HEALTH RIGHTS IN GUJARAT: FINDINGS FROM FIELD LEVEL ENQUIRIES

BY
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INTRODUCTION

About Jan Swasthya Abhiyan

Jan Swasthya Abhiyan, a nationwide campaign working on health rights, has been active since the year 2000 in response to an international call. The failure of governments to provide 'Health for All by 2000 AD', as committed in the Alma Ata Declaration of 1978, prompted the global coming together of civil society organizations as the Peoples' Health Movement. Gujarat JSA has 55 organizations active in 20 districts in the State and has been working consistently since 2000.

JSA believes that social, economic, cultural, political and structural inequalities affect access, quality and regularity of health care services. Inequalities in access to essential services such as drinking water, food security and healthy environment, safe and secure housing, violence free home and society leads to everyday struggle for these rights. Collectives and actions of the collectives of poor, discriminated and disadvantaged communities have strengthened their voice and agency for legitimate rights.

Gujarat's Health Indicators

National Family Health Survey 2015-16 shows that almost 70% of Gujarat's under-five children are anaemic and almost 40% are underweight. Anaemia in non pregnant women has not decreased in the last 10 years it remains at 55% where it was in NFHS 3. More than half of the pregnant women (51%) are anaemic. 27.2% women have low BMIs (below normal). Contraception in Gujarat has decreased, use of any modern method was 56.5 % in 2005-06 in NFHS 3 and in NFHS 4 it is 43.1%. Unmet need for contraception has increased from 8.4% to 17%. Only one third of all deliveries have occurred in public facilities (32.6%), full Ante Natal Care (ANC) has been received only by 30% pregnant women. 25% of the girls are married before the age of 18 years. NFHS 4 also shows that only 23.1% of all households' members in Gujarat are covered by any health insurance scheme.

Health Budget in Gujarat

An analysis by Pathey Budget Centre shows that the state budget allocation for health care services is reducing over the years from 5.59% of the total state budget in 2015-16, to 5.40 % in 2016-17 further reducing to a mere 5.06% in 2017-18. World Health Organisation's recommendation is that countries spend at least 5% of their Gross Domestic Product on health in Gujarat, this is less than even 1% of GSDP.

JSA GUJARAT'S INITIATIVES IN LAST TWO YEARS

Since 2014-15, JSA Gujarat members have taken up several issues of advocacy related to Maternal Health and Occupational Health. Several state and local level meetings discussed various dimensions of these issues and engaged in related policy advocacy efforts. An important opportunity to take this agenda forward came up through the NHRC- JSA public hearings on right to health care. JSA Gujarat, with three other states - Maharashtra, Rajasthan and Goa - organized the western region public hearing between 5th and 7th of January 2016. From August 2015, JSA

Gujarat members mobilized to document cases of denial of right to health care.

While systemic issues like shortage of human resources, and infrastructure came up repeatedly from the ground level activists, there was a need to understand these issues in terms of budgetary allocations and expenditures on health by the state government. The JSA steering committee therefore decided to dovetail its work on health rights denials with budget analysis to present the systemic issues and their possible solutions.

Based on the sustained discussions, JSA Gujarat members submitted a Memorandum of Demands to the Health Minister in December 2016.

Evidence Building

JSA members also decided to undertake field level enquiries to see how various aspects of the budgetary promises made by the Government of Gujarat were reflected in the ground level implementation. Studies were undertaken on 1. Role of the Gram Sanjeevani Samities and Use of Untied Funds, 2. Quality of VHNDs in Gujarat, 3. Access to Free Medicines and Diagnostics in Public Health Facilities, 4. Breast and Cervical Cancer Screening in Gujarat, 5. Status of Implementation of JSSK, 6. District Level Report Cards on Quality of Maternal Health Care.

Findings from these field level enquiries point to some issues of concern and recommendations. These are given below.

