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# Free medicines for all: A Mobile Vaani Network Campaign

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July-August 2013

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Gram Vaani Community Media Pvt. Ltd.

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## Executive Summary

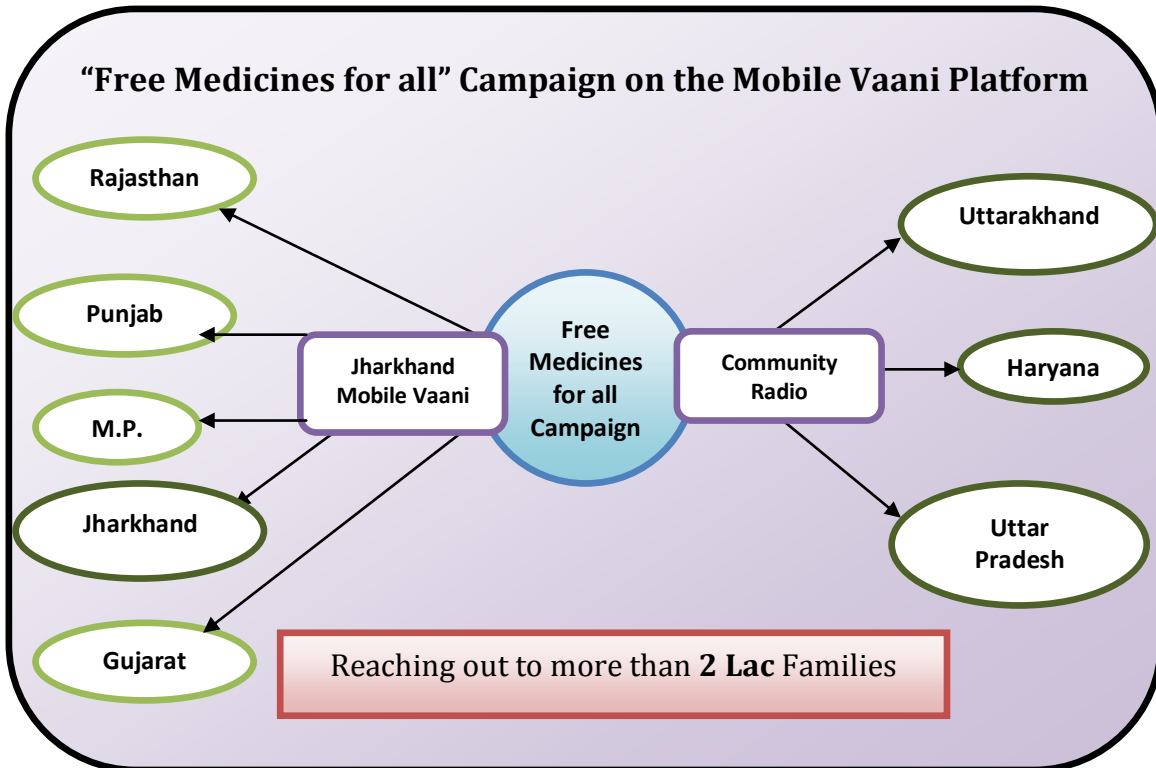
According to a World Bank report, people living in India have to bear 86 percent of their health expenditures privately, paying them from their own pockets, while government bears the rest of 14 percent. Therefore, India ranks high among the countries where people have to shell out money from their own pockets to access health care facilities and medicines. The Planning Commission of India has defined the poverty line at Rs. 26/- a day where everyone who earns below that is considered to be poor. Although Rs. 26/- per day is not enough to be considered as an above poverty line survival given the high rates of inflation and weakening of rupee value against USD, still there is a considerable chunk of population in the country that earns below that amount. Given the situation of poverty in India, many people are unable to afford expensive medical treatments that often require them to buy costly medicines, therefore, either they die awaiting a miracle or enter into a vicious cycle of debt.

In this situation, when last year during his Independence Day speech (on 15th Aug, 2012), Prime Minister (PM) Dr. Manmohan Singh announced that the government is "formulating a scheme for distribution of free medicines through Government hospitals and health centers" people belonging to the economically weaker sections heaved a sigh of relief. As a follow up on this, in September 2012, the Health Minister announced to provide Rs. 1,300 Crores to states for purchase of medicines and setting up of Central Procurement Agency for bulk procurement of drugs. However, the scheme did not take off as the States which did not have the financial resources refused to implement the scheme unless the Central Government provided them the adequate funds for procuring medicines and the Planning Commission refused to spare the money for this scheme citing fund constraints.

The Mobile Vaani network took this up as a campaign topic in partnership with Oxfam India to solicit people's responses on the importance of this scheme that would have ensured availability of free medicines in their lives, and their reactions on government administration's inability to execute this scheme. Since Gram Vaani's Mobile Vaani network reaches the most remote communities of India through the partner Community Radio (CR) stations, we were able to reach out to the people who belong to the economically deprived section of the society and get their responses on board. The campaign was done with a view to incorporate some of the best responses in a letter that Oxfam India plans to write to the Prime Minister of India for reconsidering his decision and re-initiate the implementation of the 'proposed' scheme on ground.

The "Free Medicines for all" campaign ran on the Mobile Vaani network from 25<sup>th</sup> July until 8<sup>th</sup> August 2013. Along with being active on Jharkhand Mobile Vaani (JMV) for two weeks, this campaign was also taken up by four Mobile Vaani partner CR stations situated in Haryana, Uttarkhand and Uttar Pradesh. These CR stations were - Gurgaon ki Awaaz Community Radio situated in Gurgaon, Haryana, Kumaon Vaani Community

Radio situated in Mukteshwar, Uttarakhand, Henvalvani Community Radio situated in Chamba, Uttarakhand and Waqt ki Awaaz Community Radio situated in Kanpur, Uttar Pradesh. JMV and CR stations ran promos informing people about the withdrawal of the 'proposed' free medicines scheme announced by the PM and did a range of different activities such as doing live broadcasts and program production around this issue to solicit people's opinion and initiate a discussion in the community about the issue.



