**Sarvartika Arogya Andolana, Karnataka (SAA-K)**

Date: Thursday, Dec 222, 2022

Venue: St. Joseph's College of Commerce, B'lore

Attendees: More than 40 NGOs and many health activists

The meeting started at 10:00 am with Prasanna Saligram (PS) introducing the event to the participants and Ritash (R) requesting every attendee to introduce themselves with their name, organization and district.

Obalesh then gave the welcome note, highlighting the current status of health, importance of community engagement and invoking the Alma-Ata convention of 1978 and the emphasis it placed on Universal Healthcare. With this invocation he brought to focus how the Alma-Ata Declaration brought the focus on the government's duty to provide Universal Healthcare both in rural and urban areas, with enough medicines and provisions to prevent and treat diseases and promote health in the population. He then brought the focus back to the current concern of privatization in the state of Karnataka and how it'll deny basic healthcare to the people. Healthcare is essential service; it'll always be a requirement of the population. However, if the government gives the PHCs, Taluk and District Hospitals to private entities, then, the people will have to pay out of pocket, burdening already heavily burdened population in this inflation-ridden economy. He also spoke about the insurance cards provided by the state and central government. However, they are applicable only to serious illness such as surgery, hospital stay etc. People should not be suggested surgery when they have a fever. That is not healthcare. That is overtreatment. In urban areas there are scores of migrants who come from rural areas seeking work due to their failed farming occupation due to various reasons, including climate change. However, they are harassed for documentation to seek treatment from Urban PHCs (UPHC). We need to get together in order to see that people's right to health will not be denied to them. This is te reason we have gathered here today.

Manohar then took the dais and mentioned that health has finally come to focus by the state government who are planning to start Namma Clinics in Bengaluru. However, we do not want more infrastructure or systems added, but, for existing infrastructure and systems to work for the people and their health. Namma Clinics are being promised to people as an imminent election gimmick. This is the right

time for us to add this to our action plans. We need to meet politicians who are contesting elections coming April and tell them what is that we're looking for and why. Then, we need to convince them to add these demands of the community to the election manifesto. Making health a political issue that is on the election manifesto is the only way for us to stop this take over.

After this, more than twenty NGOs in attendance laid down the specific health concerns they or the communities they work with had encountered. Among the representative NGOs were

Spandana, Sex Workers Union, Garment worker's union, Sangama (gender minority), Action-AID, Thamate, disabled community representatives, ASHA facilitators, Stri Jagrathi Samithi (domestic workers), Fedina, SAMA, Solidarity Foundation, SOCHARA, C-FAR, Gubbachhi, S-IEDS, Janapara, Doc-on-Wheels, Vikasana, JSS, Marga, representatives from: intersex, dalits, religious minorities (muslims), senior citizens, beedi workers, PLHIVs, migrant workers and many more communities.

After the representatives had laid down their concerns with the health systems, Prasanna painstakingly jotted them down and narrowed these concerns to 5 major categories that will appear in the appeal to political parties. These 5 major concerns are:

1) Lack of medicines in the public health system
2) Lack of empathy in public health staff behavior
3) Emphasis on documentation for health services needs to be stopped
4) Health is a Human Right, which also covers mental health rights
5) Privatization of government hospitals has to stop

Then there was a session on trying to understand the reasons for such sub-standard health care and behavior of service providers that target vulnerable populations like gender/ sexual, and religious minorities in the population. An understanding as to increasing population is not the reason for this situation, rather the sub-standard social, cultural, economic and public health system that do not provide proper education, employment or access to contraception are the reasons for the ailing public health system we have in our country. Studies have shown that when there is an educated population, the uptake of contraception is better, population does not increase, people indulge in preventive health services (no alcohol, tobacco consumption etc.) and generally the health indicators of the population are better, along with developmental indicators.

Dr. Gopal Dabade a representative of the Karnataka State Drugs Logistics & Warehousing Society (KSDLWS) briefed the gathering as to how important it was to revive this organization, while making medicines available for cheap to treat ailments of the population. He also shared how a similar organization set up in Tamil Nadu (TN) was providing medicines seamlessly in the TN state public health system. He then requested the representatives to administer a short survey in order to gauge the status of the PHCs and their medicines or drug availability, doctors giving out prescriptions to be bought by patient outside the public health system. Copies of the survey were made available to those who requested. It was also decided a RTI will be filed in order to request for more information on the lack of medicines in the public health system in Karnataka.

