

PHRN NEWSLETTER

EDITORIAL

PHRN@18 and PHRS @15: Some Supporting districts and blocks for planning and action at the community action.

This year, the Public Health Resource Network (PHRN) has achieved citizenship age of 18 years, and the Public Health Resource Society (PHRS) entered 15th year of its foundation. During the initial 3 years till the formation of PHRS in 2008. the PHRN was hosted as the extension unit of the State Health Resource Centre in Chhattisgarh, PHRN's mother organisation. As one of the persons at the centre of affairs of PHRN and PHRS from the very beginning, except for 4-5 years in between, I was trying to look back the years we passed and think about where and how to set out its future course of focus and action.

What all were the key achievements of the PHRN during these 18 years? I was trying to list 15-18 such important milestones:

- Building focus onto the most needy and challenging states of India, bringing several other actors forward, as a response to the key challenges faced by the National Rural Health Mission
- Setting the capacity building agenda under the National Rural Health Mission
- Bringing out training material for district health planning in both English and Hindi languages, on 18 important topics that are critical for district level action
- Setting up a well pursued postgraduate education program in district health planning in partnership with the Indira Gandhi National Open University
- Setting up collaborative initiatives with internationally renowned academic centres on public health
- Training and forming teams of trained public health personnel across 100 districts of India, both

from the public health systems and the civil society

- Supporting districts and blocks for planning and action at the community level, through community health fellowship programs
- Bringing forward key determinants of health outcomes such as community participation, water and sanitation and related issues, as key components of health action
- Building actions for health of most vulnerable tribal populations
- Contributing critical evidences for health policy and systems strengthening across states and at national, international levels
- Shedding attention on the healthrelated human rights, through partnerships with National Human Rights Commission and people's movements on health
- Building convergent action on health and nutrition
- Suggesting strategies for health and nutrition of children under six
- Demonstrating viable models for health and nutrition of children under three, through models of community run crèches
- Working together with government as well as civil society initiatives for building evidence-based policies and action on food and nutrition security
- Organising international knowledge events on malnutrition, in order to build policy focus on the issue of double-burden of malnutrition
- Building models for Improving health and lives of adolescent populations
- Building community-led action models during the pandemic

There are more, but I think these form the key ones at this point.

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Now, while all these are critical contributions and interventions, are these enough? The answer is NO. There are much more to do and achieve, over the years to come. I recall the report of the get • together in 2018, to celebrate PHRS' completing one decade of its foundation wherein there were several important areas for focus • has been discussed and agreed upon, for the future course of action. While the last few years have been challenging for the functioning of non-government organisations including PHRS, it is important to regain strengths and build further much awaited action agenda of this network and organisation, and move forward. Maybe for the upcoming five years, while the PHRS will turn twenty and the PHRN, twenty-three, we may need to focus on the following issues:

Revamping the network, by way

of identifying and including more public health leaders and actors, and expanding the action themes and geographies

- Expanding the work for the health and nutrition of the most marginalised population groups and communities
- Renewing the agenda of health systems strengthening at state, district and local levels based on the new developments that happened and learnings from the models for the same
- selfand urban local governments or Panchayati Raj Institutions and strengthening their capacities for planning and imparting health and nutrition initiatives
- Looking at the emerging needs, reviewing and revising the

knowledge contents for public health and nutrition action at district and block level

into the next set of challenging I think these make sense. Maybe more is needed. As the present National Convenor of the PHRN, I invite thoughts from colleagues and readers to share thoughts and suggestions, also commitments from their end in terms of how they can contribute in this much needed mission. As we wrote at the inception, "A mission needs missionaries and it needs them pandemic, and preparing action where the challenges are highest".

• Building attention on the rural Looking forward to your suggestions and commitments

> Mr. V R Raman National Convener Public Health resource Society



NEWS FROM THE SECRETARIAT

Training on Health and Nutrition

(Dr. Nousheen Fatima)

PHRS conducted a two-day training for Mobile Crèches team on health and nutrition on 11th and 12th of May, 2022. The training was facilitated by Dr. Vandana Prasad (Technical Advisor, PHRS), Mr. Shahnawaz Khan (Senior Programme Coordinator, PHRS), Dr. Aditi Hegde (Senior Programme Coordinator, PHRS) and Nousheen Fatima (Programme coordinator) from PHRS. On day one; Dr. Vandana Prasad and Dr. Aditi Hegde undertook multiple sessions across the spectrum of malnutrition including food, nutrition, hunger, lifecycle approach and first 1000 days etc. The various causes of malnutrition were explained to the team using UNICEF and Lancet framework.

