level hospital as soon as possible. You take her to another hospital. I won't be able to provide her treatment here.

Sakhubai sat down with disappointment and started crying loudly by caressing the face of her daughter.

Is there any relation between this story and concepts of 'equity' and 'equality' which we are trying to understand? Definitely there is a relationship. We will try to understand how both of these things are related to each other.

If we look at the economic condition of the Pinki's family in this story then we can understand the concept of 'economic inequality'.

Sakhubai and Gangaram both rely on daily wage labor for their survival, they had a piece of dry land, their indebtedness. Rain fed agricultural pattern, few people in the village own lots of land while some of them are landless, hence most of the people rely on daily wage labor for their survival. People grow crops only in rainy season. People grow crops as much as possible in four months of rainy season and remaining eight months go for labor work in others agricultural fields.

There is inverse proportion between expenses required for survival and income earned by Gangaram and Sakhubai due to above mentioned situation.

The main cause of economic inequality is ample of money and power owned by certain sections in the society. On the contrary the condition of other sections in the same society is totally

different; they neither have money nor power. Therefore rich become richer and powerful and the condition of poor remains the same or they become poorer.

What is the relationship between health and economic inequality? We have certain primary needs for survival. We need money for meeting those needs. We should have good health for earning money. We will get more money as we work hard. If our health is not proper, then we cannot work/ work less which will lead to less income and we cannot fulfill basic needs for survival. It will again have an impact on our health and this cycle will be continued.

3.4 Inequality among different sections of society and its impact on health

Our society is made up of different sections. People in the society have different ideologies, caste, religion, language, and culture. We feel this diversity of society is natural. It is natural because each and every aspect definitely has its uniqueness. Is this uniqueness inequality? Let's try to understand this.

3.4.1 Educational Inequality and health

There is a difference of 14 percent between literacy ratio of men and women in Maharashtra. This difference is of 19 percent in rural area while 8 percent in urban area. It means only 77 women are educated against every 100 men in the rural area. Maharashtra has region wise inequality in literacy rate (Census, 2011).

Educational inequality has its relation to caste, gender, class and all inequalities related to these. Let's brainstorm about which caste people have easy access to education? How much efforts certain castes have to take for accessing education? We might think that the situation has changed but, that change is only seen in urban areas. Though government has adopted a policy for providing free education under 'Sarva Shiksha Abhiyan', it seems like it has been implemented only on paper. There is inequality in availability of teachers and quality of education among urban and rural areas.

The second and important point of educational inequality is gender inequality. We have seen in Pinki's story the educational condition of Saguna who is taking care of her younger sister Pinki.

Sanguna would have surely got knowledge about what could be done in diarrhea if she would have gone to the school. This would have surely helped in saving Pinki's life. Another important point is that, had she been a boy would she be facing similar barriers in getting education? Had she been a boy would she also been taking care of Pinki and doing other household work? What is the use of educating a girl? She anyway goes to others' house after marriage while boys continue the familial line in future. (Girl is considered as other's property)

Girls' education is usually stopped as she starts menstruating, mostly due to fear of sexual violence. Nobody says that all of them together will provide protection to her and will try to avoid the incidences which compromise her safety. On the contrary, they prefer to stop girl's education as it is comparatively an easy alternative. The main thing is that no one wants to

take care/responsibility of girls' protection and education.

3.4.2. Inequality in urban and rural area

The nature of inequality is different in urban area. Those who have money get 'quality' education while those do not have get education in Zilha Parishad School. There are lots of issues and concerns related to quality of education in Zilha Parishad schools. Fees of schools in cities is approximately from minimum Rs. 6000/- to Rs. 40,000/- . It's better to not even think about higher education. Higher education is possible only with lots of money or strong reference. Both of the things are impossible to arrange for the people who are weaker, backward, tribal and those who are below the poverty line. The issue of educational inequality cannot be solved only with the declaration of 'education as fundamental right' and declaration of policy for "education to all"

In short, education provides opportunities for improving our quality of life. More educated person gets more information and more information leads to increase in capacity of person's understanding about 'what is good and what is bad'. As there is a relation between education and employment or economic status, education and health are also related to each other. Surveys at national as well as at different levels show that the illness rate is higher in illiterate or less educated classes than educated or highly educated classes. Thus, we can say that, the lack of knowledge among illiterate/ less educated people for protecting themselves from the illness is the major reason for higher illness rate among them. The rate of medicine consumption on time also changes with the person's education. It means education promotes chances of protection of our health.

What should we do?

In order to solve health issues emerging due to educational inequality, we need to find out similar kind of sections and their issues in our own operational areas. We also need to provide certain special measures for solving these issues. For example, there is lack of or no information among illiterate or less educated classes about diseases and services, facilities available in public health system. We can implement an awareness program for these unaware sections through which information can be provided about causes, symptoms, preventive measures of illness and services available in public health system to tackle these illnesses.

3.4.3. Caste inequality and health

Let's get to know about a non-fiction short story for understanding caste inequality.
This real life incidence is of a tribal woman named Bayadabai (changed name) from Barwani district of Madhya Pradesh. One day early in the morning around at 4 am, Bayadabai aged 20 years had a severe abdominal pain. She was brought to the bus stop in an old cloth/ Jholi as there is no vehicle facility available in her village to hospital. Afterwards, she had a bus journey and reached Rural Hospital at 12 noon. There was no doctor in the hospital. The

nurse in that hospital did her health check up and sent her to the District Hospital in government ambulance. She began to have too much of trouble. She couldn't even sit properly. The nurse in the hospital had beaten her up by saying why is she crying loudly. Finally, she did not receive complete treatment in the hospital. She was given only an injection in the district hospital. Hospital staff told Bayadabai to go to the private trust hospital in the same area or to the higher level hospital in Indore. Her relatives said that they did not have money. Hospital staff threatened her relative by saying they will do police complaint if they don't take patient to the other hospital. Finally Bayadabai somehow managed to reach that Trust Hospital in the evening at 7 pm. Doctor checked her on the vehicle itself and said that the baby in the womb has died. He suggested an operation for avoiding risk to the mother/ Bayadabai and demanded Rs. 20,000/- for that operation. Somehow they managed to lessen this amount till Rs. 10,000/- by requesting the doctor. Finally operation was performed. Bayadabai returned home after staying for 8 days in the hospital. Same day when she returned her stomach started swelling up. She had to go to the hospital again. She was admitted in the government district hospital as they already had spent a lot of money in the trust hospital. She was admitted for four days in the government district hospital. She was being treated very badly in that hospital which included abusive language used by the staff. Once, hot water was thrown on her stomach. In this horrible condition, one day doctor told that she is paralyzed and said that she should be taken to the higher level hospital in Indore. Bayadabai stayed in the hospital at Indore and finally returned to her village.

Many issues come before us from the incidence in this story. The point here is that, the treatment given while providing health services, the kind of language used while communicating to the patient and the overall quality of the services provided has its relation with the caste. A woman from tribal/ weaker section, lower caste, who does not have money, is treated very badly as described in the story.

Would a woman from upper caste; affluent, prestigious person's relative (wife, daughter, mother, aunt, mother in law) have received similar kind of treatment in similar kind of situation?

The answer is certainly 'no' because they belong to upper caste and affluent class and they have certain power. Whose house is being visited by health worker when he comes for providing health service? Whom (people from which caste) he lives with? The person who belongs to upper caste are never beaten up or subjected to abusive language. On the contrary tribal people are considered as untouchables and not checked properly in some of the tribal areas. They have been asked about their illness from a distance and told to take medicines without even touching them. The people belonging to lower caste don't even have right to speak, reside and survive.

We can see inequalities in health services shown in the story of Pinki and Bayadabai.

We need to take all the aspects into consideration such as, shortage of medicines, unavailability of doctors / health staff on time and at their place, mindset of doctors and health staff, asking them to bring medicines from outside, demanding extra money, inadequate provisions of

government on health services, inequality in the ratio of private and government doctors, difference in treatment received in government and private hospital, the excessive amount of money taken from patients in the private hospitals and lack of government's overall control on private health services.

3.5 Definition of 'Health Inequality'

We have seen different types of inequalities and its impact on health services so far. Let's see the definition of 'Health Inequality'.

3.5.1 Margaret Whiteherd

'Health Inequality' means systematic differences in health status and availability of health services between different socioeconomic groups within a society that are avoidable, unnecessary, and unjust.

3.5.2 Paula Braveman

'Health Inequality' does not mean differences in different socioeconomic groups but social differences based on caste, religion, gender, economic class, etc.

3.5.3.

- The concept of inequality is not only related to unequal distribution of health services but it is related to equitable principles of society. Inequality in social groups based on socioeconomic status, caste, class and gender is responsible for inequitable disparities in health status.

- When we think about the concept of health inequality in depth we can understand that the health inequality depends on differences in social, economic and geographical aspects which have an impact on health. These differences have deep roots in social systems and become a part and parcel of the social system.

- In India, social strata are primarily based on caste and gender. These social strata as well as inequality among different economic classes in society are responsible for inequality in health status.

3.5.4.

What is inequality in brief? The positive or negative impact of diversity on people's lives due to different aspects in society. People from certain classes in the society work less and earn lots of money. Therefore, they can improve their quality of living and can maintain their health. On the contrary some people work hard for days and nights and earn very less money which is not even sufficient for provision of their fundamental needs. It has negative impact on their health which leads to further worsening of their economic conditions and this cycle continues.

3.6 Definition of equity and equality

3.6.1. Margaret Whiteherd

"Equity means equal availability of services for equal needs, equal use for equal needs and equal quality of services to all.

Equity is not only a technical concept but it is based on the principles like, human rights, commitment to ethical principles and availability of equal opportunities and services to all.

3.6.2. Starfield

Health equity means the absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

3.7 The difference between the concepts of equity and equality

There is lots of difference between the concepts of equity and equality. Let's try to understand this difference. Equality means similarity while equity means proper and equitable distribution. Let's take a simple example to understand this. The equal distribution means dividing bread/Bhakari into 8 equal parts for distributing that bread among 8 people which is 'equality'. While it is just and equitable distribution, when one takes into consideration the need of consumption of food of the people to whom food has to be distributed, it does not seem so. If two people among eight are malnourished certainly their need of bread shall be more. We can say it as an equitable distribution when everyone's needs is also taken into consideration during the distribution. In reality, equity is redistribution of resources based on needs, rethinking and the balance between health needs and available health services, their quality and available resources.

3.8 Recommendations for policy changes in health services

It is essential to follow a fundamental principle related to health services for reducing inequality in health services. The role of government is very important in reducing these inequalities. Health services should be provided based on health need of the person and not on his/her capacity to spend money. It needs following policy changes in funds on health services.

3.8.1. The following recommendations can be suggested for making the current health system more just and equitable and to ensure that it can reach effectively to all the sections of the society.

- Increase in economic provisions available for health services on a large scale. (Minimum 5 % of National gross income)
- The emphasis should be given on improving quality of health services along with its availability. Structuring of health services should be based on health needs of the people. Change in behavior of health workers and designing health services with

people's participation wherever it is necessary.

- Strengthening government hospitals in state and regular supply of necessary medicines and resources based on provisions in National Health Mission.
- It is essential to study sections with special health needs and to provide additional funds for them. For example, additional provisions should be made in tribal areas by taking into consideration, social, economic, cultural and geographical barriers faced by the tribal people.
- Special provision of funds is essential for certain groups. The special provisions should be made/ activities should be implemented for mentally ill patients, HIV and AIDS affected patients and handicapped people.
- 'Health Equality Action Group' should be established in the state. This group should study health services and its provisions with the perspective of equity and should suggest policy recommendations based on the study.
- Timely joint meeting of health staff, members of Panchayat, policy makers and different sections of the society (women, dalits/SCs, tribal) is essential along with other provisions mentioned above.

3.8.2. Regulation/ control on private health system

(We will study about this in detail in Module 2 – Control/ regulation over private health services)

It is very much essential to enact a comprehensive act for the regulation on rates and quality of health services in private health system along with strengthening of public health services. It is also essential to decide upon standards of treatment for restricting unnecessary tests and treatment in private health sector. It is compulsory for trust hospitals to keep 10 beds reserved and to spend 2 % of the hospital's income for poor patients. This rule has to be strictly implemented. It is also necessary to involve private doctors in special programs (control on Tuberculosis and Malaria, etc) and to utilize their resources. It is essential to establish a system for availability of universal health services for implementing all the above things.

3.9 Reconsideration/ Rethinking on development modules

- **Food security, nutrition, clean drinking water supply, cleanliness**, etc., determinants have an impact on health. Thus, the availability and equitable distribution of these determinants is essential for good health of all.
- **Malnutrition** is one of the major issues in Maharashtra. It has its relation with food insecurity and poverty because nearly 70 percent people do not get sufficient food for survival. It is very much essential to improve Rationing system (PDS) in order to overcome this situation. Public distribution system should be open for all. Creation of employment opportunities is also essential along with improving food security.
- **Below Poverty Line (BPL)** level should be given to woman headed families, farmers having less than or equal to 1 acre of land (marginalized), unorganized labor and

pavement dwellers without any verifications.

- Overall study of issues in **agricultural** sector and elimination of these issues is very much essential on a priority basis. The necessary changes have to be made in policies related to agriculture by checking its impact on common farmers. The privatization of water has to be immediately stopped. The government should provide economic support to farmers to release them from clutches of the private lenders. Farmers cannot afford expenses in private hospitals which lead to high debt burden on them. Therefore, the government health system should be available which will provide quality health services that are accessible to all.
- All Primary Health Centres should have the facility of emergency treatment on poisoning and all the facilities and counselors for maintaining a good mental health.
- Employment opportunities should be made available for skilled as well as unskilled workers while **industrial** development is going on.
- Large amount of **farmland possession** shouldn't be done without the permission of villagers and without provision of alternate employment opportunities for them.

Above framework has a great impact on women's health. However, gender discrimination is not the only causal factor for deterioration of health, but we need to consider other causal factors too, such as lower educational level, insufficient health services, and unequal control over resources. Poverty, unemployment, lack of roads, electricity, water and health services, etc. aspects have an impact on women's health which we have seen in Pinki's story through different incidences.

3.10 Summary: Important Points:

- 'Equity' is a fundamental principle, hence it should not be considered only related to health but should be considered while taking into account overall development.
- In short, needs of different sections of the society should be taken into consideration along with growth rate while adopting new strategies of development.
- Liberalization and privatization is increasing everywhere. It seems clear that the private sector doesn't have their own regulation. Therefore, government's intervention is very essential. Government's role is crucial for balanced development.
- An overall reconsideration of development strategy is essential for eradication of socioeconomic inequalities which arise due to liberalization and privatization policies adopted by the Maharashtra government.
- Economic development cannot be sustained for long period without eradication of social inequality. It is essential to improve public systems by taking into account central importance of common people's interest.
- People's representatives should carry out important role and take policy decisions for above issues

3.11 Questions for practice

3.11.1. Which inequalities existing in different sections of the society impact health?

3.11.2. Define health inequality

i. Margaret Whiteherd-

ii. Paula Braveman-

3.11.3. Define equity and equality

i. Margaret Whiteherd-

ii. Starfield-

3.11.4 Explain the difference between concepts of equity and equality.

3.11.5 What recommendations can be suggested for equitable health services?

Chapter 4 -Module I

Gender & Health Inequality

4.1 Objective

- To understand health issues of women with sensitivity and understand the approach of the health system towards women's health
- There should be a sensitive/ responsive health system for women in current social scenario.
- Programs which can be implemented for women with broader perspective.

4.2 Which perspective will be developed?

The consciousness/ awareness will be developed regarding looking at women's health from a holistic perspective and not just as machines for giving birth, and to understand their needs for proper health services."

4.3 What is gender and health inequality?

Gender based equity in health means provision of funds and adopting strategies considering the specific health needs of women. Health workers should be made sensitive about health needs of women for establishing equity.

Women take care of almost all responsibilities of child rearing and household work. She also has to work outside for a lower income, with the workload often being equal to or more than men. This has an impact on her health. Another important point is that unlike men, women suffer from some particular diseases which are only related their specific health and biological structure. Thirdly, women often have to face domestic violence. The private as well as public health system has not taken sufficient note of any of these health issues.

Equal amount of treatment is needed for men and women for treating illnesses like tuberculosis and malaria therefore, equal resources should be provided for both groups. While health needs of women related to reproductive health are certainly more than men. E.g., complications related to pregnancy, abortion and delivery, diseases related to reproductive organs, therefore, in addition to the equal treatment, certain special provisions for women are essential. Large scale disparities are seen between men and women, in having access to the determinants which are essential for maintaining good health in our country.

4.4 Definition of health

Health is availability of sufficient and nutritious food, clean shelter, clean environment, clean drinking water, health education and quality of health services, employment and education.

However, in this male dominated system, large number of women are deprived of many of the above mentioned determinants and that has great impact on their health. The points below will help us to understand this picture with more clarity.

4.4.1. Educational Inequality

There is the difference of around 19 percent in the literacy rate of men and women in Maharashtra. This difference is almost doubled in rural areas compared with urban areas. (Rural-23, Urban 12)

Region wise educational inequality is also seen in Maharashtra. Around 50 percent of women in 5 out of 8 districts are literate in Marathwada region while more than 70 percent of women are literate in 3 out of 5 districts in Konkan region of Maharashtra.

4.4.2. Inequality in employment

Women mostly work in the unorganized sector. Around 89 percent women are particularly involved in agriculture related work. Among these, about 50 percent are agricultural laborers. Around 1,311 women are agricultural laborers per thousand men agricultural laborers. There is large scale discrepancy in the kind of work and the returns men and women get. Only 789 women are landowners per thousand men landowners. This discloses disparities in ownership of resources like agriculture.

4.4.3. Malnutrition and anemia among small children

According to second and third report of National Family Health Survey, around $3/4^{th}$ children below 3 years are anemic. Anemia is the major cause of death among 6 percent girl children from age group of 1-4 years. This is the third significant cause of death. The major cause of malnutrition in children is malnutrition in mother. Thus, women are comparatively more vulnerable to diseases than men from their childhood.

4.4.4 Adolescent girls and anemia

In Maharashtra, 40 percent of the girls are being married before they reach the age of 18 years. According to National Family Health Survey (NFHS- III) report 2005-06, 14 percent girls from the age group of 15-19 years were either mothers or pregnant. The pregnancy at this age is dangerous for girls because of early age, malnutrition and anemia. This is one of the major causes of maternal mortality. Insufficient health services worsen the situation. Anemia is also seen among adolescent girls. Consequently, the rate of anemia in pregnant girls below age 18 is 1 & ½ times more than the rate of anemic women in the age group of 18-24 and twice that among women above the age of 25 years.

4.4.5 The relationship between mother's health and child mortality

The causes of child mortality below one year are premature birth, diarrhea and respiratory diseases among newly born children. Around 60 % deaths occur due to the above mentioned reasons. There is direct connection of all these causes to mother's health. Child's health depends on mother's health. There is big question mark on the child's life in the vulnerable circumstances.

4.4.6 Lack of awareness and social circumstances

Women are naturally more vulnerable for reproductive health diseases than men. However, secondary status in society and lack of freedom in decision making worsens the health conditions of women. Women cannot take benefit of health services due to lack of proper information.

According to National Sample Survey Organization's (NSSO) Survey in 2004, the amount of illnesses is more among women in fertile age than men in the same age group. The triple burden of work on women is one of the major causes for higher amount of illnesses.

According to Reproductive Health Program (RCH) survey 2002-03, the rate of reproductive health diseases is 2 ½ times more than men. However, men are at an advantage while seeking treatment over women. One should understand that social beliefs and secondary status of women in the society is responsible for this. We have seen many things which are causing hindrance for women in even talking about the reproductive organs. Hence, women face problems in seeking treatment for reproductive health diseases.

4.4.7 Violence- a major cause for illnesses among women

Violence has a serious impact on health. The physical injuries (wounds, bone fracture, cuts) caused by violence have deep rooted impact on women's health. The mortality rate due to causes related to violence is also shocking. The rate of death by burning is 12.77 percent of the overall reasons of deaths of women in rural Maharashtra. Deaths caused by factors related to violence are much more than deaths caused due to major health diseases like heart disease, cancer, pulmonary tuberculosis, complicated pregnancies and deliveries. Violence, the major cause of illness and death is still not considered as a cause for death or disease. Other illnesses are treated by finding out root cause of the illness. Does it happen with violence related illnesses? Many incidences reveal that, the link of women, who face violence in their daily lives, with the health system, has been a largely ignored one.

4.5 Unequal ratio of men and women in Maharashtra

According to 2011 census, there are 883 girls per thousand boys. This number has drastically dropped from 913 according to 2001 census. There are less than 850 girls per thousand boys in the age group of 0-6 years in 10 districts of Maharashtra. One should understand its seriousness as these figures are further decreasing day by day.

Female infanticides increased due to government's policy of limited number of children in the family. One of the crucial cause was also the ease in identification of foetus's gender because of advanced technology like sonography. Surprisingly, this situation is seen even after implementation of PCPNDT act (Pre-Conception and Pre-Natal Diagnostic Techniques – Regulation and Prevention of Misuse- Act)

There is a contradiction in economic growth and women's ratio in Maharashtra. The number of females is less wherever there is economic prosperity (Kolhapur, Sangali, Satara, Jalgaon, Bid). The proportion of female infanticide has increased because of the beliefs of continuation of familial line and protection of property which gets divided and goes to others' homes during marriage of girls (Dowry system). Most of the times, women die because of inhuman and wrong techniques used for abortion due to the fear of law.

4.6 Mental Health – an ignored Subject

According to World Health Survey, comparatively, more women suffer from mental illness than men. Most of the women in this survey are from rural areas, less educated and those with less income. Our overall corrupt social system is having an adverse impact on physical, psychological and social health of women.

4.7 Discrepancy in available delivery services

Most of the women face inequalities because she is born as a 'female'. (e.g., The section of lower economic class, dalit, tribal). Insufficient health services available for women has a markedly greater impact on their health. Health needs of women are definitely more diverse and complex than those of men, especially as they have the added responsibility of motherhood. However, the ratio of women is less than men among the beneficiaries of the health services and their expenses on health are also comparatively lower than men.

4.8 Polices related to women's health

There is mostly indifference in the government's policy related to women's health. E.g., government provides certain medicines and some amount of money for first two deliveries of women, for those below poverty line under schemes such as Janani Suraksha Yojana and Matrutva Anudaan Yojana. Why women should not receive this subsidy if this is meant for saving her life?

On the whole women are seen as machines for giving birth. This machine is provided a technical support for giving birth to the number of children decided by government. Apart from that women's health is totally ignored.

- There is lack of a women centered policy on women's health. The social status of women is not being taken into account while designing government's plan and policies. These policies and programs seem like pragmatist/ Utilitarian i.e. Programs are designed according to the

utility of the person. For e.g., women should get education as it is her right as human being. However, it is utilitarian approach to see her as a medium of educating her family by saying "Entire family gets educated once a female gets educated ". Dietary education is provided to the adolescent girls only because they are going to be mothers in future.

- Younger girl child, women above the age of 45 years and diseases related to women's reproductive system do not have sufficient space in public health services. 40- 45 percent women in the age group of 15-45 die due to communicable diseases like tuberculosis and malaria however; maternal mortality is discussed more. These kind discussions are essential but other health issues of women beyond her motherhood remain vastly neglected. Despite concentrating on maternal mortality, there is high maternal mortality rate due to complicated deliveries, anemia, deliveries in early age and lesser gap between two deliveries. Sufficient services- facilities for safe delivery are not available everywhere.