Though JMV got calls from Madhya Pradesh, Punjab, Gujarat and Rajasthan apart from Jharkhand, the campaign reached out to around 2 Lac families collectively in Jharkhand, Haryana, Uttarakhand and Uttar Pradesh. While via Jharkhand Mobile Vaani, Kumaon Vaani, Henvalvani and Waqt ki Awaaz we were able to reach out to the rural poor, Gurgaon ki Awaaz brought the perspectives of the urban poor and migrant labour on board who form the most vulnerable segment of the population in the urban areas. All the message contributions highlighted the instance of poverty they have to live in, where they spend exorbitant money for buying medicines that push them to sell household items, starve their families, get into debt and go bankrupt after selling all their belongings. The pitiable conditions of health centers and hospitals was also discussed where lack of facilities and unavailability of life saving drugs is the usual norm. As most of these people belonged to the economically weaker section of the society, they appealed to the Prime Minister to reconsider his decision and implement the 'proposed' scheme which would provide free medicines across the health centers and government hospitals throughout the country.

## 1. Introduction

Jharkhand Mobile Vaani has since the last one year emerged as a common platform for the people of Jharkhand to express their views, share their experiences and address their queries/questions/doubts on a myriad of issues they encounter on a day to day basis in their lives. In this capacity the callers and listeners of JMV have actively taken up issues pertaining to gaps in the service delivery systems of various government schemes, lack of awareness on social issues, better understanding of agricultural practices and others issues.

Last year during his Independence Day speech (on 15th Aug, 2012), Prime Minister Dr. Manmohan Singh announced that the government is "formulating a scheme for distribution of free medicines through Government hospitals and health centers". As a follow up on this, in September 2012, the Health Minister announced to provide Rs. 1,300 Crores to states for purchase of medicines and setting up of Central Procurement Agency for bulk procurement of drugs. However, the scheme did not take off as the States which did not have the financial resources refused to implement the scheme unless the Central Government provided them the adequate funds for procuring medicines and the Planning Commission refused to spare the money for this scheme citing fund constraints.

### Statistics related to the campaign

**Duration** – 25<sup>th</sup> July to 8<sup>th</sup> August (2 weeks)

**Number of items published during the campaign slot**- 152

**Number of items published on this issue** - 243

**Outreach** – Approximately 2 Lac families

**Mainstream Media coverage** –Prabhat Khabar and The Alternative

**On ground engagement** – Expert interviews and discussions in villages of various districts from where the calls came

**Districts in Jharkhand from where callers participated on JMV** – Bokaro, Chatra, Deoghar, Dhanbad, East Singhbhum, Garhwa, Giridih, Godda, Gumla, Hazaribagh, Koderma, Latehar, Pakur, Palamu, Ramgarh, Ranchi and Seraikella Kharsawan

**Other states from where callers participated on JMV** – Rajasthan, Madhya Pradesh, Gujarat, Punjab

**Community Radio partners** – Gurgaon ki Awaaz, Haryana, Kumaon Vaani Community Radio, Uttarakhand, Henvaivani Community Radio, Uttarakhand, and Waqt ki Awaaz, Kanpur, Uttar Pradesh.

The Mobile Vaani network took this up as a campaign topic in partnership with Oxfam India to solicit people's responses on the importance of this scheme (that would have ensured availability of free medicines in their lives) and their reactions on government administration's inability to execute this scheme. This was done with a view to

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incorporate some of the best responses in a letter that Oxfam India plans to write to the Prime Minister of India for reconsidering his decision and re-initiate the implementation of the 'proposed' scheme on ground.

The "Free Medicines for all" campaign ran on the Mobile Vaani network from 25<sup>th</sup> July until 8<sup>th</sup> August 2013. Along with being active on JMV for two weeks, this campaign was also taken up by four Mobile Vaani partner CR stations situated in Haryana, Uttarkhand and Uttar Pradesh. These CR stations were - Gurgaon ki Awaaz Community Radio situated in Gurgaon, Haryana, Kumaon Vaani Community Radio situated in Mukteshwar, Uttarakhand, Henvaivani Community Radio situated in Chamba, Uttarakhand and Waqt ki Awaaz Community Radio situated in Kanpur, Uttar Pradesh.

JMV and CR stations ran promos informing people about the withdrawal of the 'proposed' free medicines scheme announced by the PM and did a range of different activities around this issue to solicit people's opinion regarding the same.

Major objectives of the campaign were:

- To solicit people's responses on the importance of availability of free medicines in their lives
- To elicit people's reaction about the free medicines scheme announced and withdrawn by the Prime Minister of India
- To send people's responses about their context, consequences of unavailability of free medicines and withdrawal of the 'proposed' scheme to the Prime Minister's Office.

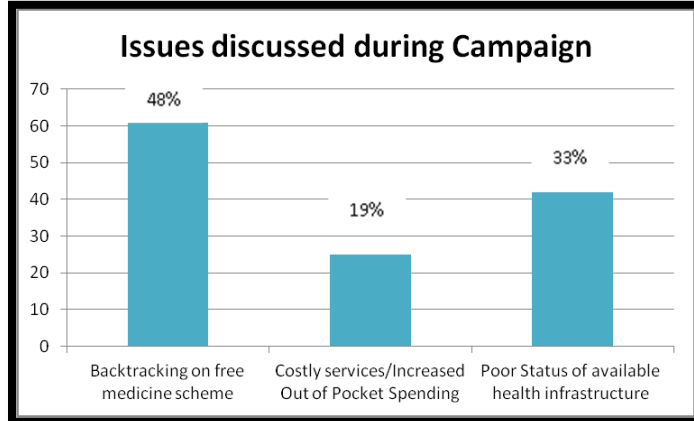
## 2. Campaign process

For soliciting content for this campaign in the beginning, promos were prepared on the different aspects of the issue. In total three issue-based promos were prepared and played. Towards the end of the campaign, responses received at the four participant CR stations on this issue were shared on JMV and vice versa.