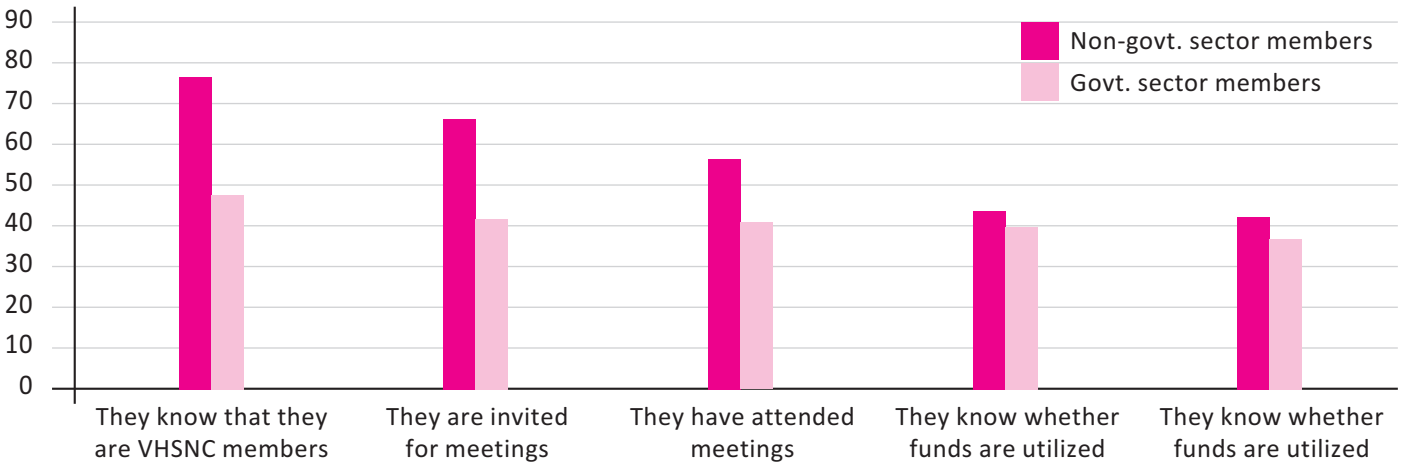
ISSUES OF CONCERN

Gram Sanjivini Samities.

Membership Issues. Overwhelming membership of women members in the GSS reflects gendering of health instead of allowing men to become equally responsible about health and care work in family and society. The study also indicates that the diversity of communities and their vulnerabilities could be fully represented in the VHSNCs by ensuring nomination of members with these specificity .

Utilisation of Untied Funds. Funds have come to the bank accounts of the GSS late till August . 40% of the GSS had not received the current year's fund. Most GSS use the Untied Fund for expenditures that can be met from other budget heads and do not reflect community priorities (like purchase of tables, chairs, stationery, painting of the facility, data entry for E Mamta, cutting of grass etc.). Some GSS have utilized more than Rs. 10,000 in a year indicating that the amounts should be increased.

Graph 1: Awareness about the VHSNC functioning



Graph 1 shows that although more non-government members interviewed know they are members of the VHNSC (almost 80%), only half of them knew the reasons for fund utilisation. The graph indicates that control over financial decision making is lower among community representatives. Awareness amongst the government appointed VHNSC members, that they are members of the VHNSC, is comparatively lower but decisions about the spending of the untied funds appears to lie in their hands.

Mamta Divas

Attendance of health care providers ASHAs and Medical Officers is not as desired. Overall incomplete antenatal services were being provided in all the VHNDs. Measurement of BP is extremely important to detect pre eclampsia. And HB test is very important in situations where anemia rates and can result in PPH in women. Health Education is given in only 30 to 40% of VHNDs. An important opportunity to impart health education is lost. Information to mothers regarding weight and nutrition of child is lacking in Panchmahaals, Navsari, Aravali and Sabarkantha districts. No community growth charts, no information to mothers and absence of adolescent girls was seen in all VHNDs and anganwadis in Vadodara District.

