PHRN NEWSLETTER

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EDITORIAL

The deepening crisis in the country is embodied in the deaths of over 70 children at the BRD Medical College and Hospital in Gorakhpur. While the government is refusing to take responsibility, and is desperately trying to shift the blame on doctors, there is the threat of further privatisation of public health on this account.

The crisis is also reflected in the decision to release the waters of the Sardar Sarovar dam threatening the lives of 40,000 indigenous communities without properly rehabilitating them.There is utter silence from both the government and the media on this crisis, reflecting the contempt of both the parties for the lives of the indigenous communities.

Aadhar continues to make coercive invasions into further dimensions of life such as the tying up of pensions and bank accounts to Aadhaar. The government's new argument presented to the Supreme Court, that the Right to Food is not subservient to the Right to Privacy, has changed the nature of the debate from whether Aadhar should be linked to welfare schemes. It has now pitted the Right to Food against the Right to Freedom of which the Right to Privacy is an integral component, making Aadhaar a conditionaility for the former. This violates the NFSA, which guaranteed food entitlements without conditionalities.

On the greener side is the judgement passed by the Supreme Court on the Swaraj Abhiyan PIL on MNREGA. The Court has ordered states to activate grievance systems by the end of the year and has further ordered social audits for the Act. In the case on PVTG Sterilisation in Bilaspur, the Court has taken a favourable stance and has allowed the PIL application to challenge the new notification which does not substantially change the 1979 Order.

And finally, mentor Anita Devi of Poreyhat has sent in a news item in Hindi, which Sunil Thakur has helped to lay out. We hope this will encourage other programme staff and communities to give us more news to improve and reflect diversity in the newsletter..

NEWS FROM THE SECRETARIAT

Dr.Ganapathy Murugan

The much awaited AAM National Dissemination is being planned on 12th September 2017 at Gulmohar Hall, New Delhi. The Delhi office of PHRN has taken the lead in organising and coordinating this event. We expect around 100 participants cutting across civil society members, academicians and policy makers for this event.

We have opened a new office in Rayagada. This office will serve as a project management unit that will oversee the implementation of the crèche programme (Project: Mainstreaming crèches to reduce malnutrition in Odisha) in five districts of South Odisha.

We are temporarily closing our Bihar office since there aren't any projects / operations currently handled by the Bihar office. Meanwhile, we will be actively look out for new opportunities in Bihar and hopefully we will be able to rebuild the Bihar office.

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Staff News

Ms. Priyanka Chatterjee joined the organisation as a full-timer. She has a background in economics and has submitted her PhD thesis at JNU

Ms. Shilpa Maiya is leaving the organisation to pursue higher education. She has got admission for a Master's programme on Reproductive & Sexual Health Research at the London School of Hygiene and Tropical Medicine

NEWS FROM ODISHA

Dr. Vandana Prasad
Photographs sent by Shahnawaz

Work in progress

Work is in progress in the Raygada and Kalahandi districts to identify 15 villages each for the pilot on running crèches for children under three in these areas. One of the critical challenges being faced is that of shortage of safe buildings, with most anganwadi centres running in verandahs or broken-down constructions. The rains are hampering operations seriously and many selected villages are temporarily inaccessible as a result of flooding of nallahs and streams.

Language is also creating difficulties in the PVTG areas, with each PVTG speaking a different dialect. We are lucky to have amongst the team a few people who can speak *kui* and *desiya*. We are also assisted significantly by the local anganwadi workers and supervisors. Further, the government has promised to provide room constructions in some of the crèche villages through funds available in tribal welfare for PVTGs.

Discussion on role of crèches and exploring possibility of crèches in Karkamaska village of Lanjigarh block of Kalahandi district

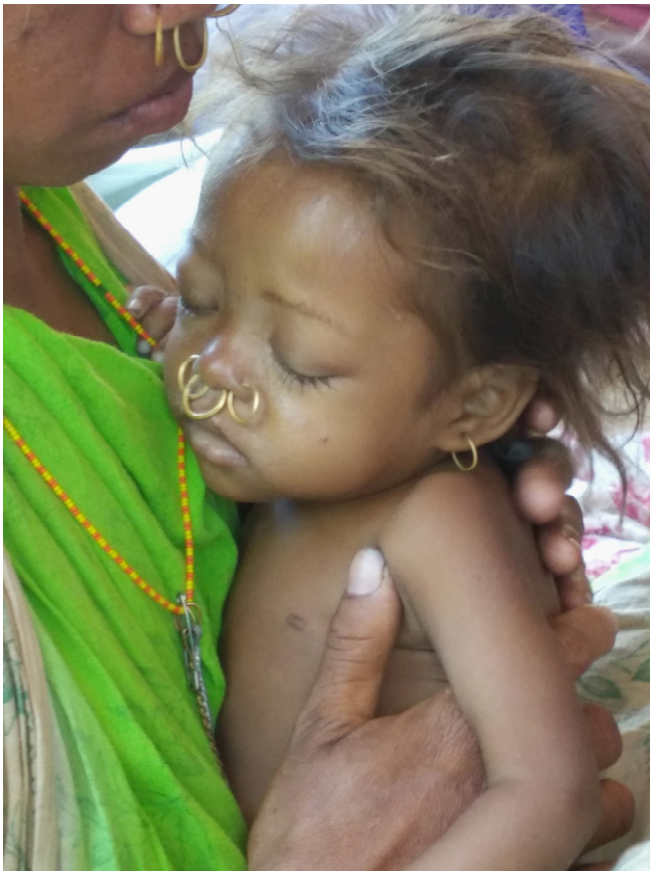
In parallel, the study on training of AWWs is nearly complete and results will be shared in the next newsletter.