Promo Number	Promo Topic	Promo Content
1.	General opinion about PM's decision	The promo informed people about PM's backtracking on the announcement made during his Independence Day speech on 15 <sup>th</sup> August 2012 (about introducing a government scheme for making free medicines available for poor people in all the health centers and government hospitals across the country) citing lack of availability of funds at the center and with planning commission. It tried to gather from the people the importance they attach to the free availability of medicines in their context and their expressions on what they lose out, when such a scheme is not implemented on the ground.
2.	Out of pocket expenditures	The second promo solicited people's occupation and proportion of their monthly family income that goes into buying medicines for chronic/acute/general illness in their family. The promo also implored the consequences of out of pocket spending on medicines.
3.	Availability of services in health centers	The third promo questioned the effectiveness of the existing infrastructure in the health centers and hospitals across the state. It solicited people's responses on the availability of life saving and other medicines/drugs in the health centers and government hospitals. It also tried to gather the effect on the quality of services being available at the health centers due to the non-implementation of the announced scheme.

As a response to these promos, the content on JMV came in the form of opinions, information and entertainment. The people from the community also collected case studies and interviews of the people during the course of this campaign. Daily acknowledgement calls were given to content contributors on JMV thanking them for their efforts for participating in this campaign.

The first promo got the maximum number of responses with 48 percent of the people giving their opinion on PM's backtracking on his announcement about formulating a scheme that provides free medicines in all the health centers and government hospitals across the country and how the non availability of free medicines is going to affect the lives of the poor in Jharkhand. 19



percent people responded on the second promo that enquired about the out of pocket expenditures on health and its consequences on poor people. 33 percent of the people responded with their opinion on the third promo, that discussed the current availability of services in the health centers and effect on the quality of services being available at the health centers due to the non-implementation of the announced scheme.

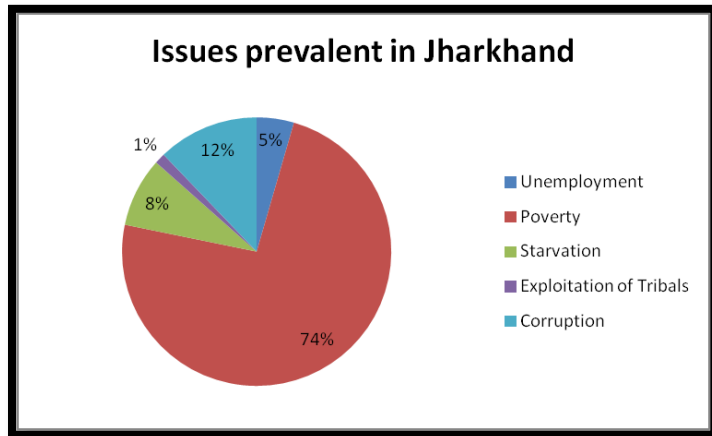
Similarly, the CR stations ran promos for soliciting responses from people on this issue. Additionally, they did live sessions by opening their phone lines for people to call in live on-air to have a discussion on this topic usually with a local expert. They also prepared a program stitching the feedback from across the Mobile Vaani network together which they broadcasted on their respective FM channels.

### 3. Community Feedback and Major Findings

**1. Issues prevalent in Jharkhand** – Since the beginning of this campaign on JMV, people responded to the promos by providing a context of the situation they live in. This was done with a view to sensitize India’s Prime Minister about their living conditions and hence their need for the availability of free medicines in their lives.

While 74 percent message contributors reported living in absolute poverty, eight percent of message contributors went ahead to question the Prime Minister that when families often starve to death in their village, where they would find money to buy medicines in case of illness. 12 percent people complained about falling prey into

the hands of various kinds of corruption such as being charged money at the health centers; poor people living “Below Poverty Line” being identified as rich due to conflicting documentation (issued cards that identify them as “Above Poverty line”) and hence being denied facilities otherwise meant for the poor, five



percent people complained about lack of employment opportunities not only for the educated unemployed, also for uneducated unemployed in Jharkhand which leaves them jobless hence rendering them in difficult positions when medicines need to be bought for the illness of a family member. As one of the main motives behind creating Jharkhand as a separate state was the presence of tribal population in the area who were often neglected in the state policies, one percent people responded by informing that anyway the tribal population leads a difficult life of poverty, discrimination and marginalization, such a regressive step of not providing free medicines is going to make the tribal population all the more vulnerable in seeking health care options when unwell.

**Lack of regular employment further decreases affordances for medicines; promotes migration**

#### **“Necessary to migrate in order to afford medicines” – Birbal Mahto**

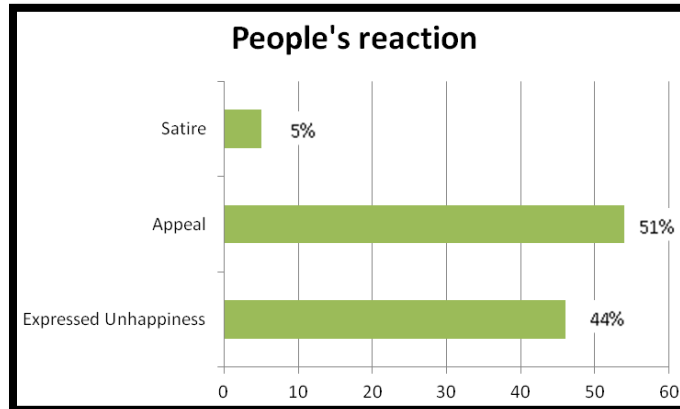
Birbal Mahto from Baghmara Dhanbad shared that today unemployment is widespread in villages. Villagers prefer going to the cities for work rather than practice agriculture because of low incomes and inflation. Their incomes are meager and irregular so if they fall ill they cannot afford medicines. Under such conditions the Government should provide medicines for the poor so that their lives are saved.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/55237/>



