



# PHRN NEWSLETTER

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## EDITORIAL

The inadequacy in health facilities to provide healthcare for its people was witnessed in full might with the health crisis faced by the country in the last two years due to the spread of the coronavirus. It was expected that there would be an increase in the health budget for the year 2022-23 to improve the health systems of India. However, the union health budget fails to appreciate the serious crisis that arose during the ongoing COVID 19 pandemic. While higher allocation was needed to ensure systems strengthening for addressing the health care needs of the people, there has been a curtailment in the budgetary allocations for the health sector.

While we continue with our advocacy attempts, we would like to share the PHRN's experience and achievements during this period. Few of our network members and colleagues have entered into a newer space. Dr. Vandana Prasad has joined as an adjunct faculty for the MPH course at Ambedkar University, New Delhi, Dr. Sulakshana Nandi has joined as Resource Faculty for the MPH course at the School of Public Health, AIIMS Raipur, and Mr. V R Raman, has taken up various academic and research assignments for institutions such as IDS, ATREE, BITS Pilani. Congratulation to each one for their achievements and contribution to the network activities.

In addition to these, Dr. Vandana Prasad has been invited by the Ministry of Women and Child Development to be a member of the Task Force for Early Childhood Care and Education and she has also joined the National ASHA Mentoring Group to act as a standing technical resource group to assist the central and state governments in the overall implementation, monitoring, and evaluation of the ASHA programme. Dr. Prasad also authored a policy brief on 'Warning Labels for Unhealthy Food'.

On the programme front, PHRS partnered with Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan to undertake a project focusing on food security in Chhattisgarh. PHRS supported the baseline survey through the development of methodology and tools for the survey, as well as capacity building of field staff to undertake the survey. As part of the Rajasthan health systems study to assess the gaps and challenges in health care service delivery in Rajasthan in order to inform policy a brief presentation on the policy recommendations was done on 5th March 2022 at the Chief Minister's Economic Transformation Advisory Council.

The crèches under the project "Mainstreaming Crèches to Reduce Malnutrition in Odisha" have also reopened with the State of Odisha's decision to re-open crèches. These crèches were closed due to the pandemic for the last two years following the guideline from the Government of Odisha. The special nutrition outreach programme initiated by the ST & SC Dept., Minorities & Backward Classes Welfare Department, Odisha PVTG Nutrition Improvement Programme (OPNIP) has also been initiated. The department is also piloting an SHG-led model for the management of its nutrition services-crèches, Maternal Spot Feeding Centres, and Spot Feeding Centres for Children through the engagement of PVTG SHGs. In Puri, Odisha PHRS in collaboration with NHM and GAIL Gas Ltd, organised a health camp on 24th February 2021 focussing on NCDs prevention, screening, counselling, and referral of NCDs among the residents of the intervention area. The camp was represented by officials of NHM and ICDS and representatives from GAIL Gas limited

We congratulate the entire team for their continuous effort in promoting public health actions. We are grateful to all our donors and networks for their continued support. I invite all the readers to reflect on our work.

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## NEWS FROM THE SECRETARIAT

### 11th General Body Meeting

The 11th PHRS General Board Meeting was held on 12th March, 2022. The General Body members spent some moments remembering Ms. Radha Holla and her contribution to the network, her work on nutrition and her huge contribution in PHRN newsletter as the founder editor. Following this, the general body members approved the joining of Mr Ajay Baluja and Ms. Neha Saigal as the new general body members of the society.

The secretary presented the minutes of the last General Board meeting and the action taken report. Both were ratified and approved by the general body members. Mr. V. R. Raman, National convener, PHRN along with the state conveners presented a brief report of the network activities. Subsequently, a detailed organisational, financial and programmatic updates were presented to the board. The general body also discussed the issues related to membership of the general body members, amendments in the by-laws etc. The meeting ended with a vote of thanks by the Secretary, PHRS.

### Task Force on Early Childhood Care and Education

The Ministry of Women and Child Development, Government of India has taken an initiative to strengthen the ECCE services in the ICDS. In this regard, a Task Force is constituted comprising members with varied and rich experience in the field of ICDS and ECCE. The Task Force will provide practical and implementable recommendations, and develop a road map for strengthening ECCE, that is linked to the

ground realities. For this purpose Dr. Vandana Prasad, Technical Advisor PHRN has been invited by the MWCD to be a member of the Task Force for Early Childhood Care and Education.

### Dr. Vandana Prasad has been invited as a member of National ASHA Mentoring Group

The National ASHA Mentoring Group (NAMG) act as a standing technical resource group to assist the central and state governments in the overall implementation, monitoring and evaluation of the ASHA programme. This group was initially constituted in 2005 and was further reconstituted in 2009, 2012 and 2014. This year again it has been reconstituted and Dr. Vandana Prasad, Technical Advisor, PHRN has been invited as the members of NAMG.