A group activity session was also undertaken in which Mobile crèches team was divided in three groups to design a comprehensive intervention to address the issue of malnutrition following which a brief group presentation on designed intervention was also done.

On the second day, technical theory session was undertaken by Mr. Shahnawaz Khan and Dr. Aditi Hegde on Anthropometry following which a practical session on anthropometric measurements was also conducted. The training ended with a question answer session and vote of thanks.

Prevalence and causes of malnutrition among under-five children in selected geographies of India

(Dr. Nousheen Fatima)

PHRS is conducting a research study that is supported by the National Human Rights Commission, New Delhi on malnutrition among under-five children enrolled at the Anganwadi centres across four sites in India namely Delhi, Odisha, Rajasthan and Assam. Along with continued desk review; a comprehensive study protocol and data collection tools were developed. Ethical clearance was granted to the study following a meeting with the members for Institute Ethics Committee. A pilot survey has also been initiated to examine and validate the methods and procedures of the study.

Advocacy for Importance of Girl Child through Evidence Generation and Mass Media Campaign in Jharkhand (Dr. Aditi Hegde)

Public Health Resource Society is undertaking a project titled 'Advocacy for Importance of Girl Child through Evidence Generation and Mass Media Campaign in Jharkhand' in 20 villages of Madhupur block, Deoghar district, Jharkhand. This project is supported by Jhpiego India under the aegis of 'Momentum Country and Global Leadership. The 10-month project includes components of research, implementation, and advocacy. While the formative study includes both quantitative and qualitative elements, the case study documentation is purely qualitative and will take place throughout the project. Further, the project includes community mobilization and peer advocacy which will strategically address the issues identified in the formative study. Lastly, appropriate, community-based mass media techniques - such as local groups performing street plays and youth clubs taking out rallies will be implemented across all the selected villages.



Training for Mobile Crèche team in Delhi

Internship program of PHRS (Dr. Nousheen Fatima)

ning its internship programme to provide orientation and practical exposure to students/volunteers

dents namely; Ms. Nidhi Ahlawat, Health Nutrition. Ms. Nidhi Ahlawat has a Bachelor from various fields and institu- degree in Food Technology along tions. In this quarter, four stu- a Diploma is Dietetics and Public



Ms. Nidhi Ahlawat and Ms. Shveta Nagar visiting an Anganwadi centre

Mr. Ashish Mr. Ashish Sharma, Ms. Anjali Sharma has a Master's degree in PHRS has been successfully run- Sharma and Ms. Shveta Nagar Political Science, Ms. Anjali Sharjoined PHRS national office as in- ma has a Bachelor degree in Pharterns for a period of one month. macy and Ms. Shveta has a Bachelor degree in Arts (Sociology). These interns are enrolled in the Master of Public Health course, batch 2021-2023 in Ambedkar University, New Delhi.

> Mr. V R Raman (National Convener, PHRS), Dr. Rupa Prasad (Executive Director, PHRS) and Dr. Aditi Hegde (Sr. Program Coordinator, PHRS) are mentoring these interns. From designing a research proposal to doing a pilot survey in the field, interns were exposed to various transects of a research study. Orientation sessions for interns on urban health and health systems, literature review etc were undertaken by Mr. V R Raman and Dr. Aditi Hegde.

National Conclave on Sustainable Food systems

(Dr. Nousheen Fatima)

Dr. Vandana Prasad Technical Advisor, PHRS) was invited to CSE's 'National Conclave on Sustainable Food Systems' held between 19th and 21st April, 2022 at Anil Agarwal Environment Training Institute at Nimli, Rajasthan. The meeting involved discussions across array of topics such as benefits of non-chemical agriculture, need for front-of-pack warning labels, State-level initiatives for better market for nonchemical food produce, Farmer Producer Organisations for promotion of non-chemical agriculture, growing intensive foodanimal systems at the risk of antimicrobial resistance, zoonosis, biodiversity and climate change and sustainable food systems for

better nutrition, livelihood, envi- Report of the fact-finding, rice ronment and climate etc.