**2. People’s reaction on withdrawal of ‘proposed’ scheme** – 44 percent of the message contributors expressed their unhappiness with the withdrawal of the ‘proposed’ free

medicines scheme. They accused the Prime Minister for gaining political mileage from the announcement, not keeping the sanctity of his chair by first promising and then withdrawing and also alleged lack of coordination among the various government departments regarding the budget for the ‘proposed’ scheme before



promising. They remarked that if the Prime Minister of a country such as India can go back on his words, then it is difficult even to trust the people involved in implementing government schemes on ground. Around half of the contributions for this campaign, that is, 51 percent message contributors appealed to the Prime Minister for reconsidering his decision and implement this scheme that provides free medicines in all the health centers and government hospitals. However, five percent people approached his decision with a satirical viewpoint, agreeing with the Prime Minister for withdrawing the scheme at the right time, reasoning that the poor people don’t value what is given to them free of charge; hence medicines must be available for a price.

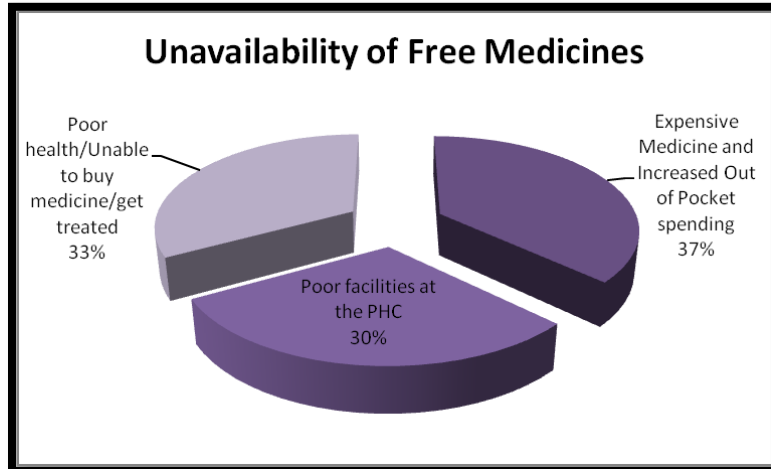
**Difficult to trust government representatives on ground when the PM of India can step back on his promise**

**“Empty Promises made by the Prime Minister” – Raju Kumar**

Raju Kumar from Simariya Block of Chatra district called up on Jharkhand Mobile Vaani to express his unhappiness on the withdrawal of the proposed scheme that would have provided free medicines in all the health centers and government hospitals across the country. In his message he said that it is really saddening to see the Prime Minister, who has the highest rank in the country, to back out on his promise and breach the trust of the people. Health facilities in villages are abysmal and the villagers do not get proper treatment. None of the public health centers from district to villages operate for more than four days in a week and the service is really bad. But when the head of the country itself does not care about the masses then what can be said about these centers run by common people. PM’s stepping back from promise shows that corruption has spread from top to bottom.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/55268/>

**3. Unavailability of free medicines** – Throughout the campaign, the promos pushed the people to reflect if the withdrawal of the ‘proposed’ free medicines scheme would affect them in any way, if so then how. All the contributors responded in affirmative that the withdrawal of the proposed scheme would affect them dearly. As many as 37 percent people felt that buying medicines would burn a hole in their pockets as most of the medicines that are unavailable at the health centers and government hospitals are expensive drugs or antibiotics. In times like these when inflation is at its peak, if any family member falls sick then



the household budget goes for a toss. Around 30 percent message contributors reported that often the Primary Health Centers (PHCs) only have general medicines available with them, such as paracetamol, therefore, same medication is provided for every illness. The unavailability of necessary drugs with PHCs renders them dysfunctional, pushing people to turn to private hospitals for treatment. These people claim that private hospitals often over charge and it is not in the capacity of poor people to access health care in those circumstances. On similar lines, 33 percent people reported that people are so poor in Jharkhand that they are unable to get access to medicines/purchase medicines even for curable ailments such as malaria, tuberculosis etc. that they often die while waiting to get treatment. These people also say that if such is the state of curable low cost ailments, for the other ailments that require heavy dosage of expensive medicines clearly remain out of reach for most of the poor who largely constitute the population of Jharkhand.

**Unable to purchase medicines people die of curable diseases**

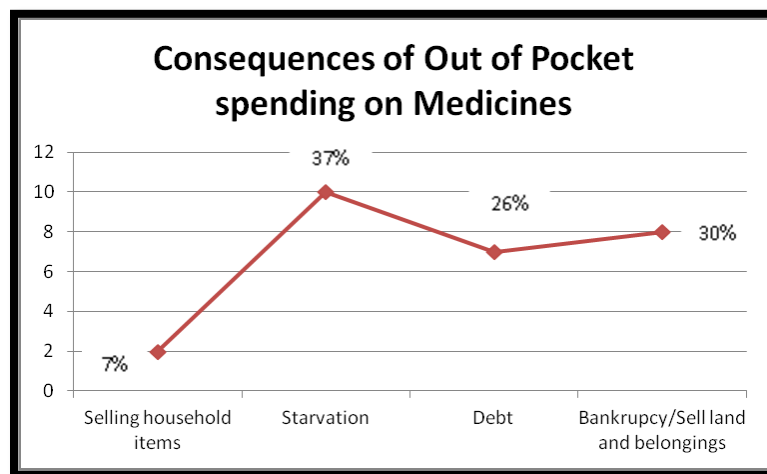
**“Provide Generic Medicines for Poor” – Vasudev Turi**  
Vasudev Turi from Nawadih Bokaro shares through Jharkhand Mobile Vaani that Manmohan singh made an empty promise of free medicines and healthy villages, but did not have any such intentions. Though many schemes are rolled out for the underprivileged, but they are mere show on the outside. Huge sums of money are spent on these schemes but the benefits do not reach the bottom of the pyramid. The money meant for schemes is lost in scams and corruption. Daily living is becoming increasingly difficult for the poor. And now the Government is obstructing the scheme of free medicines that can relieve the poor from huge burden. Increasing prices of medicines has made it difficult for the poor to buy

medicines for curing illnesses. Millions of poor are afflicted by diseases like tuberculosis, malaria and lose their lives due to not getting medicines. The Government, considering the health of the nation and especially poor population, should provide free generic medicines in Government Health centers.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/55243/>

