

Year 2021

Jan Arogya Abhiyan (JAA – Maharashtra) brief overview of activities

The year 2021 was both challenging and eventful for the Jan Arogya Abhiyan (JAA or People's Health Movement – Maharashtra) network. The COVID pandemic, particularly the second wave, overwhelmed health systems and often left patients struggling to access life-saving healthcare, while the entire COVID situation with lockdowns and restrictions on gatherings and travel constrained various kinds of health movement mobilisation. Yet this was also a period when the COVID experience enthused very wide range of social activists and citizens to support renewed campaigns for the Right to healthcare. In this short report, some major activities by JAA during 2021, including activities by JSA-Mumbai, are briefly summarised here.

JAA State level Jan sunwai (Public hearing) on private hospitals – 5 Feb. 2021

This was an unprecedented initiative by JAA, perhaps the first Public hearing in India focussed on private hospitals, organised to highlight violations faced by people in the private sector. During the first wave of the COVID-19 epidemic, many private hospitals in Maharashtra charged bills higher than regulated government rates, and denied rights to people seeking healthcare. Based on documented testimonies and media reports, **Jan Arogya Abhiyan organised a Maharashtra State level hybrid Jan Sunwai (Public hearing) on 5th February 2021, based in Pune. Total of 130 people participated, around thirty people participated in the event in person at the venue in Pune while following public health precautions, and more than a hundred people attended the event online.**

During the hearing, patients and their families voiced their grievances regarding their experiences of overcharging and denial of patient's rights in many private hospitals, related to treatment of COVID 19 and other ailments during the COVID- 19 epidemic. **Nine testimonies by patients, caregivers and activists were presented**, which brought forth massive overcharging for COVID treatment, and failure of the state to ensure compliance of private hospitals with rate capping, while many hospitals exploited various loopholes to inflate billing and charged inordinately. Testimonies also emphasised denial by hospitals to share medical records and to give proper bills, while insisting on payment of hefty deposit prior to admission. The major denial of health insurance scheme (MPJAY) benefits which could have protected patients from massive expenses was also highlighted. Almost all cases were illustrative of the impact of catastrophic health expenses on the family, and **the common thread connecting all the testimonies in the public hearing was that of massive overcharging and patients' rights violations in private hospitals**, even in the midst of the most serious public health emergency which we have experienced in a century.



JAA had received around 30 testimonies of patients with grievances related to private hospitals, out of which selected patient victims from rural and urban Maharashtra presented their testimonies before a panel. JAA had received more than 100 phone calls from patients and their caregivers having complaints regarding private hospitals from various parts of Maharashtra, including Jalgaon, Hingoli, Solapur, Latur, Aurangabad, Nagpur, Jalna, Dombivali, Akola, Amaravati, Sangli, Ratnagiri and Thane. This overwhelming response indicated that the public hearing theme resonated with citizens everywhere. During the first session **patients and caregivers shared their striking testimonies on overcharging, non-transparency and lack of grievance redressal for patients. After hearing these testimonies, the expert panelists gave the following opinions -**

- *Rate regulation in private hospitals requires effective enforcement mechanism and supervision from the government, with civil society monitoring.*
- *Government should appoint official representatives in all hospitals to counsel patients for different schemes, along with ensuring appropriate publicity about such schemes.*
- *While cases of COVID related overcharging in mid-2020 took place due absence of properly established audit mechanism, later cases showed that hospitals started using various loopholes to inflate bills.*

In the second session on policy recommendations, it was stated - “Who is to heal the malaise of corruption and commercialization in a health system which is sick itself ... It is us, the people, who need to take a united stand and demand the government to introduce accountability and transparency in the private healthcare sector.” **While concluding the session, panelists and speakers suggested that JAA should demand that Maharashtra government must enact a regulatory act (like CEA) which includes the following key provisions:**

1. Rate transparency and rate display in hospitals
2. Rate standardisation with capping of rates
3. Observance of the 17-point NHRC Charter of Patient’s Rights
4. Laying down Standard Treatment Guidelines
5. Institution of an independent and accessible Grievance Redressal Mechanism
6. Multistakeholder bodies at district, state level for social oversight of regulation
7. Adequate humanpower and infrastructure to enable effective implementation of this act.