### Support to TDH-BMZ project in Chhattisgarh

PHRS is partnering with Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan to undertake a project focused on food security in Chhattisgarh. The project, titled 'Improving health and nutrition of tribal women and children through gender equal and environmentally sustainable approach to diverse food availability and access', will be implemented between January 2023 and December 2027. This also includes establishing community-based crèches, undertaking participatory learning and action activities with women and youth groups, establishing and supporting kitchen gardens, and advocacy with the government at various levels. In the pre-implementation phase, PHRS supported in the baseline survey

through the development of methodology, tools and capacity building of field workers to undertake the survey. To this end, a training session was undertaken for seven field workers of Chaupal on 17th March 2022 by Dr. Aditi Hegde. Each section of the tool was discussed with the workers in addition to a discussion on the objective of each section of the questionnaire. The field survey is expected to start from 1st April 2022.

### Participation in the webinar on insights from NFHS-5 by IFPRI-POSHAN

PHRS team attended a webinar organised by IFPRI-POSHAN on 'Towards progress on nutrition in India'- insights from National Family Health Survey 5. This webinar was organised on 25th March, 2022. In this webinar, nutrition-relevant analysis of NFHS-5 data of the remaining states was shared. A brief overview of the state nutrition profiles along with various presentations on NFHS-5 data analysis of health and nutrition outcomes and determinants was the main focus of this webinar.

### Study on prevalence and causes of malnutrition among under 5 children in selected geographies in India

PHRS signed a TOR with the National Human Rights Commission to undertake a one year research project entitled 'Prevalence and causes of malnutrition among under-five children in selected geographies of India'. The study is planned across 4 states- Odisha, Rajasthan, Assam and Delhi. The aim of the study is to determine factors leading to malnutrition among U5 children.

### **A study to assess the gaps and challenges in health care service delivery in Rajasthan in order to inform policy**

Following an invitation from the Chief Minister's Economic Transformation Advisory Council, Government of Rajasthan, PHRS conducted a study titled 'A study to assess the gaps and challenges in health care service delivery in Rajasthan in order to inform policy' between July 2021 and January 2022. The overall goal was to develop health policy recommendations to improve the quality of medical services in the public health sector as well as the overall provision of health care. The study used a health systems approach with a focus on the most vulnerable communities, and doable, short-term innovations. Jaipur and Karauli districts were selected for primary field research and nine facilities were visited in the month of October 2021 for this purpose. A preliminary report was presented to the Council on 5th January 2022

following which the full report, a policy brief, and a brief presentation were submitted. A brief presentation on the policy recommendations was done with the council by Dr. Vandana Prasad on 5th March 2022.

### **Executive Orientation on Health and Nutrition for PRADAN professionals**

A six-part training series was organized for PRADAN professionals from three development clusters across Jharkhand, Bihar, and West Bengal between 16th and 28th February 2022. The sessions were undertaken by Dr. Vandana Prasad and Dr. Aditi Hegde and covered an array of themes including an introduction to public health, health inequities, gender and women's health issues, India's health system, introduction to food and nutrition, lifecycle approach and first 1,000 days, and existing schemes and programmes in India.

A session on contemporary debates in health and nutrition was

also part of this training. Overall, more than 35 individuals participated in the sessions.

### **Webinar on Warning Labels or Health Star Rating on unhealthy food products**

Dr. Vandana Prasad, Technical Advisor, Public Health Resource Society, authored a policy brief on 'Warning Labels for Unhealthy Food'. To present this policy brief and to share expert views on the use of Health Star Rating v/s Warning Labels, a webinar was organised by Breastfeeding Promotion Network of India (BPNI) in collaboration with Nutrition Advocacy in Public Interest (NAPi) on 9th March 2022.

During this webinar, Dr. Vandana Prasad presented the policy brief 'Warning Labels for Unhealthy Foods': Mandatory front of pack labelling (FOPL) using nutrition warning systems as an urgently required intervention in India to protect public health.

## **NEWS FROM ODISHA**

### **The wait is over! Crèches re-open**

With the re-opening of Anganwadi centres in the state of Odisha from 28<sup>th</sup> of March 2022, crèches under the project "Mainstreaming Crèches to Reduce Malnutrition in Odisha" have also re-opened. These crèches were closed due to pandemic since last two years following the guideline from the Government of Odisha. The community has put forth their demands to re-open the crèches several times in the past few months. The excitement shown by the community while re-opening signifies the need to have more community-based crèches in the state.