After this, a highly democratic manner in which the name of this movement, the working committee and immediate action plan for this forum was decided with every person's input.

The name of the organization was decided to be Sarvarthika Arogya Andolana, Karnataka (SAA-K) in Kannada. The English version of it would be Universal Health Campaign, Karnataka (UHC-K)

Then volunteers agreed to offer 8hrs/ week to this effort of creating a committee that works to stop privatization in their local areas, this staring a state wide campaign.

The working committee list is as follows:

Attendees were informed they could join in the efforts at any time as per their convenience.

**Open List of Committed Members**

| Sl. No. | Name | Organization | District/ Zone | Gender | Phone number | Address/ Email id |
|---|---|---|---|---|---|---|
| 1. | Tejaswini | Sanagama | | | | |
| 2. | Muskan | Janapara | | | | |
| 3. | Mala Bai | Sangama | | | | |
| 4. | Babu Reddy | Janapara | | | | |
| 5. | Dr. Suneel | Doc-On-Wheels | | | | |

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|---|---|---|---|---|---|---|
| 6. | Zaiba Kauser | S-IEDS | | | | |
| 7. | Nethravathi | S-IEDS | | | | |
| 8 | Mamtha | Kar Vikalanaga Sangatana | | | | |
| 9. | Jabeen Khanum | Garment Workers Association | | | | |
| 10. | Susheela | Spandana | | | | |
| 11. | Kari Basappa | | Haveri | | | |
| 12. | Muktha | Uttara Kannada Sex Workers Union | Gadag | | | |
| 13. | Dr. Akshay | SOCHARA | | | | |
| 14. | Bhhodevi | Thamate | | | | |
| 15. | Kamala | Sex Workers Union | | | | |
| 16. | Bharath | KSW | | | | |
| 17. | Manjula | C-FAR | | | | |
| 18. | Rajesh | Action-AID | | | | |
| 19. | Sashi | Vikas | Mandya | | | |
| 20. | Hashmi | Theatre Forum | | | | |
| 21. | Chandra Shekhar | KVS | B’lore | | | |
| 22. | Pragati | Sangama | Raichur | | | |
| 23. | Priyadarshini | Stri Jagrathi Samithi | | | | |
| 24. | Obalesh | Thamate | | | | |
| 25. | Venkatesh | Gubbachhi | | | | |
| 26. | Sadiq | Solidarity Foundation | | | | |
| 27. | Latha | Sex Workers Union | Koppala | | | |
| 28. | Sujatha | S-IEDS | | | | |

Once this was decided, the meeting was concluded after singing team building songs related to public health.

After concluding the meeting, the volunteers further sat down to plan the campaign action plans, locally in their zones, districts, taluks. The following were decided:

1) A committee for expenses – Thamate will be in charge of facilitating the financial activities by starting a new account only meant for SAA-K activities. Obalesh (signatory), Ritash and Luv Kumar are going to be officials approving financial expenditures.
2) A committee to work on the documentation of the communique, involving senior advisory members such as Manohar, Prasanna and others was decided.
3) Local committees to organize local protests were also arranged with local NGOs taking the lead. 3 such protests were organized in 3 zones.
    a. Belgaum, Dharwad, Haveri – Jagrathi & Sangama
    b. Koppala, Vijayanagar, Bellary – Sushila
    c. Kalburgi, Bidar, Raichur, Yadgir – Sangama Union
4) Communication/ Mobilization/ Coordination committee was formed with Prasanna, Nisha, Mamtha, Tejaswini, Muktha, Mahesh, Sushila, Zabeena & Shilpa.
5) A protest to be organized in Freedom Park of Bangalore.

The dates of first week to third week of January 2023 was decided.

The group dispersed around 4:30 pm, having fruitfully spent the day being productive and achieving all the items on their agenda.

Continuation of Project Report, answering the 3 questions by Roshani Babu

1. Your reflection of the community you worked with: The information or reflection can include their history, culture, demography, mobility, occupation, economics, literacy, physical aspects, infrastructure, existing groups, existing institutions, social structure, etc.