- **Contraceptive tools/ Target of Vasectomy –**

Even though there has been huge advancement in technology, in a patriarchal society, 98% of the contraceptives which have been specially researched and introduced in the market, are targeted towards women. These contraceptives have an impact on women's physical and psychological health.

Though condom is the only contraceptive which is simple and easy to use without any side effects for men, those who are supposedly protecting masculinity and manhood use it rarely and some even avoid using it completely due to their wrong notions about masculinity and manhood.

However, strong efforts have never been made for promoting vasectomy which is very simple and less troublesome than female sterilization to prevent pregnancy. Large number of Women are treated almost like animals in female sterilization surgery camps, where the facilities provided, care taken and cleanliness maintained are highly questionable. We have seen since last many years that the health system's approach towards a woman's body is only as a 'target' and not as a human being with equal rights and status.

4.8.1. Essential policy changes for minimizing gender based discrepancy in health services

There is significant lack of information essential for studying gender based discrepancies. Thus, indicators that are essential for bringing gender based disparity to the front should be included in different surveys/ research studies and wherever there is data collection related to health services.

Funds should be provided for special research studies on health issues of women. (e.g., Impact of female sterilization surgeries on women's health, impact of domestic violence on women's health)

4.8.2. Suggestions for availability of determinants essential for women's health

- Designing different schemes focusing on girl's education which includes, opening new schools, economic support for education, efforts for girl's safety and security (House, grounds and roads should be safe for girls). Health education should be included in schools.
- The concept of 'gender' and its impact on women's health should be included in the school curriculum
- Gas and kerosene should be provided in reasonable rates to rural women for preventing use of woods as fuel.
- Proper provision should be made for checking malnutrition and anemia among women and younger children.
- Girls have to face problems like malnutrition, anemia, early age marriages, pregnancies and deliveries. Programs should be implemented for continuation of their education and for providing them vocational training.
- Public health system should implement programs for diagnosis and treatment of anemia. Iron tablets and health education about anemia should be provided free of cost to women.
- Special programs should be implemented for the diagnosis and treatment for special health needs of women such as, cancer of breast and uterus, brittle bone diseases, uterine prolapse.
- Health system should take strong efforts for strict implementation of laws like, prohibition of child marriage, anti-rape, dowry, Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, protection of women from domestic violence, etc.
- Safe and Hygienic public toilets should be made available in all the villages and slums in urban areas, especially for women
- There should be strict implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT- Regulation and prevention of misuse) Act for banning the sex determination activities and female infanticides.
- There should be proper registration of stillbirth and new born deaths, so that 100% registration of deaths is done. Measures should be taken, if it is found that there is a higher proportion of girls, in these deaths.
- Health programs should include programs for occupational health and diagnosis and treatment of occupational and environment related illnesses.
- Minimizing violence against women should become a political issue. Studies should be conducted on impacts of this violence on women's health. The facility of proper treatment on health issues related to violence should be available in all hospitals.
- Poor quality of health services has been observed in family planning surgery camps; hence, surgeries of family planning in such camps should be immediately stopped.

4.9 Summary: Important Points:

- Gender based equity in health means provision of funds and adopting strategies considering the specific health needs of women.
- Health is availability of sufficient and nutritious food, clean shelter, clean environment, clean drinking water, health education and quality of health services, employment and education.
- Only 789 women are landowners per thousand men landowners. This discloses disparities in ownership of resources like agriculture.
- Women are comparatively more vulnerable to diseases than men right from their childhood.
- The rate of anemia in pregnant girls below age 18 is 1 & ½ times more than the rate of anemia among women in the age group of 18-24 and twice that in women above the age of 25 years.
- Women cannot take benefit of health services due to lack of proper information.
- The triple burden of work on women is one of the major causes for higher amount of illnesses.
- Violence has serious impact on health. The mortality rate due to causes related to violence is also shocking.
- There are less than 850 girls per thousand boys in the age group of 0-6 years in 10 districts of Maharashtra.
- According to World Health Survey, comparatively, more women suffered from mental illness than men.
- Health needs of the women are definitely more than men as they have the responsibility of motherhood.

4.10 Questions for practice

4.10.1. Which of the section's disparity in the society has an impact on the health?

4.10.2. Define health.

4.10.3. What are the determinants/factors which women do not have access to, causing serious impact on their health? Mention in detail

4.10.4. Which policy changes are essential for minimizing gender based disparity in health services?

4.10.5. Describe in detail steps which could be taken to improve access to factors/determinants which have an impact on women's health.

Appendix 1

Indian constitution and court orders support health rights

It is mentioned in the 3rd part of Indian Constitution that all citizens must receive 'fundamental rights' as per Indian Constitution. Some of them are right to life (article 12) and right to equality (article 14). These fundamental rights are implemented through the High Court or the Supreme Court. Citizens can implement this right with written application in these courts. This is considered as basic structure of the Constitution which cannot be amended. Supreme Court has authority of constitutional interpretation and order given on that is considered as a law, thus that law and its implementation is mandatory for all officers (executive, legislature and judges)

Indian Constitution

Fundamental right- article 21 – Right to life-

No person shall be deprived of his life or personal liberty except according to procedure established by law.

Directive principles of state policy- article 47

It is duty of the State to raise the level of nutrition and the standard of living and to improve public health.

The meaning of article 21 can be interpreted as- it is government's accountability to protect human life and ensure availability of essential health services for that. The Supreme Court has mentioned this in some of the judgments and informed the government system about their duties regarding this. –

State of Punjab v/s Ram Lubhaya Bagga: AIR1998SC1703

Right to healthy life

With reference to above judgment Supreme Court expressed an opinion that, according to article 21 of Constitution each citizen has right to life in accordance with that, the government has some accountability. This accountability is repeated in article 47. It is primary duty of the government to protect health of the people. Government hospitals and Primary Health Centers should be of good quality and health services provided through this should be easily accessible for people from all the sections of the society. Government should provide sufficient funds for this. Government cannot deny its duty of providing health services because it will be a violation of article 21.

Paschim Banga Khet Madoor Samiti & others v/s State of West Bengal & others: AIR1996SC2426

With reference to above judgment Supreme Court got an opportunity to inquire about government's apathy in providing essential medical services. The Court expressed the point that provision of essential medical services is mandatory for the government in the concept of welfare

state. Government runs hospitals and health centers for carrying out this duty. Medical services are provided to needy people through hospitals and health centre. According to article 21, government has responsibility of protecting right to life of each person. The protection of human life is very much essential. Government hospital's responsibility is to provide medical help for protecting human life. If government fails to provide such a medical help to the needy person on time, it is violation of right to life under article 21.

Paramanand Katara vs Union of India & Others: AIR 1989SC2039

In above judgment SC gave orders that, Health institute should provide immediate services irrespective of procedural formalities. Irrespective of whether the patient is innocent or criminal, it is the duty of health service providers in society to save the patient's life, whereby innocent can be protected and criminal can be punished. Therefore, it is the accountability of the doctors working in the government hospitals to provide medical help for protecting life. It is professional commitment of each doctor whether he/she is working in government hospital or somewhere else to use his/her skills for protecting life

Directive suggestions given by Court for doctors

1) When an injured person comes to the doctor if doctor felt that further assistance is needed for protecting life of the injured person that time doctor should provide all the possible help at his/her level and make arrangement for sending the patient to the appropriate expert doctor/ proper place.

2) Legal protection of doctors providing medical services to injured people –The doctor does not violate any law when he/she, himself/herself or with the help of someone provides a proper treatment to injured person when patient comes before him/her.

Bandhua Mukti Morcha v/s Union of India AIR1984SC802

With reference to the above judgment Supreme Court expressed opinion that, the fundamental right of dignified life which is free from exploitation is provided to the each citizen of India under article 21.

Protection of health and energy/ strength of men and women and protection of children against exploitation are included in this right. Similarly, availability of proper health services for healthy growth of the children, free and dignified environment for them, availability of educational services, humane and just environment at workplace is included in this right. State or central government cannot take action which will be obstacle in providing these fundamental needs.

Mahendra Pratap Singh v/s State of Orissa AIR1997 Ori37

Above claim was about inactivity shown in government in the process of opening Primary Health Centre in one of the village. With reference to this judgment, Honorable Sessions Court expressed the point that it is not possible to construct higher hospitals in the country like ours but people in the village can surely expect a primary health centre in their limits. It is primary duty of the government to help people in getting treatment and living healthy life. Healthy society is a

collective interest and none of the government should impede in this. Primary Health Centre should have first priority. Obstacles should not be created in its construction on technical grounds.

https://www.youtube.com/watch?v=ZOXx-CT5wtc

MODULE II

THE CONCEPT OF COMMUNITY BASED MONITORING FOR ACCOUNTABILITY

ON

HEALTH SERVICES

MODULE II: The concept of Community Based Monitoring for Accountability on Health Services

To broaden and deepen the perspective of grass root level workers working at local level about the accountability of social services…….

Compiled by

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SATHI

About the Course

In the last decade many organizations and Sanghathans in India took efforts to improve public health services, to develop a communication process between the health system and people and to improve accountability of the health system and transparency in health services towards people. It leads to development of various models of community based monitoring in India. The grass root level workers/ field facilitators, like you, working at village level have a major role in implementing community based monitoring models. Therefore, the concept of community based monitoring is emerging, at least in Maharashtra. In our opinion, this concept should be expanded at a wider level. This course is being conducted with this intention, taking into consideration the requirement of grass root level workers for expanding this concept.

This course will be conducted in entire Maharashtra. Total 125 student- practitioners (grass root level workers) from different regions of Maharashtra, such as, Vidarbha, Marathwada, West Maharashtra, Konkan and North Maharashtra, etc. will be included in the first phase of this course. Twenty- five student practitioners will be selected from each region.

This course is conducted in collaboration with SATHI organization and Karve Institute of Social Service which offers Masters in Social Work degree course. This course has received financial assistance from COPASAH (Community-of Practitioners on Accountability and Social Action in Health) which works at the international level for social monitoring and action on health services. This is a distance learning course and the duration of the course is 1year. Two contact sessions will be organized; first session is for 3 days and second is for 2 days. The training and course material will be provided to representative participants in the first contact session. While in second contact session the exam and discussion will be held on activities conducted by student practitioners in their own operational areas. After the first contact session, student practitioners are expected to complete a field activity in their own operational areas as mentioned in Guide Book / Module.

The main objectives of the course are:

- To develop a perspective and broaden the understanding of grass root level workers in order to understand the principle of accountability of health and other public services
- To develop a perspective and an understanding of these student practitioners about the various techniques and strategies used by various organizations for advocacy purpose.

About this Guide book/ Module

Community based Monitoring has been implemented in about 33 Talukas/blocks in Maharashtra. The small groups in our village/ vasti can together monitor services to ensure that common people have access to quality health services provided by the government. They can solve their problems by communicating with Health Workers, ANM and doctor in the nearby Primary Health Centre.

Small experiments that can be used for such efforts, techniques which can be adopted for monitoring, are given in this module. The firsthand interesting stories which have actually taken place in the village, have also been given in this book.

The information about steps, demonstration and experiences has been given for implementing Monitoring Process at your own level. The important points and questions for practice are given at the end.

Various publications of Sathi have helped in developing this module. This module has been reviewed by the steering Committee of the Karve Institute of Social Service and COPASAH network which works for social monitoring and action on health services at international level.

Table of contents

Chapter 1- Module II

The structure of 'Community based Monitoring and Planning'

2.9 Objectives

- In this chapter, we will learn about and understand:

  i. the importance of community participation in the process of improving health services, the process of community based monitoring and its importance, the major points we need to concentrate while implementing community based monitoring at local level

  ii. the charter of health rights , pillars of monitoring process and standards of public health services

1.2 Which skills will be developed?

- Understanding pertaining to the health rights and services as rights, standards of health services and our role as a social worker
- The information about health services available at village, Primary Health Centre, Taluka and District level will be gained
- An understanding will be developed about the social action needed for monitoring these services
- The structure of monitoring process will be understood
- The structure of monitoring committees at different levels will be understood

1.3 Which perspective will be developed?

The importance of rights based approach while working for people and the importance of people's participation pertaining to any government scheme will be understood.

1.4 The structure of community based monitoring process

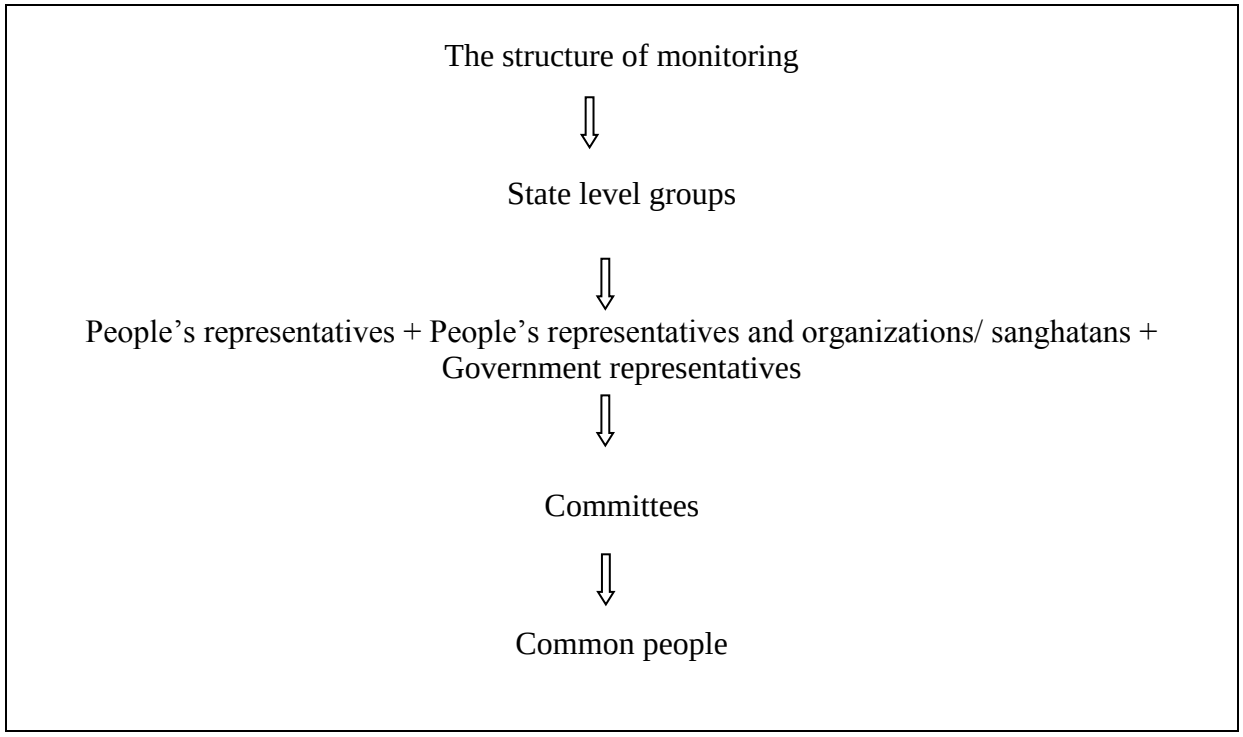
This chapter will build an understanding about what is democratic system? The concept of democracy, various types of democratic systems and what is direct democratic system?

1.4.1 Introduction

Primary health care is the minimum primary nature of service essential for people and people's participation is the core of this concept. What is primary health care? Primary health care means the health service which will be universally available, affordable for people, received free of cost

from government and will work totally with people's participation. While providing such service to the people, it should be a need based service. Community based monitoring means putting up needs of people before the health system, getting the services, monitoring these services and taking efforts for solving issues with constant communication with health system by people themselves.

Community based Monitoring is a different, effective and neutral process as compared to the internal monitoring of the government. The sustainability and productivity through coordination of this process can be seen when it is implemented along with different related sections.



What can be monitored by people?

Ration Shop – through Ration Vigilance Committee**, Anaganwadi-** through Village health committee, **School-** through School Managing Committee, **maintenance of public roads-** through Taluka Coordinating Committee, **construction of government buildings-** through Taluka Coordinating Committee, **Private Hospitals-** through Doctor- Patient Coordinating Committee, **Government Hospitals-** through Health Monitoring Committee, **village administration-** through Gramsabha, **taluka administrative proceedings** – through General Meeting.

1.4.2 Monitoring of health services by people

Health service is provided through doctors and health workers/staff. These services should be provided as per the needs of the people and good rapport for smooth dialogue should be

developed among people and the staff. The current situation cannot be changed only through communication with staff and officials, if the issues in health services remain as they are. All need to work together for changing the current situation, for which dialogue is essential. 'National Rural Health Mission' is geared towards improving the processes of providing health services in the country. It would not be appropriate to impose the approach of health service providers on beneficiaries while bringing about a change in provision of health services. Instead, health service providers also need to change their approach. The idea of 'Satisfactory health services to the people' will be most important in this new approach. Constant dialogue between health system and people is important for this idea. We need to work on internalizing the "WE""-feeling about health services among people. Monitoring is needed on the work of officials and staff/workers for that.

Community based monitoring of health services

The meaning of the English word monitoring is- to observe and check the progress or quality of work under regular systematic review (frequent supervision of work and its quality) till the completion of that work. Following aspects need to be focused /given special attention while monitoring health services:

- Does everyone have regular access to quality health services declared by the government?
- Are there any problems of health workers/ staff?
- Are there any complaints from people about health services? What can be done to resolve these?

Finding out reasons for denial of health services to people and taking efforts for avoiding such incidences, planning of health services along with local people in collaboration with all, taking into consideration the specific health needs of people in our area, these things should be done. E.g. Suppose, there is high rate of snake bite deaths in your area and the government has decided to arrange anti snake bite injections(ASV- anti snake venom) in all government hospitals in your area so that people have immediate access to this essential treatment, which can further avoid such deaths. Government also declares that this medicine and doctor will be always available in the hospital.

We can gain information about whether the problem has been really resolved, by asking the following questions to know whether government is keeping the promise/guarantee given to the people.

- Are anti snake venom injections always available in the hospital?
- Are doctors and other staff available for diagnosis and administering the medicine, even if it is available?
- If the patient has not got the medicine at a particular time, then what is the reason for this?

- When do incidences of snake bites increase? What is the period when more medicines should be available?
- Which essential facilities should be available for safe storage of the medicine?
- Is hospital system taking the responsibility for arranging vehicle required for emergency referral services, till the patient is admitted to the higher facility, in case of danger to the patient's life due to some complications?

Different health issues can be resolved if relevant information is gained about all aspects of the issue related to health services, through monitoring, just like the above issue.

Benefits of community based monitoring and planning of health services

	Benefits to public health system	Benefits to people
1.	Understand people's approach towards the services.	Get detailed information about health service and schemes
2.	Helps to provide health services to maximum number of people	Save unnecessary expenses on private doctors due to improvement in public services
3.	Creation of cooperative relationship between people and health staff	Get space and opportunity to express our concerns about the kind of health services we need.
4.	Verify the extent to which objectives of health services have been met	Get space and opportunity to talk about a complaint if any
5.	High possibility of transparent administration while providing health services	Increase active partnership of people in government schemes
6.	Obstacles in objectives of health services can be understood in time	Health problems at village level can solved with the cooperation of all.
7.	Officers and staff at all levels become active	Health system becomes accountable for people and people can claim health services

1.4.5. What health services can be monitored by people?

Primarily following points emerge in this reference

Tests and Treatment: - Do people get free health check-up, tablets, medicines, tests and other check-ups on regular basis? What is the quality of received services? Do the people from all sections of the society have easy access to health services without any kind of the difficulties? People can monitor these points**.**

Communicable diseases: - Are the health services essential for public health functioning properly? E.g., there is a possibility of spread of communicable diseases due to contaminated water in the rainy season. Therefore Gram Panchayat needs to do its duties related to water purification on a regular basis. Health staff should regularly test the water sample. People can monitor this.

Services to weaker sections

Health services can be improved through monitoring if they are not accessible for poor, tribal, dalit groups/vastis. E.g., It has been observed through experiences and surveys that the number of visits of Nurse and Health Worker is comparatively less in vastis of dalit and tribal people. It is understood that people with weaker socio-economic level need more health services.

Vacant posts and supply of medicines

People can monitor the human-power/resources and resources in public health services. E.g., are medicines available in the hospital? Are specialist doctors available? Are x-ray, laboratory services regularly functional? Etc.

Other services

Besides, village level monitoring, a group or a committee can monitor on issues like, ration shop in the village, supplementary food provided in Anganwadi (ICDS), water supply and water hygiene in the village and cleanliness.

Funds

The monitoring can be done on the amount of funds received by village for providing these services, and whether it was spent properly. Is the village benefitting from the service for which funds were allotted?

It is mandatory to display 'Charter of citizen's health rights' in all government hospitals under 'National Health Mission'. Patients visiting that hospital become aware about the facilities guaranteed at the PHC and Rural Hospital if charter is displayed outside at prominent places.

'Charter of citizen's health rights'

This is our hospital. We are committed to provide following health services to you-

- None of the patients will be denied health services, or sent to private hospitals or asked to visit the private clinic of a doctor of this hospital.
- Free medicines for treatment will be given from this hospital. The medicines which have crossed their expiry date will not be provided. You will not be told to bring medicines from outside
- Dignified treatment will be given to all the patients especially to poor and illiterate patients. The detailed information about the treatment will be given. In case services are not available in this hospital, the information will be provided about the hospitals elsewhere which would have these services. Patient can be sent for further referral services if needed.
- Information will be explained to patients about essential treatment required for their illness and service charges, etc.
- Below Poverty Line card holders will receive all services free of cost, other patients will receive services as per charges decided by the Rugna Kalyan Samiti.
- Health service will not be denied to HIV affected patients and information provided by them to doctors will be kept confidential.
- The facility of toilet and drinking water will be arranged for all patients.
- Write and submit your suggestions/complaints in complaints box

1.4.7. Concrete Service Guarantees

Concrete Service Guarantees provided under National Rural Health Mission are such standards of health services through which health services can be monitored and success of the mission can be verified. These Service Guarantees are as follows-

1) Skilled attendance at all births.
2) Emergency obstetric care.
3) Basic neonatal care for new born.
4) Full coverage of services related to childhood diseases/health conditions.
5) Full coverage of services related to maternal diseases/health conditions.
6) Full coverage of services related to low vision and blindness due to refractive errors and cataract.
7) Full coverage for curative and restorative services related to leprosy.
8) Full coverage of diagnostic and treatment services for tuberculosis.
9) Full coverage of preventive, diagnostic and treatment services for vector borne diseases.
10) Full coverage for minor injuries/illness (all problems manageable as part of standard outpatient care upto CHC level).
11) Full coverage of services and inpatient treatment of childhood diseases/health conditions.
12) Full coverage of services and inpatient treatment of maternal diseases/health conditions including safe abortion care (free for 50%, user charges for those APL).
13) Full coverage of services for blindness, life style diseases, hypertension etc.

14) Full coverage for providing secondary care and referral services at sub-district and District Hospital.
15) Full coverage for unmet needs and spacing/ distance between children and permanent family planning services.
16) Full coverage of diagnostic and treatment services for RI/STI and counseling for HIV AIDS services for adolescents.
17) Health education and preventive health measures

Summary: Important Points:

- Our concept about the health services to be received from the government should be extremely clear. It will help us in clarity about what demands should be made at a particular level. We should read different types of government resolutions and all the information given.

- It is important to resolve the problems with people's participation and with rights based approach. It is essential to find long term and sustainable solutions even if the inverventions take time.

- This chapter provides information about accountability of various components in community based monitoring and planning process.

- Maintaining active participation of all the people, groups and committee members along with us is important.

- People's participation is the core of our work, sustaining it is important as well as challenging, rapport building with people in our own operational areas is imperative.