State level online consultation on Maharashtra Health budget – 13 Feb. 2021

In advance of the State Assembly Budget session, Jan Arogya Abhiyan organised a State level budget consultation on 13 Feb. 2021 with over 50 health professionals, social activists and people’s representatives to propose changes required in public health budget for Maharashtra for the year 2021-22. The consultation noted that patients suffering from COVID, as well as non-COVID conditions experienced that Public health system of Maharashtra fell abysmally short of expectations. Based on systematic calculations JAA worked out the necessary increase in Public health budget for new infrastructure like new hospitals, Primary health centres, medical equipment, recruitment of doctors and nursing staff etc. Based on this consultation a draft of demands for health budget was submitted to the Deputy Chief Minister of Maharashtra and was also released to press. which was well reported in most of the English and vernacular language press of Maharashtra.

Jan Arogya Abhiyan released a proposed outline of health expenditure needed over next two years, which will involve **doubling of Public health spending to achieve major improvement of public health system. If Maharashtra government spends per capita Rs. 2468 on Health services in the coming year (2021-22), this would be an increase of 48% or around one and half times compared to current year.** This will include following increases: **Additional Rs.2542 crores will be required to ensure availability of the necessary health workers. Rs.1220 crore will be required to make available free medicines for all. Expansion of rural public health service–** additional 3444 sub-centers, 471 PHCs

and 210 rural hospitals are necessary, Rs.2100 crores are required to build this infrastructure over two years. **Expansion of urban public health services** –To construct 627 Health centres and 58 hospitals, Rs 3715 crores is required over next two years.

A total of Rs. 9,770 crore additional funds are required in coming year (2021-22) to fulfill all the above demands. Instead of wasting government finances on Health insurance schemes, privatization of health services etc. if the money is spent on public health system strengthening then Maharashtra can easily achieve the aim of “Health for all”.

Meeting of JAA state level delegation with Maharashtra Health minister – 31 March 2021

Due to sustained advocacy done by Jan Arogya Abhiyan (JAA), a meeting of JAA delegation was held with Health Minister of Maharashtra Mr. Rajesh Tope on 31st March 2021. During the meeting various policy level issues were discussed like – adopting more efficient and cost effective model for medicine procurement and distribution, generalising mechanism for community based monitoring and planning of public health services, ensuring publicity and display of Patients’ Rights charter at hospitals, ensuring justice for all patients who were fleeced by corporate and large private hospitals during COVID, ensuring Covid vaccine and treatment to homeless, mentally challenged and those without Aadhar card as proof of citizenship etc. The Health Minister was also urged to ensure major increase in Health budget and to ensure timely usage of this budget.

Maharashtra level event on JSA National Day of Action - 10 May 2021

As part of the nationally coordinated JSA ‘National day of action’ during COVID second wave, on 10 May JAA organised an **online event with participation of nearly 100 health activists**. The key slogans adopted were: **Save People's Lives and Health in the Covid-19 Epidemic! Ensure Universal Health Care, vaccination and isolation facilities, implement NHRC advisory!**

Immediate demands in context of Maharashtra were raised by JAA as follows-

- 1) Increase hospital bed capacity, along with oxygen supply and trained human power
- 2) To protect people during this severe pandemic, Covid-19 vaccination should be implemented as a national programme, with responsibility including the cost being with the Central Government.
- 3) To control this wave, isolation of every patient, contact tracing and follow-up, along with proper monitoring of high-risk groups to avoid deaths.
- 4) To protect the common population during lock-down like regulation, Government must assure free ration, Bank transfer of Rs. 10,000/- per family, waiver of electricity bill etc.
- 5) To control this pandemic, the Government needs to take a co-operative approach by involving NGOs and CBOs, with formation of district and state level coordination committees.