Discussion on streamlining community crèches for children under 3 Kalahandi district ton 2nd June 2017

District consultation on community crèches for children under 3 in Rayagadda distinct of Odisha

District Collector Ms. Poonam Guha Tapas Kumar inaugurating district consultation on streamlining community crèches for children under 3 Rayagada district ton 3rd June 2017

Crèche workers for one of the crèches in Rayagada are being selected through community meeting and their active participation



The tragic tale of Bhumika Khadraka

Bhumika, a little two-year old girl, was brought by her mother to a meeting we were conducting in the village Rodang, Bissam, Cuttack. The baby was clinging to her mother's breast, suckling desperately for reassurance every now and then for a few seconds, gasping for breath and barely alive. She looked completely pale and would have had a hemoglobin of 2-3gm at most. Her body was skin and bones and every bone could be seen. We suggested to her mother that she needs admission immediately and that we would accompany her to the NRC/Distt hospital. She refused. She said she had been admitted twice to the NRC, and even referred to pediatrics but to no avail.

Bhumika had been earlier admitted to the NRC at 16 months of age with a weight of 4.46kg, Hb of 5.6gm, and MUAC of 9.8cm. She had been discharged with a weight of 5.16kg and MUAC of 10.2cm. She had not gone back for the first follow up and was lost to follow up.

Bhumika had been taken to Visakhapatnam (to a private hospital) where transfusion was attempted. After one unit, her veins collapsed and a drip could not be put up. The family exhausted all their money and came back.

"What can I do if I have no money," her mother said.

There is meant to be an AWC centre at the village but it is dysfunctional. The children do not have a room to sit in and use the verandah of a dilapidated structure. Growth charts were not found and we were informed that there has been no supply. Clearly no preschool activities were happening. Food distribution was, however, going on.

Bhumika, the helpless little two-year old, breathed her last on day after she was brought to our meeting.

Bhumika's tragic tale raises several issues that need to be acted upon, all of which could have been acted upon by a well-managed crèche:

- All current interventions were employed but they did not achieve the desired result. Patchy and insufficient for impact.
- Continuity of care between NRC and village to ensure that the improvements and investments at the NRC are not wasted from lack of continuity
- Prevention of severity of this degree
- Early identification and management through using growth faltering as a trigger for action.

NEWS FROM JHARKHAND

Rajesh Sriwastwa and Shampa Roy

Visit to Mohgaon and Samnapur

We visited Mohgaon and Samnapur in MP from 2nd to 4th July. The area is mainly inhabited by Gound tribe. Most of the mentors are also Gound. Their rituals and beliefs are in many ways similar to the Sarna tribe in Jharkhand.

The undulating topography with a fair amount of vegetative cover was similar to Jharkhand and Odisha. However, the black soil of the area allowed the people to grow not just rice, but also pulses and millet.

Unfortunately, chemical-based paddy cultivation with hybrid varieties is being encouraged, as also cash crops like chili and tomato.

The people of Sakri and Indra in Mohgaon looked healthier than the people in Jharkhand. Carly, a project staff in Samnapur explained that the Kathikund community held the parents responsible for child

Block Programme Officer and change vectors at the Rehearsal for Village meeting in Indra Village, Mohgaon

malnutrition, while in Samnapur, the community itself including the ASHA and AWW took on this responsibility.

Change vectors have had a significant role to play in improving nutritional practices and stopping early marriages of the girl child. Their own nutrition has improved. Basanti, a change vector in Mohgaon, says, *Pehle to baar baar bimar padte the; jabs se khaana thik thak kiye hain, pichle teen mahine se ghar me koi bimar nahi pada hai.*

Some issues that continue to exist. The Mohgaon team is facing the problem of defunct SHG. The team leader is acting as the nutrition anchor. In Samnapur, the new BPO has joined the programme which is in an advanced stage, and currently is coping well. The nutrition anchor is leading the health intervention systematically. In an exercise with the mentors to grade CVs, almost 50% of the CVs were rated as very good and able to do their jobs independently. In Samnapur, after the change in practice adopted by the CVs, mentors found that those who were in the C category in conducting meetings, were in the A category with respect to changed behaviour and practice.

National level to grass roots level - (from left) Shampa (National team member), (Sakri village), Sabita (BPO), CV (Sakri Village), Mentor for that cluster, during a field trip to Sakri Village.

Failure of JSSK for a poor Santhali family

Rajesh Sriwastwa

Vulnerability, helplessness, isolation, poverty are words but impacts a lot on those who are living with these.

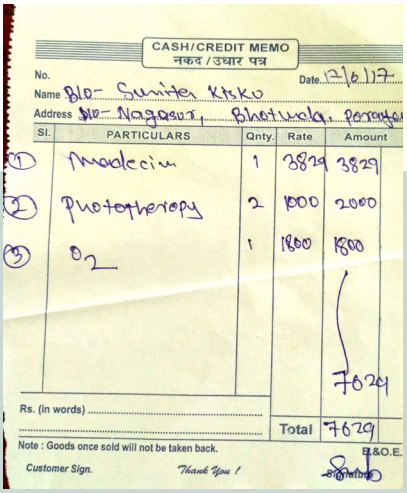
In late July, an woman from an extremely poor Santhali family delivered a baby in her home. The infant developed hiccups and was admitted to Sadar Hospital in Godda, where it was referred to a private clinic. The doctor at this clinic was the same person who was treating the infant at Sadar Hospital.