- We should keep in mind that monitoring on exact and concrete points is needed.

1.6 Questions for practice

1.6.1 Explain the importance of people's participation in improving health services.

1.6.2 Mention about the concepts of community based monitoring and planning process which you feel are important for working in your operational areas.

1.6.3 What are basics of community based monitoring and planning process? OR What things will be the basis for implementing this process?

1.6.4 Explain the importance of Health Charter.

Chapter 2-Module II

Important Components in the process of 'Community Based Monitoring and Planning '

2.1 Objectives

- In this chapter we will understand about the importance and need of essential components for monitoring for any service.
- Understanding about use of steps and processes of monitoring will be developed.
- It is essential to know about the public service to be monitored and policies under that service.
- We will also understand preparation to be done for monitoring by student practitioners.

2.2. Which skills will be developed?

- Overall information about government schemes and services available from village level to Rural Hospital level will be gained.
- Various Media for spreading awareness about schemes and government guarantees before actual monitoring will be understood.
- The information about care to be taken while establishing monitoring committee or group at local level will be gained.
- Understanding about how to collect data and different methods of data collection while monitoring the services will be developed
- Student practitioner will understand about how to communicate with concerned officers, staff in the department in which services are to be monitored.

2.3 Which perspective will be developed?

- Student practitioner will understand about how to help people to avail the benefit from any of the government schemes available for them.
- Importance of components in monitoring process will be understood.
- Perspective of encouraging people's participation will be developed.

2.4 Important stakeholders in the process of "Community Based Monitoring"

Important stakeholders in community based monitoring are as follows-

- Representatives of local Panchayat Raj (People's representatives) /PRI members
- Social workers working at local level
- Teachers, lawyers, journalists and other socially committed people at local level
- Representatives of NGOs/ Sanghatans who are working on social issues in your area
- Officers/ staff, those who have decision making power in the system, on which we will be doing monitoring.
- Beneficiaries who have access to services
- Representative of different health related committees. (e.g., Village Health Committee, Rugna Kalyan Samiti)

All of these together should monitor public health services which will include representation of the people from all sections of the society.

2.5 Important things to be taken into consideration while monitoring

One important thing we should keep in mind while monitoring any of the public services is that the grass root practitioner must have all the technical information, government circulars and what government means by these circulars about the services which has to be monitored. Variation between expected service as per rule and reality should be understood.

e.g., which service is exactly provided under Janani Suraksha Yojana? What is the main objective behind financial compensation if it is provided? What are the terms for getting such a compensation, etc. We can discuss with common people and concerned government officials based on this information.

2.6 Important points for student practitioners for the preparation of monitoring

What should we do at the places where community based monitoring process is not being started. Before starting monitoring process most important thing is that the student practitioner must have a monitoring group or grass root level workers from NGOs/ Sanghatans along for monitoring.

The important steps are as below

- In case group/ organisation involved in such kind of work, is not available in our area, then such kind of group should be formed by involving people from village or local level, who understand importance of social work. So, we can involve people in this process who can spend their time or even money if required.
- It will be easier while providing information to people if any name is allotted for your group/ committee.
- It is important to understand the situation/status of the issue related to health services in your operational area which you want to monitor. Hence, organise discussion meetings at village/ vasti level and ensure responsibilities of other grass root level workers/activists along with you. Give each member specific role, responsibilities and duties.

- If you wish to monitor health services then problems in providing health services should be understood by discussing them with officials and staff/workers who are providing these services at local level, at sub centre and Primary Health Centre.
- The current status of the health service, which has to be monitored, should be seen in your operational area. The overall information about the service, which we are going to monitor, should be provided to people by conducting group discussions/ meetings with people in local village/vasti.
- The current status of health service should be explained to people's representatives by personally meeting them and their participation should be ensured in this process.
- It is essential to provide the information about our issue/ point through corner meetings, raising the point in the Gram Sabha, women Self Help Groups, Mandals at local level.
- Thereafter, situation of concerned point in our operational area should be understood by discussing it with people. (The received information should be written down on paper in the form of report which will be useful in discussions with officials)
- Other important thing is that, if people don't have access to services then difficulties in access to such services needs to be studied.

2.7 Important steps of monitoring process

2.7.1. Awareness in operational area

Spread awareness in operational areas for providing information about that service before monitoring health service. The following means/ Media can be used for that:

- Village meetings
- Awareness rally in the village
- Awareness through play/drama, songs, etc
- Awareness through putting posters, colouring wall for spreading health messages, distributing leaflets
- Different important messages can be spread among the people by using festivals. E.g., putting jhul/covering cloth on Bull on the occasion of Bailpola (a bull-worshipping festival celebrated by farmers) , Putting posters and distributing leaflets about what can be done immediately after snake bite on the occasion of Nag Panchami (a traditional worship of snakes or serpents observed by People), etc.
- Spreading awareness by raising the issue in Gram Sabha

2.7.2 Involvement/ Participation of Village Health, Sanitation, Water Supply and Nutrition committee in the village in monitoring process

Village Health, Sanitation, Water Supply and Nutrition committee in the village can help us in starting monitoring process. It is expected to have such committees in each revenue village. People involved in social work, people's representatives and beneficiaries of the service are expected to be members of such committees.

But what happened in reality is shown in the box. We should involve the members of these committees by communicating with them. Service guarantees from government system and their accountability as a member of the committee should be explained to them. They should be made aware about the powers of the committee.

What happened in the village at the time of establishing/ expanding of the committee for monitoring process?

When grass root level activists went for expanding committee, they observed in almost all the villages that, there are only two people in the already existing committees and these two members were, the member needed for opening bank account, i.e., Sarapanch and Anganwadi worker in that village. Most of the members were unaware of the fact that they were a part of these committees. In this situation activists of organisations and those from the village began the process of establishing the committee almost from scratch, and then went on to actually set up the committees.

Gram Panchayat Members, Health Worker and Gram Sevak had initially denied participating in this process because they did not receive any order/ notice from higher authorities. However, they obliged to participate in this process when grass root level workers showed them the ordinance of Village Health, Sanitation, Water Supply and Nutrition committee.

Gram Pachayat Members, Sarapanch, Health Worker, Anganwadi Worker and Gram Sevak were never available together to meet at the same time in all the villages. Several visits had to be made to the village in order to meet all these people. People got information about which services should be provided in this village when meetings were conducted in the village. People were completely unaware of the committee and significantly, people were completely unaware about untied fund received for Village Health Committee. Grass root level workers tried to extend this process to maximum number of people through meetings about this process.

It was not possible to conduct actual Gram Sabha in most of the villages because of the time constraints and inadequate cooperation from Gram Sevak and Panchayat Members. So, resolution about committee expansion were made through continuous follow up with Gram Sevaks and the committee was extended/ expanded by sending a list of the members to the people in the village.

What would student practitioner learn through this process of activating the Village Committees in places where it was inactive initially?

Following points need to be kept in mind while setting up any committee in the village-

1) You should have a copy of Government Resolution/ Notice with you before meeting

officials and government employees.

2) Efforts should be made to reach out to maximum number of people so that people keep in mind that such a committee is available in the village which can help them.

3) People and committee members should be informed about their work and responsibilities if they are unaware and this process should be continued for few months.

4) Awareness about grant allotted for committee and village should be conducted which will help in creating transparency in financial transactions.

5) Awareness about people's rights at village level will help in increasing people's participation in this committee and accountability among committee members can be promoted.

6) The list of already established committee (on paper) should be collected.

7) 50 percent women's participation and representation of Scheduled castes should be insisted.

2.7.3. Data collection for understanding health status

- The group, which is monitoring health services in the village, should collectively observe issues in the village which have an impact on health.
- Visit anganwadis to check whether regular weight records of children have been maintained and they whether they receive quality supplementary food on regular basis.
- Visit Ration Shops in the village and observe whether all are receiving available grains.
- Visit drinking water sources in the village and observe whether cleanliness is maintained there and check whether regular testing of that water is being done.
- Observe whether staff, who is providing health services in the village (ANM and MPW) is visiting regularly and providing essential services to all. Calendar Program can be implemented in the village for this.
- The questionnaire can be used for collecting such information.

- After surveying, fill in questionnaire and preparing report card for understanding the status/ situation in different Vastis in the village.

- After actual visits to the village the information can be collected with the help of the questionnaire about condition of services in the village, by conducting group meetings in the village.
- Separate meetings should be conducted for central vasti, tribal or dalit vasti and women in the village and questionnaire should be filled up in these meetings
- The experiences, barriers of each section while getting services should be registered, if any. All the information and document about any incidence of denial if happened should be collected
- Status of service in the village has to be understood based on information received from questionnaire and report card of village about health services has to be prepared. This result card should be displayed at prominent place/middle of the village so that everyone can see it. Any instances of denial of health services to any person, should be noted down on the paper. This can be extremely useful while having discussions with officials.
- Accordingly, colours such as green, yellow, red should be allotted according to the condition of health services in the village and health report card of the village should be prepared and displayed at a prominent place in the village.

➢ **Other innovative methods of monitoring**

1) Gram Sabha of health issues –

In Takedev village, it was decided to take resolution in Gram Sabha for resolving issues that have been continuously arising in the community based monitoring and planning process. Taking into consideration the importance of resolutions in the Gram Sabha, it was felt that this remedy will have the necessary impact. Committee members also strongly raised these issues in Gram Sabha. Health issues were more in Takedev village under Primary Health Centre, Amboli in Trimbakeshwar Taluka. People in the village had been facing various issues like, unsatisfactory work of newly appointed Nurse, issue of unrepaired sub centre, etc. and these were the issues most raised in the Gram Sabha.

This Gram Sabha was characterised by several health related demands like, Nurse should reside in the village, visits should be conducted on Vadis and Padas, appointment of immigrant Asha Worker should be cancelled, resolution about new Asha Worker should be sent, Unrepaired Sub Centre should be discarded and place should be made available for new sub centre. Resolutions were made on some of the issues and sent to Taluka level. Committee member are taking follow up of these resolutions.

2) Village Opinion Test

One important step of community based monitoring process is data collection in the village. The report card is prepared based on this data collection. This data collection is done by committee members through village meetings. 'Village Opinion Test' initiative was implemented along with this data collection for understanding the opinion of the village about health services. Questionnaire was prepared about health services available at village level as a part of this

initiative. This questionnaire was distributed in families through committee members. The opinion of people about health services in the village was understood through this Village Opinion Test. Based on this opinion test, planning was done for organising a workshop for initiating/popularising the community based monitoring process.

3) Participation of Adolescent Groups.

Adolescent boys and girls in Kuran and Kadave village raised the issue of Sub Centre to the Chief Executive Officer of district and the Sub Centre which was closed for eight years, was ultimately opened. The same children took initiative to organise rally, signature campaign and Child Gram Sabha for regular functioning of government hospital in Panshet.

4) Get together/ Meet of Village Health, Sanitation, Water Supply and Nutrition committee members-

Health Report Card of each village was prepared after data collection. A get together of five members from each village under the Primary Health Centre was organised as part of preparing for Jan Sunwai (Public Hearing) from Trimbak and Peth Taluka, and for exchanging ideas with each other and understanding health status of other villages within the same PHC who are involved in the monitoring process. . Discussions were held on issues in the village and what can be done at larger level for solving those issues. It was decided to implement signature campaign at village level for involving all people along with Village Committee from villages in solving issues of village.

5) Village Health Calendar Program

'Arogya Samvad" (community health dialogue forum) is one of the ways for improving quality of and proper accessibility of health services in our area. However, continuation of this process is also important. Let's learn about 'Health Calendar Program' which will help in follow up of continuation of this process.

We get health services from female Health Worker- Auxiliary Nurse Midwife (ANM) and male Health Worker- Multi-purpose Worker (MPW) at village level. Both these workers are supposed to visit our village and provide regular health services like, vaccination, counselling to pregnant women, guidance and follow up of specific diseases with adolescent girls and feeding mothers, water testing, and treating common diseases. Many a times, we are unaware about duties of these workers and even if we know their duties, their days of visit to the village are not clear to us.

One possible solution to this problem is that people can monitor duties of these workers and cooperate with them in their work through this '**Health Calendar Program'**

How to implement Health Calendar Program?

- Meeting should be organised in the village. ANM and MPW, Asha Worker, Anganwadi staff, etc. people providing health services in the village should be called for these meetings. They should be assured in this meeting that, villagers will co-operate with them in all their work.

- Health workers present for meeting should be requested to briefly explain their duties in the village for the information of all. If they fail to complete presented duties, then discussion on its causes should be conducted.
- How many visits health workers conduct in the village? Which work should be primarily expected to be done in particular village visit? What cooperation villagers expect from them? In which work can the villagers help health workers? Generally discussions should be conducted on these points.
- The time table about work to be done at particular date or day in the village should be collected from health worker. The time table of village visits of health workers and their work is prepared in the Primary Health Centre. It will be useful in planning in the village.
- Date wise work like vaccination, collecting blood sample, mothers meetings will be recorded on the calendar. Villagers will cooperate for completion of particular work on particular date as per records on calendar. Cross mark will be done on the decided date if scheduled work doesn't take place on that date. The record of work which is not done and barriers in that will be available for all in the village. People can also plan their work as they are already aware of the schedule of the services.
- This calendar should be displayed at public places, such as, Chawdi (common place for people's gathering), Gram Panchayat Office, Ration Shop, Anganwadi, etc. so that all people will come know about recorded work.

What will be achieved through Calendar Program?

- People will get information about government services available at the village level
- People will know monthly time table of services and day allotted which will improve accessibility of services.
- Government Health Workers will get cooperation of villagers.
- Regularity in health services at the village level.
- People's participation in planning and monitoring of health services
- Measures for improving the quality of health services by government workers and villagers together will be drawn.

Public Hearing / Jansamvad – Why?

The incidences like, death of patient due to unavailability of vaccine against snake bite (ASV-Anti snake venom) in the hospital, ambulance in the hospital not being used because it is not repaired, etc. happens most of time and they are forgotten in few days. Delay in discharge of public duty, unavailability of funds for a particular work, carelessness of staff, etc. are the reasons for such incidences. All those who don't have access to these services that are actually our rights cannot appeal for getting them.

Such incidences should be brought to people's notice and pressure of people's opinion should be created for improving the situation through Jansunvai/ Public Hearing. The main objective of Jansunavai / Public Hearing is to create pressure on government system by presenting any of the incidences of denial of service.

Jansanvad with officials/ Preparation of meeting for discussion for solving issues

1. Organising Jansanvad – Deciding a date and place of Jansanvad and meeting villagers, patients who were denied health services; child mortality and mothers' mortality, snake bite deaths, etc. contacting these patients or their relatives and collecting written information about the incidence. The date of service denied, time, name of the doctor or staff, exactly what happened, incidence, etc. records are essential. Leaflets should be distributed, announcements should be made (Davandi), notices should be put up on boards about Jansanvad in nearby villages. Invitation letter should be given to special officials and people's representatives. Review of preparation should be done by conducting 2-3 meetings of grass root level workers/ activists and responsibilities on the day of Jansamvad should be distributed.

2. Preparation before meeting-

While preparing for the meeting, place of the meeting should be decided, local people, grass root level workers/ activists, local key stakeholders, people's representatives and the government staff/workers who provide services in our operational area and officials with decision making power should be invited.

A discussion should be held before meeting about the expected decision on the point/issue which will be raised in the meeting. Preparation should be done about how to raise issues and in what order. The persons who will be actually raising the issues in the meeting, should be well prepared. Specific report should be prepared of issues, which are to be raised in the meeting along with expected decisions. The panel of active and sensitive people in social sector, journalists, and social workers should be allotted for solving issues and successful implementation of Jansanvad. Selecting people and contacting them to be the member of the panel is a crucial task.

3. Preparation on the day of the meeting

Planning of the program, preparing a program schedule, ensuring the participation of people that are expected for meeting and participation of concerned officials and panel members, etc., things should be taken into consideration. Ensuring adequate preparation of the issues to be raised by us. Ensuring the availability of people required for raising issue. Ensuring all the arrangements in the hall where program is to be conducted. Ensure whether the arrangement of mike and sound system is done. Separate person should be allotted the task of writing decisions given by panel. Arrangements of drinking water, toilet and snacks if needed should be made for participating people.

Following things should be taken into the consideration while organising such Jansunvai/ Public Hearing

1. Collecting information about availability of public health services

The information about government's Primary Health Centre and Rural Hospitals in our own operational areas should be collected and can be presented as a proof of inefficient and insufficient health services in the Jansunvai/ Public Hearing.

2. People's Parties/ Clients in Public Hearing

In this Public Hearing we are representing people. Hence any issues about the government system should be presented patiently, with proper informative and to the point.

3. Government Party in Public Hearing- public Health Officers

Officials involved in policy decisions at the level on which we organise Public Hearing should be present on behalf of the government. Besides medical officers and health staff from PHC and Rural Hospital about which the complaints will be presented in Public Hearing should be present for giving clarifications.

4. Criticism and comments of society oriented expert panel

The role of three-four experts' panel is important in Public Hearing; they will listen both the parties, ask for explanations by interacting with parties, if needed and express their opinion by verifying the authenticity of the provided information. Dignitaries from various sectors like, social, medical, journalism should be members of the panel. Since there is widespread recognition to statements and opinions of these people, their opinion expressed in Public Hearing can be seriously considered.

5. Panel's Report

After people's appeal and clarification from the government, panel will mutually exchange views and express their own opinion, besides, written report can be collected from panel and sent to the National Human Rights Commission if possible which will help in further strengthening the overall campaign.

6. Proposed Format of Public Hearing

- Introduction of Public Hearing
- Presentation of information collected by Organisations/ Sanghatans
- Case Study presentation- some of the people who are denied the health services
- Clarifications/concrete promises from government
- Panel's opinion after mutual exchange of views
- Clear-cut presentation of further direction of movement and concrete demands on issues emerged from Public Hearing
- Conclude

During the actual Jansanvad – Ensure that program is going on as per schedule. Ensure decision is given after discussing on every raised point/issue. Anchor will try to resolve the issues in discussion between people and officials/ staff through dialogue in a balanced manner.

Anchor should keep in mind that decision on the important issues has to taken in this meeting and anchoring of the program is expected to proceed accordingly.

Present officials should be asked about what should be done about the unresolved issues in public hearings and follow up should be done at higher level accordingly. Anchor should manage the situation with the help of panellists in case if people or concerned officials, staffs become aggressive. He/ she should insist that people should get justice.

2.8 Summary: Important Points

- True information with evidence should be presented in "Public Hearing" by verifying the collected information. Thus, information should be presented through discussion with every concerned person/ primary stakeholders.
- The important points to be taken into consideration:

1) Student practitioner should always keep in mind that all the issues of the people cannot be resolved through monitoring process.
2) It is our responsibility as process implementers to protect human rights of officials and staff working in public services while communicating with them.
3) It should be kept in mind to spread the message among people through Public Hearing that, " The System that is being misused can be improved if people come together and complain".

2.9 Questions for practice

1) What are the detailed steps of monitoring process? According to you what is the reason for implementing the processes as per these steps?

2) Which media can be used for creating awareness in monitoring process?

3) Why Public Hearing is important in monitoring process?

Stories of Change / Success Stories- Module II

- The doctor in Bhongvali Primary Health Centre used to ask admitted patient to bring medicines from outside. One of the alert members of the monitoring committee brought this unethical practice to the notice of people's representatives and senior officials. He also motivated the patient to present his complaint in front of Member of legislative Assembly (MLA) during Public Hearing. During Public Hearing, District Health Officer publicly gave orders to concerned health officer about reimbursement of all the unnecessary expenses borne by patient and action was taken on the spot and orders were implemented.
- The condition of postmortem room was worst in Rural Hospital, Velha. Blood stains, blades, gauze pieces from a postmortem conducted 2 months ago, were still there as such. Representatives from the monitoring process, themselves started cleaning this postmortem room. The concerned employees understood their mistake. Afterwards, whenever committee members came for inspection, the employees would specifically show them the cleaned up PM room.
- Mothers were charged Rs. 100 for syringe at the time of vaccination in Sub Centre, Degaon. Village committee brought up this issue for discussion in the meeting. After first hand inspection of vaccination, senior officials were called immediately and compelled to stop this practice of charging money immediately. People became aware due to monitoring process and started resolving their problems by themselves and continued bringing improvement in the health system.

- **An anecdote of conflict**

The building of Amboli Sub Centre is in a good condition but there is no residential ANM in this Sub Centre. People in that area had insisted that the ANM should provide residential services. In fact, many a times there was a conflict in meetings of monitoring committee and during Public Hearing. Medical officers often reprimanded the ANM, but she was not finding it convenient to stay in the Sub Centre. People were insistent in their demand. Finally this issue has been solved through discussion?

There are three villages under Amboli Sub Centre. The population of Amboli is 2200,Chincholi 2390 and Sasavan 575. According to Government indications, one sub centre should provide service to a population of three thousand in tribal areas. However, D.R Bhoye (ANM/ Health Worker) provides health service to a population of almost five thousand, in 14 Padas. The ANM is expected to provide health service in seven Anganwadis and four mini Anganwadis, with the help of six Asha workers and one Health Assistant. How can a single ANM be sufficient for providing services like, seven sessions of vaccination each month, polio vaccination four times in a month, Asha worker's training and different meetings at Primary Health Centre?

One more Nurse was appointed on contract basis for this Sub Centre under National Rural Health Mission (NRHM) but she hadn't joined her duty yet.

In the meantime, Community based Monitoring was started under the Primary Health Centre, Dhundalwadi. The meetings for the Monitoring Process were being held in Amboli Village too. People became aware about the expected health services as per government rules. There was not a single service provided in any of the Padas as per government rule. When people realized about this, the arguments started. There was a frequent demand for Nurse for providing health service as per government rule and there were demands she should provide health service by residing in Sub Centre itself. Mrs. D.R. Bhoye (ANM) was at her wits end because of this frequent demand of people. The conflict was not getting resolved and ANM was not ready to reside in Sub Centre.

Finally, Mrs. Bhoye (ANM) talked about her problem in front of the people in one of the meetings in Primary Health Centre. ANM's husband was serving in S.T. Corporation. He often had a night duty. Both the children were enrolled in English Medium School. If she were to reside in the Sub Centre, then the school would be very far for children and husband would be delayed while joining his duty. Mrs. Bhoye requested people, 'I will not fail to provide health services to Padas despite these problems but please do not insist that I must reside in Sub Centre.' People also have accepted health worker's request considering her problems. 'Government rule is an absolute' this intractable insistence is not always correct. People have that level of understanding, and they merely expected smooth access to health services. The conflict with Mrs. Bhoye was resolved due to this understanding only. However, the extra burden of work on her hasn't lessened.

Despite of lots of difficulties Mrs. Bhoye satisfactorily says, "All the people from Padas behave affectionately with me. Earlier I used to feel that people fought with me with the intention to trouble me but now I have realized that once I work diligently, why would people fight?"

Critic's house must be in the neighborhood

I am a medical officer in Primary Health Centre, Yesurna since last three years. Earlier I was at Rasegaon. I came here due to promotion. The condition of hospital was extremely bad when I joined. While coming to the hospital I would see people going towards the private hospital in front of me, and I would feel very bad. People had lost faith that they will receive any health services in a government hospital. Hardly 10-15 patients used to come in OPD (Out Patient Department) for treatment. We couldn't provide any of the services to the pregnant mothers. This hospital was constructed in 1984 and was not repaired and didn't have any proper maintenance after that. The roof had leakages. There was a small path for coming to the hospital, but grass had grown on this path. There was always a fear in mind that, a patient visiting the hospital during the night might suffer a snake bite while walking through this grass.