### Update on OPNIP

The special nutrition outreach programme initiated by the ST & SC Dept., Minorities & Backward Classes Welfare Department, Odisha PVTG Nutrition Improvement Programme (OPNIP) shall now be piloting an SHG led model of management of its nutrition services (crèches, Maternal Spot Feeding Centres and Spot Feeding Centres for Children (3-6 yrs)) through the engagement of PVTG SHGs.

Recognising the vast potential and tremendous opportunity for the SHGs to be engaged in providing community-based services such as crèches and spot feeding centres, it was decided to shift to an SHG managed model. This would further lead to capacitating PVTG SHGs to take leadership in community management of other services too. In this regard, the teams selection guidelines were drafted and the field teams led by the Nutrition

great efforts in selecting eligible PVTG SHGs, motivating them and opening their new accounts for OPNIP. The NCs along with the Gram Panchayat Nutrition Assistants (GPNAs) have faced many challenges in this as many PVTG SHGs had become defunct, not been active as they had not been able to repay their loans. Nevertheless, the teams have worked tirelessly to revive some of these SHGs, or form new SHGs where Coordinators (NC) have taken



Apart from this, it gives us immense joy to inform that on 1st March, 2022, OPNIP was launched in all 17 MPAs across the 12 districts, with the inauguration of MSPK cum Crèche buildings and launching of distribution of ICDS Take Home Ration (THR) by the PVTG SHGs. This was done with the support and coordination of ICDS and the DWCD, GoO. A total of 55 numbers of MSPK cum creches, 17 SFCs and 77 MSFCs were inaugurated on this day. The programme was attend-

ed by the District Collectors (at PBDA Khuntagoan Sundergarh and LSDA Puttasingh, Rayagada) and other District as well as Block Level dignitaries.

In a special function held at DKDA, Rayagada, Sj. Jagannath Saraka, Hon'ble Minister of State, ST & SC Development, Minorities & Backward Classes Welfare inaugurated the creche building at Kinjamjodi, Chancharaguda GP, Bissamcuttuck, Rayagada. In a special function held at DKDA,

Chatikona of Rayagada District , Sj. Jagannath Saraka, Hon'ble Minister of State, ST & SC Development, Minorities & Backward Classes Welfare remained present and inaugurated the creche building at Kinjamjodi, Chancharaguda GP, Bissamcuttuck, Rayagada. This was a grand event and paves the way for the opening of all OPNIP centres (61 crèches, 169 MSFCs and 131 SFCs) with full operations including serving of Hot Cooked Meal (HCM) from 7<sup>th</sup> April, 2022.



*Inauguration of MSPK and dry ration distribution by Honourable Minister ST&SC Welfare, Govt. of Odisha Sri Jagannath Saraka in presence of Sarpanch Chanchadaguda and other staffs of AKSSUS FNGO and MPA at Kinjamjodi village of DKDA, Chatikona, Rayagada*



Latitude: 21.517765  
Longitude: 85.621161  
Elevation: 506.84±100 m  
Accuracy: 2.9 m  
Time: 01-03-2022 13:03  
Note: Distribution of Dry Ration at Kundhei village of JDA, Gonasika, Keonjhar

*Dry Ration Distribution at MSPK, Kundhei village of JDA, Gonasika, Keonjhar*



Latitude: 19.236372  
 Longitude: 84.270187  
 Elevation: 609.97±19 m  
 Accuracy: 3.8 m  
 Time: 08-03-2022 13:24  
 Note: Demonstration of Anthropometry practice

Powered by NoteCam

**2 days Residential training on MIS and Anthropometry held for Gram Panchayat Nutrition Assistant (GPNA)**

Apart from these events, trainings of the Gram Panchayat Nutrition Assistants (GPNAs) on Anthropometry in different clusters was conducted during Feb-March 22. The month of March saw our teams busy conducting trainings and doing preparatory works towards the opening of centres. From mid March, the 3 days orientation and training of selected Crèche Workers (CWs) and SHG members for the functioning and management of crèches was conducted at the individual MPAs. This was followed by a 2 days Orientation and Training of SHG members for the management of MSFCs and SFCs. With the opening of AWCs in Odisha from 28<sup>th</sup> March, the OPNIP team is also excited and geared up towards opening the crèches centres.