The child recovered. The couple had Rs 5000-6000 with them which they paid. However the clinic demanded more money - Rs 12,000-15,000 - probably in the hope that one of the couple would sell their kidney to meet the expense. Instead, the couple ran away, leaving the infant in the hospital.

Suniram, one of the mentors in Poreyahat, came to know about this from the CV, a few days later. The entire team of Poreyahat PRADAN-PHRN arranged for money to pay the balance. They all went to Godda and brought the infant back. However, the family is now in deep debt, which they will pay back in time.

This episode reveals the failure of the JSSK scheme where it is most needed. Though it is not clear whether the infant had an illness or not, according to JSSK, the expense should have been borne by Sadar Hospital.

Bills presented by the clinic for treatment of infant with hiccups



CASH/CREDIT MEMO
नकद / उधार पत्र

No. Date 12/6/17

Name B/o- Sunita Kisku

Address W/o- Nagesur, Bhatiwala, Poreyahat

Sl.	PARTICULARS	Qnty.	Rate	Amount
(1)	Amadecin	1	3829	3829
(2)	Phototherapy	2	1000	2000
(3)	O_2	1	1800	1800
				7629
			Total	7629

Rs. (in words) .....

Note : Goods once sold will not be taken back. E.&O.E.

Customer Sign. Thank You ! Signature

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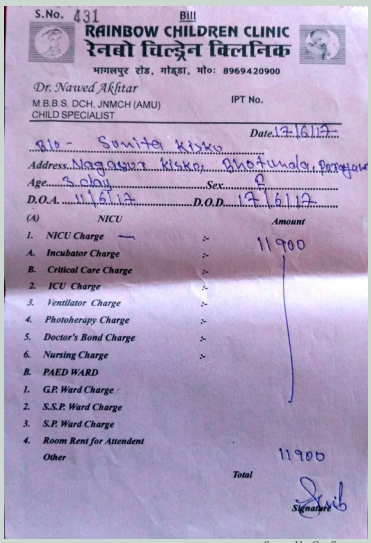

S.No. 431 Bill

RAINBOW CHILDREN CLINIC
रेनबो चिल्ड्रेन क्लिनिक
भागलपुर रोड, गोड्डा, मो: 8969420900

Dr. Nawed Akhtar
M.B.B.S. DCH, JNMCH (AMU)
CHILD SPECIALIST

IPT No.

Date 17/6/17

B/o - Sunita Kisku

Address Nagesur Kisku, Bhatiwala, Poreyahat

Age 3 day Sex F

D.O.A. 11/6/17 D.O.D. 17/6/17

(A)	NICU	Amount
1.	NICU Charge	11900
A.	Incubator Charge	
B.	Critical Care Charge	
2.	ICU Charge	
3.	Ventilator Charge	
4.	Phototherapy Charge	
5.	Doctor's Bond Charge	
6.	Nursing Charge	
B.	PAED WARD	
1.	G.P. Ward Charge	
2.	S.S.P. Ward Charge	
3.	S.P. Ward Charge	
4.	Room Rent for Attendent	
	Other	
	Total	11900

Signature

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Mother with her newborn infant

The parents outside their home

Thematic meeting at Raidih

Rajesh Sriwastwa

The thematic meeting held in early August brought together 18 federation representatives, PRADAN, PHRN, and other partners from education, agriculture and other sectors.

There were six themes. Each federation member was representing one theme from her CLF. As Raidih has three CLFs, there were 3 from health and sanitation, 3 from education, 3 from rights and entitlement and so on.

The health agenda was taken up first. Avikalp presented the status of progress and action plan. He also informed about government programme for the fortnight, i.e. diarrhoea.

The federation's view was assessed on the training they had received on 19th and 20th June. Many of them attended They were happy with the training, and shared issues about which their earlier misconceptions had been corrected.

One member from rural infrastructure committee told us about the DAAL-CHAWAL DAAL-DAAL game that led to discussions on determination of the sex of the child, as well as the fact that women are usually blamed for delivering a girl child, or even for not conceiving. She informed that during a meeting in her village, an old woman confessed how she had blamed her daughter-in-law for having only a girl child and had forced her son into a second marriage.

A new ray of hope

Avikalp Mishra, Block Programme Officer, PRIDE project

On 2nd July, a Health and Nutrition meeting on gender in Bhalmanda Hamlet of Nawagarh Panchayat in Raidih Block. The meeting was very participatory as SHG members took interest in games as well as in discussions. The meeting was conducted by the Change Vector and hand holding was done by the mentor, Sheetal. Nearly 40-45 members of four mahila mandal groups participated in this meeting. At the conclusion, the SHG members made the following commitments and resolutions:

(a) they will not discriminate men and women on the basis of work. Both men and women equally participate in house as well as outside work. They have decided that they will teach this lesson to their next generation children so that the discrimination in the name of gender can be minimized.

Learning science through games

DAAL-DAAL CHAWAL-DAAL

This game is for educating community on sex determination of child. XX or DAAL -DAAL chromosomes make a female child, while XY chromosomes (DAAL-CHAWAL) make a male child.

The game is usually played at the hamlet level, at meetings attended by 30-35 women belonging to an SHG. The game is facilitated by the CV of the hamlet. CVs were trained in May and June 2017.