**4. Consequences of Out of Pocket spending on medicines** – Many case studies that came on JMV during the course of this campaign highlighted that when someone in the family falls ill, then at least one third of the family's income goes in buying medicines for the unwell. For specific illnesses, the cost of the medicines is also very high. There are cases when the sole bread

earner of the family falls ill, or all the money goes in buying expensive medicines for the member of the family who is unwell or no one in the family has permanent source of income or are unemployed, hence have limited stock of funds available. In such cases, when people have to pay for the cost of the



medicines from their own pockets they enter into an irreversible chain of events which starts first by selling household items, followed by starvation, entering into debt and eventually selling off their land and/or belongings thereby going bankrupt. On JMV, seven percent people reported about incidences of selling household items for buying medicines from their personal experience and observation. While, 37 percent people reported to observe people starve as all the money they could buy ration from went to buy medication for someone in the family, 26 percent people reported to being in debt for or observe people go into debt for purchasing medication for ailments such as heart disease etc. 30 percent people reported that people go bankrupt while bearing the cost of medication for expensive ailments. Therefore, majority of families have to resort to starvation as a consequence of spending for medicines out of their own pockets.

**People starve to death and have to take loans to pay for medicines**

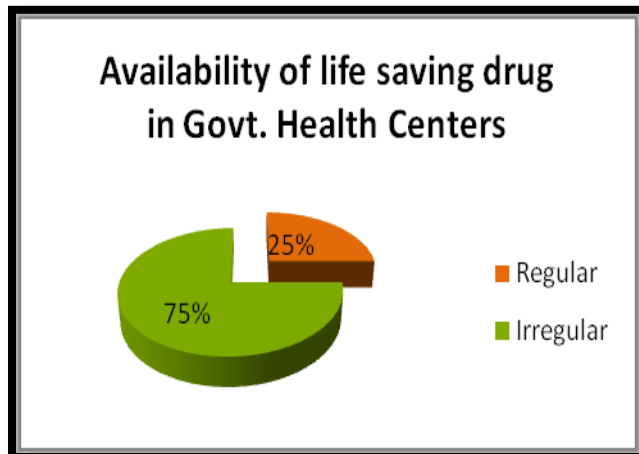
**“Free medicines form the base for a Healthy Society” – Khushboo Kumari**  
Khushboo Kumari from Balumath, Latehar tells that men and women in Balumath earn their incomes by doing manual labour work. She further says that due to high rates of inflation, a

single member's earning in a family is not sufficient to provide for the entire family. That said, if any one member of the family falls sick then people don't get to eat meals for days, since the money for ration goes in purchasing medicines. She informs the government that in her area both men and women are daily wage labourers. So, when either of the husband or wife fall sick then the burden to earn sufficient money to provide for the entire family increases on the other member. So, in this situation these people have to take loans to pay for the medicines and the treatment. Therefore, she appeals to the Prime Minister to provide free medicines in the health centers and government hospitals to prepare the base for a healthy society.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/55225/>

**5. Available health infrastructure** – From the other initiatives on JMV it has been found that people are not very happy with the health infrastructure, quality of care and the distance of health centers and government hospitals from their villages, sometimes the nearest facility being as far as 25 Kms.

Therefore, when enquired about the availability of health infrastructure in the villages for this campaign, only 25 percent people reported regular supply of live saving drugs in health centers, while 75 percent people reported irregularities in the availability of life saving drugs in the health centers. People also complained of tampered medicines being distributed by the health



centers upon consumption of which condition of the patients had either worsened or not improved at all. Additionally, people commented on the attendance of staff in their respective Primary Health Centers (PHC). It was found that only 38 percent people reported to have staffed PHCs in their area, whereas 62 percent people reported high irregularities in the attendance of PHC staff in their area. The Sahiyas (ASHA) workers on the other hand voiced their concern that one Sahiya for a population of 1000 people is not enough. It's rather a burden on them, than a doable task, managing health of a thousand people. This further dilapidates the condition of health infrastructure because if the PHC is not staffed then no one can get access to medicines in case they are needed and available.

**Life saving drugs unavailable in  
Government Hospital**

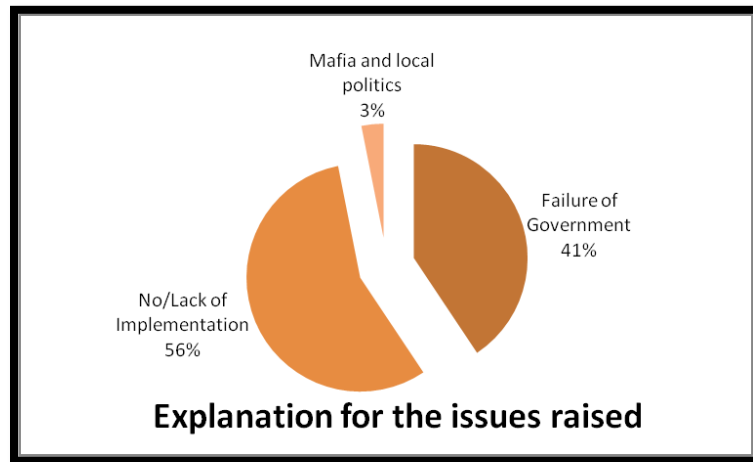
**“Only paracetamol available in Government Hospitals” – Salim Ansari**