Access to Medicines in Public Health Facilities

This study showed that 27.4% of the respondents incurred expenditure on medicine and diagnostics. Both the cities included in the study - Surat and Vadodara - showed that a high percentage of respondents incurred expenditure - in Vadodara 70% and in Surat almost 89%. Around 40% of those who incurred expenditure spent more than Rs. 500. Expenditures are incurred at higher level of facilities like the civil hospital and medical college hospital. One respondent visiting a CHC in Anand District incurred Rs.6500/- for an appendix operation towards injection, laboratory and sonography charges. Another respondent in the Patan District Hospital incurred Rs.1800 for a kidney problem towards laboratory, x-ray, and sonography charges. One respondent in the Vadodara SSG Medical College incurred Rs.2000/- for cancer related surgery.

Women are spending on ANC and delivery belying the promise of JSSK. Fever, weakness, anemia and body ache are common and simple problems, yet expenditures are incurred on these. With Non Communicable Diseases as a priority area, two respondents have gone to higher level facilities and incurred expenditure.

Breast and Cervical Cancer Screening

It was found that in 7 blocks of 6 districts, cancer screening services had not started till October 2016 - 6 months after the announcement by the Chief Minister in April 2016. Reports from Anand, Dahod and Panchmahals districts indicate that ASHA and ANM identify suspected case and refer them to the PHC, CHC and district hospitals. Women's reproductive health camps in three districts, organised by JSA members, indicate high reproductive morbidity (including cancers) and unmet need for gynecological services at the PHC level.

Entitlements for cash free maternal health services - Janani Shishu Suraksha Karyakram (JSSK)

The main finding of the study was that despite the JSSK that assures cashless deliveries in the public sector, 42.1% of the poorest women in the three districts (Panchmahals, Dahod and Anand), incurred expenditure for ante natal care, and 40.4 % for deliveries. Although deliveries in public facilities are increasing, in the study areas they are still only around 50%. Of those who delivered in public facilities, around 16% incurred expenditure for delivery and post natal care. Despite the free ambulance services (108) and the Khilkhilat scheme of Government of Gujarat (free health facility to home transport facility after delivery), women who delivered in a public facility incurred additional expenditure on transportation.

Almost 42% incurred expenditure on ANC, and of those who incurred expenditure on ANC, 20.6 % incurred more than Rs. 500 and 8.4 % more than Rs. 1500.

NFHS 4 points out that average out of pocket expenditure per delivery in a public facility was Rs. 2136, in urban areas Rs. 2331 and in rural Rs. 2020.

Occupational Health and ESIS

Gujarat is known as an industrially developed state. This status has been earned on the efforts of the workers of Gujarat as well as millions of migrant workers. But the ESI health services available for them are extremely poor. There is 40% vacancy of medical officers and experts. ESI Hospitals routinely refer patients to public hospitals, increasing the load at the public hospital. In the power loom industry in Surat, millions of workers are denied basic facility of toilets and urinals. Gujarat does not take adequate measures to prevent diseases like Silicosis and Asbestosis. There are inadequate diagnostic and treatment facilities for these diseases. There is need to address this urgently.

JSA DEMANDS

Based on our analysis we call upon the Government of Gujarat to

- increase the health budget to at least 5 % of the GSDP.
- implement human resource policies that will ensure that instead of private sector, doctors and other health providers, join and stay in - the public sector.
- Ensure that membership of Gram Sanjivani Samities is diverse, represents marginalised community voices, capacity building of the members to genuinely undertake expenditures that reflect community needs, increase the fund amount from Rs. 10,000 per annum.
- Improve services provided at the Mamta Divas by ensuring supportive supervision by Medical Officers, providing good equipment like BP machines, weighing scales, community growth charts, mamta cards, iron and calcium tablets etc. to all VHNDs, providing Health Education during VHNDs and training staff for this, motivating non school going adolescent girls to attend VHNDs.
- Address unmet need of reproductive morbidities by conducting monthly gynaecological OPDs at the PHCs , IEC and awareness campaigns and counselling for treatment and care, training of field staff ASHAs, FHWs to do screening for cervical cancer through VIA, realistic budgetary provisions to account for cases that test positive after screening, revising Mukhya Mantri Amrutam rules.
- Modernise the ESI hospitals to provide secondary and tertiary care.
- Institutionalise community monitoring of maternal health entitlements and quality of services, formalise regular dialogues between health system and community leaders, put in grievance redressal mechanisms.

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