Time: 15-03-2022 11:09  
 Note: 3 Days MPA Level training program of Crèche worker and SHG Member At JaMardihi Office

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**Training of PVTG SHG Crèche Workers and MSFC & SFC Mother Group held at MPA level.**



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### Promotion of institutional deliveries through Participatory Learning and Action (PLA)

Parajasuku is one of the crèche intervention villages of Dashmantpur block under the Koraput district of Odisha. It is situated about a kilometer away from the Podagad CHC. 127 families from tribal and Christian communities are residing in the village. Since October 2018 the crèche is being run in the village and they ensure some preventive measures to reduce malnutrition among the children of this age group. It was felt by the implementation team that there are gaps at different levels such as family, community, and system level to address as the focus remained only on the institutional services. Hence the capacity building for the crèche workers, crèche committee mothers, and other women collectives of the villages through PLA approach was introduced. On 23 December 2020 and 17 January 2021, the PLA meeting on the life cycle was conducted at Parajasuku village by the crèche workers with support from the PHRS team. The ASHA and the AWW also had participated in the meeting. During the discussion, it was found that the women from the ST community are not going for institutional delivery after repeated counseling by the FLWs. However, changes have been recorded among the Christian community. To understand the key cause of unwillingness among ST women for institutional delivery Mr. Dillip Basantray and Mr. Benudhar from the PHRS team planned to conduct a discussion with the ST women separately immediately after the meeting. They made a conducive environment for facilitating discussion and encouraged

mothers to share the challenges they faced for institutional delivery. As the women get an encouraging environment, they opened up and confidently shared the following reasons for their hesitancy for institutional delivery.

- Deliveries are being conducted by or in presence of male doctors. So, they feel shy to go for institutional delivery.
- They have the fear that doctors might say for cesarean section if they will go to hospital for delivery.
- In case of C-section the mothers can't do agriculture activities, other chores as well as can't go for labour works. In this situation they will have to bear a lose income for a certain period.
- They feared the behavior of the medical personnels at hospital.
- The have strong faith on the Dhai and feel comfortable with her. So, they don't go for an institutional delivery.
- They also seek support from the family for institutional delivery.

It was understood from the discussion that, it requires a change in the mindset of the mothers and community regarding safe delivery. Our team planned for home-based counselling for all the pregnant women along with the ASHA, and the crèche worker. PLA picture cards were used during the home visits. Detail discussion on care during delivery, safe delivery, feeding, maternal schemes etc were also discussed during the VHND and Immunization sessions in presence of ASHA, AWW, HW(F), crèche worker and PHRS block coordinator. The Dhai also supported in the process of discussion with the mothers. And the regular follow up was being taken on the commitments done by the mothers during each meeting. On



13<sup>th</sup> December 2021 during the PLA follow up meeting conducted by the crèche worker and block coordinator it was shared by the ASHA and the AWW that now the pregnant women from ST community are also going for institutional delivery. They also offered thank to PHRS team for conducting PLA meetings. As per the request of our team a list of institutional deliveries conducted during the year 2021-22 from Parajasuku village was shared by the AWW and it was also shared by the FLWs that no home deliveries conducted in Parajasuku during the year. Out of 9 deliveries seven are from ST communities. Our team also discussed with the mothers and found that they are happy with their decision.

A total of 9 institutional deliveries of ST women were conducted in Parajasuku village during March 2021 to February 2022.

**Capacity Building to improve the health and nutrition status of women / adolescents from the underprivileged community of Puri district, Odisha**

In the current and the last quarter of the project, intense engagements were seen with the women collectives (SHGs) in the intervention areas of Puri district. The change vectors actively transacted the micro modules during the PLA meeting cycles with the handholding support of the program facilitators. The PLA meeting cycles for all micro-modules has been completed. Besides, the program facilitators have been conducting the home visits, counselling, growth monitoring in co-

ordination with the frontline workers of health and ICDS including documentation of case studies.

**Saharanchal Swasthya O poshan sabha**

A platform by the name of "Saharanchal Swasthya 'O' POSHAN sabha", was formed by the women of SHGs with the help of PHRS team. This platform was an interface between the women collectives and the health and ICDS functionaries. The platform is now used by the women to advocate for their rights and entitlements with the frontline workers and the ICDS and health functionaries. Advocacy efforts are taken

by the SHG women for ration cards, MCP cards, NREGA cards and other entitlements provided by the government to ensure food security and livelihood in the community.

**End-line BMI survey**

An end-line BMI survey was conducted by the Program Facilitators for all the women collectives in the intervention area. The trend analysis of the baseline and the end-line survey shows increasing trend of overweight and obesity among the women of the SHGs. The increasing trend of overweight and obesity also indicates the increasing burden of NCD in the community.

**Pushti 'o' Swasthya Vikas Karayakram- Swasthya Mela**

PHRS in collaboration with NHM and GAIL Gas Ltd organised a second health camp on 24<sup>th</sup> February 2021 focussing on NCDs prevention, screening, counselling and referral of NCDs among the residents of the intervention area in the UPHC, Penthakata. The camp was represented by officials of NHM and ICDS and representatives from GAIL Gas limited. Dr. Prafulla Mohapatra, Medical Officer in-charge UPHC Penthakata was the chief guest for the event.