जन आरोग्य अभियान आयोजित परिसंवाद
महाराष्ट्रातील कोविडची दुसरी लाट- आम्हाने आणि उपाय
 10 मे, 2021
 सायं. 4.00 ते 6.00

 कृपया खालील zoom link वर मोठ्या संख्येने जाईन करा
 Join Zoom Meeting
<https://us02web.zoom.us/j/89801707133>
 Meeting ID: 898 0170 7133
 प्रकृतला गाळेराव 9850254679
 रवी दिदाई 9422620675
 कामगारानी न्हाराळ 9820749204
 अमरवती शिंदेबाई चावळ
 विधान परिषद सदस्य
 श्री. तुकाराम राठे
 सचिव - महाराष्ट्र राज्य आरोग्य आयोग
 डॉ. सुभाष रोकडे-भाजी
 महामंडळाधिकारी, आरोग्य सेवा-महाराष्ट्र
 काजल जैतू, जन आरोग्य अभियान
 डॉ. अनंत फडके, जन आरोग्य अभियान
 सूत्र संघटन - प्रितीश भावे

JAA support to ASHAs (Community health workers) strike – June 2021

Government-supported Community health workers (ASHAs) across Maharashtra went on strike in mid-June to raise a range of demands related to their honorarium, working conditions and protection in context of the COVID epidemic. **JAA actively supported the strike of ASHA workers and issued a press release on 18 June 2021, highlighting unfair situations which ASHA workers face like – extremely unsafe working conditions during the pandemic, delayed meagre wages, refusal of government to consider ASHA workers as regular employees etc.** The communique also pointed out major role played by ASHAs in implementing public health schemes and campaigns at grass root level.

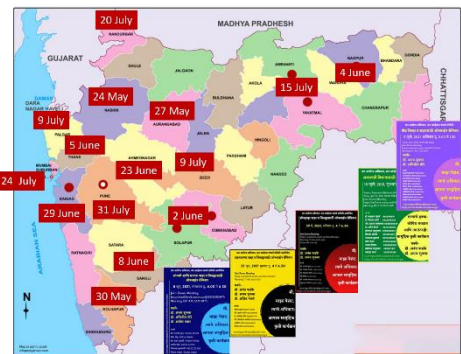
It was emphasised that the strike by ASHAs is a striking symptom of a basic crisis of the public health system in Maharashtra, and precariously employed ASHAs are being pushed to perform many duties which should have actually been carried out by regular staff in a well-equipped primary healthcare system. Frontline workers like ASHAs today form the foundation of the public health system, and if the foundation is not well sustained, then the entire system cannot function properly. It was



demanding that the state government must allocate raised revenues for public health including payment to frontline health workers, through eliminating wasteful expenditure and ensuring progressive taxation on super-rich corporates. Jan Arogya Abhiyan firmly expressed its support for the ASHAs of Maharashtra in their just struggle and demanded that the state government must fulfil their demands, while giving much greater political attention and resources for public health in the state.

District workshops across the state, mobilising on Right to Healthcare – June and July 2021

Keeping in view the major need for wider popular mobilisation to demand strengthened public health services and regulation of private healthcare sector which had been highlighted during the COVID epidemic, **Jan Arogya Abhiyan approached ‘Jan Andolan Sangharsh Samiti’** (a state-wide network of over 120 mass organisations working for people’s rights in various sectors) to develop a collaborative campaign on Right to Healthcare. **Hence a decision was taken by Jan Arogya Abhiyan and Jan Andolan Sangharsh Samiti to jointly launch a campaign ‘Aapla Nirdhaar, Arogyacha Adhikar’ (Our Resolve, Right to Health).** Starting from end-May 2021, campaign meetings were jointly conducted by Jan Arogya Abhiyan and Jan Andolan Sangharsh Samiti which included sharing of COVID related information, reviewing the COVID situation and healthcare facilities in each district, and appealing for a campaign on Right to Healthcare given the COVID experience and ongoing health crisis.