Jabbar Ansari from Petrawar block of Bokaro district interviewed Salim Ansari whose daughter was badly injured a few days ago. Salim Ansari told Jharkhand Mobile Vaani

that when he took his daughter to the government hospital where the doctor told him that he doesn't have the medicine to treat his daughter. Upon further enquiry in the hospital it was found that no lives saving drugs were available in the hospital.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/56234/>

**6. Explanation for issues raised** – While 56 percent people attributed the poor state of health infrastructure of Jharkhand to the lack implementation of the government schemes on the ground, 41 percent people felt that in lieu of the instability of state governments in Jharkhand (where in the entire decade of formation of the state of Jharkhand, not even a single chief minister has been able to complete their tenure due to political instability) the government is unable to pay attention to the pressing health care needs of the people of the state. Around 3 percent people felt the hand of drug mafia and local politics in the tampered medicines made available at the government health centers.



**Extreme disappointment with empty promises**

**“Schemes formulated should be implemented on the ground” – Kailash Giri**

Kailash Giri from Chandrapura, Bokaro reports on Jharkhand Mobile Vaani that the promise made to general public by Prime Minister Shri Manmohan Singh is not being fulfilled because he has backed out from his words. Expressing his disappointment he says that the Government roles out schemes but they are not implemented on the ground. Only when the plans and schemes are put into action, will the poor be benefited and not just by empty promises. A woman from Taranri Panchyat, Basanti Devi, went for her treatment to Vellore, but did not have enough funds to afford the high medical costs and due to lack of funds died there itself. There have been many such cases where the poor lose their lives due to lack of timely treatment. Kailash suggests through Jharkhand Mobile Vaani that the legislative assembly and parliament must come up with provisions to provide financial help for treatment to people Below Poverty Line.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/54614/>

## 4. Recommendations

In light of the responses discussed in the above section, it is an imperative observation that a scheme that would provide free medicines to the masses is very much needed in Jharkhand. These people addressed their messages to the Prime Minister and provided these details about their situation with a hope that he would be able to appreciate the circumstances that these people have to survive and reconsider the decision on pulling out the scheme that provides free medicines. Following are some of the recommendations these people made while leaving their messages –

1. As many as 51 percent people appealed to the Prime Minister to roll out the scheme that provides free medicines at all the health centers and government hospitals.
2. Requests were also made to make available generic drugs across all the health centers so that people don't die of easily curable diseases such as malaria and tuberculosis.
3. Addressing the root of problems, a few people requested the policymakers to generate more employment opportunities for both – educated and uneducated unemployed.
4. Many people also requested for regular inspection of facilities at the government health centers and hospitals, including the availability of medicines and standards of quality of care given by doctors in the hospitals.
5. Special request was made to train people from the communities in Jharkhand to prepare a force of paramedics and nurses who can help in providing treatment to those who need it in their villages, since the ASHA workers complained of increased burden.

**Train Paramedics and  
Nurses**

### **“Appeal for Health Facilities” – Shivpujan Hazari**

Shivpujan Hazari from Mahuda, Baghmara block, Dhanbad called up to request the new Chief Minister of Jharkhand Shri Hemant Soren regarding the provision of health facilities for the poor people of the state. In his message he says that rather than building more hospitals, emphasis should be laid on creating a specialized cadre of paramedics and nurses by providing them training. Therefore, more such government run training centers should be opened. He says that the students who learn from here would not only earn their livelihood from it but also create a stronger health system when they would be able to raise people's awareness levels. He further adds that this should be accompanied with strict monitoring and inspection of quality of care standards being provided in various government run health centers and hospitals. All this, in his view would resolve multiple issues of quality of health care being provided and also resolve employment issues to a certain length.

<http://voice.gramvaani.org/vapp/mnews/10/show/detail/56631/>

## 5. Mobile Vaani Network partnership

Along with being active on JMV for two weeks, this campaign was also taken up by four Mobile Vaani partner CR stations situated in Haryana, Uttarkhand and Uttar Pradesh. These CR stations were - Gurgaon ki Awaaz Community Radio situated in Gurgaon, Haryana, Kumaon Vaani Community Radio situated in Mukteshwar, Uttarakhand, Henvalvani Community Radio situated in Chamba, Uttarakhand and Waqt ki Awaaz Community Radio situated in Kanpur, Uttar Pradesh. These CR stations ran promos informing people about the withdrawal of the 'proposed' free medicines scheme announced by the Prime Minister and did a range of different activities around this issue to solicit people's opinion regarding the same. This section of the report presents a short summary regarding the activities taken up by each of the CR stations during the course of the campaign.

### **Community Radio Gurgaon ki Awaaz 107.8MHz**

**Locale** – Gurgaon, Haryana; **Outreach** – Around 60,000 families

**Language of Broadcast** – Hindi and Haryanvi; **Duration of Broadcast** – 22 hours

#### **Summary of activities taken up during the course of the campaign** –

- **Promos** – Two promos were played by Gurgaon ki Awaaz to inform their community about this campaign. The content of their promos was same as the first and second promo run on Jharkhand Mobile Vaani (for details, please refer section 2). These promos were put up for broadcast on the FM channel as well as on their mobile vaani number.
- **Live Slot** – For their live slot, Gurgaon ki Awaaz brought an expert on board. The Deputy Chief Medical Officer of Gurgaon came live on FM to answer the questions posed by the people. Their discussion roamed around the facilities available in their health centers and government hospitals, special provisions for the poor who seek medical care, frequent ailments observed in their area and the availability of medicines for the same in their facilities, comment on out of pocket expenditure by the poor incurred on medicines and the Deputy CMO's perspective on the withdrawal of the 'proposed' availability of free medicines scheme.
- **Mobile Vaani** – While the activities mentioned above were carried out only during slotted times on the FM, the station was also given their own mobile vaani number where people could call and be a part of the discussion 24x7. People frequently called to record their views and listen to the opinions left by others. The calls received on the mobile vaani platform were regularly moderated by the station staff.