The participants of the camp were examined for BMI, haemoglobin, blood sugar and blood pressure. Based on the test results, the doctors of the UPHC prescribed the medicines and advised a follow-up visit to the participants. The findings of the camp showed an increasing burden of NCDs in the intervention areas. In the closing remarks for the camp, it was suggested that immediate and collaborative efforts are required to curb the menace of NCDs in the area.



### Project Dissemination event

As the capacity building project in Puri project has almost completed, a dissemination event was organised by the team on 22nd March 2022 in Rotary club, Puri to apprise the various stakeholders on the updates and progress of the project. This event was attended by the officials of the health and ICDS department, Municipal corporation, represent-

atives from GAIL Gas Ltd. The event was also attended by other stakeholders such as CSOs, PRIs and women representatives etc.

Dr. Biraja Shankar Rath, ADMO (PH) was the chief guest for this event. During this event, a brief presentation was made on the intervention, approaches and achievements of the project followed by a panel discussion with

the guests. The reflections of the community taken in the event.

The efforts of the project team were lauded and the need to continue the project was also briefly discussed. The NHM and ICDS officials have offered to extend their support to PHRS in the future. The event was concluded and consolidated by Mr. Satya Pattnaik, senior program coordinator, PHRS.



## NEWS FROM CHHATTISGARH

### COVID-19 A View From The Margins

“COVID-19 - A View from the Margins” is a volume of essays documenting the experiences of people from different walks of life at the front-line of the COVID-19 response in India. This volume is a narration of the response as viewed by current and former civil servants, doctors in rural and urban India, journalists from across the country, new and seasoned public health practitioners, economists, and lawyers, of the million mini-battles being fought at the margins against COVID-19. In this anthology we introduce readers to the Indian health system and the country’s history of fighting epidemics, discuss the disease epidemiology and then

we travel to different corners of India to hear experiences and opinions ranging from managing a non-profit hospital or running an ICU in an under-resourced setting to detailed analysis of state and national-level pandemic response strate-

gy. This is a first-of-its kind attempt to view our country’s response not only to the novel coronavirus but also its impact on communicable and non-communicable diseases, life and livelihoods, human rights, and the role our country’s institutions played in it.

### COVID-19 A view from the margins

A culmination of the stories, experiences, and reflections by scientists, doctors, administrators, economists, legal advisors, journalists, public health practitioners, and activists.

- 6 Sections
- 7 Section Editors
- 37 Chapters
- 67 Authors
- 664 Pages

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This book is a celebration of the little successes on the ground and a reminder of numerous lessons for the next time humankind is faced with an unprecedented health emergency. But most importantly, it's an attempt to acknowledge, remember and reflect on the unfair burden of suffering borne by those living at the margins of society.

#### Notable contributors:

- Ms. Sujatha Rao, former union health secretary of India
- Niharika Barik Singh, State health secretary of Chhattisgarh during the first wave of COVID-19
- Jean Dreze, Economist
- Ritika Khara, Economist
- Vidya Krishnan, Journalist
- Kiran Kumbhar, Medical Historian
- Sarojini N., SAMA
- T Sundararaman, Professor & Dean, Tata Institute of Social Sciences
- S P Kalantri, Director Professor, Mahatma Gandhi Institute of medical Sciences
- Sulakshana Nandi, Public Health Resource Network and National Joint Convener, Jan Swasthya Abhiyan (People's Health Movement), Chhattisgarh

#### **Publications**

Report on 'Demand-side assessment of primary health care in Chhattisgarh' published. The study was undertaken by SHRC Chhattisgarh, Public Health Resource Network and WHO India. This mixed-methods study was aimed at examining three main aspects: 1) the unmet needs of population, 2) the health seeking behavior and 3) the financial and other barriers to access. Another area that the study has examined is

that of community participation in healthcare. Adapted extract on the Key findings and Recommendations:

#### KEY FINDINGS:

The quantitative assessment reported the current healthcare needs for different kinds of ailments. The morbidity rate found in this assessment was greater than what has been reported by National Sample Survey (NSS). Around 11% population experienced acute ailments over last 15 days and 8% of population had chronic ailments. The hospitalization-rate was around 5% of population annually. The annual healthcare need estimated per 1000 population in state is: 2700 episodes of outpatient care for acute ailments, around 1920 visits of outpatient care for chronic illness and 47 episodes of hospitalization annually.