ISA-NCC Meeting (Dr. Nousheen Fatima)

attended the two day meeting. immediately. During this meeting, discussions were held on the updates of major decisions taken in the previous JSA-NCC meeting and organisa- https://drive.google.com/file/ tional framework of JSA at the d/1jqarV_9LCJ3qYH0P3WfkWdH national level was discussed in TVe4zssEb/view?usp=drivesdk detail.

fortification, Jharkhand

Dr. Vandana Prasad accompanied a team to Jharkhand for a fact PHRN has been a member of Jan finding visit on 'rice fortification Swasthya Abhiyaan since its in- in government food schemes' ception. JSA organised its National from 8th to 11th of May, 2022. Coordination Committee meeting The team visited Khunti, Ranchi on 14th and 15th of May 2022 in and East Singhbhum district. The New Delhi. Mr. V.R. Raman Fact-Finding team concluded that (National Convener, PHRS), Dr. Jharkhand Government needs to Rupa Prasad (Executive Director, reject rice fortification in govern-PHRS), Dr. Sulakshana Nandi ment food schemes as an ap-(State Convener, PHRN, Chhattis- proach to tackling malnutrition, garh) and Dr. Nousheen Fatima and should communicate the (Programme Coordinator, PHRS) same to the Government of India

> Some observations can be found here:

NEWS FROM ODISHA

Updates on Mainstreaming Crèches to Reduce Malnutrition in Odisha

(Mr. Shahnawaz Khan)

State Programme Management Unit for crèches in Odisha

One of the objectives of the project "Mainstreaming Crèches to Reduce Malnutrition in Odisha" is to assist the mainstreaming and scale-up of the community-based crèches in the state of Odisha. The Department of Women & Child Development is the parent department for all the initiatives related to the development of women and children. Thus, it is imperative to have greater involvement with the de-

also started supporting retariat, Odisha.

der Kalika scheme

"Mainstreaming Crèches to Reduce October 2022.

partment on day-to-day basis. Malnutrition in Odisha" were initi-Public Health Resource Society has ated in five districts of Odisha by set-up an SPMU at the state level Public Health Resource Society to the support all crèche initiatives with the financial support from in the state. The SPMU has been Azim Premji Foundation in partsupporting the ST&SC Develop- nership with DW&CD, Govt. of Odment Department, Govt. of Odisha isha. After a successful implemenin the implementation of the tation of the project, 25 of the crèche and other initiatives for crèches were taken over by the more than a year. Now, PHRS has ST&SC Development Department, the Govt. of Odisha in April 2021 while DW&CD, Govt. of Odisha and a the remaining 125 crèches continteam has started functioning from ue to run by PHRS and APF. Now, the DW&CD office at the state sec- the Department of W&CD has given a go ahead in taking over the reaming crèches and to function Mainstreaming 125 crèches unter them with the state funding. These crèches will soon be taken over by 150 crèches under the project the department by the month of

provement Programme (Ms. Swati Priyambada Das)

With the re-opening of Anganwadi centres in the state of Odisha from 28th March, 2022, the new crèche centres, and SFCs under OPNIP were made operational across all the 17 MPAs with the serving of Hot Cooked Meal (HCM) at both the crèches and Spot Feeding Centres (SFC) from 7th April, 2022. A total of 61 crèches (new + existing), 75 (out of planned 131) SFCs started serving HCM at the centres. The 169 planned MSFCs are currently on hold as the geographies are overlapping with that of the SOPAN intervention of WCD and clarity on the same has been sought. The opening saw great excitement from the community, especially the children who were delighted to see the colorful outdoor play equipment and enjoyed playing on these. Mothers were happy to see the children having a good time and stayed on to support the cooking and feeding of the children. SHG members also participated in helping the crèche

the tagged villages where SFCs imparting some basic ECCE activiwere made operational it was ties at these centres and it is wonheartening to see the children derful to see the children actively dressed in their AWC uniforms doing these activities. sitting down together to enjoy

Odisha PVTG Nutrition Im- workers in serving the HCM. At their lunch. Many GPNAs are even





Capacity Building (Ms. Swati Priyambada Das)

During this time, capacity building of the Nutrition Coordinators (NCs) and Gram Panchayat Nutrition Assistants (GPNAs) was also undertaken on different themes. A training on Safety, Security Norms and Health Hygiene Practice for Children under OPNIP was convened through the virtual mode on 6th May, 2022. Resource persons from Technical Support Unit (TSU)/Nutrition HUB, WCD, Govt of Odisha imparted the sesPVTG community were held. The areas.