Introduction to the game

It starts with a simple question like, "Have you ever heard of a woman blamed for delivering girl child?" or "too many girl children?" The women start recounting stories of themselves and of other women who have faced such a situation. The CV then asks, "actually who is responsible?" Generally the response is "women" or "god". Some educated women name the male, but they fail to the XX and XY concept. The CV then suggests this game.

The game

Ten to 12 women are asked to make two circles with equal numbers. So 5-6 members are in the inner circle and same number of women are in the outer circle. Both the circles face each other.

One circle is considered male and randomly provided with chawal in one hand and daal in another. Other circle is considered as female and provided daal in both the hands. Both the circles then run in circles in opposite directions, to a beat (either clapping or tapping something). When the clapping stops, each woman shakes the right hand of the woman standing opposite her (a symbol for mating). Other members are called to see which women have daal-chawal combination, which have daal-daal combination. The former stands for a boy and the latter for a girl. The women are then asked who has the seed for determining the birth of a boy child ? Who is actually responsible for determining the sex of the child?

Health Sector Council in PRIDE (TRI) project decided to include this game in Micro-Module 1 under topic gender. Health Sector Council comprises of PHRN, CHETNA, CINI and Freedom from Hunger. PHRN is playing the role of secretariat for Health Sector Council.

हार गयी जानकारी

रेशमी की शादी एक छोटे से परिवार में हुआ। घर की आर्थिक स्थिति बहुत ही खराब थी। शादी के कुछ दिनों के बाद रेशमी और उसका पति दोनों काम करने के लिए दिल्ली चले गए। दिल्ली पहुँचने के कुछ दिन के बाद रेशमी गर्भवती हो गई। गर्भवती होने पर रेशमी निरंतर दिल्ली के सरकारी अस्पताल में जाती रही और उसने समय-समय पर सारे प्रसव पूर्व जाँच करवाए। जब प्रसव का समय हुआ तो रेशमी को सरकारी अस्पताल में भर्ती करवाया गया। प्रसव पूर्व जाँच में यह बताया गया कि प्रसव सामान्य रूप से नहीं होगा, आपरेशन के द्वारा ही बच्चे को बाहर निकाला जा सकता है। यह खबर सुनते ही रेशमी का पति काफी परेशान हो गया। उसे समझ में नहीं आ रहा था कि कितना पैसा लगेगा और किस प्रकार पैसों का प्रबंध हो सकेगा। परन्तु उसके पड़ोसियों नें उसकी काफी मदद की और पैसे का प्रबंध हो गया। इस बीच आपरेशन के लिए सारे जरूरी कागजात तैयार कर लिए गए। परन्तु इसी बीच एक अनुभवी और बुजुर्ग डॉक्टर अस्पताल में आए और उन्होंने जाँच करने के उपरान्त पाया कि रेशमी का प्रसव सामान्य रूप से हो सकता है और उसने प्रसव करवाया भी। रेशमी ने एक बच्ची को जन्म दिया जिसका वज़न साढ़े तीन किलो था।

दिल्ली में कुछ समय व्यतीत करने के बाद रेशमी अपने पति के साथ अपने गाँव को लौट आयी। पहले प्रसव के तीन साल के बाद रेशमी फिर से गर्भवती हो गयी। इस बार भी उसने सभी जरूरी जाँच करवाए। इसके अलावे गर्भावस्था के दौरान अपनायी जाने वाली सभी सावधानियों का वह ध्यान रखती थी। पर्याप्त भोजन करने के साथ-साथ वह दिन में दो घंटे आराम भी करती थी। जब प्रसव का समय आया तो रेशमी ने सोंचा कि वह अस्पताल जाएगी। प्रसव पीड़ा शुरू होने के दो घंटे बाद जब सहिया पहुँची तब तक बच्चे का जन्म घर पर ही हो गया। उसने एक लड़के को जन्म दिया परन्तु बच्चे के गले में नाभी नाल पूरी तरह बंधा हुआ था जिसकी वजह से दम घुटने के कारण बच्चा तुरंत मर गया। इस घटना से रेशमी बहुत दुखी हुई। एक वर्ष बाद वह पुनः दुबारा गर्भवती हुई। इस बार भी उसने सभी जाँच करवाए तथा जरूरी टीके भी लगवाए। इस बार उसने दृढ़ निश्चय किया कि चाहे कुछ भी हो जाए वह प्रसव अस्पताल में ही करवाएगी। जब प्रसव का समय नजदीक आया तब उसने अपनी सास को सहिया (आशा) को बुलाने की बात कही परन्तु उसकी सास ने बिल्कुल इन्कार कर दिया और वह सहिया को बुला कर नहीं लायी। इस प्रयास में प्रसव पीड़ा के दो-तीन घंटे बीत गए। रशमी को मजबूरी में घर पर ही प्रसव करवाना पड़ा। प्रसव के दौरान उसे काफी तकलीफ हुई। इस बार भी प्रसव में देरी के कारण तथा अत्यधिक पीड़ा के कारण दम घुटने

से बच्चे की मृत्यु हो गई। बच्चा बहुत ही मोटा था। रेशमी बहुत रोने लगी और बोली कि अगर अस्पताल में गए होते तो शायद मेरा बच्चा नहीं मरता। परन्तु उसके परिवार वालों ने इसके लिए रेशमी को ही जिम्मेवार ठहराया और बोला कि तुमने ही प्रसव में देरी करके बच्चे को मार दिया।

एक महिला, चाहे वह कितनी भी पढ़ी-लिखी हो, सुरक्षित प्रसव तथा स्वस्थ माँ एवं बच्चे के सम्बन्ध में चाहे जितनी भी जानकारी रखती हो परन्तु प्रसव के अंतिम निर्णायक क्षण में दूसरों पर निर्भर हो जाती है।

NEWS FROM CHATTISGARH

PHRN State Convener at the World Health Assembly

Sulakshana Nandi, State Convener Chhattisgarh was part of the WHO Watch team that was watching the 70th World Health Assembly (WHA) in Geneva from 22nd to 31st May. The WHO Watch is organised by the People's Health Movement (PHM) and Medicus Mundi International (MMI).