Urban and female population had greater morbidity-rate for all three kinds of ailments. While the Schedule Tribes (ST) category population has reported high acute illness, the poorest quintile has reported greater morbidity-rate for acute illnesses and high rates of hospitalization.

Analysis of utilization of different kinds of healthcare providers shows that public sector accounts for around 40% of the out-patient care sought for acute illnesses, around 40% for chronic conditions and 60% share in hospitalizations. This share of public sector is better than national average, which according to NSS stands at around 30% for out-patient and 45% for in-patient care. If unmet needs are to be addressed, public sector coverage has to be expanded further.

#### **Presentation in webinar entitled "Health economics and policy in South Asia"**

Dr. Sulakshana Nandi spoke on the Implications of publicly funded health insurance for UHC in LMICs as part of the ongoing Webinar series titled "Health Economics and Policy in South Asia" organised by the Young Scholars Initiative's South Asia Working Group.

Abstract: Universal Health Coverage (UHC) has provided the impetus for the introduction of publicly-funded health insurance (PFHI) schemes especially in many low- and middle-income countries (LMICs) with mixed health systems. In many countries these schemes involve "purchasing" of healthcare by governments from the for-profit private health sector. Drawing on my own research and that of other scholars and activists, in this talk I will discuss the implications of public healthcare delivery by the for-profit private sector. I will present evidence related to its impact on health equity, financial protection, universal access to healthcare and public healthcare systems, locating the analysis within the political economy of health and global health policy and discourse. Foregrounding lessons from the health systems response during the pandemic I will conclude by discussing the need to examine and address the commercial determinants of market-based healthcare delivery. The recording of the presentation is available here

<https://www.youtube.com/watch?v=zZPbl3vNmus>

This share of public sector is better than national average, which according to NSS stands at around 30% for out-patient and 45% for in-patient care. If unmet needs are to be addressed, public sector coverage has to be expanded further.

The rural and remote population, especially the poorer households face biggest barriers in access. Distance from healthcare facilities came up as a key barrier, including in form of increased expenditure. The access for care for chronic diseases was found to be limited for the poorest. Public sector care was found to protect women, tribal population and the poorest from financial hardship.

The study shows how significant the public health system is for vulnerable groups due to its availability in remote areas and affordability. There is no preference for private sector services especially among the poor. People are forced to go to the private sector, which often they can't afford, due to issues in timing, availability of human resources and medicines, and behavior in the public sector.

Mitanin, Community Health Workers (CHWs) play a key role in generating demand for utilization of public healthcare. Around half of the utilization taking place in public sector in Chhattisgarh is getting facilitated by CHWs. The supply side gaps mostly relate to shortage of drugs, human resources and diagnostics. Human resource gaps are severe in remote and tribal areas.

HWCs have made a noticeable addition to public sector capacity to manage NCD burden. HWCs have also begun to address com-

mon ailments like skin issues. However, diseases such as epilepsy, sickle-cell disease, mental illnesses require more attention, including in HWCs.

The state has devised its new trust based scheme Dr. Khubchand Baghel Swasthya Sahayata Yojana (DKBSSY), which can help in addressing gaps in the range of procedures available in public facilities. For this, DKBSSY needs to focus on critical gaps in secondary/tertiary care. It can improve access. Strict measures may be needed for regulation of providers if the scheme has to be more effective in curbing OOPE in private-sector care.

#### RECOMMENDATIONS:

- Expanding and Strengthening Health and Wellness Centers (HWCs) - HWCs have shown that they are the most suitable measure currently for expanding access to primary healthcare for the rural population as well as for the urban poor.
- Role of CHWs as members of Primary Healthcare Team: CHWs and community health committees have been effective in linking the poor with public healthcare. Their role needs to be expanded further in promoting demand for public healthcare as well as in management and follow-up of illnesses.
- Expanding range of services in CHCs and District Hospitals: One of the key reasons for less footfall in public facilities is their limited timings and narrow range of services. The timings of public facilities,

especially for out-patient care and laboratory tests need to be expanded by adding human resources. In urban areas, early morning and late evening clinics are necessary. These facilities need to devise systems for downward referral of chronic disease cases for sustained follow-up by HWCs.

- Improving Dr. Khubchand Baghel Swasthya Sahayata Yojana (DKBSSY)- The Government Health Insurance Scheme
- Lower population norms for HR and primary health facilities in tribal remote hamlets and for Particular Vulnerable and Tribal Groups (PVTG) and vulnerable communities.
- Recruiting local persons from the community as frontline workers
- Improving access to safe drinking water, clean cooking fuels, toilets and nutrition services.
- Universalize social welfare schemes, without mandating identification card forits access
- Participation of community and health workers in policy formation, implementation and monitoring
- Setting targets for UHC and periodic assessments in Chhattisgarh using this study as a baseline .

