

Suggestions about how to organise a Jan Sunwai

Using Jan Sunwai as an innovative strategy for advocating the Right to Health Care'

Jan Sunwai is a process by means of which any issue related to social sector is addressed to a panel of experts from the related field. As a part of it, recommendations from the panel are then given to the Government for immediate action so as to make relevant changes in its functioning.

Background

On the occasion of 25th anniversary of Alma Ata Declaration, Jan Swasthya Abhiyan has launched a nationwide campaign to establish the 'Right to Health Care' as a basic human right. As a part of this campaign, there is a plan to organize public hearings on the issue of denial of health care and status of public health system in various parts of country. There is also a plan to conduct five regional public hearings and one national public hearing in collaboration with NHRC. Besides these, block/district/state level public hearings would also be organised as part of this campaign. The public hearings are to be organized with a view to put pressure on public health systems on one hand and increasing awareness about health rights in the community on the other. The basic aim of conducting public hearings is to portray the actual state of the public health system and facilitate dialogue between the public and the government health officers. Thus, these public hearings need to be organized as effectively as possible.

Objectives of a Jan Sunwai

1. To document and highlight the *cases of denial of health care*.
2. To present these cases to public health officials and expert panelists so as to emphasize the *structural deficiencies* in particular health facilities underlying such cases.
3. To create awareness amongst the civil society organisations about the various health services which should be provided by the Government at different levels.

I. Preparation for the Jan Sunwai

A] Preparatory meeting and planning

Initial meeting of various representatives of NGOs/POs/local health committees should be organised to plan for the Jan Sunwai to be organised in their area on the issues, which are most relevant to their area. After this initial meeting, village level meetings should be organised to facilitate discussion about the campaign and particularly about the organisation of the Jansunwai in that region.

Issues for discussion during village meetings/ group discussions

- In village meetings, discussion should be facilitated on the following topics:
- Peoples' perceptions about existing health care services,
- Health needs of the community
- Specific cases of denial of health services
- Problems related to accessing health care services esp. problems faced by women
- Suggestions for improving service delivery, which will make services more accessible for women.
- Availability of services like Immunisation, family planning services etc
- Involvement of Village health committees in monitoring of village level health services.
- Peoples' perception about behaviour, attitude of PHC/CHC staff and their availability in health centres.

B] Collection of cases and data related to PHCs, CHCs, and District hospital

1. Documenting cases of denial of health care

The purpose of these case studies is to demonstrate how specific persons have been denied basic health care that is expected from Public health services. The idea is to capture events where obvious and major violations have taken place, leading to loss of life, disability, serious health or economic consequences. We should focus on availability of those services, regarding which the public health system cannot deny its responsibility. The idea is to document **structural deficiencies** and not cases of negligence by individual doctors or staff. However, lack of availability of required medical staff when required, because of significant understaffing, should be documented. *The objective is not to target individual public health care providers, but rather to document the serious structural deficiencies that exist, which need to be corrected by major strengthening of the public health system.*

Thus, the testimonies should document both types of deficiencies in care

1. The testimonies should highlight how the health care providers did not follow the protocol for care, and how rational care was denied.
2. Testimonies should also highlight how the health facilities do not have staff, equipment or supplies to deal with various cases.

While documenting the cases following points may be kept in mind

1. The attempt should be made to document cases where denial of health care has taken place in the last 6 months.
2. At least half of the case studies should concern women who have been denied health care.
3. Any case papers / prescriptions or other relevant documents should be collected as supportive documents.
4. Oral consent of the person from whom the information will be elicited should be taken. Give that person information about the campaign. While documenting the case it should be made explicit to the person that there may not be any direct personal gain in presenting the testimony during public hearing. The difference between grievance redressal forum and public hearing should be told clearly to all the participants. Otherwise, there is a fear of disappointment later. The person should be given the idea that the case may have to be presented in the public hearing in front of Government officers and the panel members. There is a possibility that these cases would be submitted to NHRC. In that case, NHRC may investigate these cases. However, we cannot guarantee the outcome of the investigation.

2. Documenting situation of staff, services and infrastructure

In order to strengthen the advocacy to right to health care campaign, a survey should be conducted to document the situation of public health services in these areas. Based on the checklist, data regarding availability of different services, state of infrastructure, availability of manpower etc. should be collected for the Primary health centers, Community health centers / rural hospitals and Civil hospitals in the area where the public hearing is being organized. Information should be collected through observation and discussion with PHC/CHC/Civil Hospital staff.