- **Program** – As a concluding activity for the campaign, a perspective sharing program was produced by Gurgaon ki Awaaz where comments received on the campaign from JMV the other three CR stations were stitched together with narration and broadcasted on their FM channel.

**Children starve to death while family shells out Rs. 27,000 for buying medicines**

**People's speak** – Kailash from Kapashera called up to share his own story. He told that he used to work as a driver when he fell ill. He was admitted to Ram Manohar Lohia Hospital in Delhi which is a government hospital. He says that although the diagnosis and treatment of his illness was done well but as the specific medicines he needed were unavailable in the hospital, his family had to buy them from outside that cost Rs 27,000 alone. He questions the government saying that how is it justified that his family has nothing to eat, his children starve to death when Rs. 27,000 is being spent just on his medicines. Therefore, he appeals to the Prime Minister for implementing the 'proposed' free medicines scheme so that people like him who come from economically weaker sections of the society can benefit from it.

### **Community Radio Kumaon Vaani 90.4MHz**

**Locale** – Supi Village, Mukteshwar, Uttarakhand; **Outreach** – Around 8,000 families

**Language of Broadcast** – Kumaoni and Hindi; **Duration of Broadcast** – 8 hours

#### **Summary of activities taken up during the course of the campaign** –

- **Promos** – Two promos were played by Kumaon Vaani to inform people about this campaign. The content of their promos was same as the first and second promo run on Jharkhand Mobile Vaani (for details, please refer section 2). These promos were put up for broadcast on the FM channel as well as on their mobile vaani number.
- **Live Slot** – For the time when the RJs of Kumaon Vaani do live calling and accept phone calls from the people of the community, they initiated a discussion that shared live, people's perception about withdrawal of a 'proposed' scheme that announced the availability of free medicines across the health centers and government hospitals of the country. Since live slots are proper conversations, there is a two way exchange of opinion that enriches the discussion. Many people called to condemn the act of first announcing and then withdrawing the scheme and share the apathy of government administration towards the poor village communities that can't afford medicines even when the essential ones are unavailable at the health centers.



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- **Program** – To culminate the campaign, a perspective sharing program was produced by Kumaon Vaani where comments received on the campaign from JMV the other three CR stations were stitched together with narration and broadcasted on their FM channel.

**Medicines unavailable at  
the health centers**

**People's speak** – Tara Singh Dhanwal from district Nainital called up to share his views on the Prime Minister of the country backtracking on their announcement to provide free medicines across all health centers and government hospitals. In his message he said that this move reflects policy makers' indifference towards the general public. He informs that he lives in a village and his community mostly consists of people who earn very low incomes. Therefore, they are totally depended on the community health centers run by the government in case of any sickness or accident. He further says that although some medicines are available at the health center, but almost every time they go, they are told to buy half of the medicines prescribed from the medical stores due to unavailability of stocks at the health center.

He feels that during his last independence day speech (on 15<sup>th</sup> August 2013), Prime Minister, Dr. Manmohan Singh tried to influence the people with something lucrative but couldn't keep his promise. Dhanwal questions that how is it possible that our Prime Minister who is himself a renowned economist, did not double check the budget available for rolling out this scheme, before making an announcement on such a big forum.

### **Community Radio Henvalvani 90.4MHz**

**Locale** – Chamba town, Tehri Garhwal, Uttarakhand; **Outreach** – Around 10,000 families

**Language of Broadcast** – Garhwali and Hindi; **Duration of Broadcast** – 6 and a half hours

#### **Summary of activities taken up during the course of the campaign** –

- **Promos** – Henvalvani put up two promos to inform people about this campaign. The content of their promos was same as the first and second promo run on Jharkhand Mobile Vaani (for details, please refer section 2). These promos were broadcasted on the FM channel as well as on their mobile vaani number.

- **Live Slot** – Henvaivani invited general people to call in live during their program and discussed different facets of the issue in detail, such as availability of facilities in their health centers, the effect of inflation and buying costly medicines on their monthly budget and the dual strategy followed by the Prime Minister by first announcing and then withdrawing the scheme.
- **Mobile Vaani** – While the activities mentioned above were carried out only during slotted times on the FM, the station was also given their own mobile vaani number where people could call and be a part of the discussion 24x7. People frequently called to record their views and listen to the opinions left by others. The calls received on the mobile vaani platform were regularly moderated by the station staff.
- **Program** – As a conclusion to the campaign, a feedback sharing program was produced by Henvaivani where comments received on the campaign from JMV and the other three CR stations participating in this campaign were stitched together with narration and broadcasted on their FM channel.

Unable to purchase expensive medicines many poor people die

**People's speak** – Diwan Singh Kunwar, from Chamba, Tehri Garhwal, Uttarakhand addresses his message to the Prime Minister. He expresses concern over the withdrawal of the 'proposed' free medicines scheme due to unavailability of funds to run the scheme pan-India. He requests the Prime Minister to implement this scheme as soon as possible because in this country there are thousands and crores of people who are unable to get treatment on time and have to die due to this. He further says that since Dr. Singh's tenure the country is plagued with many evils such as inflation, corruption, poverty and even the weakening rupee value against USD. There are no visible steps being taken to control the situation. If PM implements this scheme that provides free medicines across all the health centers and hospitals, poor people who constitute a major proportion of the population of this country would always remember Dr. Manmohan Singh as the Prime Minister who, even when faced with difficult circumstances took a decision in the benefit of the poor by providing them access to free medicines that are out of their reach expense wise.