At the WHA Sulakshana delivered the PHM-MMI statement on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), which urged WHO and the WHA to take cognizance of the Global gag rule, assess its impact on women and girls globally and comment on it.

Update on PVTG sterilisation PIL

The Chhattisgarh government has passed an amendment to a 1979 order of the then undivided Madhya Pradesh government that says that PVTGs must apply for permission and get a clearance letter from their subdivisional magistrate in order to exercise the right to sterilization. While the government considers this a step forward, activists slammed the amendment, saying it did not give the PTVGs "autonomy over their bodies" as they still had to get permission from a government official. Early this year, 10 Baiga families, along with the Jan Swasthya Sahyog and Jan Swasthya Abhiyan had approached the Bilaspur High Court seeking for their right to be allowed to seek sterilisation without the involvement of government officials.

The government presented the new circular in the High Court stating that after this order, the PIL has become infructuous as the order now allows for sterilisation. However, in the court hearing on 4th August, the petitioners maintained that the new circular was a mere eyewash and that the restrictions that they have challenged in the petition continue. The Chief Justice agreed with the petitioners and allowed their application to challenge the new order.

New writings

The commentaries, reports and statements developed by the WHO Watch Team are available at http://www.ghwatch.org/node/45519

Rocco TS, Plakhotnik MS. *Literature Reviews, Conceptual Frameworks, and Theoretical Frameworks: Terms, Functions, and Distinctions* This paper helps to understand similarities and differences among the literature review and theoretical and conceptual framework. Available at https://drive.google.com/file/d/0B5x683-DwzaUZ002OC1GeVR2RkVuSEJ5bGJoZjAzVUZBUnUw/view?usp=sharing

The fourth webinar of the series *Closing the Gap: Health Equity Research Initiative in India* was held **by the Achutha Menon Centre for Health Science Studies and Sree Chitra Tirunal Institute for Medical Sciences and Technology on 17th August. The theme was Researching Equity in Access to Health Care. The speakers were Prof. Helen Schneider and Ms. Sulakshana Nandi.**

Statement by Medicus Mundi International to the 70th session of the World Health Assembly on agenda item 16:3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

MMI would like to address agenda item 16.3. Our statement is supported by PHM.

We welcome the report's emphasis on adolescent health. We appreciate that the Global Strategy is strongly positioned within the framework of human rights and SDGs.

We are extremely distressed at the assault on reproductive and sexual rights of women and adolescent girls, with the United States of America re-introducing the Global Gag Rule that prevents organisations receiving funds from US government sources to work on, promote, provide services or advocate for abortion, even with their own funds. We urge the US to reconsider its move.

Sexual and reproductive health rights are core to the discourse on the human rights of women and adolescents. There is compelling evidence that restrictions lead to more unsafe abortions and contribute to mortality and health complications of women and adolescents.

It is of concern that civil society and other organisations receiving US government funds either have to adhere to the gag or lose funding. This will have negative implications on women and adolescents, especially in LMICs. We strongly believe that the Global Gag rule will stall progress towards the goals of the Global Strategy.

We urge MS to request the DG to prepare estimates of the anticipated morbidity and mortality burden subsequent to the reintroduction of the Global Gag Rule, to report to WHA 71 regarding the observed impact of this policy, and discuss it in the Secretariat's next report on implementation of the Global Strategy.

The UN Secretary General, the UNFPA and the Executive Director of UN Women have already expressed their concern at this development.

We believe that a comment by WHO on this issue is urgently needed in order to reiterate its accountability to women, children and adolescents of this world.

NEWS FROM NBA

Reproduced from the *National Herald*

Nearly 2000 policemen who were at the fast site came down heavily on the peaceful meeting

Medha Patkar, who has been on an indefinite fast for the past 12 days, was forcibly lifted from the dharna site in Chikalda in Madhya Pradesh on Monday evening. Along with her, five other fasting protesters were also arrested. There are six others who are continuing their fast. Nearly 2000 policemen were at the fast site and they came down heavily on those fasting. They used force to break the marquee and when women tried resisting the arrest of Patkar, they were beaten and manhandled by male policemen, said eyewitness accounts. Several of the women suffered injuries. The police however dismantled the stage, the awning, broke chairs and the rope fencing. Activists complained that though in these past twelve days, Madhya Pradesh government made no attempt to enter into a dialogue with Medha Patkar and the affected people, police was sent to break the fast and arrest her.Narmada Bachao Andolan members strongly condemned police action and resolved that the agitation would continue.