The study can be accessed here <https://apps.who.int/iris/handle/10665/352601>

## NEWS FROM JHARKHAND

### चाँदी चली सफलता की डगर

झारखण्ड सरकार एवं विश्व बैंक द्वारा संपोषित बहुउद्देश्य तेजस्विनी परियोजना का प्रभाव और इसकी दूरदर्शी सोच का सकारात्मक परिणाम यदि देखने को मिल रहा है तो इसमें गोड्डा जिला में स्थित सुदूर क्षेत्र सुदंरपहाड़ी भी इनसे अछूता नहीं रहा है।

प्रखण्ड सुदंरपहाड़ी के तेजस्विनी क्लब राजाभीठा की किशोरी चाँदी पहाड़िन ने अपने तेजस्विनी क्लब की युवा उत्प्रेरक सोहागिनी हेम्ब्रम से बाल विवाह एवं महिलाओं के अपने अधिकार के बारे में जाना, तो उसने भी बाल विवाह के विरुद्ध आवाज उठाई और साथ ही अपने गांव के बच्चियों के भविष्य को सही दिशा देने की ठानी है। युवा उत्प्रेरक सोहागिनी हेम्ब्रम के बाल विवाह के विरुद्ध सकारात्मक पहल से किशोरी चाँदी पहाड़िन के तेजस्विनी परियोजना से जुड़ने एवं भविष्य के प्रति सोच के अंश आगे प्रस्तुत है।

प्रखण्ड सुदंरपहाड़ी के बड़ा पाकतरी पंचायत के पहाड़ों एवं जंगलों से छिपे हुए एक गांव है मासपाड़ा। लखीराम हेम्ब्रम और बिटीया मुर्मू के घर में वर्ष 2000 में सोहागिनी का जन्म हुआ। चार भाई-बहनों में सोहागिनी सबसे बड़ी है। ग्रामीण परिवेश, आस-पास के वातावरण के कारण केवल 14 वर्ष की उम्र में ही मई 2014 में उसके माता-पिता ने विवाह कर दिया। उसने शादी के एक वर्ष उपरांत वर्ष 2015 में एक बच्ची को जन्म दिया। पुनः केवल 17 वर्ष की अल्पायु में ही वह मां बन गई। अल्पायु में मां बनने के कारण ही उसे शारीरिक समस्या का सामना करना पड़ा। समस्या को वह सही ढंग से समझ नहीं पा रही थी। वर्ष 2019 में गोड्डा जिला में तेजस्विनी परियोजना के शुरू होने पर वह युवा उत्प्रेरक के रूप में परियोजना से जुड़ी। उन्मुखीकरण के क्रम में उसे ज्ञात हुआ कि उसके

बाल विवाह होने के कारण ही शारीरिक समस्या से वह जुझ रही है। जब बाल विवाह से होने वाले नुकसान को उन्मुखीकरण में जाना तभी उसने फैसला किया कि उसके साथ जो हुआ अब वह यह सब अपने गांव में दूसरी बच्ची के साथ घटित नहीं होने देगी।

उसने तेजस्विनी परियोजना के मॉड्यूल विषयों पर गांव की किशोरियों के साथ चर्चा करते हुए तथा गतिविधि के माध्यम से किशोरियों को जागरूक करना शुरू किया। बाल विवाह के कुप्रभाव तथा महिलाओं के अधिकारों का वह ग्रामीण महिलाओं एवं किशोरियों के बीच साझा करती गई। इसी क्रम में उसे तेजस्विनी क्लब की चार बच्चियों को बाल विवाह होने की सूचना मिली। सोहागिनी ने ग्रामीण प्रतिरोध के बावजूद उक्त बच्चियों को बाल विवाह के दलदल से बचाने में कामयाब रही। सोहागिनी ने अपने प्रयास से न केवल बाल विवाह रोका बल्कि उसने उन बच्चियों एवं परिवार जनों से बात करके अनौपचारिक शिक्षा से जुड़ने का अवसर प्रदान किया। सोहागिनी ने जिन चार बच्चियों का बाल विवाह होने से रोका उनमें चाँदी पहाड़िन (पिता- मैसा पहाड़िया) भी थी। जिसने तेजस्विनी क्लब में जुड़ने के साथ-साथ महिलाओं के अधिकार एवं बाल विवाह के कुप्रभाव को भी जाना।