During the period from 24 May to 31 July, a series of 20 district / city level online workshops were organised across Maharashtra, covering - Nashik, Aurangabad, Nagpur, Ahmednagar, Solapur, Osmanabad, Sangli, Kolhapur, Thane, Bhivandi, Raigad, Navi Mumbai and Panvel, Beed, Palghar, Amaravati, Yavatmal, Nandurbar, Pune, Mumbai city, Gondia and Latur. In many workshops attendance by activists was between 50 and 100, who showed active interest in joining the campaign.

Social media campaign, ‘Daily Questions’, People’s poll, campaign website launch – 15 August to September 2021

For taking forward the ‘Aapla Nirdhaar, Arogyacha Adhikar’ campaign, it was **decided to launch an intensive social media campaign on Independence Day (15th August)** to generate widespread public awareness around campaign demands. The focus has been on demanding a range of policy measures to strengthen and improve public health services, along with regulation and social accountability of private healthcare sector. The intensive phase of the campaign continued from 15 August to first week of September (with several posts daily) involving the following kinds of material being widely circulated on social media:

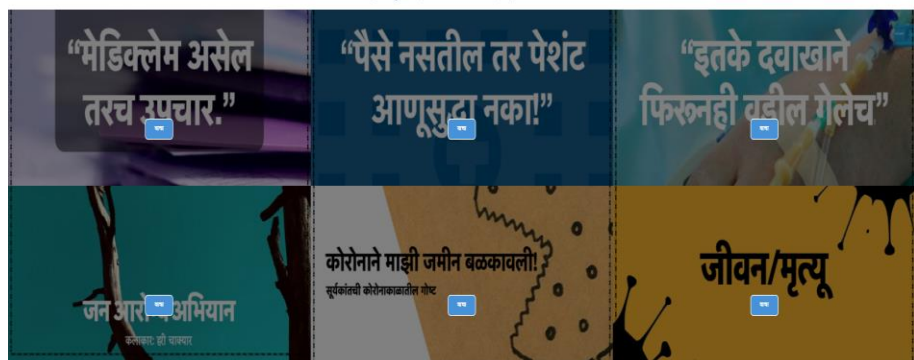
- Visually impactful graphic stories of patients’ experiences of health rights violations during COVID
- Short videos by various activists appealing to people to join the campaign

- WhatsApp posters containing campaign slogans and demands with visuals in Marathi, Hindi English and Urdu languages
- 'Aajcha Sawaal' (Today's question to the government with Health policy demands) – a series of 12 major questions asked from Maharashtra government on diverse, pressing health policy demands, which were released daily during 16 to 30 August.
- 'People's Poll' – asking people to 'vote' by giving their opinion on three issues – refund of excess charged amounts by private hospitals; implementation of patients' rights charter; and legal regulation of private healthcare. Over 3000 people participated in the polling process from across Maharashtra and expressed their overwhelming support for action on these policy issues.

This was accompanied by launching and updating of the JAA campaign website www.janarogya.org where all kinds of COVID related information, campaign material and updates have been posted.



कोविड महामारीच्या काळातील रुग्णांच्या कथा



JAA demands reopening of schools and Anganwadis with precautions – 17 August 2021

After decline of the peak transmission during COVID second wave, the Maharashtra state level official Task force (containing clinicians but no public health specialists) persisted in convincing Maharashtra government to keep schools closed. JAA issued a press release on 17 August, arguing that the decision regarding closing or reopening of schools needs to be made on basis of public health evidence, and keeping in mind the major negative impacts of school closure on children especially from economically deprived sections, demanded that schools and Anganwadis in Maharashtra should be reopened now while observing due precautions. This included reference to the very low rate of serious COVID illness and deaths among under-14 children, negative nutritional impacts of keeping Anganwadis closed for prolonged periods of time, and mental health issues related to prolonged school closure.