### Community Radio Waqt ki Awaaz 91.2MHz

**Locale** – Kanpur Dehat, Uttar Pradesh; **Outreach** – Approximately 75,000 families

**Language of Broadcast** – Hindi; **Duration of Broadcast** – 5 hours

**Summary of activities taken up during the course of the campaign** –

- **Promos** – To inform their community about this campaign, Waqt ki Awaaz played two promos. The content of their promos was same as the first and second promo run on Jharkhand Mobile Vaani (for details, please refer section 2). These promos were put up for broadcast on the FM channel as well as on their mobile vaani number.
- **Live Slot** – The discussion on Waqt Ki Awaaz during the live slot was centered around the pro-poor discourse. People called in to talk about the situation of poverty in their community where they aren't able to afford expensive medicines. They discussed about their public health centers lacking facilities and essential medicines due to which poor patients die as they are unable to buy expensive medicines.
- **Mobile Vaani** – While the activities mentioned above were carried out only during slotted times on the FM, the station was also given their own mobile vaani number where people could call and be a part of the discussion 24x7. People frequently called to record their views and listen to the opinions left by others. The calls received on the mobile vaani platform were regularly moderated by the station staff.
- **Program** – To mark the end of the campaign, a program with the caller's opinion received on the campaign from JMV and the other three CR stations were stitched together to produce a program for being broadcasted by Waqt ki Awaaz on their FM channel.

Where having two square meals is a luxury,  
what would buying expensive medicines be?

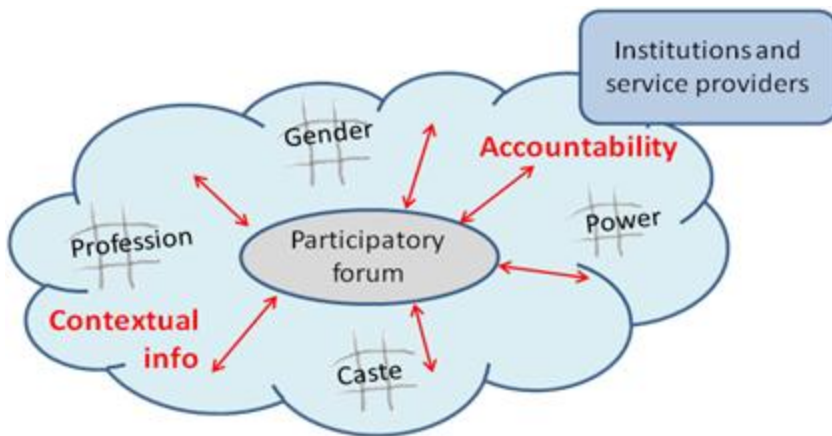
**People's speak** – Ramesh Chandra from Nada village, Kanpur Dehat called to register his opinion on the importance of the 'proposed' free medicines scheme. According to him this is a very important scheme for their community's development because people in his community are so poor that they are unable to afford two square meals a day, how can they meet the expense of medicines? He further goes on to say that there are disastrous consequences of un-affordability of medicines, such as death of a family member when they could have been saved by a certain medicine dosage.

While Jharkhand Mobile Vaani, Kumaon Vaani, Henvaivani and Waqt ki Awaaz reached out to the rural poor, Gurgaon ki Awaaz brought the perspectives of the urban poor and migrant labour on board who form the most vulnerable segment of the population in the urban areas. From the analysis of content received from CR stations in three different states – Haryana, Uttarakhand, Uttar Pradesh and Jharkhand Mobile Vaani in Jharkhand it has been observed that the situation of government run health centers and hospitals is not very different from state to state. Unavailability of essential drugs free of cost at the health centers and government hospitals everywhere is costing the people belonging to the economically weaker sections with basic hand to mouth existence

dearly in case of illness or accident. Therefore, in view of the public sentiment the Prime Minister's Office (PMO) and Planning Commission must reconsider the implementation of 'proposed' free medicines scheme across the country.

## 6. Theory of change: Bringing impact through community media

The figure below captures our theory of change of using participatory communication to enhance two community level dynamics, that is, access to **contextual information**, and sustained **accountability loops**, which leads to social change.



Jharkhand Mobile Vaani aims to enable just these information and accountability loops

We know that rural communities are segmented based on caste and power dynamics, with some segments being more aware than others, and able to avail more services than others. This becomes a vicious cycle that we claim can be broken through equitable access to community media forums. These forums allow communities to share information which helps them learn from each other by hearing stories in their own context, and thus improve awareness of their rights and entitlements significantly more than traditional forms of externally originated broadcast communication. This increased awareness helps create demand for services, which is transparently shared on the same forum and improves accountability by allowing communities to cite deficiencies and gaps in service delivery. This also helps generate critical data on service delivery that can be used by policy makers to understand problems and arrive at data-driven objective solutions.

## 7. About Gram Vaani

Gram Vaani [meaning 'voice of the village'] is a social technology company based in Delhi. Earlier incubated at IIT-Delhi, we started in 2009 with the intent of reversing the flow of information, that is, to make it bottom-up instead of top-down. Using simple technologies and social context to design tools, we have been able to impact communities in significant ways - more than 2 million users in over 15 Indian States, Afghanistan, Pakistan, Namibia and South Africa. More interesting than this are the

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outcomes of what we have done: Thirty rural radio stations able to manage and share content over mobiles and the web, corrupt ration shop officials in Jharkhand arrested due to citizen complaints, Women Sarpanches in Uttar Pradesh sharing learnings and opinions, citizen monitoring of waste management in Delhi. Our work has won several awards:

- International Knight News Challenge, 2008
- National Level Manthan Award for technology for development, 2009
- Economic Times Powers of Ideas, 2010
- Profiled in the top-10 innovative companies of India by Fast Company, 2011
- mBillionth Award in the news and journalism category, 2012
- Canada Rising Stars in Health award, 2012
- Finalist in Ashoka Changemakers 2012 and Vodafone Mobiles for Good 2012 contests
- mBillionth Award in the social inclusion category, 2013

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