sions. An Orientation on e-Kalika sessions saw active participation for NCs &GPNAs was held on 13th from the NCs and NAs who were May, 2022 again on virtual plat- eager to learn how these services form. A state level training pro- could better reach the community gramme on 'Health, Nutrition & and shared their experiences Education for PVTG Community" from the field regarding these for NCs & GPNAs was held on services. A review meeting 24th-25th May, 2022 at Bhu- chaired by the Programme Direcbaneshwar. Resource persons tor (PD) OPELIP was also confrom different departments and vened on the concluding day. organizations such as SSD, WCD, Presentations on the progress of NHM, UNICEF interacted with the OPNIP from all the 17 MPAs were participants. Sessions on schemes made by NCs and NAs. There was under different departments for also a discussion on issues and women and children and the challenges faced by them in their



Visits to the crèches and SFCs (Dr. Swagata Tarafdar)

Subsequent to the opening, the OPNIP centres across the MPAs have seen many visits by various dignitaries in this period. Sh. Arjun Munda, Hon Min of Tribal Affairs, GoI visited the crèche centre at Banigaon, KKDA Lanjigargh.





Ms. Roopa Mishra, Joint secretary (SBM), Mo-HUA visited crèche centre at S. Lobarsing, SDA, Chandragiri.



Visit of Programme Director, OPELIP to crèche centre in SDA, Chandragiri and SFC at PBDA, Rugdakudara



UNICEF team visited creche centre at Durdura village, HKMDA Jashipur

of women of SHGs on health and ter are as follows: nutrition"

(Mr. Satya Pattnaik)

With the completion of Capacity Building project in Puri supported by GAIL Gas Limited, PHRS decided to continue the intervention with internal funding while scouting for funding opportunities with other CSR projects in Puri. This six months extension starting from 1st May 2022 was granted keeping in view the community demands and district health administration and ICDS officials support to continue the intervention. Major activities

"Capacity building intervention undertaken during the last quar-

- The emergence of Saharanchal The patients identified with swasthya O' Poshan Sabha has provided platform to the SHG women as well other stakeholders of the intervention area to continue the advocacy efforts on health and nutrition as well as strengthen PRHN network activities in the Puri district.
- taken by the change vectors with supportive supervision of program facilitators across themes such as rights and enti-

tlements, IYCF practices, gender and adolescent health.

- NCDs such as diabetes and hypertension are followed up for regular check-ups and counsel-
- The project team facilitated two RBSK camps in each intervention areas
- PLA meetings are being under- The program facilitators are undertaking growth monitoring for children under six and are also recording BMI of the SHG women.

programme of ICDS as a resource person in the Kalahandi district

(Ms. Pramita Satapathy)

Since the inception of the project "Mainstreaming Crèches to Reduce Malnutrition in Odisha" PHRS has been working in close coordination with the ICDS from the grass root to the district level in the Kalahandi district. Most of the time the ICDS and PHRS teams jointly visit the crèches and exchange ideas for the better functioning of crèches. The ICDS team has clearly understood the efforts that have been made by the PHRS team for ensuring optimum growth and development in the first 1000 days of a child's life by providing a stimulating environment. Apart from that, for transforming the knowledge and the practices on children's growth and development at the community level, repeated meetings and

PHRS team supported the TOT training are being conducted by process, the responsibilities of Welfare Officer (DSWO) providing and Development. As per the reevent in virtual mode on 21st and 22nd June 2022 and facilitated the session on "the importance of nutrition for brain development and home-based stimulation practices in the early childhood period". A total of 13 CDPOs and 73 lady supervisors of ICDS participated in the training. During the session, he highlighted the important practices being undertaken by the crèche workers at the crèche and their impact on children, discussed how a stimulating environment will help in the development

PHRS. With this recognition, our parents and caregivers to engage district lead - Kalahandi Mr children in different learning ac-Mukesh Behera was requested by tivities, some safety measures for the office of the District Social children focusing on the factors for that affect children's growth and facilitation support development, guided in the prepa-(virtual mode) during the district- ration of low-cost and no-cost level Master Trainers (DLMT) ECCE materials for children at the training on early childhood care AWCs. He focused on the relation of nutrition with growth and dequest, Mukesh participated in the velopment. He emphasized the importance of interaction with children by telling fun stories, talking about the shapes, colors, textures and tastes of food the child is eating etc., and mentioned forcing or intimidating children would not help quality feeding.