There were only 2-4 deliveries in a year in this hospital. There was no Assistant Medical Officer. It was somehow possible to manage the charge of 42 villages with the help of very limited staff. Furthermore, an unfortunate incident took place. A pregnant woman did not get the appropriate service as the staff was on Diwali Vacation. The problems of the Primary Health Centre, Yesurna came to the forefront after this incident. Problems began to be discussed in the Public Hearings.

I feel, whatever happens is for the best. People were showing defects in our health services and we were benefitting out of that. People started engaging with us, at least for showing faults. Nowadays, everyday 50-60 patients come in our Out-Patient Department (OPD). Sometimes this number reaches hundred. Around 53 deliveries have been successfully accomplished in the hospital in the last year. This year this number will increase further. The efficiency of the Primary Health Centre has improved due to the appointment of 10 Health Workers on a contract basis.

People came forward. They took up ownership for this hospital. I think this is very important. People are unsatisfied and hence they raise their issues. We alone are not always responsible for all the inconvenience. Hence it is more important to find measures to solve the problems rather than concealing defects. Sometimes some people unnecessarily create trouble but we often ignore such people while doing good work.

As said in quote, **"A Critic's house must be in the neighborhood"** it's true that criticism enables improving and increasing our efficiency and work speed.

- **When people report remark on the Report Card…..**

Monitoring and Planning Committee of Primary Health Centre, Nasarapur prepared the Report Card of hospital for the first time. The condition of the hospital was worst at that time. This hospital provides service for the population of 51 thousand people. This service was provided by a single Medical Officer. Very often that doctor was falling sick. Doctor was not in the hospital when the members of Monitoring and Planning Committee went to the hospital for filling the Report Card. The president of Monitoring and Planning Committee and that time a member of Panchayat Samiti, Mr. Vilas Borge phoned the doctor. It was the day of the weekly market, hence many people were waiting for the doctor.

Monitoring and Planning Committee members requested the doctor to check patients first and then points on the Report Card were brought to the discussion. When committee members asked about the utilization of Rugna Kalyan Samiti funds, the doctor stopped the discussion regarding financial matters by saying that the accountant is absent. The committee members had interviewed those pregnant women who were admitted in the hospital before starting the discussion. These women had told about problems like arrogant staff and unclean toilets due to unavailability of water. These issues were also put forward during the discussion with the doctor.

There were three women in the Monitoring Committee. One was Gram Panchayat Sarapanch and other two were Gram Panchayat Members. They raised the issue that Blood Pressure check- up of pregnant women was not being done. There was no residential facility for a doctor. There was a discussion on this too. Everyone accepted the fact that the condition of the hospital was very bad and accordingly 'serious' remark was reported on the Report Card. However, the agitation didn't stop there. Under the monitoring process, the activity of putting remark on the Report Card was to be repeated periodically.

Next time, Taluka Health Officer was invited too while reporting remark on the Report Card. Earlier remarks on the Report Card were also overviewed. Medical officer and staff did not like to publicize the condition of hospital but committee members were ultimately talking for their own (Medical officer and staff's) benefit. Thus, issues were raised again and serious

remark was given on the Report Card.
Some progress has been seen in the Primary Health Centre, Nasarapur with frequent monitoring. People are reporting on the Report Card about the progress in behavior of staff. Now printed case papers are available which were not there earlier. Supply of medicines has also improved. Asha Health Workers have started receiving honorarium regularly. The post of second Medical Officer is still vacant in the hospital. A follow up was taken for filling that post. That post was filled at least on temporary basis. This entire agitation and turnaround happened because of the Report Card.

- **And the insults stopped……..**

Vani Belkheda is one of the villages with population of 1800 in Amravati district. People in this village are primarily irrigated land owning farmers as village has perennial water availability due to Purna- Charna irrigation Scheme. Nagapur's famous oranges come to the market from this area. A delivery of women from such rich farmer's families usually happens in private hospitals as it is considered as a matter of reputation. Asha worker in such village has a unique responsibility.

On one hand, government system motivates Asha worker for institutional delivery (in government hospital). On the other hand, however, people are apathetic about government hospitals. Anyway, Asha worker, Lata Chavan shows the courage to convince women for delivery in the government hospital.

However, Lata Chavan reports that the experience of government hospital was worst before starting the Community Based Monitoring Process. This incident led to the initiation of Monitoring Process. Latatai convinced a woman and brought her to the Chandurbazaar Rural Hospital for delivery. Doctor, nurse and no one else was there in the hospital. Latatai waited for half an hour. She unenthusiastically went to the doctor's quarters. A female doctor opened the door but she got angry on Latatai. Why did you knocked my door in the middle of the night? She started quarrelling with Ashatai. Will the pregnant woman deliver a baby immediately as soon as I come to the hospital? She asked angrily. Couldn't you wait for some time? Latatai got confused with these questions. Latatai served her duty of bringing pregnant women to the hospital properly. However, she faced this anger of the lady doctor for doing her duty sincerely.

Asha Worker from Talvel village also had similar kind of terrible experience. This Asha Worker brought a pregnant woman to the Rural Hospital but there was time for delivery. Hospital's Nurse admitted that woman. Another Nurse came on duty after changing duty. That lady got delivered during another Nurse's duty. Asha worker was supposed get her remuneration. However, the nurse told her to bring the signature of the nurse who was on duty earlier when that woman was admitted.

Asha Worker went to the hospital twice for her signature. She did not get signature, besides, that nurse had torn off the paper which Asha had given by saying angrily that why did she always come for signature. This Asha Worker also got angry on this and she threw pieces of paper on her face. Asha Worker spent around Rs. 100-150 for visiting hospital and she did not receive her remuneration. She did not have any other option but to keep quiet.

Asha Worker frequently had such insulting experiences. Asha Workers have started raising their complaints and such experiences in Public Hearing after initiation of the Monitoring Process. Then, however, the situation has improved gradually.

A woman shared her experience about government doctor's behavior in Public Hearing. The lady brought her husband to the hospital. She requested doctor to give injection for strength/ energy to her husband. Doctor suggestively said to her, "I will give energy/ strength injection to him but don't come to me if he gets excess strength!" This kind of demeaning behavior while dealing with patients come forward due to Public Hearings. Latatai says, "We never miss the Public Hearing. We spoke in Public Hearing and raised our voice, made our self visible and complained against the injustice which gradually improved the system and stopped the insults coming our way too. Now, patients too are being treated properly in the hospitals."

MODULE III

COMPONENTS OF DEMOCRACY AND PLANNING OF HEALTH SERVICES WITH PEOPLE'S PARTICIPATION

MODULE III

Components of democracy and Planning of Health Services with People's Participation

To broaden and deepen the perspective of grass root level workers working at local level about the accountability of social services…….

Distance Learning Certificate Course

Compiled by Hemraj Patil, Vinod Shende

Supported by: Dr. Nitin Jadhav

SATHI

About the Course

In the last decade many organizations and Sanghathans in India took efforts to improve public health services, to develop a communication process between the health system and people and to improve accountability of the health system and transparency in health services towards people. It has led to the development of various models of community based monitoring in India. The grass root level workers/ field facilitators, like you, working at village level have a major role in implementing community based monitoring models. Therefore, the concept of community based monitoring is emerging, at least in Maharashtra. In our opinion, this concept should be expanded at wider level. This course is being conducted with this intention, taking into consideration the requirement of grass root level workers for expanding this concept.

This course will be conducted in entire Maharashtra. Total 125 student practitioners (grass root level workers) from different regions of Maharashtra, such as, Vidarbha, Marathwada, West Maharashtra, Konkan and North Maharashtra, etc. will be included in the first phase of this course. Twenty- five student practitioners will be selected from each region.

This course is conducted in collaboration with Sathi organization and Karve Institute of Social Service which offers Masters in Social Work degree course. This course has received financial assistance from COPASAH (Community-of Practitioners on Accountability and Social Action in Health) which works at the international level for social monitoring and action on health services. This is a distance learning course and the duration of the course is one year. Two contact sessions will be organized; first session is for 3 days and second is of 2 days. The training and course material will be provided to student practitioners in the first contact session. While in second contact session the exam and discussion will be held on activities conducted by student practitioners in their own operational areas. After the first contact session, student practitioners are expected to complete a field activity in their own operational areas as mentioned in Guide Book / Module.

The main objectives of the course are:

- To develop a perspective and broaden the understanding of grass root practitioners in order to understand the principle of accountability on health and other public services
- To develop a perspective and an understanding of these grass root practitioners about the various techniques and strategies used by various organizations for advocacy purpose.

About the Module:

India has accepted democratic governance system through the Indian Constitution. People's participation is important in democratic governance system. Transparency and accountability in administration can be brought with people's participation in the democratic system. It is essential to broaden our understanding about democracy with this concept. The layout of module is designed accordingly.

Indian democracy being an indirect democracy; people do not directly participate at the higher level. However, there are different ways for direct participation of people at local level as per provisions in our Constitution. In this module we will understand the meaning of democracy and different types of democracies. The detailed description about different mechanisms of people's participation in direct democracy system, their characteristics and how these mechanisms can be used is given in this module.

Different ways can be used for including people's suggestions in any of the government's planning. One of the important ways is 'planning of resources at local level by studying rural conditions with people's participation.' The study of local conditions is essential for finding specific needs of people and health problems. We can give suggestions for planning based on that. The suggestions given till today came in a top down approach. Thus, the planning based on issues at local level was like a mirage.

How can we strengthen the condition of health services in our area as a grass root practitioner? What should be the role and importance of people's participation in the planning where people are involved?

Together, we are doing a small endeavour of finding answers for many such questions and exploring suggestions in this module.

Various publications of SATHI have helped in developing this module. This module has been reviewed by the steering Committee of the Karve Institute of Social Service and COPASAH network which works for social monitoring and action on health services at international level.

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Chapter 1- Module –III

The Concept of Democracy and Direct Democracy

1) Objectives

- To understand the concept of democracy, different types of democracy and concept of direct democracy.
- To understand different characteristics of Indian democracy.

1.2 What perspective will be developed?

In this chapter understanding about what is democracy, concept of democracy, different types of democracy and what is meant by democracy, will be discussed.

1.3 Government and concept of democracy.

It is first essential to understand definition of democracy and its examples while understanding the concept of democracy

There are primarily four forms of government which exist all over world

एकालायतन (Autocracy)

A system of government by one person with absolute power. Kingdom or despotism e.g. Hitler. 'Head of the Military in Pakistan' till recent times is the example of this form of government.

अल्पसंख्यायतन (Oligarchy)

Government system in medieval India is the example of this; state of few selected leaders or influential people. In current era, government run by single party in China and Russia.

बहु संख्यायतन (Majority)

It means state of majority of the people. States which call themselves as 'democratic', such as, India, Pakistan, Bangaladesh and United States of America, have this kind of government.

सकालायतन

It means state of all people where there is respect to everyone's opinion. Adivasi Gram Parishad in Nagaland state and 'Gram Sabha' of Mendha (Lekha) village in Gadchiroli district are

examples of this type of government. This kind of government is not been experienced at national level.

Democracy is simply defined as, "a state run by the people, of the people and for the people", primarily run based on majority rule. There are two main systems of democracy in a broader sense.

2) **Presidential democracy:** - a person elected by majority of people becomes 'president' and runs government with the help of ministers selected by him. United States of America has Presidential democratic system.
3) **Parliamentary democracy:** - Parliament members elected by majority (Member of Parliament) select Prime Minister and government is run by the cabinet of ministers selected by the Prime Minister. Thus, both these systems are also called as a 'Representative Democracy'. As people are not directly involved in governance, both these systems are also identified as an 'Indirect Democracy'.

On the contrary, if people are directly involved in governance then it can be called – 'Direct Democracy'. Direct participation of people at all levels of planning, decision making, organising resources, monitoring implementation, review and rethinking of decisions and again fresh planning of single or many things related to our life (e.g., education, health, livelihood, etc.) can be considered as an example of direct democracy.

There should be no confusion of the term 'direct democracy' with the term 'people's participation' which is used to a large extent in present times. 'People's Participation' is encouraged by government in various aspects of planning or monitoring. However, all the rights of decision making are safe with people's representatives or the cabinet.

1.3.1 Democracy.

A government system based on citizen's consensus wherein people have freedom of thoughts, conduct, expression and association is called 'democracy'. Democracy is an English term which originates from the Greek word 'Demos'. It mean people and 'kratos' means 'power' or 'rule'. 'Rule of the people' means 'democracy', thus this word got generated.

It is quite difficult to define democracy comprehensively. Thinker Abraham Lincoln defined democracy in a simple manner. According to him, 'democracy means government 'of the people', 'by the people' and 'for the people'.

It means, the country in which people are directly participating in planning and decision making, these people will take decisions taking into consideration people's interest. Directly, public is owner in such system. People's opinion has great importance in democratic system. People's opinion is most important in fundamental principles of democracy, such as, freedom, equality and brotherhood. The success of democracy depends on conscious, alert, knowledgeable and developed public opinion.

The best example of this is Greece. It had municipal states earlier. All the decisions related to government were taken with direct public opinion by conducting meeting of all the citizens. It means decisions were taken with direct participation of people. Thus it was called as 'direct democracy'.

1.3.2 The following components are important in democratic government system

- Direct participation of people in planning process
- Direct participation of people in decision making
- People should have rights of decision making
- People should have right to express an opinion about a particular decision

1.4 Types of democracy

Different countries all over the world have adopted various types of democracy. It has primarily two types as follows:

1.4.1 Representative democracy

The country wherein people/citizens elect/send their representatives and decisions are made through him/her is called 'Representative Democracy'. It is also termed as 'Indirect Democracy'. In this system people are nowhere directly involved. People directly elect their representative through adult election system and these representatives, take decisions and look after administration on behalf of people. E.g. India.

In India, we elect Gram Panchayat Members, Members of Legislative Assembly (MLAs), Members of Parliament (MPs) as our representatives through direct elections.

These members represent people at respective places (Gram Panchayat Members- Gram Panchayat, Member of Panchayat Samiti – Panchayat Samiti, Member of Zilha Parishad- Zilha Parishad, Members of Legislative Assembly (MLAs) – Legislative Assembly, Members of Parliament (MPs) – Parliament). These representatives lead and participate in decision making on behalf of people. Citizens don't participate directly in all these functions.

1.4.2. Direct democracy

People directly participate in decision making and run government system themselves, this is called 'direct democracy'. It is also termed as 'pure democracy'; wherein people themselves come together, take decisions and run the government system. E.g. Municipal states/cities in Greece. People from respective municipal states come together at the time of decision making, take decisions by discussing pros-cons and implement these through the administration.

However, this kind of democracy can be effective where there is minimum population; it is necessary to understand the limitation of this type of democracy. But, use of direct democracy on a small scale is easily possible.

1.5 Characteristics of Indian democracy

Though India has representative democracy, we can see some examples of direct democracy. In representative democracy, though government is run through representatives and administration every person has a right to express his/her opinion. We can also question the representatives and administration in a democratic way. Citizens can express their opinion and demand legal action through Dharnas, Agitation, Protest march and put forth their demands in a legal manner. This is an important space for people given by the Indian constitution. Provision also have been made at various levels where people can directly participate. Therefore, people can express their opinions/suggestion at respective places. Similarly, they can participate in planning and decision making; it is the characteristic of Indian democracy.

The authorised name of India is 'Republic of India'. 'Republic' mean people. India has considered it important to portray people's name with the name of country.

Indian constitution was adopted on 26th January 1950. Every year we celebrate this day as 'Indian Republic Day'. Concept of Indian democracy, its gist and objectives are clarified in the Preamble of the Indian Constitution.

Who formulated Indian Constitution? For whom it has been prepared? Who sanctioned it? For whom it has been devoted /given. The answer to all these questions is "People of India"

Democracy which establishes a supreme position of people even in most important decision making like, formulation and sanction of constitution, is the characteristic of India.

Though India has considered 'direct democracy' as an ideal, it has accepted practical approach and sanctioned representative democracy based on 'majority opinion', which is quite famous all over the world. It is not against Indian constitution if direct democracy exists in India. Menda (Lekha) village in Gadchiroli district is its famous example.

दिल्ली मुंबईत आमचे सरकार,

आमच्या गावात आम्हीच सरकार .

In Delhi and Mumbai, our government,

In our village, we are the government.

This village took a stand that, 'they themselves will protect their forest nearby their village which is traditionally their own (Traditional Right). In fact, forest protection is generally duty of forest department. Finally, government's forest department had to accept village's stand considering background of the Indian constitution.

Gram Sabha conducted in the afternoon on the day of full moon (pournima) is the strength of the Menda (Lekha) village. This Gram Sabha doesn't have any restriction of gender, caste, etc. The rightful expectation is that, at least a male and a female from each family should participate in meeting. However, 'consensus of all' is the condition for decision making in the meeting. Decision making process is stopped even if a single person resists/opposes to the proposal/ suggestion. The opinion of that person is considered as 'unique' than 'opposite'. That person explains his/her opinion to others and others explain their opinions to him/her, such communication process goes on. The decision is always taken with 'consensus of all' in any condition. This village, which is currently fully involved in the cycle of planning-decision-making-organising, resources-implementation-monitoring-rethinking/restructuring on decision- and again planning of primary livelihood, runs its government administration on its own. Does it mean that they don't believe in Indian Constitution and Indian government system? The answer given by villagers on this now became a famous slogan everywhere.

दिल्ली मुंबईत आमचे सरकार,

आमच्या गावात आम्हीच सरकार .

In Delhi and Mumbai, our government,

In our village, we are the government.

According to Mendha (Lekha) villagers, they do not oppose state and central government. They say, that is their own government and not of anyone else. They point out that, 'our' means the government of representatives. However, they say, they themselves are the government in the village as they are involved in the entire decision making as well as implementation process.

You must read the book "Story of Medha (Lekha) village written by Senior Social Worker, Mr. Milind Bokil for understanding the detailed live example of direct and representative democracy.

1.6 Summary: important points

- A government system based on citizen's consensus wherein people have freedom of thoughts, conduct, expression and association is called 'Democracy'.
- People's opinion has great importance in democratic system. People's opinion is most important in fundamental principles of democracy, such as freedom, equality and brotherhood.
- Type of democracy- 1. Representative democracy & 2. Direct democracy
- People directly elect their representatives through adult election system and these representatives, take decisions and look after administration on behalf of the people who elected them through elections. E.g. India. Citizens don't participate directly in decision making process.
- When people directly participate in decision making and run government system themselves, it is called 'direct democracy'.
- We can also question the representatives and administration in a democratic way. Citizens can express their opinion and demand legally through Dharanas, Agitation, Protest march and putting forth their demands. This is an important space for people given by the Indian constitution.
- Indian Constitution has made a provision at various levels where people can directly participate. Therefore, people can express their opinions/suggestions at respective places. Similarly, they can participate in planning and decision making.

1.7 Questions for practice

1.7.1 What is meant by democracy?

1.7.2 What are the forms/types of democracy? Write in brief about this.

1.7.3 Write in brief about example of direct democracy which you know

1.7.4 What is the characteristic of Indian democracy?

1.7.5 What are the important components of Indian government system?

Chapter 2- Module-III

Various forms of people's participation in direct democracy

2.1 Objectives

- To understand forms of direct democracy at local level
- To adopt various forms for accountability and participation in a democratic system

2.2 Which perspective will be developed?

In this chapter, one will know about the different forms/ ways for participating in direct democracy and understanding will be developed about its use at various levels.

2.3. Different ways/ forms for participating in direct democracy

In democracy people's suggestions, opinions, hopes and aspirations can be conveyed to the government. Different ways exist to participate directly in planning and decision making. Grass root level worker/common people can use tools, such as, Gram Sabha, Social Audit, General Meeting, and Right to Information, Service Guarantee Act and Public Hearing.

Gram Sabha/ Village Meeting

Gram Sabha is important and major component of village development. It is an important space for people/citizens for direct participation in planning and decision making process of village development. Though a particular structure of Gram Sabha is important, people's participation is more important than that.

Accountability and transparency in administration can be improved with the help of Gram Sabha. It also helps in taking decisions for people's welfare and in the interest of the people.

2.3.1.1 Gram Sabha – Major pillar of the direct democracy

Direct democracy should be supported for overcoming defects in representative democracy. In direct democracy people participate in a political process along with decision making. Therefore people receive tangible form for their hopes and aspirations. Direct participation of people in political process leads to automatic control on politicians/government, thus, they cannot misuse their powers. Precisely, this is what is achieved with the help of Gram Sabha. Direct democracy can be experienced through Gram Sabha.

Direct democracy can be experienced at least on limited scale and one of the examples of this is Gram Sabha at the village level. In Gram Sabha, participation of adult citizens can be taken in a political process. All people can question to their representative i.e., Gram Pachayat officials. They also can monitor and control their work and guide in developmental and public utility work.

Medha (Lekha) village in Gadchiroli district took decisions of village development considering village Gram Sabha as supreme and properly implemented these decisions.

All the people in the village took initiative for this. Similarly, all of us know about the story of Hirave Bazaar village in Ahemadnagar district.

Gram Sabha and people in that village have a major part in making both these villages 'Ideal Village'.

2.3.1.2. Mumbai Gram Panchayat Act 1958

Special provisions have been made under Mumbai Gram Panchayat Act 1958 for considering Gram Panchayat as supreme and its proper and effective implementation at village level. Powers and duties of Gram Sabha have been mentioned under article 8A of this act.

2.3.1.2.1. Powers and duties of Gram Sabha.

According to Article 8A, Every Gram Sabha,—

i. shall be competent to approve the social or economic development plans, programmes and projects to be implemented by the panchayat before such plans, programmes and projects are taken up for implementation by such panchayat ;
ii. shall be competent to grant permission for incurring any expenditure by the panchayat on the development schemes.

According to Article 45, any work/scheme can be implemented with the approval of Gram Sabha for maintaining good health of the residents of the village and the Gram Panchayat has the right to supervise, control and regulate procedures of committees established at Gram Panchayat level.

Village Health Sanitation & Nutrition Committee (VHSNC) at village level has been established as per GR- Government Resolution on December 6, 2006. This committee will be functional in all villages, Vadis and Vastis within the limit of the Gram Panchayat boundaries.

This committee will be functional as a part of its duties and responsibility for administration, repairing, and maintenance of Rural Water Supply scheme; implementation of water supply scheme; implementing hygiene, family welfare and nutrition programs within the limit of Gram panchayat; and monitoring on staff, providing services related to health and nutrition at village level and working for accessibility of services to all at village level.

According to Article 7, meeting of Gram Sabha is organised. According to Subsection 6 of this article, the Gram Sabha shall have the disciplinary control over the Government, semi-Government and panchayat employees working in the village including the matters relating to their daily attendance in the office. The annual evaluation of such employees shall be brought to the notice of their respective higher authorities by the Gram Sabha.

According to Subsection 7 – The Gram Sabha shall report to the concerned Block Development Officer, of the irregularities, if any, committed by any of such employees. And according to Subsection 10 – Unless exempted by the Gram Sabha, all the Government, semi-Government and panchayat employees working in the village shall attend the meetings of the Gram Sabha.