JSA CONDEMNS ASSAULT ON THE LIVES AND HEALTH OF DAM AFFECTED PEOPLE IN THE NARMADA VALLEY

Jan Swasthya Abhiyan decries the inhuman attitude of the Gujarat government in risking the lives of thousands people in the Narmada Valley, by closing the gates of the Sardar Sarovar dam on 17th June when the rehabilitation of the dam-affected people has not been at all completed. This is despite the Supreme Court directive on 8th February 2017 to complete this rehabilitation within three months, i.e. before by 8th May 2017. Unjust displacement without proper rehabilitation in developmental projects is an important social determinant of ill health in many parts of in India. The Sardar Sarovar project is a classic example. Currently thousands of people in the Narmada valley face an assault on their health and well being, and even on their lives, due to this closure of the gates. JSA is deeply concerned about this very unhealthy development.

After completion of rehabilitation by 8th May the valley was to be cleared of human habitation by 31st July, to avoid drowning due to the rising waters of the now 139 meter high Sardar Sarovar dam. But the Gujarat govt has decided to go ahead with closing of the gates, and MP govt started forceful eviction of the dam-affected people, despite non-completion of rehabilitation of about 18,000 families. Fortunately on 31st July, in a hearing, the SC was convinced that the rehabilitation is incomplete and withdrew it's directive that the valley may be emptied by 31st July. The govt does not have the sanctity any more from the SC for the forceful eviction. But this is not enough. We demand that the gates of the Sardar Sarovar dam should be opened immediately, without waiting for directive from the SC in the forthcoming hearing. Otherwise thousands of people in the Valley would be exposed to the immediate risk of drowning in the rising waters of the Narmada.

JSA notes that at many of the rehabilitation sites, the dwellings erected are not fit for human beings. Moreover there are absolutely no health care facilities in these rehabilitation sites. Hence tens of thousands of ordinary people are being forced into inhuman and extremely unhealthy conditions.

We support the current peaceful agitation of the Narmada dam affected people and the indefinite fast undertaken by Medha Patkar and 11 other activists. We are concerned about the health and lives of these activists, and urge the Gujarat govt to immediately re-open the gates of the Sardar Sarovar dam, to ensure complete and comprehensive rehabilitation to all affected people, and desist from any repressive action against the agitation.

MNREGA NEWS

In the historic and far-reaching judgment passed in the Swaraj Abhiyan PIL on 21 July 2017, the Supreme Court has instructed states to activate systems of grievance redress mandated as per the National Food Security Act latest by the end of the year. Also, for the first time ever, the Court ordered conducting social audits for the Act as per the auditing standards developed with the office of the Comptroller and Auditor General. In the next hearing scheduled for 9th August, the Court is likely to take up the serious illegalities of wage delays, under-calculation and non-payment of statutory compensation, inadequate funds and non-implementation of statutory social audits in the Mahatma Gandhi National Rural Employment Guarantee Act.

At a press conference organised by various civil society groups, researchers claimed that the compensation under MNREGA was delayed either by the Centre or the state governments in almost half of the 92 lakh cases that were studied. The study, which was conducted by Rajendran Narayanan, a faculty member at a Bangaluru-based private university, and two independent researchers, spanned 3,446 panchayats spread over 10 states. In 33% of the cases, there was no compensation.
Swaraj Abhiyan has filed a plea in the Supreme Court, seeking various reliefs for the farmers of the drought-hit states.

AADHAAR NEWS

A nine-judge Constitution bench, headed by the Chief Justice of India, finished hearing arguments for and against privacy being a fundamental right, in the Supreme Court.

Several petitioners have filed cases on the ground that Aadhaar violates privacy, which, though not a stated right, is at the centre of the Indian Constitution.

There are several aspects to the Aadhaar case. Two critical aspects include the right to food and the right to privacy.

With respect to the Right to Food, the government maintained that Aadhaar was necessary to secure the right to life – meaning food and shelter – for poor citizens, thus tying the fundamental right life to a conditionality. Several court orders have, over the years, made various rights components of the right to life, including the right to food. The government's stand thus violates a fundamental right. It also violates the food-related entitlements guaranteed by the NFSA, which are unconditional.

At a recent press conference, activists questioned Prime Minister Narendra Modi's statement in Lok Sabha in February that nearly 4 crore fake ration cards were deleted in the last two-and-a-half years with the help of technology and Aadhaar.

Anjali Bhardwaj, economist and anti-corruption and transparency activist, said that the answers to a series of RTI questions both to the PMO's Office and to the states revealed that the bogus or fake cards deleted by the states were for the period between 2006 and 2016, and that the data did not pertain to the period the PM referred to, nor did it match the figures shared by him.

Nikhil Dey of Mazdoor Kisan Shakti Sangathan said that after Rajasthan made Aadhaar's biometric authentication mandatory for getting ration since September 2016, at least 1 crore people are losing their entitled ration (from PDS) regularly.

Citing figures released by individual state food departments, the Right to Food Campaign said at least 33 lakh families in Rajasthan were unable to access Public Distribution system ration entitlement each month because of the mandatory integration of PDS with Aadhaar details. Some senior citizens were denied their ration and pension entitlement as their biometrics do not match. The Campaign urged the government to immediately withdraw the notification that seeks to link Aadhaar with welfare programmes.

Aadhar has also raised concerns over data security and data breach, the threat of one's private details being available in the public domain, and profiling of communities.

The Centre's stand has been that petitions challenging validity of Aadhaar over privacy violation cannot be entertained under Article 21. However, the petitioners have argued that liberty, which is fundamental to democracy, cannot exist without privacy.

The Court has reserved its judgement.