> Lastly, he suggested participants identify the actual gap in the implementation process of ECCE activities and provide supervision support to the AWWs would help to ensure the growth and development of children at an early age.

solving issues in Turunji creche (Ms. Pramita Satapathy)

The collective effort made by Turunji creche committee of Nabarangpur district was truly magnificent. After the reopening of crèches in the month of April 2022, it was difficult for the mothers of Turunji crèche to leave their children at the crèche for the whole day due to the heat wave. The current enrolment of the creche is 15. Every day after lunch, mothers take their children home. Looking into the conditions, the crèche workers organised a crèche committee meeting to find out a solution. They discussed the matter with the mothers and explained that along with getting proper nutrition, enough

the crèche to get the release from community and live life happily.

Collective efforts aided in re- sleep is essential for children to heat wave conditions so they can grow and function their best as leave their children at the crèche well. And under three age is the for the whole day. For making it appropriate period for the rapid happen they decided to contribgrowth of children. So, feeding, ute Rs. 50/- each and the crèche resting, and playing are more im- workers volunteered to contribportant for children at this age. ute Rs. 100/- each. From the The district coordinator wanted crèche balance money, they deto know if the non-functioning of cided to utilise Rs.200/-. All total, the existing fan is the only prob- they had Rs.1200/- for purchaslem for mothers not to leave their ing fans. On the same day, by takchildren at the crèche, then he ing the support of some male perwill try to repair the fan, but it sons of the village they bought might take time. Hence, he asked two wall fans at the cost of Rs.600 mothers to discuss it among each and installed them at the themselves and let him know the crèche. Every member was there alternative to resolve this is- when the fans were installed, and sue. However, children's care is it was an exciting movement for important. Discussing the matter all the mothers and children. The among themselves, crèche com- mothers proved that, unitedly, mittee mothers decided to pur- they can solve any issue or chalchase a new fan and install it at lenge for the betterment of the

is not only as co-operating users but also as owners of the crèche (Ms. Pramita Satapathy)

Community participation is the cornerstone of good governance and the PHRS has been giving im-

Community members of Guruthi rain, the foundation of the house tion process. With this inspiration tion of the wall. They were looking ing to their village. for guidance and support to resolve the issue.

portance to community participa- On 23rd June 2022 during the block groups in the village meeting which tion in the sustainable manage- level review meeting of crèche was supposed to happen on 26th ment of crèches across the five dis- workers, every crèche worker was June 2022. On 26th June night, the

village proved their contribution started weakening. Crèche workers both the crèche workers of Guruthi were worried about the safety and village discussed the crèche house security of the children coming to issue with some crèche committee the crèche due to the weak condi- mothers immediately after return-

They decided to discuss the matter with all the villagers and youth tricts of south Odisha. And it is ex- requested to share the progress meeting was held and where the

> crèche workers raised this matter before the village committee emphasizing the safety front of children coming to the crèche. Crèche committee mothers requested villagers' support for the crèche house repair work. A decision was taken by the village committee that, next day nobody will go outside for work, and all will contribute

repairing perienced that in most of the crèch- and any challenge they are facing crèche house foundation and wall. es community participation is with the implementation of the As decided in the village committee found impressive. Here is one ex- crèche. During the discussion, the meeting, on 27th June 2022 nobody ample of Guruthi village of crèche workers Sita didi and went out for work and contributed Rayagada district where the com- Bhabani didi of Guruthi crèche to the crèche house repair work. By munity has come forward to pro- shared the challenges they are fac- utilizing the crèche balance money vide crèche children with a safe ing due to the weak condition of Rs 485/- and adding Rs. 265/place to stay. They have contribut- the crèche house. After listening to (contributed by the crèche worked to the crèche implementation all the issues from the crèche ers) they purchased two bags of process not only as co-operating workers it was facilitated by the cement and other materials like owner- DCPMU and PMU team members stone, pebbles collected from the managers. The Guruthi crèche is about the role of the crèche com-village and sand they brought from being run in a government build- mittee and the community in the the river. Within a day they coming. Everything was going well, and village development process. A pleted the 40 feet long foundation the community supported the motivational session on the coordi- and other repair work of the crèche crèche's day-to-day management. nation role of crèche workers and house. Now, all are happy that they Once the crèche workers noticed the importance of strengthening could able to create a safe environthat the back side wall of the the crèche committee was done. ment for their children and the crèche house is getting damaged That stimulated all the crèche centre is functioning well. It shows due to rain and gradually soil ero- workers to put their best effort the true spirit of community particsion is happening. Around the 2nd into resolving community-level ipation in the development pro-



users but also the week of June 2022 due to heavy issues in the crèche implementa- cess.