2.3.1.2.2. Village list

Village list related to subjects at village level is given under schedule 1 of Mumbai Gram Panchayat Act 1958. In this schedule 78 subjects are distributed in the following 12 parts

1. Agriculture
2. Animal Husbandry
3. Forests
4. Social Welfare
5. Education
6. Medical and Health
7. Buildings and transport
8. Irrigation
9. Industries and cottage industries
10. Cooperation
11. Self-defence and protection of heating
12. General administration

Medical and Health related village list

The following things are included under Medical and Health related village list-

Medical and Public Health ; Providing medical relief ; Maternity and child welfare; Preservation and improvement of public health; Taking measures to prevent outbreak, spread or recurrence of any infectious disease; Encouragement of human and animal vaccination; Regulation by licensing or otherwise of tea, coffee and milk shops; Cleaning of public roads, drains, bunds, tanks and wells and other public places or works; Reclaiming of unhealthy localities; Removal of rubbish heaps, jungle growth, weeds, filling in unused wells, ponds, pools, ditches, pits or hollows, which can prove to be a health hazard, prevention of water-logging in irrigated areas and other improvements of sanitary conditions; Construction and maintenance of public latrines; Sanitation, conservancy, prevention and abatement of nuisance and disposal of unclaimed corpses and carcasses of dead animals, excavation, cleaning and maintenance of ponds for the supply of water to animals; Management and control of bathing or washing ghats which are not managed by any authority ; Provision, maintenance and regulation of burning and burial grounds.

According to health related provisions under Mumbai Gram Panchayat Act 1958, Gram Sabha can monitor health related issues in the village. Similarly, people also have right to participate in planning at village level through Gram Sabha.

2.3.1.3. Characteristics of Gram Sabha

- **Direct participation of people in decision making**
  - Control on government offices and non- government organisations through Gram Sabha
  - All decisions of village development are taken in Gram Sabha
  - Gram Sabha has right to approve for and ask for the expenses made by the Panchayat
  - Gram Sabha has right to monitor village development work undertaken in the village
  - Raising the issues faced by people in their local areas in Gram Sabha and taking decisions for solving these issues.
  - Selection of beneficiaries under different schemes with the presence of people in Gram Sabha
  - Review of work done by officials-staff working at village level and plan accordingly

2.3.1.4. What are the points discussed and decision can be taken in Gram Sabha

- Review, planning and decision making of different schemes related to personal and social welfare and village development implemented in the village.
- Review of development works in village, proper planning and management of received funds and reviewing expenditure.
- Suggesting measures for improving health services in village, implementing preventive measures and planning of health services in the village
- Monitoring Anganwadi services in the village and suggesting/ implementing measures at village level for minimizing malnutrition
- Review of health services provided in the village, review of service provider staff's work (e.g., Asha worker, Nurse, Health Worker) and giving suggestions to the concerned people based on the review.
- Planning of untied fund received by Village Health Committee can be done in front of all. Moreover, monitoring and follow up can be easily possible on whether expenses are done as per planning or not. Similarly, the details of expenditure on health can be presented in village meeting.
- Services like, quality of ration, portable clean drinking water, road for traffic, dustbin, if not available then issues can be raised for gaining these.

2.3.1.5. Health Gram Sabha

As per circular on June 26, 2014, Maharashtra government has suggested to organise Arogya Gram Sabha in every Village. According to this circular, suggestions for organising Gram Sabha are given in the duration of 24th April to 1st May (Panchayat Raj Day to Maharashtra Day). Different activities have been suggested as a part of this, like, awareness, review of health services in village, planning of preventive services, and proper planning of funds received at village level, etc.

You can take an initiative in your own areas for solving issues related to health services with the help of this circular.

Circular is given in this module for your information See annexure No 1, page 40

2.3.2 General Meeting

Gram Sabha is organised for planning of village development and solving different issues at village level. Similarly, General Meeting is organised for solving important issues/ problems/ points of all villages in Taluka or taking major/important decisions at Taluka level. This General Meeting is organised once in year. Members of all Panchayat Raj institutes (Gram Panchayat, Panchayat Samiti and Zilla Parishad members) and MLA (Member of Legislative Assembly) or MP (Member of Parliament) of that Taluka are present. Citizens raise their issues in front of people's representatives and concerned administrative officials in General Meeting too. Decisions are taken on the issues raised by discussing them in the General Meeting.

2.3.3. Right to Information

According to the Indian Constitution, Indian citizens have declared India as a Republic State. Constitution has formed the organizational structure of Executive, Legislature and Judiciary for achieving this objective.

Constitution has also provided freedom of expression to the citizens as a fundamental right. However, people must know information about government procedures and how the matters of public interest are handled for expressing their meaningful opinion. The main objective behind implementation of Right to Information Act, 2005 is that people must have access to such information. This act has been implemented since 5th October 2005. People can ask not only personal information but also information related to public interest. It helps to bring transparency in government proceedings to some extent. One receives strength of awareness and profound citizenship due to Right to Information. Democracy is at people's doorstep due to this Act. People have the right to ask for information as citizens which is equivalent to members of Legislative assembly and Parliament. Environment of official confidentiality can be eliminated due to this Act. The government system also can also be held accountable for the work that they do.

2.3.3.1. What kind of information can be asked?

- The concerned department itself should publish information for people's knowledge about functioning of government department, strategies adopted by them and how do they provide services to people.
- One can observe records of legal and administrative sections of different departments.
- One can get information about the developmental work in their area
- Available grain storage in Ration Shop
- Available medicines storage and services, facilities in government hospitals

- Information about beneficiaries under different departments, their selection and criteria for selection.

Which form of information can be asked?

All citizens have right to information accessible under this Act which is held by or under the control of any public authority. This information can be asked or inspected in following forms-

- Inspection of work, documents, records;
- Taking notes, extracts or certified copies of documents or records;
- Taking certified samples of material;
- Obtaining information stored in electronic or any other form.

2.3.3.3 Some important provisions under Right to Information Act, 2005

Article 4 (1) Maintain all the records in a manner and in the form which is easily available for people under Right to Information Act.

Article 4 (2) Public authority, itself shall take efforts to provide information through internet and other forms so that people will have to use Right to Information rarely.

Article 4 (3) every record shall be published in a such way, that shall be detailed and easily accessible for all

Article 7 (1) Information shall be provided within thirty days of the receipt of the request. If the information sought for, concerns the life or liberty of a person, then the same shall be provided within forty-eight hours of the receipt of the request.

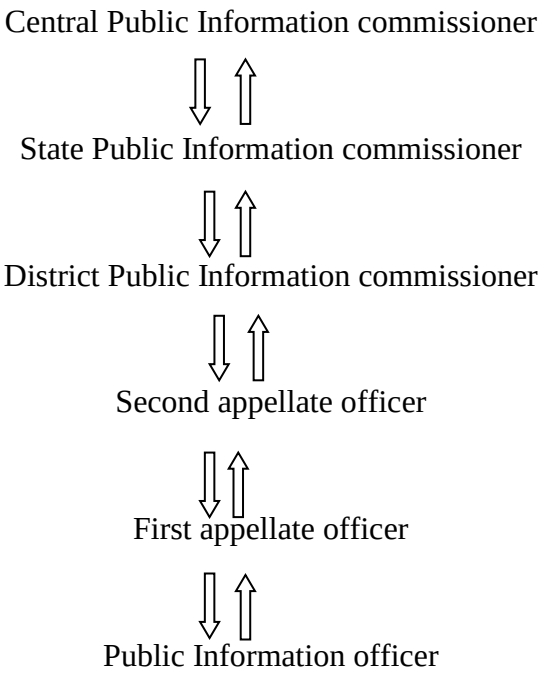
Article 8 Denial of information, disclosure of which would prejudicially affect the sovereignty and integrity of India, affect life and physical safety.

Article 20 (1) in event of denial of the request for information in the prescribed duration, the Appellate officer shall impose a penalty of two hundred and fifty rupees each day , not exceeding twenty-five thousand rupees, to the Public Information Officer.

We can do inspection of work under Right to Information Act. It needs an official application to the concerned officer.

Suppose, information asked by you, is not related to a particular department. That particular department should then send your application to the concerned department in 5 days and inform you about it.

2.3.3.4 Structure of information and appellate officer



2.3.3.5. How to ask for information under Right to Information

While seeking information under Right to Information Act, it is expected to apply to the department under which we require information with the name of public information officer.

It is obligatory to the concerned officer that he shall provide the required information within thirty days of the receipt of the request. If you cannot receive information within 30 days, you can officially send application to Appellate Officer.

Application fees Rs. 10/- shall be paid by cash, cheque, demand draft or sticking court fee stamp while applying under Right to Information Act. The information about a single department should be asked in one application so that Information Officer can proceed at the earliest.

2.3.3.5. Format of application for seeking information under Right to Information Act, 2005

Right to Information, 2005
Annexure- A

Court fee Stamp

Rs. 10/-

To,
The Public Information,
(Name and Address of the Office)

1. Full name of the Applicant
2. Address
3. particulars of information required

- Subject of information
- period of the information
  description of the required information
- Do you want information in person or by post
- If by post (Simple, register or speed post)

Place
Date

Signature of the applicant

2.3.3.7. Right to appeal if information is not received on time

If you apply under Right to Information Act for seeking information and Public Information Officer does not provide information within prescribed period under this act then you can appeal to Appellate Officer in a particular duration. Similarly appeal can be done in case information provided is wrong or misleading. Appeal can be done in a particular duration from the expected duration of receiving information or from receipt of the information. The duration of admitting appeal is as below

- Public Information Officer – 30 days
- First Appeal – within 30 days from the expected date of receiving information or from receipt of the information
- Second appeal – within 30 to 45 days from the expected date of receiving information or from receipt of the information
- Third appeal – within 90 days from the expected date of receiving information or from receipt of the information

2.3.3.8 Fees to be paid for getting information

- Court Stamp Ticket Rs. 10/- for submitted application
- Rs. 2/- per page
- Rs. 50/- per CD
- Inspection of Records- Rs. 5/- per hour
- Free information to the person who is below poverty line

2.3.4 Social Audit

The accounts audit of organisation conducted by Chartered Accountant is familiar to us. Organisation's accounting practice is audited on the basis of 'Standard Accounting Procedure' to verify whether accounting practice is right/wrong, with errors or defects. Resolutions related to accounting practice are also verified. E.g., Resolution of purchasing things, Resolution about expenditure approval, etc, also verified. Balance sheet of Organisation's accounting practice is prepared through which we know about the organisations assets and liabilities.

However, audit about whether objective of particular work, which was started for a particular social cause is met or not, is not audited through Chartered Accountant's audit. Example, employment guarantee scheme's work is made available for people with a good cause to create long-term public elements for drought eradication and to provide urgent help to drought-prone marginalised farmers and general labourers. If we audit this scheme through a Chartered Accountant, it will put light on expenditure amount, wages' amount per person, right/ wrong transactions in accounting procedure, etc. We do not understand much about whether objective with which scheme was started, have been met or not.

The process of Social Audit has emerged to overcome this problem. In this, status of fulfilment of the social cause is also audited along with accounting practice. In above example, whether beneficiaries under a scheme were really marginalised farmers or someone else? How many agricultural labourers? How much public property, lake, etc is constructed for drought eradication. How many people actually benefitted?, these and such other things are audited/verified.

Social audit is conducted by training actual beneficiaries of the scheme.

Who had decided upon amount of saving, interest amount, etc in Self Help Group. Who has prepared the draft of this decision? Who implements this decision? Who monitors the implementation? What would be the answer of SHG members on these questions? It is "We".

Member's full participation and active contribution at every stage/ level of decision making is the characteristic of a Self Help Group. This is well-known example of direct democracy to all of us. People's money is deposited in the form of tax with the government for overall development of the people. Government returns the same money in the form of various welfare schemes. But, Society can ask questions like – whether money allotted for social development is adequately used for prescribed work or not? How is the money used? Direct participation of people is very much important in democracy. Currently, there is little or no awareness in our society about questioning the administration, officials or people's representatives. Therefore, people don't get their rights, rather it creates the scope for corruption. This situation needs to be changed for overall development.

We audit/ calculate expenditure in house then why not audit the government's work?

Therefore, government's work at village level can be audited with the help of process like social audit. Auditing of government's work does not mean only revealing faults but it helps in increasing efficiency of administration and people's participation in different developmental activities. Social Audit of every scheme in village is essential with the awareness of our rights and duties.

2.3.4.1. What is Social Audit?

Social audit is the way to measure, understand, verify, report to people, improve technique and to increase transparency in implementation of schemes. Social audit helps in minimizing gap between prescribed objectives, aims and actual situation. It is also a good tool to improve local self –governance especially to increase transparency and accountability at local level.

2.3.4.2 Objectives of Social Audit

- To increase transparency and accountability in local self- governance
- To take policy decisions for development, decide action plan and verify actual situation
- To find resources generated and its use for development
- To increase efficiency of government and people's participation in development work.
- To create awareness among beneficiaries and service providers about public welfare schemes
- To increase importance and efficiency of programs for local development

2.3.4.3 Reason for Social Audit

To increase transparency and accountability among officials and staff in administration towards people.

To promote collective decision making.

To understand people's opinion and expectations for understanding what is happening.

To make people aware about what they can achieve.

To increase trustworthiness.

2.3.4.4 Steps of Social Audit

- Decide about social audit
- Selection of issue after prioritisation
- Decide objective of social audit
- Decide participants in the process of social audit
- Decode indicators of evaluation
- Develop process of data collection
- Collection and analysis of data
- Presenting collected information in front of people and its verification
- Decide action plan based on conclusion drawn

2.3.4.5 Principles of Social Audit

- To take permission of concerned people for social audit
- To maintain confidentiality about sources of information
- To verify information obtained
- To ensure people about presenting drawn conclusions
- To take local people's suggestions for solving issues raised through drawn conclusions

2.3.4.6 Essential documents for Social Audit

- Reports of programs and resolutions of decisions taken in Gram Sabha and other different meetings
- Expenditure register, receipts, Bank pass book, etc, if necessary
- List of beneficiaries
- Report prepared during social audit

2.3.4.7 Participants in Social Audit

- Scheme implementer official- staff
- Actual beneficiaries of scheme
- Local people's representatives
- Representatives of local self-governance
- Officials of other concerned departments

- Senior officials of concerned departments
- Representatives of voluntary organisations/ Sanghatans

2.3.4.8 Advantages of Social Audit

- To train community for participatory planning
- To promote local democracy
- To promote collective decision making
- To promote people's participation in development work
- To take efforts for providing benefits to proper and needy beneficiaries

2.3.4.9 Social Audit of employment guarantee scheme

The provision of social audit under employment guarantee scheme is done through a Government Resolution. You can do social audit of work under employment guarantee scheme on the basis of the government circular on this issue.

2.3.5 Jansanvad/ Public Hearing

(Note: See training Module No. 2, 'Concept of Community Based Monitoring for Accountability of health Services' for detailed information on Jansanvad/ Public Hearing.)

2.3.6 Service Guarantee Act

Common people are afraid of government work. Overall government proceeding is going on as per well-known saying- "Government work……. Keep waiting for it to get done!!" Common people have to go to the government offices for months even for the simple work like getting certificate. File does not 'move' ahead further without bribes. This is our usual experience.

Maharashtra government adopted the "Service Guarantee Act" from 1st July 2015 in state considering this situation. The main objective of this act is to prevent corruption and promptly facilitate small work in day to day lives of common people related to government. Under this act, citizens are ensured of getting their certificates and other documents in a particular time frame.

According to provisions under this ordinance, different government departments need to declare services available in the office, essential documents for that, duration of getting service, fees charged and implementing officer. Citizens can file complaint in case of difficulties, obstruction in this. It is mandatory to declare information of first and second appellate authority. Services in our area can be improved on the basis of this ordinance.

Summary:-Important points

- Different mechanisms/ forms of people's participation in direct democracy- Gram Sabha, General meeting, Right to Information, Social Audit, Jansanvad/ Public Hearing, Service Guarantee Act.
- Accountability and transparency in administration can be improved with the help of Gram Sabha. It also helps in taking decisions for people's welfare and in the interest of the people.
- In direct democracy, people participate in the political process along with decision making. Therefore people receive tangible form for their hopes and aspirations. Direct participation of people in the political process leads to automatic control on politicians/government, thus, they cannot misuse their powers.
- All people can question to their representative i.e., Gram Panchayat officials. They also can monitor and control over their work and guide for doing developmental and public utility work.
- Constitution has also provided freedom of expression to the citizens as a fundamental right. However, people must know information about government procedures and how the matters of public interest are handled for expressing their meaningful opinion. The main objective behind implementation of Right to Information Act, 2005 is that all people must have access to such information.
- People can ask not only personal information but also information related to public interest. It helps to bring transparency in government proceedings to some extent. One receives strength of awareness and profound citizenship due to the Right to Information. Democracy is at people's doorstep due to this Act. People have right to ask for information as citizens which is equivalent to members of Legislative assembly and parliament. Environment of official confidentiality can be eliminated due to this Act. The government system also can decide accountability about the work that they do.
- Currently, there is little or no awareness in our society about questioning the administration, officials or people's representatives. Therefore, people can't enjoy their rights but rather a scope is created for corruption.
- Government's work at village level can be audited with the help of process like social audit. Auditing of government's work does not mean only revealing faults but it helps in increasing efficiency of administration and people's participation in different developmental work.
- Maharashtra government adopted "Service Guarantee Act" from 1st July 2015 in state considering this situation. The main objective of this Act is to prevent corruption and promptly facilitate minor work related to the Government in day to day lives of common people. Under this Act, citizens are ensured of getting their certificates and other documents in a particular time frame.
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2.5 Questions for Practice

2.5.1 Gram Sabha is the main pillar of democracy. How?

2.5.2 What points can be discussed in Gram Sabha?

2.5.3 Which information can be asked under Right to Information Act?

2.5.4 What is Social Audit? Why is it essential?

2.5.5 Who should participate in Social Audit?

2.5.6 What is the objective of Service Guarantee Act?

2.5.7 Which information should be declared by government departments according to Service Guarantee Act?

Chapter 3- Module III

Components of People's Participation and Importance of Community Based Planning

3.1 Objective
To understand how people participatory planning of health services can be done.

3.2 What kind of perspective will be developed?

You must be aware about the planning of funds; however, the planning of other resources is also very important along with funds. Perspective pertaining to the planning of resources related to public health services will be developed through this chapter.

3.3. Planning

In simple language, we decide certain things and complete each of the decided things one by one for doing any kind of work. We do planning in our day today life. We decide about raising income for running house/ health and about utilization of money which we have with us. The working person does planning of monthly payment i.e., he/she is keeping away certain amount for paying different bills, grocery goods and other essential things, hospital, house tax, etc. We call this planning.

Work without planning has lots of difficulties in its completion or it doesn't get completed. Let's take above given example. If we cannot do the planning of our income/salary and its utilization in a month and spend the money then we may not have sufficient money even for daily food. This is at personal level. Similarly, planning is essential for any of the major work/scheme and especially for solving any kind of problem/ issue. For example, 'Health Department' of Maharashtra government plans for implementation of different schemes similarly.

3.3.1 What are the things we can plan regarding health?

Planning					
Planning at village or Primary Health Centre level	Planning of 'Patients Welfare Committee Fund' received by Primary Health Centre	Planning of available resources	People participatory planning for improving health services	Planning of personnel/ staff in the health system	Planning about implementation of government schemes

3.3.2. Planning is not only deciding accounts of money.

As said in the beginning we have only seen planning of money in the family. Besides, as shown in the poster we can participate in different types of planning at local level, village, Sub Centre, Primary Health Centre and any other places like this.

- **Planning at Village level or Primary Health Centre level**

Population of the village	Untied Fund allotted for Village
0-500	5,000/-
501-1500	8,000/-
1501-5,000	15,000/-
5001-10,000	24,000/-
10,001	30,000/-

Different kinds of funds are received regularly for the work of each public sector from government. New schemes are announced and its implementation happens at higher level. However, villagers don't have proper benefit due to lack of planning at local level. E.g., Untied Fund at village level. As shown in above table, every year each revenue village receives Untied Funds.

What can we do about Untied Fund as a grass root level worker?

Planning for expenditure of any of the tied/ untied fund in terms of people's interests; e.g., In Velha taluka of Pune district iron pot/ kadai were purchased with village's untied fund and distributed in houses where family members were anaemic for minimizing anaemia. (The amount of iron in blood increases by eating vegetables cooked in iron pots/ kadai.) . Similarly, we also can plan innovative activities as per needs of the people.

Planning of Rugn Kalyan Samitee (Patients welfare Committee) fund received by Primary Health Centre

Every year Primary Health Centre received two kinds of funds, a fund with the name of Rugna Kalyan Samitee (Patients welfare Committee) and another fund is for regular expenses of the Primary Health Centre. The list of necessary things/ needed in terms of patients' welfare can be prepared with the communication with patients, actual inspection and discussion with officials and staff.

Rugna Kalyan Samiti obliged to prepare resolution for expenditure by taking into consideration the list of things for which money can be spent from the available funds. Likewise, some of the examples of people's participatory planning are as below,

Thane Sub-District Hospital –

It was suggested that funds from Rugn Kalyan Samiti funds should be utilised for putting nets to windows of each ward and for providing meal for one accompanying relative along with the patient. Considering the demand of the people a discussion was held with the contractor, who provides food and contractor agreed to provide meals for one of the relative along with patient.

Kashele Rural Hospital –

The planning of repairing broken doors of toilets and bathrooms in the ward and arrangement for clean bed sheets in the ward was done. Accordingly, the expenditure for repairing leakage of the ceiling in the Postmortem Room, repair of taps, light arrangement and arrangement for keeping bed sheets clean, etc. was made from the Rugn Kalyan Samiti Funds of 2015-16.

The chart of funds allotted for Health Centres

Sr. No.	Type of Health Institute	Rugna Kalyan Samiti Fund	Annual maintenance grant	Untied fund	Total	Bank account with the name of
1.	Sub Centre	-	10,000/-	10,000/-	20,000/-	Nurse (A.N.M) and Sarapanch
2.	Primary Health Unit	-	10,000/-	25,000/-	35,000/-	Taluka Health Officer and Health Officer of a unit
3.	Primary Health Centre	1,00,000/-	50,000/-	25,000/-	1,75, 000/-	Taluka Health Officer and Medical Officer of Primary Health Centre
4.	Rural Hospital	1,00,000/-	1,00,000/-	50,000/-	2,50,000/-	Superintendent of Rural Hospital and Senior Medical Officer of that hospital.
5.	Sub- District Hospital	1,00,000/-	1,00,000/-	50,000/-	2,50,000/-	Superintendent of Sub- District Hospital and Senior Medical Officer of that hospital.
6.	District Hospital	5,00,000/-	5,00,000/-		10,00,000/-	Civil Surgeon and residential Medical

						Officer (Clinical)
7.	Women's Hospital	1,00,000/-	1,00,000/-	50,000/-	2,50,000/-	Superintendent of women's hospital and Senior Medical Officer of that hospital.
8.	Tuberculosis Hospital	1,00,000/-	-	-	1,00,000/-	District Tuberculosis Officer and Superintendent of Tuberculosis Hospital
9.	Leprosy Hospital	1,00,000/-	-	-	1,00,000/-	Superintendent of Leprosy Hospital and Senior Medical Officer of that hospital.
10.	Mental Hospital	1,00,000/-	-	-	1,00,000/-	Superintendent of Mental Hospital and Senior Medical Officer of that hospital.
11.	Referral Hospital	5,00,000/-	5,00,000/-		10,00,000/-	Superintendent of Referral Hospital and Senior Medical Officer of that hospital.

3.4 Planning of available resources

We can do the planning of any of the available resources at local level with people's participation. Before that, we should study available resources, personnel, money, etc., which we have at Gram Panchayat, Sub Centre, Primary Health Centre, Rural Hospital. Similarly, after identifying issues of concerned health centre, prioritize these issues taking into consideration which issue is most important and which question needs to be solved with priority and to understand the available resources, money personnel we have for solving the same. Deciding upon the activities/ things which have to be done for solving issues with the help of the available resources; also deciding upon who will be accountable for conducting these activities/ things and how long it will take for completion; all these things should be done. All the responsibility of work is not always with the staff in the health centre or grass root practitioner, apart from them, the president and committee members also have some responsibility. They should always be made aware about this.