चाँदी पहाड़िन के तेजस्विनी परियोजना से जोड़ने में युवा उत्प्रेरक सोहागिनी हेम्ब्रम का काफी योगदान रहा। हालांकि सोहागिनी को भी अपनी इस सफलता की राह को पाने के लिए बाधाओं और चुनौतियों का सामना करना पड़ा। उन्हें न केवल अपने परिवार बल्कि अपने से अलग समाज के लोगों की आलोचनाओं को भी झेलना पड़ा। चाँदी बताती है कि बाल विवाह के विरुद्ध आवाज उठाने की प्रेरणा क्लब में प्रशिक्षण के दौरान हो रहे नाटक से मिली। जिसमें बाल विवाह से होने वाले

हानिकारक प्रभावों के बारे में बताया गया था। इतना ही नहीं क्लब से जुड़ने के बाद स्वास्थ्य एवं पोषण की सही जानकारी, माहवारी के दौरान बरती जाने वाली सावधानियों एवं बचत करने के बारे में महत्वपूर्ण जानकारी मिली। जब क्लब से प्रेरणा लेकर चाँदी पहाड़िन ने बाल विवाह के विरुद्ध पहली बार अपने पिता को विवाह करने से इंकार किया। तब उसकी मदद करने वाला कोई नहीं था।

युवा उत्प्रेरक सोहागिनी हेम्ब्रम के सहयोग के कारण वह अपने माता-पिता को जागरूक कर पाई। फिर बार-बार समझाने पर और पढ़ने की ईच्छा प्रकट करने पर माता-पिता तैयार हो गए। पर उसकी राह में समाज रोड़ा बनकर सामने आया। चूंकि चाँदी की शादी तय हो गयी थी। तो ग्रामीण समाज के लोगों ने चाँदी और उसके परिवार पर शादी करने का दबाव बनाया, पर ऐसे में चाँदी के माता-पिता ने उसका सहयोग किया और स्पष्ट रूप से कहा कि अभी हम अपनी बेटी की शादी नहीं करेंगे वह जबतक पढ़ना चाहती है। तबतक पढ़ाई कर सकती है। इससे चाँदी में आत्मविश्वास का संचार हुआ। अब वह सुंदरपहाड़ी स्थित "कस्तूरबा गांधी आवासीय विद्यालय" में 12वीं कक्षा में है। सबसे सुखद पल यह है कि ग्रामीण परिवेश के बीच चाँदी स्कूल छोड़ने के बाद पुनः दुबारा विद्यालय में अध्ययन करते हुए अपने भविष्य को सही दिशा में ले जा रही है। चाँदी पढ़ने के अलावा अभी उसने कोई लक्ष्य निर्धारित नहीं किया है। किन्तु हमें पूरा विश्वास है कि जैसे वह इतनी चुनौतियों के बाद वापस पढ़ रही है। तो वो निश्चित रूप से पढ़ाई के बाद सफलता की नई छलांग लगाएगी और बुलंदियों के आसमान को छुएंगी।

सौजन्य-

सोहागिनी हेम्ब्रम (युवा उत्प्रेरक)  
शिवानन्द शिवम (क्षेत्रीय समन्वयक)  
प्रखण्ड-सुदंरपहाड़ी।

## OTHER UPDATES

- Dr. Vandana Prasad, Technical advisor PHRS has joined as an Adjunct faculty for MPH course in Ambedkar University, New Delhi. She teaches epidemiology to the MPH students.
- Dr. Sulakshana Nandi has joined as Resource Faculty for MPH course at the School of Public Health, AIIMS Raipur.
- Mr. V R Raman, National Convener, PHRN has completed his full time tenure with WaterAid India recently. He will now be working part time for various academic and research programs run by institutions such as the Institute of Development Studies (IDS), Ashoka Trust for Research in Ecology and Environment (ATREE), Birla Institute of Technology and Science (BITS) Pilani and so on, while providing leadership to the network initiatives of the Public Health Resource Network.
- PHRN looks forward to have his more active support and guidance under this new arrangement, especially in the areas of health systems strengthening, capacity building, environmental health and social determinants of health.
- Mr. Indranil Mukhopadhyay has been promoted as a Professor at School of Government and Public Policy at the O P Jindal Global University, Sonapat.
- Dr. Sulakshana Nandi was invited in a joint discussion by Health Equity Network India for its 17th equilogues on the theme of 'Equitable Health systems' for building a just and fairer world. This webinar was organised on 4th March 2022 in which discussion was further extended on different dimensions of the theme of equitable health systems.



Public Health Resource Network (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. 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.

### **PUBLIC HEALTH RESOURCE SOCIETY**

K 65, Hauz Khas Enclave, Hauz Khas, New Delhi-110016  
Contact No.: 011 26868118, 011 42576337  
Email: [delhi@phrnindia.org](mailto:delhi@phrnindia.org)  
Website: [www.phrnindia.org](http://www.phrnindia.org)