NEWS FROM JHARKHAND

Case Study of Bridge Education AGYW "Binita Tirkey" (Mr. Rajesh Shriwastava)



a permanent resident of Chandna village of Pakuria block. My Panchayat name is Bichpahari and I Salpani. **Before** joining CCC. That day CCC had also come TC for 5-5 days. In which I got to After which our first Bridge Edu-

to my house to conduct a survey. After that CCC informed me and my family members about Tejaswini project in details and requested me to come to Salpani Anganwadi. Where she was told that Tejaswini project is run by Women and Child Development and Government of Jharkhand

and World Bank. Which is working with adolescent girls in the age group of 14 to 24 in 17 districts of Jharkhand. The main objective of this project is social and economic empowerment of adolescent girls in the age group of 14 to 24 years. For which girls who have been deprived of education of 14 to 20 years of age have to be re-educated and girls of 16 to 24 years of age have to be connected with employment and self-



learn a lot. Which I am using in my life. In which I got to know about the obstacles coming in life and its solution. About which I talked to my family members and now I am not forbidden by my family members to come to the meeting and now I solve such problems in other houses around me also. After joining the club, I am not afraid to talk to anyone. I can talk to everyone and I can put Thank You So Much "Tejaswini my points in front of everyone. By **Project**"

employment by providing joining the club, I have got a very training according to the de- big and good platform to move mand of the market. After that forward in life. After that it was Tejaswini Club was formed on told by the CCC of the club and the 11/12/2019 and we decided the youth facilitator that the AGYW's club named is Tejaswini Club Sal- (who have missed their studies) pani. After that Peer Leader was in the age group of 14 to 20 of the elected and I was also made a club, all of them will get a chance member of that club. After that to join studies again through we take seven days orientation bridge education. After which I training by the youth facilitator got detailed information about and the CCC. In which I got to Bridge Education and informed know a lot about the project and my family members about it. I My name is Binita Tirkey and I am since then I started attending really wanted to join studies. Afweekly club meetings regularly. ter which I informed my family After which I became friends with members about filling the bridge many AGYW's and we all started education form and requested to am a member of Tejaswini Club listening to each other's problems get my admission also. After a lot the and also started giving sugges- of Struggle, the family members Tejaswini project, I was busy with tions for solutions. Then suddenly ordered for admission. After my domestic work. I was lived my family members started refus- which I immediately met CCC didi, every time inside the house. I ing me to go to the club. But I did-filled my form and submitted. I could not even talk to anyone n't give up and kept attending chose Bridge Education to get about my problem and was very club meetings. I was attending back to my drop education and to Scared to talk to anyone. But one meetings regularly. Then the four stand on my own feet. After all day survey of Tejaswini project modules of life skills education this, CCC didi called me to the club was being done in my village by organised from time to time in my one day and took my pre-test.

> cation School was inaugurated in Tejaswini Block Office Pakuria. School was very far from my village. Still, I did not leave school and continued to go to the school. After which a new Bridge Education school was started in my panchayat in

Ramdevkundi. Which was close to my house. Where I go to school every day. I am very happy to be Joined with Tejaswini Project and Bridge Education Program. Bridge Education has supported me in fulfilling my dream and goal and the project has given me a beautiful platform to make a Future and identity in my village and society.

Suposhit Godda Programme (Mr. Rahul Chandra)

PHRS has partnered with UNICEF to support the Godda Dis- • As part of the implementation, trict Administration in strengthening the 'Suposhit Godda' programme. This programme is focused on community based management of Severely Acute Malnourished (SAM) children and is • funded by the District Mineral Foundation Trust, Godda. While it is currently being implemented in two blocks of Godda Sunderpahadi and Poraiyahat, the

programme will be scaled up • across all the Anganwadi centres in the district.

- PHRS has been providing handholding support to ASHAs, AWWs and ANMs (AAA) during • VHSNDs, sector meetings etc.
- PHRS facilitated a one-day orientation session for the AAA on the programme protocol on 24 June 2022, in the presence of the MOIC of Sundarpahari CHC.
- Refresher trainings were undertaken for AWWs on the protocol and reporting formats of the programme during their monthly review meeting on 25th June 2022.
- A three day training of trainers was undertaken for by Ms. and Pratima Singh Ms. Madhushree Banerjee from UNICEF with facilitatory support from PHRS between 27th and 29th June. This training was held to orient AAA on maternal nutrition.

