

## USE OF RTI - MAKING HEALTH AVAILABLE TO ALL

Boru is a small village in Kalol taluka of Gujarat. It is home to approximately 2500 people belonging to Hindu, Muslim, Adivasi and other communities. Like most other villages it has its own problems. The roads are terrible, electricity is scarce and health care unavailable. The road to the taluka headquarters at Kalol some 5km away has long ago had the metalling washed away or perhaps it was never there. Built under the Prime Minister's village road construction scheme it now has only the first kilometer properly tarred while the rest is a dust bowl. But that first kilometer seems enough for the inspectors who must have okayed the expenditure.

Health is another serious issue of concern at Boru. There is no Primary Health Center (PHC) in the village. Government policies allow one PHC for a population of every 30,000 people. It is usually placed in the largest village in a cluster. Boru's villagers can only get free medical services at their designated centre 8km away rather than at Kalol, which is closer. If the road to Kalol is a near pretend facility the 8km road to Jantral is a figment of someone's imagination. When ill villagers have little option but to pay Rs 15/- just to get to Jantral by public transport and be treated for minor ailments. There are absolutely no provisions for more serious, sudden and life threatening emergencies and none for childbirth - a common enough occurrence. Most deliveries are done at home by the local midwives. If complications set in and professional help or a caesarian is needed it is almost impossible to transport the woman to the PHC with any reasonable speed. Women have been known to deliver and die on the way to the health care centre and it is not unusual to see four or five men carrying the woman in delivery on foot all the way to centre.

In these circumstances the government provided health worker becomes vital. She is supposed come three times a week and provide immunisation and supplements and specially look to the care of TB patients, children and pregnant women. Boru is lucky if she comes three times a month. When she does make an appearance she sits in one place. If people approach her well and good if no one comes then she leaves in an hour or so. Villagers have been complaining about lack of medical facilities for the past four years. At minimum they want a sub-centre, which will make childbirth less risky. Complaints to the PHC, to the MLA and several other authorities have elicited the standard response.....' *we will try our level best to do something and bring a solution.*" but after four years the village is still waiting for that best effort. Nothing has changed. No sub-centre has been sanctioned. People continue to suffer.

Gulambhai a concerned citizen and an active member of the village decided it was time to ask questions and at least find out what the health care provisions for his village were. He applied to the local health centre doctor who doubles as its Public Information Officer asking specifically, what assistance is provided to patients and what facilities are available to pregnant women, the number of health workers assigned to visit boru, how often they were required to visit and

what their responsibilities were.

Under the right to information act all this information must be routinely provided by government departments to all the public without specific requests being made. Disclosure of names, designations and other particulars of the PIOs who are responsible for processing applications for information; the details of their functions and duties along with the powers of all officers and employees associated with it is part of the statutory duties of every department. But since it was nowhere to be found Gulambhai submitted his 'request in writing'.

Almost immediately- and certainly before any response was forthcoming - things on the ground seem to take on a life of their own and a turn for the better. Villagers were pleasantly surprised and pleased - full of wonderment at the makeover of the health worker. She started visiting regularly - almost everyday, provided the basic healthcare and made sure to visit every mohalla. The visits made an immediate impact on general health. Meanwhile one month passed with no response to Gulambhai's inquiry.

Pleased with the outcome of their small foray most villagers didn't much care if public information was not forthcoming. Change had come about. Their problem was being addressed and there seemed little point in wasting time or energy going into appeal against the PHC doctor and running behind the information.

However Gulambhai and a few others felt that this was not the end of the story. They felt it was just as important to get the information. The sudden change in the behaviour of the health worker may be temporary. To ensure its permanence it was necessary to make norms related to provision of health care visible and widely known to all. However, without widespread community support Gulambhai decided on another strategy.

He sent the doctor a reminder asking about the status of his application. Three days later the PHC doctor landed up at Gulambhai's doorstep. Some villagers even joked that he must probably have lost his way; so unheard of is a home visit by a government doctor. Aware of the honour being bestowed Gulambhai brought out the tea and biscuits. The doctor had an agenda of his own.

In an extremely polite voice he asked Gulambhai what his work was, whether he had been to school and how much had he studied. Then came the main questions. Where had he learnt about this RTI act, who had taught him to make applications, why he needed the information and what use was he going to put this information to. Gulambhai was not prepared for these questions. Initially nervous he explained that a lot of people like himself in his village had attended trainings and were well aware of the new law. He himself now devoted a large part of his time raising awareness about laws and rights and procedures amongst his fellow villagers. He talked about the problems in his village - lack of health facilities, irregular visits by the health worker, and the plight of the villagers. He ended by stating that it was only when people know their rights would there be real change

in society. All that said he heaved a sigh of relief and felt proud of himself.

Now it was the doctor's turn to be surprised. He assured Gulambhai that he would personally ensure that the health worker came regularly and suggested that Gulambhai or any other villager visit him at the PHC and draw his attention to any problems and shortfalls.

However the doctor was careful not to mention anything about the information that Gulambhai had asked for. After a bit more polite conversation doctor saheb left. The visit from the great man left Gulambhai with new respect and status but most of all it indicated the subtle shift in power that having information and using the law makes in unequal relationships between bureaucracies and people in whose service they are supposed to be.

A few days later I spoke with Gulambhai and asked whether the doctor would provide the information and if Gulambhai would pursue it. Gulabhai was hopeful that the information would be provided but was unsure if he wanted to pursue the matter now that the doctor had paid a personal visit to him.

I did not press the issue. This was an issue that was of concern to the village. It was their battle and the will to fight the battle to its end needed to come from the village.

Gulambhai felt he had not ceded any ground but was assessing the limits to which the law should be tested. Knowledge of the law provided him the ability to assess his tactics as well as make informed decisions about how much he should push now and what could be kept for a later day.

A week after the doctor's visit the information was received by post. The villagers were thrilled. The information received was by no means as detailed as asked for and it had taken almost twice as long to get it as is required by statute. Much of the information was what the health centre PIO is required to provide without request. Logical pursuit of the inquiry would have thrown up questions about what had been happening in previous years: where had the medicines to be distributed gone; what finances are allocated to the villages health care and how do they get spent; who was supervising the errant health worker; how is their performance assessed. But for now these lines of inquiry were not going to be pursued nor was the whole system going to change radically. The villagers felt that the provision of regular services and the personal visit of the doctor was a huge success for their endeavours and more than made up for technical lapses in providing information. The villagers had a huge success and it was one more small step to accountability.

*Narrated by Navaz Kotwal*

*Gulambhai Belim is a community leader in his village – Boru. He is also the Maulvi of the village. He has been successfully trained by CHRI to use the RTI Act*