E.g., Nasarapur Primary Health Centre in Pune district did not have facility of drinking water and facility for proper collection of hospital garbage. Therefore, with the active participation of members of Rugn Kalyan Samitee, arrangement for proper collection of hospital garbage was made by cutting old water tanks in the hospital and clean drinking water was also arranged in the hospital with the help of Gram Panchayat Sarapanch.

3.5 Planning for solving issues

It is a common myth that illness is everyone's personal problem. If illnesses have increased due to reasons like, contaminated well water which we drink, malnutrition in each of the village, lack of connectivity of villages, no proper roads for taking serious patients to the hospital immediately, saturation of waste due to unavailability of drainage system, etc; can these issues be labelled as personal? Obviously not. Therefore we can organize meetings/Sabha for drawing a proper solution by discussing these issues together.

Health basically depends upon water, food, socio-economical factors and other such determinants. An effective health service is one of the determinants among these. We should demand some of the fundamental services while taking efforts for quality health services. Some of the immediate improvements can be made possible in Gram Sabha about some of the determinants' among these.

For Example,

'Muttoli' is one of the villages in Kerala state. Gram Panchayat of this village is the first prize winner and one of the developed Gram Panchayat in overall Kottayam district. All the government health system of this village is running as per Gram Panchayat's planning. The work done by Gram Panchayat is read in Gram Sabha. Gram Panchayat provides fund for health services in the village, like Homeo Clinics (Homeopathic Hospital), Ayurvedic Hospitals and Allopathic hospitals. However it's planning is decided in Gram Sabha before provision of funds and accordingly funds are being distributed. Medicines stock is made available for doctors as per their demands. 'How this process functions with the help of people's participation in Gram Sabha' should be observed, it will help us to understand the decentralized planning and rights of the citizens in Gram Sabha. Allopathic Centre in the village of Kerala means our government hospital. Doctor was taking leaves and he was used to coming late in 'Muttoli' village. People came to know about this inconsistency after few days. People immediately complained about doctor with an application to the Gram Panchayat. Representatives of Gram Panchayat enquired into this matter thoroughly and gave the doctor a letter for improvement. However, there was no impact of all this on the doctor. People decided to take firm stand on this and monitored hospital for an entire week. They collected evidences of doctor's absenteeism and irregularity and prepared proposal through Gram Panchayat. They mentioned in proposal, we do not want this doctor…. People's representative did follow up for immediate decision at district level on this and doctor was transferred in few days and village/ people had good, regular residential doctor who resided in their own village.

3.5.1 Local level planning can be done by discussing the following points in Gram Sabha/ Village meeting:

- Has the weight of children in Anganwadi been measured? Informing government about providing supplementary nutritious food for malnourished children and provision of supplementary nutritious food for malnourished children from local level funds.

- Does village have access to sufficient water, especially clean drinking water for entire year?
- Do people get sufficient food grains from ration shop on regular basis?
- Does village have roads in good condition for entire village for connectivity to nearer large village/town?
- Is there a public hygiene system? (Is there any arrangement for avoiding marsh, water ponds, saturated waste, etc.?)
- Is there any control on communicable diseases? (Did village have communicable diseases like, diarrhoea, malaria, measles, and hepatitis in last three years?

We can understand broad nature of health issues in our village from the above discussion. Based on this discussion, planning is possible in Gram Sabha of the village about what can be done together by each one of us.

3.6. Planning for accessibility to clean drinking water and for establishing drainage eradication system

We should keep in mind that, vaccination is done at universal level by spending crores of rupees for preventing polio and a huge system has been put in place and money is spent for this. However, clean drinking water and proper disposal of drainage water can minimize the rate of many illnesses to a large extent.

Determinants like, clean water and proper disposal of drainage water has a definite impact on health, thus, as a grass root practitioner, planning of following things is also essential for planning of these determinants from the perspective of good health:

- Ensure sufficient and clean water for regular needs of the people. E.g, drinking, bathing and for domestic use
- Ensure sufficient and clean drinking water required for local needs
- Ensure cleanliness at personal and local level and ensure that communicable diseases do not spread due to unclean water.
- Ensure that waste from local level (Personal and Public toilets) should be properly disposed at local level itself.
- Ensure proper disposal of drainage water produced at local level.
- Ensure proper management of solid waste produced at local level.
- Ensure arrangement of sufficient number of soak pits and drains/ Nalas
- Special provision should be made for avoiding creation of breeding locations of mosquitoes in water tanks and wells. E.g., special care should be taken for avoiding creation of mosquito's eggs in stored water.
- Search good methods of cleaning water and provide health education for using already available techniques of cleaning water. The special program should be designed for

spreading processes to one and all, where special efforts were taken for drainage eradication.

- Observe and survey whether regular cleanliness of water is being done for preventing communicable diseases that spread due to drainage water.

3.7 People's participatory planning for improving health services

You can question shopkeeper in case of adulteration in ration. We question ST conductor in case he/she bullies. Sometime, we have courage to question leader who asks for votes that, 'what have you done in five years?' What did we do as a citizen in case of negligence in health services that we receive? Nothing! Our voice becomes low in the hospital because we go to the hospital in a weak and sick condition. Therefore, in such a condition, treatment is more important for us than our rights and dignity as a patient. There is a feeling of awe for the doctor, medical knowledge, health service providing system (typical government atmosphere, ethos & a certain arrogance of expertise and superiority). We are often suppressed in such domination. Therefore we are afraid of asking, why did doctor charge particular amount of fees? Which & why medicine is given? Though doctor does private practice in government hospital, no one resists. We ignore even if government staff does not come for providing services in the village. We should not leave these issues like this. We should shake off our apathy, ignorance and take organized action for availing quality health services.

Planned Health Dialogue (Arogya Sanvad) is one of the best medium of such action

Example 1. Government has passed circular in the beginning of financial year 2014-2015 about conducting Women Health Gram Sabha/ meeting. According to this circular, Women Health Gram Sabha/ meetings were conducted in most of the villages under community based monitoring process. Women health issues were raised in these meetings and government had to take cognizance of these issues at least to some extent.

2. Raising issues of health staff at village level and difficulties related to services provided by them in Village Health Sanitation & Nutrition Committee (VHSNC)

3. 'Gram Sabha' is the best example of live democracy at local level. 'People welfare schemes', Government Resolutions/ orders, new schemes, etc, all these are put before the people through Gram Sabha in Maharashtra. There is also brainstorming about decisions related to implementation of schemes and people's rights in that. Gram Sabha also has responsibilities like drawing solutions on public issues of village, warning people in case of mistakes done and taking firm decisions for solving issues of people. Basically, it is the right of the Gram Sabha. Therefore, issues related to health and public health services can definitely be put forward in Gram Sabha.

3.8 Planning for implementation of government schemes

As we know, different government schemes have been implemented through 'National Health Mission' and "Government Health Department' since 2007. We can definitely participate in implementation of these schemes to some extent in terms of planning at local level.

E. g., Celebration of monthly health day at village level is a fixed program. This program is currently implemented only as a vaccination day. The information about other schemes can be successfully provided if health day is planed properly and concerned Medical Officer and staff receives help through people's participation.

What are the things supposed to be done on Health Day? Examples

- Providing information about rights based health services
- Providing information about different schemes of government, e.g. Rashtriya Bal Swasthya Karyakram, (National Child Health Program) Janani Shishu Suraksha Karyakram, Beti Bachav karyakram (Save the Girl Child), etc.
- Establishing Maitri Gats (Friendship Groups) and providing health education to them under 'Kishori Swasthya Karyakram' and speeding up such programs
- Malnutrition- Explaining nutrition- malnutrition to people, implementing different schemes of supplementary nutritious food for malnourished children. E. g., implementing Anganwadi Adoption Scheme like adopting village. Adopting a child by wealthy family till child become malnutrition free. Such schemes can be planned at local level.

3.8.1 Integration of all government programs/ departments related to health services and facilities and providing health services to people by implementing one day Camp

In Gadchiroli district of Maharashtra all kinds of health services are provided once in a month through such Camps in village itself. One day of every month is fixed for all these Camps. On that fixed day, officials-staff of all the programs that are implemented under National Health Mission together provide services under their programs. It means, the staff of Integrated Child Development Scheme conduct check-up of all children with the help of Anganwadi worker. Health check-ups and treatment of malnourished children among those is done there only. Medical Officer under Rashtriya Bal Swasthya Karyakram, immediately does health check-up and further treatment process. Similarly, beneficiaries under Janani Suraksha Yojana get benefit of scheme on the same day. All check-ups at Primary Health Centre Level is carried out in village itself and their reports also have been given on the same day and treatment is provided accordingly. Planning is done at district level of providing approximately 45 types of services, like cleaning of drinking water, hygiene, health education, guidance and all check-ups in pregnancy on the same day in the village. There is no need of any of the separate funds for implementing such Camps. Villagers need not go anywhere else, far way to Primary Health Centre from their villages for accessing services. Beneficiaries need not go to officials many times and they are not even deprived of services. The team from district level visits village for supervising whether this process is implemented properly or not. The actual inspection is being done according to check list during visit.

3.9 Planning of personnel/ work of staff in health system

The planning about work of health staff is very much essential for understanding and bringing necessary changes in whether health staff visit village regularly or not and things/work that they do.

Female Health Worker (A.N.M) and Male Health Worker (M.P.W.) have responsibility of providing Primary health services/ care at village level. It means they have to do following duties in the village:

- Conducting regular vaccination session
- Counselling and guidance to pregnant women
- Follow up of diseases
- Checking for doing disinfection of water sources
- Treatment on common/ simple illnesses

However, many times, villagers are unaware about the duties of health workers and even if they know they don't come to know about the timings of their visits to the village. Consequently, people do not get essential service or services are not provided to people. All people in village do not have access to services. Thus, all people in the village must know about working days of health workers in the village. Therefore, one should take a step forward for planning of their/ health worker's work at local/village level.

For Example: Calendar Program

Sathi organization has developed 'Health Services Calendar' for reporting by people about visits and work done by health workers in the village. Partner organization involved in monitoring process received support for disclosing errors in health services with the help of Health Services Calendar. Calendar program is considerably used in Nandurbar district. Local leaders/ grass root level workers organized Calendar Program publicly and explained information on calendar and techniques of reporting on it for accessibility of reliable primary health services/ care at inapproachable villages/ Vadis/ Vastis in tribal areas. All Gram panchayat Members and Health Worker also were invited for this program and information was provided in front of all. Therefore, people got information about health services and health workers were also compelled to conduct village visits regularly on the fixed days.

3.10 What things can we do as a grass root level worker/ Karyakarta

We can also plan the work of the Asha Worker as a health staff in the village, Anganwadi Worker and Male/ Female Health Worker in Gram Sabha/ Village meeting or in the meeting of Village Health Sanitation & Nutrition Committee. We can improve primary health services in village by planning about implementation of new health related schemes with the officials and staff members and distribute certain responsibilities to them.

3.11 Summary: Important Points

- In simple language, we decide certain things and complete each of the decided things one by one for doing any kind of work. Work without planning has lots of difficulties in its completion or it doesn't get completed.
- Different kinds of funds are received regularly for the work of each public sector from government. New schemes are announced and its implementation happens at higher level. However, villagers don't get the proper benefit due to lack of planning at local level.
- We can do the planning of any of the available resources at local level with people's participation.
- 'Gram Sabha' is the best example of live democracy at local level. 'People welfare schemes', Government Resolutions/ orders, new schemes, etc, are presented before the people through Gram Sabha in Maharashtra. Therefore, issues related to health and public health services can be put forward in Gram Sabha.
- Different government schemes have been implemented through 'National Health Mission' and "Government Health Department' since 2007. We can surely participate in implementation of these schemes to some extent in terms of planning at local level.
- The planning about work of health staff is very much essential for understanding and bringing necessary changes in whether health staff visit village regularly or not and things/work that they do.
- Grass root level worker can improve primary health services in village by planning about implementation of new health related schemes with the officials and staff members and distribute certain responsibilities to them.

3.12 Questions for Practice

3.12.1 What is planning?

3.12.2 What are the important aspects we can plan regarding health?

3.12.3 What are the Untied Funds' planning we can do as a grass root level worker?

3.12.4 What are the things that can be discussed and local level planning can be done for solving these in Village Meeting.

3.12.5 Give an example of people's participatory planning for improving health services.

3.12.6 What are the things supposed to be done on Health Day?

3.12.7 What are the things about health worker's planning that can we do as a grass root practitioner?

Annexure- Module III

Health Gram Sabha Government Resolution

Taking health related issues for spreading awareness about health in Gram Sabha

Maharashtra Government

Rural Development and Water Conservation Department

Government Resolution No. VPM-2014/Chapter. No. 80/Para – 3

Bandhakam Bhavan, Murzaban Road

Fort, Mumbai 400 001

Date- 26th June 2014

Introduction:-

Gram Sabha is the supreme system of rural democratic administration. Gram Sabha is considered as an important source for development in a real sense. In Maharashtra, many subjects/ issues are organized through Gram Sabha for effective delivery of crucial issues to people through Gram Sabha. Similarly, in a meeting chaired by the Honorable Health Minister, it was on the agenda of government to take health awareness issues in Gram Sabha. There is effective need of organizing timely 'Health Gram Sabha' in revenue villages for detailed discussion and facilitating scientific information about health related programs and facilities, different schemes implemented through health department, health related issues of citizens, implementation process of health services, provision of new and people oriented schemes implemented under National Rural Health Mission. The following suggestions are released for implementation of health related awareness in all Gram Panchayats of state through this circular.

The duration, objectives and related subjects about conducting health awareness in Gram Sabha shall be as follows:-

Circular:-

4) Duration of Gram Sabha

'Health awareness Gram Sabha' shall be organized once in a year between 24th April to 1 May i.e.Panchayat Raj day to Maharashtra Day by taking health related issues.

5) Objectives of Gram Sabha

1. To provide scientific information about different schemes pertaining to health and food to the people at village level.
2. To promote people at village level to take benefit of different health and food related schemes
3. To promote people's participation in different health and food related schemes
4. To provide information about health institutions in villages
5. To provide information about different programs, services and facilities available in the health institutions.
6. To provide information pertaining to the health system
7. To plan funds (budget) under Village Health Nutrition, Water Supply and Sanitation Committee.

Health related issues to be discussed in Gram Sabha

1. Mother and Child upbringing
2. Janani Shishu Suraksha Yojana
3. Regular Vaccination
4. Village Child Development Centre
5. Child Treatment Centre
6. Nutrition Rehabilitation Centre
7. Disease Control Project
8. Rashtriya Bal Swasthya Karyakram
9. Village Health Nutrition, Water Supply and Sanitation Committee
10. Mobile Medical Unit
11. Special schemes for tribal areas
12. Rugn Kalyan Samiti
13. National health related programs
14. Information about toll free numbers 102, 104, 108
15. ASHA

Health related issues need to be discussed in Gram Sabha for improving health status of rural population. Funds are distributed under National Health Mission at village level and meetings should be organized for planned expenditure (budget) of these funds between 24th April to 1st May i.e. Panchayat Raj day to Maharashtra Day. All Gram Panchayats should be informed about Gram Sabha and ensured to have such Gram Sabhas.

Dr. Naresh Gite

Deputy Secretary, Maharashtra Government

To,

1. Honorable Secretary, Rajbhavan, Mumbai
2. Principal Secretary of honorable Chief Minister, Mantralaya, Mumbai- 32
3. Principal Secretary of honorable Deputy Chief Minister, Mantralaya, Mumbai- 32

4. Honorable Principal Secretary, Mantralaya, Mumbai- 32
5. Private Secretary of honorable Rural Development Minister
6. Private Secretary of honorable State Rural Development Minister
7. All honorable Members of Legislative Assembly and Council
8. All Principal Secretaries/ Secretaries, Mantralaya, Mumbai
9. All Regional Commissioners,
10. Director General, YASHADA, Yashwantrao Chavan Academy of Development Administration,
11. Commissioner and Director, Family Welfare, National Health Mission, Mumbai
12. Under Secretary, Health- 7, Public Health Department, Mantralaya, Mumbai
13. Chief Executive Officer of all Zilla Parishad
14. Deputy Chief Executive Officer of all Zilla Parishad
15. All Block Development Officers, Panchayat Samiti
16. All departments of Mantralaya
17. All Supervisory Officers of Rural Development and Water Conservation
18. निवडनस्ती (कार्यासन क्रमांक परा -३)

MODULE IV

NEED OF MONITORING OF PRIVATE HEALTH SERVICES

Module IV

Need of Monitoring of Private Health Services

To broaden and deepen the perspective of grass root practitioners working at local level about the accountability of social services…….

Distance Learning Certificate Course

Compiled by Hemraj Patil, Vinod Shende

Guidance by: Dr. Nitin Jadhav

SATHI

In brief about this course

In the last decade many organizations and Sanghatans in India took efforts to improve public health services, to develop a communication process between health system and people and to improve accountability of health system and transparency in health services towards people. It led to the development of various models of community based monitoring in India. The grass root practitioners like you, working at the village level have a major role in implementing community based monitoring models. Therefore, the concept of community based monitoring is emerging, at least in Maharashtra. In our opinion, this concept should be expanded at wider level. This course is being conducted with this intention, taking into consideration the requirement of grass root practitioners for expanding this concept.

This course will be conducted in entire Maharashtra. Total 125 students (grass root practitioners) from different regions of Maharashtra, such as, Vidarbha, Marathwada, West Maharashtra, Konkan and North Maharashtra, etc. will be included in the first phase of this course. Twenty-five student practitioners will be selected from each region.

This course is conducted in collaboration with Sathi organization and Karve Institute of Social Service which offers Masters in Social Work degree course. This course has received financial assistance from COPASAH (Community-of Practitioners on Accountability and Social Action in Health) which works at the international level for social monitoring and action on health services. This is a distance learning course and the duration of the course is one year. Two contact sessions will be organized; first session is for three days and second is of two days. The training and course material will be provided to representative participants in the first contact session, while in the second contact session the exam and discussion will be held on activities conducted by student practitioners in their own operational areas. After the first contact session, student practitioners are expected to complete a field activity in their own operational areas as mentioned in Guide Book / Module.

The main objectives of the course are:

- To develop a perspective and broaden the understanding of grass root level workers in order to understand the principle of accountability on health and other public services
- To develop a perspective and an understanding of these grass root level workers about the various techniques and strategies used by various organizations for advocacy purpose.

About the Guide book/ Module:

At one time the doctor and the medical profession was not only considered as a respectful/noble profession, but doctors were literally treated like gods. People are still very careful and pressurized while talking and interacting with a doctor. But more than respect, it is fear and helplessness (vulnerability) which creates this pressure. Evidences of respect to doctor are comparatively less nowadays. This situation has come about due to a complex relationship between increasing importance of money, commercial nature of the medical profession, increasing marketing influence of Pharmaceutical companies and other medical companies and patient's attitude of 'doctor shopping' for medical services.

On the other hand, with time, private health services are moving way beyond common people's affordability, due to modernization and certain inappropriate practices in the medical sector. This situation needs to be changed and there should be a system where people will get proper and scientific health services and doctor patient relationships need to be improved.

There is a need of improvement in private medical sector as well as in overall medical sector for achieving these. Standardization of medical services and creating a system where human rights of patients should be protected, is the most important of these improvements. This topic is interwoven around this issue.

Hospital should have quality health services and personnel and doctor, nurses, etc. should protect human rights of patients while providing good health services and justice to people. This module briefly reviews all these things. This module also talks about fraud of pharmaceutical companies, rights of poor patients in trust/charity hospital and need of legal control over private medical sector. At the end of this module the concept of 'Universal Health Care system' is explained where health services in public and private hospitals can be provided through publically planned system.

Standardization and control over private sector is impossible. It is like "Belling the cat".

But, you can definitely do certain things in your areas like, awareness about patients rights, acquire information about trust hospitals and monitor whether poor patients get free treatment in these hospitals as per Mumbai High Court's order and building committee of senior and prestigious people for monitoring.

The book is presented in a summary form of two books; Sathi publication '"Dasha and Disha" by Dr. Abhijit More and Manovikas publication's 'Kaiphiyat' by Dr. Arun Gadre. We believe that this module will help you for this course. We also look forward to any suggestions for improvements in this module.

Table of contents

Chapter 1-The Current Situation of Health Services (Module IV)

(Unnecessary tests, surgeries and medicines in hospitals)

1.1. Objectives

To understand current situation of private health services

1.2 What perspective will be developed?

Status of private health services in the overall health services system prevailing in India, people's perception towards it and real situation will be understood.

1.3 Nature of private health services

1.3.1 Domination of private hospitals

Suppose, you are sick, you have to choose either private or public hospital for treatment and you have money in your pocket, which hospital will you choose? You are more likely to go to private hospital. Not only you, but around **80 percent** people go to private hospitals for better treatment. People go to private hospitals even if it requires more money with intention to provide proper treatment so that he/she should get well soon. People are ready to spend their savings too for appropriate and proper treatment. i.e for better quality of treatment as compared to public hospital.

1.3.2 Private treatment does not necessarily mean that its quality is superior

Despite of all these facilities and higher charges, private hospitals don't necessarily provide better quality of treatment or services. Most of the times, people are disillusioned. We usually hear reactions which primarily include issues such as "doctor does not talk properly in spite of paying such **lofty** amount, don't provide detailed information in spite of spending money", "doctor came out within five minutes and did not check the patient properly", "Hospitals have become a business to rob poor patients", "I took a loan", " My family fell into misfortune and debt due to such heavy expenditure of surgery".

1.3.3 Characteristics of private treatment

- **Expensive health service**

Common/poor people cannot afford private health service. Many times poor people do not get free and discounted treatment even in charity/ trust hospitals. There are increasing incidences like taking a loan, selling house and land, mortgaging ornaments for paying bills of hospital. Every year around 3 crore people are pushed to below poverty line due to hospital and allied treatment expenses. Nowadays people from middle class who are comparatively better economic

conditions, too cannot afford expensive surgeries and treatments in private hospitals. The poor who have no money; for them getting private services is out of question.

- **Unscientific treatment and unnecessary tests**

People those who have money, are often exploited and cheated in the private health sector. Many times unscientific treatment, unnecessary tests, expensive branded medicines are used, even if not required, just out of the greed for getting more and more money. Patients do not get proper information. There are serious issues about quality of services and behaviour with patients. Despite spending money, quality of health service is not ensured.

- **Lack of patients rights**

Patients are often denied rights like right to life saving first aid , right to information, right to treatment irrespective of discrimination, right to second opinion (Right to second opinion from another expert doctor), Right to grievance redressal, etc. (Detailed information about all patients' rights is given in a separate section).

- **Lack of standardisation and monitoring**

There is no kind of standardisation in private health sector. Most important thing is private sector is not answerable/ accountable for anything. Patients can complain against medical negligence under consumer protection act but they do not get justice due lack of sufficient written evidences as usual.

1.4. Need for standardisation of private health services and its social monitoring

There is need for standardisation and social monitoring of private health services, which are currently quite chaotic, since large population is depending on private health sector for getting treatment and health services. Standardisation means deciding upon a minimum quality of services, facilities, skilled personnel, instruments, place and water, etc. aspects pertaining to health and safety of the patient. There should be a guideline for standardised treatment for minimizing unnecessary tests and excessive use of medicines.