Survey of public health facilities, assemblies to demand improvements in health services – July to Oct. 2021; ‘Health workers toiled, but under-resourced Health system faltered’

Jan Arogya Abhiyan associated organisations and activists conducted a major survey in July – August 2021 for assessing the situation of public health services in rural areas across Maharashtra during the COVID pandemic. **This survey covered 122 Primary Health Centres (PHCs), 24 Rural Hospitals (RHs) and 14 Sub District Hospitals (SDHs) from 17 districts across Maharashtra** - Akola, Amravati, Ahmednagar, Osmanabad, Aurangabad, Kolhapur, Gadchiroli, Chandrapur, Thane, Nandurbar, Parbhani, Palghar, Pune, Beed, Yavatmal, Solapur and Hingoli. Key findings from this survey:



COVID has seriously impacted essential, routine health services - Out of 38 Public hospitals, 22 (59%) hospitals

have not performed Caesarean section operations during COVID period. Surgeries were not being done in 8 Rural Hospitals (33%), and 4 SDHs (29%), while accident cases were not treated in 11 of the sample hospitals in the COVID period.

Continued major shortages of medical humanpower - There is only one permanent Medical Officer in half (51%) of the PHCs, only 53% PHCs have permanently employed nurses, and posts of specialist doctors are vacant in 46% of Rural hospitals and 30% in SDHs. Major shortages of staff are being partly addressed through contractual engagements, but such gaps lead to overload of work for existing staff, while patients suffer due to lack of services.

Inadequate public services and facilities - **Sonography machines were not available in 79% of RHs; 55% RHs and SDHs were found not having Blood Storage Units** for storing and providing blood in the hospitals. Surgeries and camps for cataract operations, sterilisation operations etc. have been postponed indefinitely due to the COVID pandemic.

Key recommendations emerging from the survey included **filling of over 17,000 vacant posts** by regular recruitments in the public health system; **all contractual workers must now be regularised; expansion of public health system in Maharashtra** to operationalise additional 3444 sub centres, 471 Primary Health centres and 210 Rural hospitals in rural areas, and additional 627 PHCs and at least 58 larger hospitals in urban areas according to the current population. Maharashtra government must immediately **discard the highly problematic ‘Adani model’ of marketisation of district hospitals,** and should completely reject the recommendations of NITI Aayog for further commercialisation of healthcare. The state government needs to rapidly **double the current public health budget,** to support expansion and strengthening of public health services across the state. Combined with this there is **need for Maharashtra to adopt a Right to healthcare act** which would ensure good quality, free health services for all.

Following this, **District level health charters** were drafted in five districts (Beed, Nandurbar, Amravati, Kolhapur, Osmanabad) linked with publicly posing a set of District specific Health services related questions (**Jilhyacha Sawal**) which were sent to the District Collector, Guardian Minister and other public figures in the particular districts, while being widely publicised through WhatsApp and Facebook posts. Further **‘Health rights assemblies’** were organised in three districts - Amravati, Beed and Osmanabad during October and November 2021. District level activists invited District health officials for dialogue events, asking them to address issues related to health service delivery and public health facilities, working conditions of healthcare providers. District health officials responded to the JAA volunteers for resolving the issues. Keeping in view COVID restrictions, around 50 to 70 activists and volunteers were present in each District Health assembly programme.

Survey on overcharging of COVID patients by private hospitals, official decision for audit and refund in case of overcharging complaints – September to November 2021

The state level network supporting women who lost their husbands to COVID - Corona Ekal Mahila Punarvasan Samiti (CEMPS) and Jan Arogya Abhiyan (JAA) conducted a **rapid online survey in September 2021, covering families of 2579 patients having complaints on excessive private hospital bills.** Cases were drawn from 205 talukas in 34 districts spread across Maharashtra. Findings from the survey were very striking - **out of the total sample, 1954 patients (75% of total cases) had experienced overcharging,** compared to the official rates for COVID treatment. Patients in this study **paid on average a whopping Rs 21,215 per day** to private hospitals. In this survey **out of 1,059 women who had lost their husbands due to COVID, 73% (773) have suffered from overcharging.** On an average, each were overcharged by Rs. 1,72,419. In over half (56%) instances, family had to take loans to pay the hospital bills. In private hospitals, COVID patients spent an average of Rs. 90,000 on additional medicines, over and above the hospital bills.