3. Gathering secondary data

Secondary data should also be collected from District Health Departments to supplement the field level data. This data may concern population wise coverage of PHCs / CHCs (population per facility), adequacy of staffing (esp. specialists and medical staff), availability of diagnostic facilities etc. This should be analysed to identify critical gaps in the health system.

C] Analysis and report writing

Based on this information and data collected, a detailed report should be prepared which highlights the stated and actual provision of public health services in the district/area.

The local organisations should try to prepare a **list of demands** based on this report, which should be presented to the panelists during the Jan Sunwai. The demands should be categorized as the ones that can be fulfilled at local level and the demands that need policy level interventions. For e.g. The attitudinal problem of PHC / CHC / District hospital staff, presence of doctor in the public hospitals during duty hours, taking of bribes etc. can be tackled at local level whereas the problems related to budgetary allocations need to be sorted out at higher levels.

D] Organisational Preparation for the actual event

- **Mobilization of people from communities:** Local organisations should mobilise people and active groups from the area, so that they come for the Jan Sunwai. Their presence is required so that they can act as a pressure group for fulfilling the demands made in the Jan Sunwai.
- **Inviting experts and intellectuals:** Equally important in this campaign is the support of urban people and intellectuals like teachers, lawyers, professionals etc. who should be invited for the Jan Sunwai.
- **Seeking Media attention for the event:** In this process media can play a vital role in disseminating the findings. That is why it is important to contact media and sensitize them in the whole process.
- **Inviting Government Health Officials for the public hearing:** The presence of Government Health officials is essential for the public hearing. The Medical Officers of different PHCs in the region, Civil Surgeon, District Health Officer, Additional Director of Health Services etc., should be given invitation of the public hearing and it should be ensured that they are present at the time of public hearing. The class of officers to be invited would depend on the level at which public hearing is being organized. For e.g. for regional public hearings, state level officials should be invited whereas for district level public hearing the officers up to the level of DHO should be invited. In this hearing along with health officials, officials of administrative departments (e.g. Collector, S.D.M.) may also be invited.
- **Constituting a Panel of Judges- a neutral body in public hearing:** Health experts, legal experts and renowned social workers, journalist in that area should be invited as panel members for the public hearing. The panel has a very vital role to play in the public hearing in terms of listening to the complaints of the people and the responses to them by the Government Officials. The panel should be briefed about the purpose of public hearing and the survey findings beforehand. After listening to both the sides' views, the panel has to give their expert comments. The opinion of the panel members' is crucial for creating awareness amongst the people and also to pressurize the government to implement the recommendations.

II. Suggested frame work for conducting the actual Jan Sunwai

Introduction to the Public hearing

In the beginning of the programme, one of the activists should explain in brief about the Right to Health Care Campaign launched by JSA and the role of public hearings in this campaign. The standpoint of the organisations in conducting these public hearings should be spelled out clearly.

Presenting the cases of denial of health care

Aggrieved persons, their relatives or the local activists who are in direct contact with the aggrieved persons may present the oral testimonies of the cases where denial has taken place. In those cases, where the aggrieved person or the relatives want their names to be kept confidential or the activists feel that revealing the identity of the aggrieved person would jeopardize him or her, in that case the testimony should be presented by the activist without disclosing the name of the person or the village but the name of the health care facility where the denial has taken place should be mentioned explicitly.

Presenting the report and the list of demands

The report based on the survey findings, about the availability and status of public health services should be presented. The organisers should then present the prepared list of demands based on the data collected.

Asking for response from the Government officials

Then the Government Officials should be asked to respond and enunciate concrete steps that they would take to improve the functioning of the health facilities.

Recommendations of the panel

In the end, the panel should give their preliminary comments. The panel should give their comment / opinion about the issue and recommendation in writing. The recommendations of the panel should then be submitted to District Administration & Health Department. The same report can also be submitted to State level officials and NHRC.

III. Follow up after the Jan Sunwai

- A meeting should be planned with the Government officials after the Sunwai. A small group of activists can discuss the details of plan of action to improve the health services based on the recommendations.
- Regular follow-up meetings, dialogues and workshops should be organised.
- Dissemination of reports (Political representatives, NHRC, SHRC etc) should be arranged.

Given above is a tentative framework for conducting public hearings. The local organisations can decide the way they would like to conduct the public hearing in their area, depending on their own situation, as per their local decision and mode of work. Follow up of the demands is an essential part of this whole exercise, thus a rigorous plan for follow up should be chalked out.

(Mr. Amulya Nidhi has prepared this note with inputs from Abhijit DAS and Nilangi Nanal.)