Standardised private health services would also be expensive, and common people wouldn't afford it. The solution is everyone should get health services(Right to health services is a human right)though he/she does not have money. Thus we should also develop an "Universal Health Care System" like other developed countries. There should be an extensive network of sufficient public hospitals. There should be a system of paying standardised bills from public funds.

1.3.4 Determinants of private health services

Indian health system is very much complicated. It is divided into three parts, private, public and trust/charity. It is also divided into professions/ specializations like, Allopathic, Homeopathic, Ayurveda and Unani, etc. The private sector comprises General Practitioners, highly educated specialists and super-specialist doctors in different areas, along with Registered Medical Practitioners(RMPs) and fake doctors (Quack) having suspicious and government unrecognised

degrees. It also includes so called ‘doctors’, who have worked under doctors or in hospitals for certain period and acquired a certain superficial knowledge and skills of treating patients merely based on their symptoms.

1.3.5. Coverage/scope of private health services

Private health sector has made great contribution in providing health services all over the country since independence. There are always comparatively less doctors working in public health sector. There are more than 260 medical colleges in the country and 7.5 lakh MBBS doctors have graduated in the year 2009. The number of AYUSH (allopathic, homeopathic, ayurved, siddha and unani) doctors is almost similar. Out of the total, more than 80 percent doctors and 90 percent specialists are in private sectors. Only 1.25 lakh doctors out of the total 15 lakh, work in Public Health Sector.

Large number of doctors i.e., around 82 percent work in private health sector through small hospitals and dispensaries.

1.5 Summary: Important points

- Service available in private health sector is expensive
- People are being cheated due to unscientific and unnecessary treatments
- There is lack of awareness about patients' rights in private health sector
- There is need for standardisation and accountability in private health sector for patients' rights.

1.6. Questions for practice

1.6.1 Write an example which you know where large amount of money is paid/charged for treating a simple illness

1.6.2. What is your opinion about unnecessary tests? Write an example which you have personally experienced or heard about.

1.6.3. What is the need for standardisation of the private health sector? What will happen due to standardisation of the private health sector?

Chapter 2- Module IV

Marketing of Private Health Service

2.1 Objectives

To understand about the hold and control of market over the private health services in last three decades.

2.2. Which perspective will be developed?

Conversion of health services into mere buying and selling of services, whereby it is totally being controlled by the market.

Lack of conscience leads to dreadful things. This is not surprising at all because one of the doctors cautioned about this hundred years ago, Dr. Arthur Conan Doyle, author of world famous Sherlock Holmes. He himself was a doctor. He says, "When doctor does go wrong he is the first of the criminals. He has nerve and he has knowledge"- Dr. Arthur Conan Doyle, author and creator of Sherlock Holmes in Speckled Band.

This is absolutely true. In fact, doctor's knowledge can save patient's life, give safe birth to the child. Doctor has to be neutral while treating patients, it is mandatory in the medical profession. He/she has to take care of controlled emotional involvement with patients and internalise calm professionalism. Around us, we are experiencing the impact of using such detachment for selfishness. (Around 78 doctors in country have expressed their opinion about this issue in the book " Kaiphiyat")

We know and have a doubt that many malpractices happen when we take admission in the hospital. What is the reality of such malpractices? Doctors, themselves are making us aware about these malpractices and telling society, " See, such malpractices are happening in hospitals behind the scene and we are witnessing these"

We require medical services at different stages like, diagnosis, suggesting alternative measures, treatment/tests/procedure/ surgery which is affordable and agreed by patient, patient should be explained all the procedures in detail and offered timely updates. This is our fundamental right as a person to get these medical services regardless of whether doctor took Hippocratic oath. Unfortunately, nowadays health services are not our human right (Fundamental base of right to life) and we need to 'purchase' health services. In such a situation, when proper fees are being charged, we expect that there should be no cheating in both rates and quality of services, and this is our right as a consumer. But to what extent are our rights being fulfilled? To what extent private sector will agree upon our rights?

2.3 Various aspects of private health services

2.3.3 Expansion and changing nature of private health sector in last three decades.

Since last three decades, unprecedented changes have happened and are still happening in the private health sector. Public health sector has collapsed and private health sector has expanded after the decade of 1980s. Though policy of globalisation, privatisation and liberalisation is implemented primarily after 1990, the processes actually began in 1980s. With this background, new form of private health sector was emerging in big cities in India. The first of a kind, private 'Apollo Hospital' was established as a private company in Chennai in 1983. After that within two years, more than 60 diagnostic centres were started with the investment of Rs. 200 crores throughout the country. Nowadays, corporate hospitals, multispecialty hospitals and diagnostic centres spread throughout the country is a normal phenomenon. Big industrialists (e.g. Ambani, Birla) have entered in hospital business. Thus, 'service' nature of medical sector is changed to marketing nature of health services.

Rs. 39,659 crore was invested or declared to be invested in 162 projects till March 2009. Income of Apollo hospital alone is increased by 28 % and it was Rs. 1150 crore while profit was increased by 51 % and it was Rs. 102 Crore within a year in March 2008.

2.3.4 Paradox/ Contradiction in Health services

The nature of this new culture which emerged with the private health sector, will be that of a profitable market based on enormous investment, which would provide modern technology, services, facilities and treatment. On one side, five star hospitals are being established, medical tourism means foreigners are coming to India for cheaper treatment (cheaper compared to the expenses incurred by them in their own nation) and on the other hand in our own country majority of our very own people do not have access to treatment due to poor public health system and very expensive private health services. Hence, this picture of high contradiction has emerged. The real picture of Indian health system is hidden in this contradiction.

2.3.5. Business/ Management of Pharmaceutical companies

Medicine is a weapon of medical profession. In fact, doctor and pharmaceutical companies are complementary to each other. It is not possible that one exists without the existence of the other. There were no pharmaceutical companies a hundred- hundred and fifty years ago. Medicinal plants and herbs were used as medicines to treat and cure people. Person was slightly beaten by a stick to be anaesthetized. Where have we reached in last hundred years; medical technical industry has definitely contributed in this but the marketing of medical technical industry along with its development is the unwanted reality. Pharmaceutical companies, medicine companies started entering in competition with their new medicines and then profit making tendency was their only agenda and they started ruling this profession as well as the sector.

Patient, who buys medicine, he/she spends money from his/her pocket. However he/she does not have any control on this purchase. One has the choice about smell, colour, and price while purchasing soap. Shopkeeper does not decide whether he/she wants lifebuoy or lux soap, the person who buys ask for lifebuoy or lux soap. Everything is opposite while purchasing

medicines. Patients cannot ask for a particular antibiotic like lifebuoy or lux soap. Doctors have decided, are deciding and will be deciding about this for the patient. This right cannot be given to the patient. Thus, it is always doctor's responsibility and obligation to think about patient while writing any prescription.

Doctors do not feel that taking gifts is against their dignity. They feel it is their right.	Pharmaceutical companies sponsor tours throughout the world, shirts, pants, banyan and underwear too. Leaving no scope for doctors self-respect	Pharmaceutical companies have purchased us (doctors), doctor are like their slave and puppets. Initially they tempt us with gifts and other expensive items and then they dominate us since we are under their obligation.	Paediatricians suggest patients not to breast feed and ask them to purchase milk powder which is available in medical store.	Once, a medical representative brought diamond necklace of around Rs. 1 lakh as gift for my wife. I returned it and told him that I will bring necklace for my wife with my own money if she wants

2.3.6. Vaccination industry

India has achieved control over many diseases because of universal implementation of vaccination. For example, small pox disease is completely eradicated, hence the vaccination for small pox is not provided. Polio is almost under control. In fact, any wise person cannot oppose vaccination. By taking advantage of this opportunity, private vaccine companies are bringing new vaccines in the market. This is also a business with exorbitant profits like business of medicines. The real debate is that if a new vaccine is really protecting child or a person from possible disease then it has to be included in government's universal vaccination. It means government's single decision can provide lifelong market of millions to company who produces the vaccine.

Many international companies are implementing policies for achieving control over India's market.

Student practitioner working in health sector must know certain important issues related to vaccination, which are as below:

1) Government must know properly about coverage of disease in our society before including particular vaccine in universal vaccination program. Otherwise millions of children will be

provided this vaccine which actually may not be required at all. Tax payers will be in loss and commercial companies will earn a lot.

2) It should be proved that all children are receiving the vaccines which are available today before new vaccine is introduced in universal vaccination program. It is reality that all are not provided these vaccinations. Government should take care that 100 % vaccination of already available vaccines is done before spending time and money on new vaccine. New vaccine should be included in universal vaccination program only after achieving this objective of 100 percent.
3) Committee of experts in public health sector should take decision about including a new vaccine in universal vaccination program. Efficiency and safety of the vaccine should be checked with trails in India before that.

Health experts are suggesting such provisions. However, there is high possibility of great loss of millions of rupees and including unnecessary and unsafe vaccine in universal vaccination program in this era of privatisation, liberalisation and globalisation where profiteering tendency is most powerful.

2.3.7. Private Medical Colleges

There were only 22 private medical colleges when India got independence. Today there are 350 medical colleges among which 190 are private. There is need of another 200 medical colleges for fulfilling India's need (demand) of qualified doctors. However, in this era of privatisation, globalisation and liberalisation, there is high possibility that private hospitals will gain major space ever further.

In fact, India is the only country that gives legal permission to private medical colleges from private quota as a part of policy to take as much amount as they want. Student's pay fees which is in crores, donations and merit based students also have high fees from 3-6 lakhs per year coming to around 15-30 lakhs for five years. While in government medical colleges it is around Rs. 44,600/- per year, meaning Rs. 2, 23,000/- for five years.

Private medical colleges are certified by Medical Council of India. In fact, there is almost no control over these colleges. E.g., Recently Punjab Medical Council brought to light how private medical colleges in Punjab have ghost professors. It means professors who are just giving signatures. Professors are hired during inspection of Medical Council of India. Patients also are hired. What quality of education students will receive in such situation? Except for a few exceptions, other private medical colleges also have same horrible condition.

These private medical colleges have hired good professors from government medical colleges and many government colleges also do not ensure quality education.

This is the situation in case of MBBS (graduation), for post graduation money is collected in crores. E.g., 4 crores for Radiology. It is obvious that these doctors who have invested money in crores will recollect their money by charging exorbitant fees and thus looting their patients.

Hence, fees of private medical colleges should be equivalent to government medical colleges. The time has come to demand that admission process of private medical colleges should be common process and their right of charging donations should be withdrawn.

2.3.8. Corporate Hospitals

In this era of globalisation, liberalisation and privatisation, foreign countries have invested around Rs. 87 billion in hospitals and laboratories in India from the year 2000 to 2012. This figure is taken from the department of central government which supports such investment. The returns in this business of private sector are never less; no matter even if there is economic depression all over world, hence economical inflows from outside will continue. People who are investing in this sector are fully commercial/ capitalist and their aim is maximum returns and unlimited profits. The hospitals like Apollo, in our country itself are registered as industries/ private company. Maximum hospitals in country were charity/ trust hospitals before the entry of such hospitals. Nowadays, they are registered as industries! It means hospital's commitment is never the patient but maximum benefits to the shareholders.

Naturally, prices are unreasonable in such hospitals. Tests like CT scan, MRI, blood tests, and angiography are unnecessarily done with the aim of revenue- net profit. Doctors are allotted targets per month. Doctors who are conscientious and don't support wrong things are thrown out of the hospitals. Very few and easily measurable hospitals are exceptional for all these. More information about such corporate hospitals is available in the book ' Kaiphiyat' by Dr. Arun Gadre.

Still, corporate hospitals are emerging and priority is given to their profiteering tendency though it is a dangerous situation for the existence of honest doctors. These hospitals are strongly influencing the government policies and private sector to get what they want. They are looking forward for Public Private Partnership (PPP) for increasing their profit with government's money. It is quite essential to oppose this profiteering tendency of Corporate Hospitals which is increasing day by day. Otherwise a time will come when everyone has to compulsorily go to either these hospitals or hospitals that are under the umbrella of these hospitals.

2.4 Summary: Important Notes

- Services under Private Health Sector are extremely expensive
- Different aspects of Private Health Services- Determinants of private health services
- Coverage of private health sector, expansion and changing nature of private health sector in last three decades, contradiction in health services in India.
- Pharmaceutical companies sell medicines through doctors to patients by enticing doctors through highly expensive gifts.

2.5 Questions for Practice

2.5.1 Explain private health services as a business

2.5.1 Pharmaceutical companies are doing great work for people by helping doctors for providing medicines to patients. True or false? Please explain with reasons

Chapter 3- Module IV

Patients' Rights in Private Hospitals

3.1 Objective:
To understand Human rights of patients

3.2. Which perspective will be developed?

Patients have rights in private hospitals too and we can spread awareness about it.

3.3 What are patients' rights in private hospitals?

3.3.1. "Right to life saving first aid" to the injured patient

Injured person has right to get life saving first aid. It includes essential things like, removing barriers in respiratory system, stopping bleeding, providing saline, pain killer medicines as needed, making patient's condition stable using life-saving medicines as needed and preparing mindset of the patient for sending him/her to another/proper hospital if needed, etc. Hospital can demand money or inform patient only after providing first aid.

3.3.2. Right to information to patient/ relatives

Nature of illness

Patients should receive information about suspected illness or diagnosed illness, nature of illness from which the patient suffering, its seriousness, nature of treatment, expected outcome of treatment, risks involved, advantages and disadvantages of alternative treatment, what will happen if treatment is not given, effects of treatment, etc. It should be noted that most often proper diagnosis is not possible initially. Another important thing is that there is no particular measurement for deciding how much information is to be provided about the illness and the treatment. Minimum information that has to be given can be necessarily decided based on the experience. Patients, relatives can clarify their doubts by asking about them to the concerned doctors. Doctor perhaps can take help of books or similar kind of material prepared in simple language or assistant doctors for providing this information. Any doubt, apart from the information provided, can be asked to the main doctor.

Expenditure needed for illness

Sufficient information about expenditure needed for illness and information about patients' changing condition and changed treatment and the resultant change in expenses (accordingly)

should be told to the patient/ relatives. (Doctor will be in touch with the specific relative suggested by patient as contacting different relatives is difficult for the doctor.)

Xerox of indoor papers

The patient or the relative suggested by patient should get "Xerox copies" of indoor case paper with demand after paying proper cost.(Within 24 hours, when patient is admitted and within 72 hours after discharge from hospital) .

Rate card

Hospital should provide representative cost rate card of certain important services (e.g., bed charges, visit charges, rate of regular tests of blood, urine, X-ray, sonography, etc.) to every patient and it should be prominently displayed on the board. It should be prominently displayed that rate card is available for patients. Patients can estimate possible expenditure in hospitals with the help of these rates. Another important thing is rate of services related to patients, (rates for patients admitted for delivery or other obstetric, fees charged for expert's visits) and rates of other charges should be given to patients. "Written estimate" of expenditure based on illness of patient should be given to each patient. Patient should be informed about changes in expenditure due to changing health condition of patient.

Patient should get discharge card including information below before leaving hospital:

The clear instructions should be given about medicines which should not be stopped without doctor's opinion (e.g., medicines on diabetes and high blood pressure). The information about emergency medical help should be provided to patients in easily understood language.

Death Summary

In case the patient has died, death summary of the patient must be given to his relative. Important points must be noted in it while the patient was admitted in the hospital.

3.3.3 Consent for treatment

Patient should have the right to give or deny consent while providing treatment which may include risks to patients (surgeries, providing blood, tests involves risks) with proper information about advantages and disadvantages of treatments, risks, side effects, alternatives in treatment. (In the language which is easily understood by the patient). If a patient denies treatment, she/he will be responsible for its effects. In case patient is not in a condition of taking decision due to unconsciousness or other reasons, relatives should take the responsibility in written.

(Consent is essential every time before treatment or surgeries (e.g., treatment of chemotherapy on cancer) which involves risks. Thus, consent should not be taken at the last minute but it should be taken when decision of providing treatment is final.)

3.3.4. Right to confidentiality

The information provided by patient to doctor or information received through diagnosis about the illness should be kept confidential. Doctor and other staff should not disclose this information without patients consent in a way which reveals patient's identity. It is quite essential in case of illnesses which involves social stigma. In fact, it has some exceptions. (Example, in case of patients infected with HIV, his/her life/sexual partner has human right to have information about this illness. Government system should get information about certain communicable illnesses. If the Court has demanded so, then it should be accepted. The information about diagnosis of illness and condition of the patient should be limited to the doctors who are providing treatment and hospital staff, barring such exceptions)

3..3.5. Right to take second opinion

Patients should have right to take second opinion from another expert doctor from related field by calling such a doctor in the same hospital, in case the patient or the relative suggested by the patient demands so. All medical information should be made available to another respective expert doctor. The second expert doctor should meet first doctor for that.

Fees of the second expert doctor will paid by the patient. Second expert is obliged to write his opinion with reasons; this also should be considered as a patient's right. This will help in preventing irresponsible opinion or opinion with false intention. First doctor will not be obliged to accept suggestion given by second doctor. In case, second expert doctor's opinion is different and if patient wants treatment as per second opinion then that patient can take treatment as per second opinion on his/her own responsibility. First hospital will be responsible for providing ongoing treatment till patient leaves from the hospital. First hospital will not be responsible for providing proper care while going to another hospital. Such discharge will be against medical advice (DAMA) of the first expert doctor and it will be noted on the discharge card. We can understand by taking into consideration above mentioned situation, patient has major responsibility while taking second opinion. E.g., patient will be responsible and not the first doctor for delay in tests, diagnosis, and treatment due to the process of second opinion. Patient still should have right to second opinion by following above regimen.)

3.3.6 Right to human dignity of patient and right to privacy

Doctor and health workers who are providing treatment should protect human dignity of patient taking into consideration the helplessness and illness of the patient. Any of the doctor or staff shouldn't do mischief with the patient, passing direct or indirect comments such as the patient shouts unnecessarily even if it doesn't pain much, neglecting the patient, etc. Female staff or female relative should be available when male doctor is checking the female patient.

3.3.7 Right to humane treatment irrespective of discrimination to HIV affected patients.

In case if any HIV affected person comes to the hospital for illness or delivery, he/she should not be denied treatment by saying we don't have facility of treating HIV affected people.

Doctor does not need specialised knowledge, skills for treating other illnesses of HIV infected person but serious stage of HIV infection, i.e., AIDS (When immunity drastically falls down) require specialised knowledge.

3.3.8. Right to choose alternatives in treatment if available

Doctor should provide information, possibly in writing about alternatives in treatment (in case available) especially in serious illnesses along with its advantages and disadvantages. However, the patient will be responsible for effects of chosen alternative. In case patient cannot take decision due to unconsciousness and other reasons his/her relatives should take this responsibility in writing.

3.3.9. Right to complaint/ give suggestions

Patient should have the right to complain in case of violation of above mentioned patient's rights. Patient should know the process of complaining to the hospital in charge and process of its redressal. There should be a culture of discussions-meetings in hospitals by an independent committee which is not a part of the hospital for avoiding unnecessary tensions and unnecessary court matters.

According to point no.7 under Maharashtra Medicare Service Persons and Medicare Service ... (Violence and Damage or Loss to Property) Ordinance, 2009, provision is made to establish authority to assist and counsel victims of medical negligence and mismanagement for listening to their complaints and provide proper relief to them. Maharashtra government has responsibility to establish such authority.

3.3.10. Guarantee of following Ethical Principles as per policies and processes directed by ICMR (Indian Council of Medical Research) in case of Research on Patient

a) Patient should be informed about Research study's objectives, nature, duration, process, testing, possible risks and benefits, medical treatment for possible risks and its availability, financial provision for this treatment.

b) Consent of the patients/ the relative allotted by the patient should be taken after providing above information. The patient has the right to deny such consent.

c) Re consent of the patient should be taken in case of changes in research related to the patient.

d) Financial reimbursement to the patient in case of any economic loss.

e) Pregnant women and children should not be included in research unless there is a special need.

3.3.11. Free treatment for poor patients in Charity hospital (Trust Hospital)

Some of the hospitals registered as Charity Hospitals received assistance (land with concessional rates, concession in building and related aspects, and other economic assistance) under Rule 4 in Article –A-A. According to the order of the Mumbai High Court, such hospitals are obliged to keep 20 % beds reserved, 10 % for free of cost treatment to the poor patients and 10 % for concessional treatment to the economically disadvantaged sections. They should allot 2 % amount of the total fees from patients as 'Rugn kalyan Nidhi'

Following patients' rights is the characteristic of a good hospital

Patients' rights and responsibilities are being followed in this hospital for developing a good relationship between the doctor-patient and providing better health services

Patients' Rights

- Life saving first aid will be provided to injured patients
- Information about illness and treatment will be given to the patient
- Discharge card with sufficient essential information will be provided
- Rate card of major services provided in hospital is made available
- Consent of patient (or the assigned relative) will be sought after providing sufficient information before surgery or treatment involving risk
- Information provided by patient to doctor will be kept confidential
- Patient can seek second opinion(of another expert doctor) on his own responsibility
- Patient's right to human dignity and privacy will be protected
- Patient living with HIV will get treatment without any discrimination
- Patient can choose alternative treatment, if available on his/her own responsibility
- System of giving suggestions and complaints will be available here. Please contact reception
- Ethical principle will be followed as per official government policy in case of research done on patient
- 20 percent beds will be reserved for free and concessional treatment respectively for

poor and economically disadvantaged sections in charity hospitals that have received government assistance.

Patients' responsibilities

- Give all health related information to doctor
- Cooperate with the doctor during tests and treatment, follow doctor's instructions
- Respect dignity and rights of doctor as well as hospital staff
- Pay doctor's fixed fees and hospital bill on time
- Patient should not use violence no matter how angry he/she may be angry

Book including detailed information of patient's rights and responsibilities is available at reception.

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3.4 Summary: Important points

- Patients' rights in private hospitals- patients have many rights like right to seek second opinion, right to confidentiality, right to information, etc.
- According to the Mumbai High Court's order, 10 percent beds for free treatment of poor patients and another 10 percent for concessional treatment to economically backward sections and its implementation in charity hospitals

3.5. Questions for Practice

3.5.1. What are patients' rights in private hospitals?

3.5.2 What are the special facilities available in charity hospital (Trust Hospital) for poor patients?

Chapter 4- Module IV

Trust hospitals and rights of poor/indigenous patients

4.1 Objectives

To understand trust hospitals and rights of poor/indigent patients

Raju is a common person residing in a slum/vasti. He somehow manages to get work which helps him to get two times food for his family and fulfill his minimum daily needs. Suddenly his son had an accident. Immediately he was taken to a government hospital. His leg bone was fractured, for which the Doctor suggested surgery. But in a government hospital everything has to be to be brought from outside, and despite paying bill of the hospital, there is no guarantee of successful surgery. His son may have lost his leg for life time. Hence, he shifted his son to Poonawala Trust private hospital with this concern. In the private hospital they asked him to pay Rs. 10,000/- before undertaking surgery. Raju was already under the pressure of a loan. Someone suggested that he should approach the local Corporator. This worked and his son's surgery was undertaken free of cost. He started walking too.

We should think;
What did the Corporator do? Did he himself pay the hospital charges or did he use his position of authority/power to influence the hospital? How many cases like this may be referred by the Corporator and how many hospitals like Poonawala Trust can afford such favors? However getting health services is a right; yet, poor labourers like Raju should live under such an obligation? Why? Do we have any rights under Trust Hospitals?

Let's take detailed information on this

4.2 Which perspective will be developed?

To understand and spread awareness about Mumbai High Court's order of about 20 % reserved beds for free and concessional treatment for patients from the poor/indigent and weaker section in the trust hospitals as per the law.