The report of this survey was released in a 'Santap Sabha' (Anger Assembly) held at Nashik on 29 September where a number of COVID widows and patients' family members shared their harrowing experiences of massive overcharging in private hospitals during the COVID epidemic. **This was followed organising by another 'Santap Sabha' organised at Pune on 8th October** where similar heart-rending stories of double loss – death of a family member, as well as devastating hospitalisation expenses – were presented. The findings of this survey were covered widely by the mainstream media.

Based on this report, a **meeting of CEMPS and JAA representatives was held with Maharashtra Health minister Rajesh Tope, MP Supriya Sule and State health officials on 12 October,** where the demand was made for a dedicated drive to ensure audit and recovery regarding all COVID cases in Maharashtra who have complaints of overcharging, with special focus on COVID widows. This led to the **government decision for audit of all overcharging complaints** submitted by JAA and CEMPS. Following this, JAA prepared a standard complaint form on COVID overcharging; JAA and CEMPS conducted online training of activists to fill these forms. Batch wise submission of forms to officials was done in November, over 500 completed forms were received from across the state, and after scrutiny and compilation, 462 forms have been submitted to the government for audit and recovery. Now after persistent follow up, for few of these cases audit has been completed, they have received refunds of excess charging from hospitals, though action is yet to be taken in case of many more.

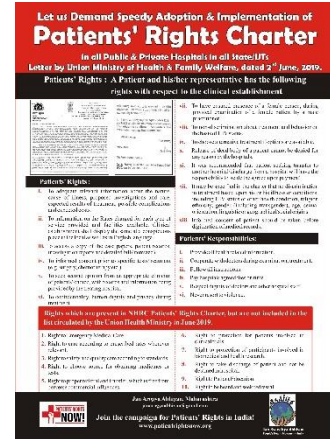


Advocacy for display of Patients' rights charter, followed by official order for display in all hospitals of Maharashtra – 15 November 2021

Violation of patients' rights, especially in private hospitals has been an issue of ongoing concern for JAA. Given this background in Feb. 2020 a State level review meeting was organised with NHRC Special monitor on Right to Health, State health officials and Jan Arogya Abhiyan representatives where the main agenda was implementation of Patients' Rights Charter in Maharashtra. Then the Principal Secretary, Public Health - Maharashtra had assured that orders will be issued to ensure that State

Public Health department and Government medical college hospitals will display and observe the Patients' Rights Charter.

However since this did not lead to any action, this issue was raised again in a meeting with Deputy Chief Minister Ajit Pawar and Health minister Rajesh Tope on 31st May 2021, where assurance was given for display of the charter in all hospitals across Maharashtra. The issue was raised once again in the meeting with State Health Minister on 12 October, where finally the decision was clinched. On 15 November, the **Maharashtra Health Minister issued an order to all Civil surgeons, District health officers and Municipal corporation health officers to 'ensure that all public and private hospitals under your jurisdiction should prominently display COVID charter and Patients' rights charter.'**



In this order, reference was given to the NHRC Human rights advisory on right to health in context of COVID-19. Now JAA is pursuing ground level implementation of the Patients' rights charter, combined with ensuring local grievance redressal cells so that patients and caregivers can make complaints if required, and access the entire range of patients' rights.

Celebration on completion of 21 years of JAA – 14 December 2021



As part of the Global and Indian People's Health Assembly processes, Jan Arogya Abhiyan had been formed through broad based mobilisation in the year 2000, which had culminated in the State Health Assembly being organised at Pune on 18-19 November 2000. Keeping in view the experiences of JAA which have unfolded over last two decades, and the need to recapitulate and commemorate this journey, it was decided to organise a state level celebration. The original plan was for a physical event, but due to rising cases linked with the third wave **this event was organised online on 14 December 2021** with around 60 participants from across Maharashtra. This was preceded by compilation of various documents, reports, photographs and recollections which were **put together in form of a 24-page Marathi booklet 'Jan Arogya Abhiyan – The journey of two decades'**. Based on this compilation of reports and experiences, a presentation with around 50 slides containing large numbers of photographs and graphics depicting events over the years was shared during the celebration programme. Around 25 JAA activists who had been involved in different phases and areas of work during this journey briefly spoke of their experiences, which was followed by presentation of key areas for further action by JAA in the coming period, and reflection on JAA by social networks in other sectors (such as Right to Food campaign) which have interacted and collaborated with JAA over the years.