NUTRITION NEWS

Breastfeeding - a matter of human rights

Breastfeeding is a human rights issue for babies and mothers and should be protected and promoted for the benefit of both, a group of United Nations experts has said in a statement made public in November 2016.

States should take urgent action to stop the "misleading, aggressive and inappropriate" marketing of breast-milk substitutes in a multi-billion-dollar global industry, said the UN Special Rapporteurs on the right to health, Dainius Pûras, and on the right to food, Hilal Elver, together with the Working Group on discrimination against women, and the Committee on the Rights of the Child.

"These marketing practices often negatively affect the choices women make on how to feed their infants in the best way possible, and can impede both babies and mothers from enjoying the many health benefits of breastfeeding," the experts say.

"This is particularly harmful when companies are targeting untapped markets in developing countries because those in developed countries are already saturated," they note.

The human rights experts pointed out that the tools available to States to crack down on inappropriate marketing practices are not being used sufficiently.

"Simply too few States have adopted the necessary stringent, comprehensive and enforceable legal measures," they stress. "We call on them to adopt such measures to protect babies and mothers from misleading marketing practices, and fully align with the recommendations contained in the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, and new guidance from the World Health Organization (WHO)."

The experts also warned that there is a lack of corporate accountability for the adverse consequences of these abuses, noting that the global industry is currently worth $44.8bn and is predicted to increase to more than $70bn within three years. At the same time, breastfeeding rates remain stagnant, with only one in three of the world's babies under six months old being exclusively breast-fed.

WHO estimates that the lives of more 820,000 children could be saved every year if all mothers followed its advice to start breastfeeding within an hour of birth, give only breast milk for the first

six months, and continue breastfeeding until their children reach the age of two alongside appropriate complementary foods.

Obstacles to progress highlighted by the experts include a lack of information from health workers, cultural and family traditions, and stigmatization of women breastfeeding in public places and at the workplace, exposing women to harmful gender stereotypes or taboos in all regions.

Experts also underline that restriction of women's autonomy in making decisions about their own lives leads to violation of women's rights to health and infringes women's dignity and bodily integrity. States and others should be careful not to condemn or judge women who do not want or who cannot breastfeed.

As well as clamping down on inappropriate marketing, the UN experts highlighted practical steps to promote, support and protect breastfeeding such as paid maternity leave, safe workplace spaces for feeding or expressing and storing milk, better training for health workers, and ensuring women have accurate information so they could make informed choices about optimal feeding practices. Access to good quality breast milk substitutes should be regulated, and affordable.

"Children have the right to the highest attainable standard of health," they say. "Breastfeeding is a key part of this, followed by safe and nutritious foods as their development continues.

"Scientific studies consistently show that breastfed children are more likely to survive and thrive, while it has been demonstrated that women can be protected against certain illnesses," human rights experts underscored.

The full statement is available at http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E

New writings

Delayed breastfeeding initiation and infant survival: A systematic review and metaanalysis. by Smith ER, Hurt L, Chowdhury R, et al. of the Neovita Study Group.

Available at http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0180722&type=printable

Foregrounding 'Community' in Community Management of SAM: An Indian Perspective. Prasad V., World Nutrition 2017. 8(1):79-86.

For long, the argument for introducing RUTF in India to manage SAM has been the mainstay of bodies such as WHO, UNICEF and other international organisations and donor agencies. However, there are several differences between the manifestation of SAM in India and Africa. This paper gives a comprehensive analysis of these differences, as well as the strategies for prevention and managementt that need to be impelemented. Available at www.worldnutritionjournal.org/index.php/wn/article/download/22/17

Latest issue by Common Cause. Access to Affordable healthcare. *Generic medicines and their wider implication for health of the nation.* Vol. XXXVI, No. 2, April-June 2017.

Available at http://www.commoncause.in/current.php?publication=current

Pulmonary tuberculosis among tribals in India: A systematic review & meta-analysis. Thomas BE, Adinarayanan S, Manogaran C, Swaminathan S. Indian J Med Res. 2015 May; 141(5): 614–623.

Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4510760/?report=printable.

Let them eat paste: The Malnutrition Market. Shukla A, Marathe S. EPW, Vol. 52, Issue No. 25-26, 24 June, 2017

Available at www.epw.in/journal/2017/25-26/commentary/malnutrition-market.html

Who are we nourishing - Children or companies?*

Shweta Marathe and Abhay Shukla

Maharashtra state has recently proposed a policy for introduction of packaged nutrient paste or RUTF for malnourished children across the state. This controversial decision of imposing an expensive form of packaged nutrition, instead of providing cheaper, appropriate and locally produced nutritious foods, exemplifies how the issue of malnutrition, which is actually the result of widespread deprivation and inequities, is paradoxically now being converted into an opportunity for expanding further markets, with potential for profit making. This article presents a deeper analysis of the possible dynamics behind this move.

Despite the percentage of severe wasting among children in Maharashtra being nearly doubled in a last decade (NFHS-3 and NFHS-4 surveys), the budget for the Women and Child Development (WCD) department was slashed by 62% and 22% in year 2016-17 and 2017-18 respectively. Concurrently, the VCDC programme with promising results in treating malnourished children, which required annual budget of Rs. 17 crores, was shut down across the state in 2014-15, giving the reason of shortage of budget.