4.3 Provision for patient in Trust hospital

4.3.1 Background

Private sector in India can be divided into two sections. The biggest part is "profiteering" private hospitals and the other one is of hospitals which are comparatively less in numbers and function on a no profit, no loss basis. One thing we need to understand is that the so called "no profit"

word is used only for sake of legal formalities. In reality, many hospitals charge huge amount of money but do not show it as a 'profit'. The profit of trust hospitals is expected to be used for development of private hospitals and for providing free and concessional health services to the poor/indigent and needy people. Maharashtra government gives many services for such hospitals. For example:

1) Free or subsidized land
2) Discount in custom duty for medical instruments and machineries
3) Discount in octroi and refund of entire octroi
4) Concession in Income Tax
5) Concession in electricity and water rates
6) Motivation for donors for providing donations to trust hospitals by offering them concession in Income Tax (80g)
7) Extra floor space index (FSI) or concessional FSI is available

According to section 41-A-A of Bombay Public Trust Act 1950, it is Maharashtra government's obligation to provide free and concessional treatment to the poor/indigent and economically disadvantaged sections of our society. Like Maharashtra, other states also have offered different concessions to trust hospitals. Many huge and famous hospitals are charitable trusts on paper. For Example, In Mumbai, Jaslok Hospital, Hinduja Hospital, Breach Candy Hospital, Lilavati Hospital, Bombay Hospital, Nanavati Hospital, Heeranandani Hospital, while in Pune, Ruby Hall clinic, Jahangir Hospital, Poona Hospital, Deenanath Mangeshkar Hospital, KEM Hospital, Sahyadri Hospital, Sancheti Hospital, Hardikar Hospital, Inlax Budrani Hospital, Din Dayal Memorial Hospital, Ratna Memorial etc are the trust hospitals.

The list of such trust hospitals is very lengthy. (check following link for district wise list of trust hospitals http://charity.mah.nic.in/static_pages/list.php)

4.3.2. Order of High Court for Trust Hospitals

A poor/indigent patient was denied free treatment in a Trust hospital, hence, Advocate Mr. Sanjeev Punalekar applied against the trust hospital in the Mumbai High Court in December 2004. He objected that this trust hospital is not providing free treatment for poor/indigent patients; hence it is violation of rules under "Bombay Public Trust". CEHAT (Centre for Enquiry in Health and Allied themes is the research centre of the Anusandhan Trust, located in Mumbai, and SATHI is the action centre) intervened in this case and brought to the notice of the High Court that many other trust hospitals are also violating the same rule. Honorable court heard both the parties and converted this case in to Public Interest Litigation (PIL). (Writ petition No. 3132/2004). Maharashtra state government and Association of Hospital (AoH- the association of hospitals in Mumbai) was the respondent.

High Court gave orders to Charity Commissioners to collect information from all trust hospitals. Court appointed a committee of experts in October 14, 2005. Based in the report submitted by

this Committee, many directions were given by the Court. Honorable court gave orders to create a policy/ scheme for poor/indigent patients.

According to this scheme, it is obligatory for trust hospitals, which take Government concessions, to keep 10 percent beds reserved for poor/indigent patients free of cost and an additional 10 percent concessional beds reserved for economically disadvantaged sections. The provision of "Poor/indigent Patient Funds" is made for this. The High Court passed an order which requires Hospitals to put 2 percent amount of their total income received (except poor/indigent and economically disadvantaged patients) without any deductions, in this fund.

This scheme will be implemented from 1st September 2006 to 31st August 2007. Charity Commissioner presented a report based on study of implementation of scheme. It is said in final order of this litigation dated on 15th April 2009 that, this scheme will be considered as a part of " Section 41 A A" under Bombay Public Trust Act and it will be obligatory for all trust hospitals in the state of Maharashtra.

4.3.3. The detailed information about " Free services for poor/indigent patients in Charitable Trust Hospitals"

The detailed information about this scheme is as given below:

Scheme framed according to orders Mumbai High Court during writ petition No. 3132/2004

The scheme about providing health care and treatment to indigent and weaker section patients free of cost and at concessional rates respectively. Indigent person is the person whose annual income is less than Rs. 25000/- and weaker sections are sections those are not poor/indigent as per above definition and whose annual income is not more than Rs. 50,000/-

(Above definition is according to notification of Maharashtra state law and judiciary department on 6/12/2005)

1) The public Charitable Trusts registered under the provisions of the Bombay Public Trusts Act, 1950 which are running Charitable Hospital, including nursing home or maternity home, dispensaries or any other centre for medical relief and whose annual expenditure exceeds Rs.5 Lacs are "State aided public trust" within the meaning of clause 4 of section 41AA.

2) The public Charitable Trust covered by aforesaid clause 1 shall be under legal obligation to reserve and earmark 10% of the total number of operational beds for indigent patients and provide medical treatment to the indigent patients free of cost and reserve and earmark 10% of the total number of operational beds at concessional rate to the weaker section patients as per the provisions of section 41AA of the Bombay Public Trusts Act, 1950

3) In emergency, the Charitable Hospitals must admit the patient immediately and provide to the patient "Essential Medical Facilities" for all life-saving emergency

treatment and procedure till stabilization. Further transportation to the public hospital would be arranged by such Charitable Hospital, if necessary. The Charitable Hospital, shall not ask for any deposit in case of admission of emergency patients.

4) That each public Charitable hospital shall create separate fund which may be called Indigent Patients' Fund (for the sake of brevity, hereinafter referred to as "IPF") and shall credit two per cent of gross billing of all patients (other than indigent and weaker section patients) without any deduction to this fund.

5) Donations that may be received by the charitable hospitals from individuals or other charitable trusts or from any other source for providing medical treatment to the indigent and weaker section patients shall be credited to Indigent Patients' Fund Account.

6) The account of Indigent Patients' Fund shall have to be earmarked under the head of IPF and same shall be reflected under the earmarked fund in the annual balance Sheet (Schedule VIII Rules 7(1) of the B.P.T Rules).

7) The amount credited to the IPF Account shall remain at the disposal of the respective Charitable Hospital and that amount shall be utilized only for providing medical treatment to the indigent and weaker section patients as provided herein after.

8) The Charitable Hospitals shall provide following non billable services free to the indigent patients as well as weaker section patients—
    a. Bed
    b. RMO Services
    c. Nursing Care
    d. Food (if provided by the hospital)
    e. Linen
    f. Water
    g. Electricity
    h. Routine Diagnostics as required for treatment of general specialties.
    i. House Keeping Services.

9) In case of indigent patients, the Charitable Hospitals shall provide medical examination and treatment in its each department totally free of cost. The indigent patient's bill of billable services shall be prepared at the rates applicable to the lowest class of the respective hospital. The medicines, consumables and implants are to be charged at the purchase price to the hospital. If Doctors forego their charges, then the same shall not be included in the final bill of the indigent patients. The bill so prepared shall be debited to IPF Account. The Charitable Hospitals shall not ask for any deposit in case of admission of indigent patients.

10) In case of weaker section patients, the Charitable Hospitals shall provide medical examination and treatment in each of its departments at concessional rates. The weaker section patient's bill of billable services shall be prepared at the rates applicable to the lowest class of the respective hospital. The medicines, consumables

and implants are to be charged at the purchase price to the hospital; however the weaker section patients shall pay at least 50% of the bills of medicines, consumables and implants. If Doctors forego their charges, then the same shall not be included in the final bill of the weaker section patients. The bill so prepared after deducting the payment made by the weaker section patients shall be debited to Indigent Patients' Fund Account.

11) The Charitable Hospitals shall physically transfer 2% of the total patients' billing (excluding the bill of indigent and weaker section patients) in each month to Indigent Patients' Fund Account. The amount available in the Indigent Patients' Fund Account shall be spent to provide medical treatment to maximum number of indigent and weaker section patients. In case of surplus or shortfall in the Indigent Patients' Fund's Account of the month, the same shall get adjusted in the subsequent months. In case there is imbalance in the credit of the Indigent Patients' Fund Account and the expenditure incurred in the treatment of indigent and weaker section patients for more than six months, such Charitable Hospital may bring this aspect to the notice of the Monitoring Committee who may issue appropriate directives to the concerned hospital.

12) The Charitable Hospitals shall furnish information of patients to the office of the Charity Commissioner along with the information required to be sent under Rule 25 A of the Bombay Public Trusts Rules, 1951.

- Regarding the amount collected in the Indigent Patients' Fund Account,
- Treatment provided to the indigent patients and the weaker section patients and their profiles
- Amount spent for the treatment of respective patient.

13) The Trustees of the charitable hospitals shall not provide medical facilities to their relatives, the employees of the Trust and their dependants under this scheme.

14) The Charitable Hospitals shall admit indigent or weaker section patients coming to their hospitals from any source or through Government Hospitals, Municipal Hospitals, etc. The procedure for admission of patients shall be as provided in subsequent clauses.

15) That the charitable hospitals shall admit indigent patients to the extent of 10% of their operational beds/average occupancy for medical examination and treatment. So also, the Charitable Hospitals shall admit weaker section patients to the extent of 10% of their operational beds/average occupancy for medical examination and treatment coming to their hospitals from the sources referred to in clause. The Charitable hospitals shall verify the economic status of the patients from their Medical Social Worker on the basis of scrutiny of any one of the following documents produced by the concerned patients:

i. Certificate from Tahasildar,
ii. Ration Card/Below Poverty Line Card.

16) The Members of the Monitoring Committee in Greater Mumbai Region shall be as follows:-

(i) Joint Charity Commissioner, Maharashtra State, Mumbai (Chairman).
(ii) Joint Director of Health Services (Medical), Mumbai (Member-Secretary).
(iii) Secretary/Nominee of Association of Hospitals in Mumbai (Member).
(iv) Health Officer, Municipal Corporation of Greater Mumbai, Mumbai (Member).

The Monitoring Committee at the District Level shall be as follows:-
(i) Joint Charity Commissioner (Regional Level) or his nominee (Chairman).
(ii) Civil Surgeon (Member-Secretary).
(iii) Health Officer of Zilla Parishad (Member).
(iv) Representative of Charitable Hospitals in Districts (Member).

17) The Monitoring Committee shall hold its meeting once in a month and monitor implementation of the Scheme by each of the Charitable Hospitals. The Monitoring Committee shall also consider grievances of the patients, if any, and submit its report to the Charity Commissioner.
18) In case of the breach of the Scheme and / or the terms and conditions of section 41AA by any Charitable Hospitals, besides the penal action as is provided under section 66 of the Bombay Public Trust Act, the Charity Commissioner shall make report to the State Government recommending withdrawal of the exemption granted to the concerned hospitals during the next preceding year in payment of contribution towards P.T.A. Fund and the amount of contribution towards P.T.A. Fund be recovered from the said hospital. The Charity Commissioner may also request the Government to withdraw any other concessions / benefits given to the said hospital.
19) The Charitable Hospitals which face individual difficulties in meeting objectives / obligations under this scheme shall be at liberty to apply to the Charity Commissioner with all supporting documents who may consider suitable modifications, if a case for relief is made out.
20) The Charity Commissioner shall notify the list of the Charitable Hospitals in Greater Mumbai Region on the Notice Board of this office and two newspapers widely circulated in Greater Mumbai, one in Marathi and another in English and the list of Charitable Hospitals in each District on the Notice Board of the office of the Joint Charity Commissioner and two widely circulated newspapers of the District.
21) Each of the Charitable Hospitals governed by this Scheme shall publish the Scheme on its Notice Board displayed at a conspicuous place of the Hospital.

4.4 Summary: Important Points

- According to Mumbai High Court's order, trust hospital should reserve and earmark 10% of the total number of operational beds for indigent patients and provide medical treatment to the indigent patients free of cost and reserve and earmark 10% of the total number of operational beds at concessional rate to the weaker section patients as per the law

- High Court has passed order that The Charitable Hospitals shall physically transfer 2% of the total patients' billing (excluding the bill of indigent and weaker section patients) in each month to Indigent Patients' Fund Account.

Questions for Practice

4.5.1 What are the reasons for providing free health services by Trust or Charity hospital?

4.5.2. How many hospitals in your area are trust hospitals? Do poor/indigent patients receive treatment there? Please find out the current scenario

Chapter 5- Module IV

Need for Standardization of Private Health Services

5.1 Objectives

To understand need for standardization of private health services

5.2 Which perspective will be developed?

There is need of patient centered system and laws according to it.

Sarkit: Bhai, expensive hospitals, more and more tests, unnecessary surgeries. Sometimes these people keep dead person in ICU and literally fleece money from patients and relatives.

Bhai: Sarkit, We need to take support of the law. See, person decides for himself or herself everywhere while spending money on things like, hostel, clothes, grains, travel and other things. However, on the contrary, that exploitative doctor decides everything in the hospital. We will reach to people with Gandhian way and will surely fight for our rights like, rate board in hospital, minimum fees and protecting patient's rights.

5.3 Need for standardization of private health services

5.3.1. Patient centered system

If situation like debacle of self-regulation, degradation of medical profession, weaknesses and lacunae in private sector continue in the same manner, then all sections of society cannot avail of quality health services, skilled personnel, and advancement in medical science and technology, in today's chaotic private sector. There is need for standardization and building system for accountability towards patients to ensure that patients receive maximum benefit of private medical sector, lacunae in the health system are minimized, and people receive quality health services in exchange for the money they are paying without being cheated in any way.

Poor as well as middle class people cannot afford highly expensive private health service. It leads to an increase in taking health insurance policies. Many private health insurance companies are selling health insurance policies. Many hospitals prefer patients who have health insurance as they get more business through patient with health insurance. Government has also started some health insurance schemes recently. E.g, Rajiv Gandhi Jeevandayi Aarogya Yojna, Private

hospitals are used for providing services to the patient and the government pays charges to such hospitals.

There is a need for standardization of rates, quality of health services and basic facilities in the hospital, so as to ensure that 'people's money' which is being paid from government schemes is being well-utilised, and poor and needy people, especially those living below poverty line are receiving quality health services in return.

Standardization is the only way for achieving the aim of providing health services to all through public expenditure. If we want to achieve this aim, we cannot exclude private health sector from the national planning which provides health services to maximum people. This is not possible in such chaotic health sector without standardization. There should be at least minimum quality in private health services system where patient's rights will be protected and there is a curb on all the unnecessary tests and medicines with the help of standardization. There should be standardization of rates/charges of health services as well. These provisions will help people in accessing quality health services properly.

Patient: an important component of health services

Doctors are highly educated, knowledgeable and experts, hence he/she knows what is good and bad for the patient, therefore doctor should take all the decisions in the hospitals- this paternalistic attitude is neither proper nor practical. Doctor can certainly provide guidance and treatment to the patient as a skilled guide and active helper. Doctor's guidance and opinion is definitely important. Doctor's knowledge, experience is also valuable, however, one thing must be kept in mind, that the patient is the most important component in the doctor patient relationship. Thus, the patient or patient's relatives should be involved in decision making along with the doctor. Patient's responsibility also increases with his/her involvement in decision making. Patient's own share/role in bad or good decisions for him/her also increases with participation.

Patient- an important component/ stakeholder in medical policies

Doctor should involve patient in decision making as a part of doctor- patient relationship. Similarly, patients are important stakeholders along with government officials and medical professionals, hence their participation/involvement is very much essential while deciding overall medical policies. Here, in our country auto regulation of medical services is done by apex bodies of medical practitioners. Such institutes include only doctors. Regulation of medical profession is totally dependent on success or failure of this self-regulation by apex bodies. Patients have to face both the positive as well as negative consequences of regulation of medical services. Nowadays, patients cannot do anything for this as they don't have a role in regulation of medical profession. Patients should be included in all decision making, right from personal decisions to decisions related to medical policies taking in to consideration their importance as a

'key stakeholders'. In brief, patients have to be organized for their journey from doctor's auto regulation to doctor-patient collaborative regulation.

Doctor- patient relationships cannot be seen merely from the perspective of a buyer - seller relationships

Though Patient gets health services by paying money in private hospitals, he is like a consumer, doctor - patient relationships are not like ordinary buyer- seller relations. There is a question of human body, mind and saving lives. There is never equality like other ordinary buyer - seller relationship in doctor-patient relations. In other cases consumer purchases the things which he/she likes and if he/she does not like anything, then he/she changes seller/goes to another shop. It is not possible in case of patient every time and sometimes it is dangerous for patient's own health. Things become more complicated in case of seriously ill patients. Patient is always nervous and dependent in the doctor patient relationship. Patient remains under doctor's obligation after treatment too. Similarly, medical technology science is not precise and specific. Complications can emerge at any time. On one hand doctor patient relations are like buyer - seller relationship but on the other hand they are something more than these relationships due to these characteristics. Thus, these cannot be visualized only as seller –consumer relationships

There is need to go beyond law

Patient can complain against doctor in consumer court in case of physical injury and economical loss or both injury and loss due to doctor's negligence. Very few people get justice under this forum. Hence, Consumer Protection Act is not sufficient for protection of patient's rights. Consequently, there is need of separate law for protection of patients' rights. Consumer Protection Act can be used till the new Act comes. It would be more effective to think about solving patient's complaints in day to day interactions, increasing communication between patient and doctor, protection of patients' rights. It would be more practical to establish 'Patient's grievance redressal system' approved by the law with proper representation of all the key stakeholders. It is very much essential to spread awareness about patient's rights among maximum number of people. Citizens at Pune, Shahada (Dist- Nandurbar) gathered together and established ' Patients' rights committee'. Such efforts need to be taken at maximum places.

5.4 Summary: important notes

- There should be patient centered system, patient is the key stakeholder in medical sector/ health services
- There is a need for standardization of private health services for better doctor- patient relationships
- It is very much essential to spread awareness about patient's rights among maximum number of people.
- Patient's Rights committee can be established at local level

5.5. **Questions for practice**

5.5.1. Write in detail about the need for standardization of private health services

5.5.2. Check whether hospitals in your area have rate card

5.5.3. You can form Patient's rights committee in your area and various activities can be organized under this committee.

Chapter 6- Module IV

Universal Health Care System

6.1 Objectives

To understand free health services as per the requirement as a human right

6.2 Which perspective will be developed?

Universal Health Care in Maharashtra is possible with the available resources, increase in budget and political willpower.

6.3 Aspects of universal health system

'Health Services for all' (Universal Health Care- UHC) means building a system with maximum utilization of available public and private medical resources and personnel where each and everyone in the society has right to free health services as per their needs. This is one of the best solutions for many issues in the private sector of modern age. Its importance is also recognized at International level. High level committee appointed during 12th five year plan also directed the same. This 'Universal Health Care' has potential to make weak health service system stronger, control the wrong things in private health sector and make them work for public health.

'Universal Health Care' does not only mean to provide health services for needy people but taking care so that people will not fall sick.

'Universal Health Care' has two important parts

1. Providing qualitative health services through a planned system in private or public hospitals without any charges for all (irrespective of their caste, religion, gender, capacity to pay charges, socio-economic status, place where they stay). The following steps need to be taken for this- expansion of public health system in large scale, its strengthening, increasing capacity of its regulation, regulation of private hospitals, inclusion of private hospitals in new system those agreeing with the broader policy and their maximum socialization.

2. Implementing procedures across the state so that citizens should not fall sick. E.g., public provision of disinfected drinking water, toilets, facility for public cleanliness and hygiene, malnutrition, pollution and addiction etc. improvement of these services pertaining to different health departments with the help of other related departments and monitoring and taking steps for further improvement of these services.

6.4 Building such 'Universal Health Care' system in Maharashtra is possible

Maharashtra has all essential factors required for building such health system like, economic and medical resources as well as active social movements. Maharashtra stands first in terms of state income. Maharashtra contributes 15 percent income of total GDP of country. 2 percent amount of total income of state is sufficient for building such new system. Maharashtra is at higher position in terms of number of medical colleges. According to WHO, there should be one doctor per 1000 population. In Maharashtra, there is one doctor behind every 585 people. 25 percent of total medicines in the country are produced only in Maharashtra. There are many trust hospitals all over the state. They have a mandatory condition to provide 20 percent beds to the poor patients. It has to be used appropriately. Employment Insurance Scheme (ESI) board's hospitals are not used sufficiently. These hospitals can be included in this system. There are many organizations and Sanghatans that can create socio-political will for building such effective and efficient health system.

Major Characteristics of " Universal Health Care"

- Right to Universal Health Care and special provisions for disadvantaged sections in the society
- There is no condition of APL or BPL card. No one should be excluded.
- No charges for health services. No one can be denied health services because he/she does not have money.
- Avoiding unnecessary tests, medicines and surgeries.
- Ban on patients' exploitation and cheating, no entry for profiteering insurance companies in this new system.
- Same indicators for rural as well as urban areas
- Integrated system, right from simple illnesses to complicated illnesses
- The overall system will work so that citizens in state would not fall sick
- Transparent and accountable system with the help of people's participation. Special attention on patients' rights

Attention, wolf dressed as sheep is coming…..!

Don't get confused between Universal Health Care and Universal Health Insurance!!!

Beware of the words, "Universal Health Coverage" and "Universal health insurance". Recently, even some wise people are cheering these words everywhere saying that they offer health insurance services to everyone and that they will cover everyone. Nowadays, insurance plans/schemes are in favor of profiteering insurance companies. These schemes provide very less benefit to the patients and gain maximum financial advantage from the government, in short, they actually dupe government by making merry through public money through fraudulent schemes. Public hospitals will not improve and regulation of private hospital is not possible because of these schemes. Consequently situation will not be improved at all. So be cautious as soon as possible.

Please keep in mind '"Universal Health Care"' is basically a very different concept from "Universal Health Insurance" This is what we are trying to put up here.

Universal Health Care is possible

Other developing countries like, Thailand, Brazil, Srilanka, have done this in their country.

According to Indian Constitution, health is a subject in the purview of state list. Hence, state government has right to build such system. Most important thing to build such system in Maharashtra is the requirement of political will.

Are political parties in 'Progressive' Maharashtra ready to take this challenge?

Most important thing is 'are we ready to start a movement/ campaign for this?'

Establishing 'Universal Health Care' is actually a great, complicated and multi-dimensional deal. Let's take cognizance of four important components for building such system. They are: Health services providing system, Governance and people centered administration, financial management, rationalization of different services for promotion of different services. System of Universal Health Care can be built on this basis.

6.5 Summary: Important points

- ‘Universal Health Care’ does not only mean to provide health services for needy people but taking care so that people will not fall sick.
- Establishing system of ‘Universal Health Care’ is possible in Maharashtra
- Major characteristics of ‘Universal Health Care’
- Please don’t get confused between ‘Universal Health Care’ and ‘Universal Health Insurance’. These both are entirely different concepts.

6.6 Questions for Practice

6.6.1 Write a proposal for implementing “Universal Health Care” in your taluka.

UHC

Universal Health Care

सर्वांसाठी आरोग्य सेवा

Sathi organization has developed "Certificate Course on Social Accountability towards Health Services" to broaden and deepen the perspective of grass root level workers working at local level about the accountability of social services. The duration of the course is 1 year. This course is recognized by Karve Institute of Social Service which offers Social Work education.

Characteristics of the course

Recognized by Karve Institute of Social Service which offers Social Work education.
Educational qualification:- Minimum 10^{th}
Contact sessions:- Two contact session in a year and certificate distribution program at the end of the year
Study material :- Insightful reading material developed by experts working in the area of health rights
Social media:- lot of use of audio visual media, exchange of information via post, internet and whatsapp groups

Perspective building :- Deeper and broader information about right to health and health services, how to monitor public and private health services
Field work and report writing: - Guidance from our experts; those who have practical experience of working in the field and report writing of the activity on regular basis.

Organized by:-Sathi	Recognized by:-Karve Institute of Social Service	Supported by COPASAH

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