Report on activities done by JSA Mumbai

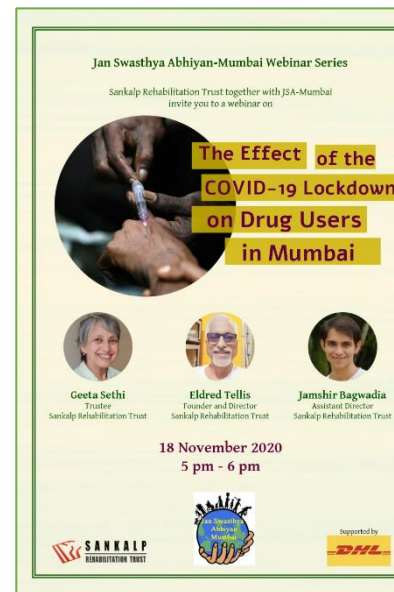
JSA- Mumbai has been involved in a wide range of advocacy work since the beginning of the COVID-19 pandemic. This includes proactively taking up issues related to nurses in collaboration with other nursing associations and unions; tackling issues related to migrants and living conditions of the urban poor related to social determinants; strengthening of public health system; countering stigma, discrimination and violation of privacy/confidentiality; preventing profiteering by the private sector; demanding access to PPE kits in the case of health care professionals; quarantine centres, hospital admissions, monitoring of the hospital scheme of the charity commissioner, etc.

Dissemination of information on Government Schemes in first and second wave

- Mahatma Gandhi Pravasi Suraksha Yojana (MGPSY)
- Schemes for poor treatment of patients by trust hospital under Charity Commissioner.
- Providing information on Government Schemes
- Health Education on COVID -19 treatment and Vaccines– Marathi, Hindi and English

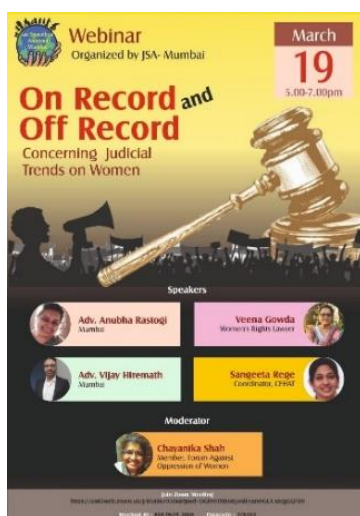
Stakeholder Meetings

- JSA- Mumbai participated in a stakeholder’s consultation with medical devices industry associations and civil society held by National Pharmaceutical Pricing Authority on July 1, 2020.
- JSA- Mumbai made a representation to the Ministry of Health and Family seeking issuance of directions/guidelines by the Union Government to the state governments and union territories under the Disaster Management Act, 2005 regarding charges of COVID-19 treatment in private hospitals in pursuance of the direction of the honorable Supreme Court.



Work on Mental health issues

- Started a psychosocial tele-support service – a volunteer driven initiative
- Round Table on Mental Health in Mumbai
- Setting up a mental health network in Mumbai and preparing Mental health services directory



Research and documentation

- Status of the Epidemic Report – Pandemic in Mumbai
- White Paper on the Health Situation of Mumbai
- Mapping of Ward Control Rooms across MMR

In addition to these activities, efforts are ongoing to support the JASS and JAA Right to Healthcare campaign in Mumbai, to organise meetings with political parties in the run up to the MCGM elections, creating a people’s health manifesto for Mumbai, building local units in different parts of the MMR, and strengthening leadership of JSA Mumbai.