NEWS FROM CHHATTISGARH

Rejected Lancet Letter on Primary Health Care Financing (Dr. Sulakshana Nandi)

Sulakshana Nandi (PHRN Chhattisgarh) co-wrote a Correspondence that was submitted to The Lancet Global Health on 21 April 2022 in response to the article titled "The Lancet Global Health Commission on financing primary health care: putting people at the tre" (published on 04 April 2022). It puts forth some of the key concerns regarding the Commission's Recommendations. This letter was rejected by the journal and can be read on PHM"s website and here:

Flawed prescription for PHC financing

The Lancet Global Health Commission for financing primary health care (PHC) claims to provide evidence-based lessons, putting people at the centre (1).

Unfortunately, its recommendations are neither evidence-based nor people-centered because they fail to address the crucial role played by the public sector in PHC provisioning. The Commission makes a distinction between essential public health functions and basic health interventions, erroneously presenting only the former as public goods while placing the latter under market's purview. The Commission highlights the advantages of public financing of PHC, including low cost and greatacknowledging

tually compromise both (2).

PHC "packages", free at points of free of profit imperatives. use, financed through capitationhased payment, "pluralistic" healthcare systems, to By Sulakshana Nandi, Samir ward off market failure, the Com- Garg, Ramya Kumar, Roman mission ignores evidence that pri- Vega-Romero vate ownership of PHC has been a Emanuelle Birn fiasco (3).

The Commission misrepresents The pdf of the letter can be the Thailand example by over- found here: looking the predominant role of https://phmovement.org/wppublic provisioning in expanding content/uploads/2022/05/ PHC. Additionally, it side-steps Correspondence_Lancet-PHCexperiences of Costa Rica, Cuba, Financing-Commission.pdf Sri Lanka and other Majority sector provisioning (4).

The discussion of PHC financing in read here: the context of the Covid-19 pan- https://www.thelancet.com/ demic omits the price gouging and commissions/financing-primaryprofiteering of for-profit provid- health-care ers and private sector contracting disasters throughout the pandem- Sulakshana Nandi was invited to ic (5).

proach marginalises la and Costa Rica, to questions of is available here: "social contracts" sanitized of the https://www.youtube.com/ role of (left-wing) politics. In sum, watch?v=zZPbl3vNmus

er equity, without the Commission's findings present (pro-private sector) ideology rathat private sector involvement in ther than bona fide evidence. Pubfinancing and delivery will even- lic funding alone will never deliver people-centered PHC unless it is In recommending publicly-funded publicly provided and remains

within **Publications**

Anne-

World health systems that have Subsequent to PHM self publishing achieved remarkable improve- its above letter, the internal rements in PHC by relying on public sponse by the authors of Lancet letter was made public and can be

speak as part of the webinar se-Moreover, the Commission's ap- ries titled "Health Economics and people- Policy in South Asia" organised by centered perspectives. Distorting the Young Scholars Initiative's and bowdlerizing critical political South Asia Working Group on 28th economy approaches, the Com- March. She presented on Implicamission distills long-standing peo- tions of publicly funded health ple's struggles over power and insurance (PFHI) schemes for UHC resources in such settings as Kera- in LMICs. The recording of the talk

STAFF NEWS

S.no.	Name	Designation
Following colleagues have joined PHRS		
1.	Ajit Yadav	Accountant, Delhi
2.	Rahul Chandra	Programme Coordinator, Jhar- khand
3.	Roushan Kumar Jha	Block Coordinator, Jharkhand
4.	Satya Ranjan Bhagat	Block Coordinator, Jharkhand
5.	Putul Kumari	Block Coordinator, Jharkhand
6.	Anshumaan Kashyap	Data Entry Operator, Jharkhand
7.	Manoj Kumar Nayak	Block Project Coordinator, Odisha
Following colleagues have transitioned from PHRS		
8.	Mahamaya Mahadeb Pal	Programme Coordinator, Odisha
9.	Binash Kumar Mishra	Accounts and Logistic Assistant, Odisha

Mr. Suryakant Nayak, who has been working as a Block Project Coordinator in Nabarangpur block for past three years has now been promoted as the Lead Project Coordinator in Nabarangpur district, Odisha.

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.

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