   The community that I worked with are predominantly the folks working for the NGO sector. One of the first things I noticed was the mutual respect they had for each other. I noticed that members from the sex workers' association were uninhibited to come and share their challenges

with the gathering. I also noticed that there was no change of behaviour or attitudinal change among the speakers or the participant. I have been in research settings and in public sector, with doctors, nurses etc. where, sex workers are looked down upon or there is a flurry of 'interest' that arises the minute this community is mentioned even among the educated. Nothing like that happened in this gathering. I found it very progressive and felt good that I had actually witnessed textbook – respect for individual situation here. It was my observation that members of the sex worker's community felt that this was a safe place for them to share their concerns.

The members of the NGO community shared their woes without any holding back. They had so much to share, which made me think that they had really tried to understand the challenges of their community. That kind of understanding cannot arise unless you immerse yourself in the community. It showed how in touch with the community they were. People had travelled from distant districts to attend this gathering on Dec 22, 2022 because they cared about bringing quality health care to their communities. There was representation from Dalit, minorities (Muslims and Christians), gender minorities such as transgender, homosexual and intersex communities, ASHA's, health activists, grassroots workers, founders of NGOs, employees of NGOs etc.

Due to their commitment to the goal of Universal Health Coverage, everyone had their 100% focus on the event. There was minimal side talk, wastage of time etc. Honestly speaking, I had not seen this kind of discipline even in erudite crowds. Another crucial thing I noticed was how folks were being coaxed into taking leadership positions and responsibilities. Seniors or prominent members openly and aggressively were trying to tell the junior folks to come forward to accept responsible positions. This will promote equality, and also helps in 'passing on the baton', as that is what needs to happen for a movement to continue.

2. Your learning reflections on the Community Health Approaches to address the issues (You can reflect with Community Health Axioms and Primary Health Care Principles discussed in the modules).

   The first and foremost thing I understood about community health is that it occurs not in the four corners of the community health department or in lofty books in the library or principles and theories, but, it is steeped in

communities – who are living, thriving bodies, albeit collectively. These bodies are the ones which know their concerns, issues and problems in the most depth of understanding. Nobody else can claim that they know better than the community as it is their lived experience. When a problem is understood by the community, the solution also is brought forth by the community. Such solutions are sustainable and have more chances of actually solving the issue at hand rather than any solution thought out through reading research papers.

The second thing I learned was you cannot take a problem to the community, until and unless they see it as a problem or an issue that is hindering their growth, their livelihood, their Human Rights etc. It is not left to the researcher to see or point out an issue, but for the community to decide if a concern is an issue for them. The researcher can only assist the community in how to identify a problem, if there is one. Likewise, with the solution. Solutions are to be arrived at by the community, as they deem fit according to their culture, situation, location, understanding and reach. The researcher can only point to resources or look to empower the community into looking for their solutions, rather than offering one.

My third understanding is that community health research involves, by nature/ default, empowering the community. This empowerment could be in enhancing their knowledge in understanding their problem, it could be building their capacity to understand or addressing the issue or it could be financially empowering them (through grants or connecting them with existing government solutions) to take decisions that collectively addresses solutions for their problems.

I'm pondering over the point if every community health project invariably be a participatory action research (PAR). I'm still trying to understand this aspect of it in more detail.

3. What you learned about yourself during CHLP (inner learning)

I did not know I had an activist in me. I learned in this program that 'health is political'. This made me realize that despite being an apolitical person, I could contribute to this struggle of 'health for all', as health is political by nature. This made me a proud activist for the first time in my life. Otherwise, I always had reservations about activist kind of approach or life, due to my upbringing.

For a long time, I did not understand feministic approach of Bioethics either. But, slowly and steadily, I have come to know that collective efforts leading to collective benefit is seen and experienced could be a feministic approach in Bioethics, rather than a patriarchal or hierarchical approach where the benefits are lopsidedly distributed.

Working with marginalised populations I have realized that I belong to that community as well. As it is too personal, I may not be able to explain any further than this at this point. Hopefully, I'll be able to address this issue in full light some day. Please excuse me!