On the contrary, large scale finances of around Rs. 5300 crores for seven years are being made available for the purchase of Take Home Ration (THR) packets for children below three years of age. A study conducted by the Nutrition Rights Coalition in 2015 showed that less than 5% children consume THR powder, while the remaining 95% THR packets are either thrown away or fed to animals. Hence, it is a matter of serious concern that despite such failure of one commercial packaged food, and no clear scientific evidence proving added value in centrally produced RUTF compared to locally prepared foods, government is entering into introducing another packaged product. Interestingly, certain studies

have also documented many concerns and adverse impacts related to adoption of RUTF, which include shaping young children's taste preferences towards sweet taste, developing a resistance to healthy foods, and even possibility of permanent alteration of metabolic functions. Similar observations were also noted in the assessment conducted by Jan Arogya Abhiyan, Maharashtra, regarding trial of RUTF in Nandurbar district. Overall, RUTF is embedded in a problematic paradigm which views malnutrition as a 'disease' which must be treated with nutrients as 'medicines'.

Presently the amount allocated for regular meals in the Anganwadi is barely Rs. 6 per child per day while cost of each RUTF packet is Rs. 25; with three packets provided daily the cost per child per day would come to Rs. 75. The total budget is around 100 crores. With the same budget, much better form of locally produced, culturally acceptable, nutritious foods could be provided, which would be far more appropriate than centrally manufactured RUTF. There is ample scientific evidence regarding effectiveness of such sustainable approaches which need to be prioritised, instead of large scale promotion of commercial packaged foods. Significant initiatives including community based interventions have been taken in India by Action Against Malnutrition (AAM) implemented in three northern states, and Nutrition Rights Coalition and NGO Mahan in Maharashtra, which have reduced malnutrition and showed their effectiveness; these initiatives are based on promotion of improved household feeding practices, individualized counselling of caretakers of children, better support to under-3 children through crèches and similar measures.

Civil society networks in Maharashtra have strongly protested against this decision of the government. However, ignoring the protests, the government has, in haste, recently issued tenders for procuring the RUTF. In response to this now, Jan Swasthya Abhiyan-Maharashtra is planning to file a PIL on urgent basis, asking the court to prevent implementation of this retrograde measure on such a large scale in Maharashtra, since this would become a deeply problematic precedent for other states also.

On the whole, in the view of abysmal failure of existing packaged food scheme in the state, to avoid further wastage of huge public resources and experiments on poor children across the state, Maharashtra must revoke this arbitrary decision of purchasing, and adopt healthier, cheaper and much more socially sustainable options to improve nutrition of the children in the state.

**This article has been largely adopted from already published article, 'Malnutrition market: Let them eat paste' in EPW dated June 24, 2017 by the same authors*

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Maternity Entitlements

From the Right to Food Campaign

The Indira Gandhi Matritva Sahyog Yojana (IGMSY) has now been replaced with the Pradhan Mantri Matru Vandana Yojana (PMMVY). This will be implemented in all districts in the country. The scheme is highly inadequate as it is limited to only the first child, the entitlement is reduced to Rs. 5000 (NFSA says Rs. 6000) and conditionalities remain. (https://drive.google.com/open?id=0B8BOT0emNxfqMlpzdUNuVVBYb0k, https://drive.google.com/open?id=0B8BOT0emNxfqMjU4ZlZaNGpwRFE)

Further, Aadhaar is being made mandatory for PMMVY. Pregnant and lactating mothers will need to produce the Aadhaar card to avail the Rs 6,000.

To protest against this limited scheme and to demand for immediate implementation of universal, unconditional maternity entitlements, the following events have been planned:

1. Action week in August last week (23-30) - In this week take up activities in states like sending Letters, Meeting MLAs/MPs, issuing Press statement, Press meet etc.

2. November 2nd, 2017: National Day of Action – states to plan big mobilizations at the state level – plan Rally/Jan Sunvai etc.

Some Differences in the Nature of Malnutrition, Africa and India

	AFRICA	INDIA
TYPE	Predominantly Acute (Wasting)	Predominantly acute on chronic (Wasting and Stunting)
INCIDENCE AND PREVALENCE	Lower	Much higher: nearly double but SAM less than predicted and improving
MORTALITY	Higher	Much lower than expected
MORBIDITY	Higher	Much lower than expected
HYPOTHESISED REASONS (SOUTH ASIAN ENIGMA)	Food insecurity Inadequate health care	Food insecurity Inadequate health care plus far greater gender inequity
IMPLICATIONS	Focus on short-term outcomes more urgent than in India, but long-term strategies for prevention must still be instituted	Comprehensive short, medium and long-term strategies must be instituted and given priority Little justification for a medicalised approach and much for a community approach

Taken from Dr. Vandana Prasad article for World Nutrition, *Foregrounding Community in Community Health Management of Severe Acute Malnutrition, An Indian perspective*

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

PHRN is a growing network of individuals and organizations with the perspective of strengthening technical and management capacities to take action towards the common goal of 'Health for All'. Its main objective is to contribute and strengthen all efforts directed towards the goal of 'Health for All' through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are generally left underserved. PHRN is currently working directly in the states of the states of Chhattisgarh, Jharkhand and Odisha and has contributed to the on-going work of strengthening public health systems in other states through its partnerships with other institutions.

Whereas PHRN is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards 'Health for All', **Public Health Resource Society (PHRS)** is the core group that has initiated the network. PHRS is a national level organization that is registered in Delhi under Societies Registration Act 1860 (Act XXI). It comprises of a small group of members and full timers that provides leadership to the network as well as functions as its secretariat.

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