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EDITORIAL

The 2019 general election is crucial as it will mark the people's acceptance or rejection of the policies of the present government, the rising violence, and the corporatization of governance.

On the one hand, the Pulwama crisis has resulted in deafening jingoistic cries from sections of the population and the subject of the Ram temple in Ayodhya has emerged once again as a political issue. On the other hand, the farmers' rallies of 2018, the emergence of young leaders such as Kanhiya Kumar and Jignesh Mewani, protests by various groups on issues such as rape, lynching, caste discrimination, state-sponsored terrorism,starvation and hunger deaths and so on, the burning of the Indian Constitution and the results of the assembly elections in the states are forcing political parties to engage in re-thinking their election strategies.

Civil society mobilization is happening across the country. A number of civil society organizations, professional groups including film makers and women's groups have demanded a strong "NO" to violence in the name of caste and religion.

Many networks and civil society organizations have been meeting leaders of various political parties to highlight their demands related to health, nutrition, violence against women and minorities, land and forest rights of tribal populations, and inequity and discrimination. Some of these demands are being reflected in the announcements by party leaders and in manifestos of political parties.

The 2019 general election will shape the future five years of the country - an inclusive democracy that upholds the Constitution and the rights of the people, especially the poorest and most marginalized, or otherwise? It behooves each Indian to take a stand and make her/his vote count.

IN THIS ISSUE

NEWS FROM THE SECRETARIAT

Annual General Body Meeting

Ghazala Afrin

The 8th General Body Meeting of Public Health Resource Society was held on 8th of February 2019, in New Delhi. The meeting was chaired by Dr. Indranil Mukhopadhyay. The minutes of the previous GB meeting were ratified, the Action Taken Report was shared as were the Secretary's Report and the Treasurers Report. Among the various topics discussed were future plans, especially regarding funding, the need to update modules

and initiating short courses nutrition and community health. The provisional budget for the period 2019-2020 was also presented.

Dr. Vandana Prasad informed that renewal of FCRA registration has been granted. It is valid for a period of five years w.e.f. 26th June 2018 to 25th June 2023. Human resources increased from 108 last year to 463 this year, mainly because of the increase in the number of creche workers. In total, 300 creche workers have been appointed.

Dr. Indranil Mukhopadhyay released the PHRN Annual Report for April 2017- March 2018.

Training on District Mineral Foundation Planning and Implementation, CSE, New Delhi

Aditi Hegde

The Centre for Science and Environment organized a training on District Mineral Foundation (DMF) Planning and Implementation, CSE, New Delhi for officials involved in planning and implementation of the DMF activities in the key mining districts. Mr. Arun Srivastava and Aditi Hegde represented PHRN at the session 'Improving DMF investments through better practices - Improving health and nutrition services and accessibility' which took place on January 22, 2019 at the Anil Agarwal Environment Training Institute in Nimli, Rajasthan. The framework proposed to the group focused on the following aspects: (a) institutionalization and sustainability, (b) prioritizing social development and intangible activities, processes and outcomes, (c) following a vision-planning approach and setting goals rather than an activity-focused approach.

Network activities

Ghazala Afrin

- Dr Vandana Prasad attended the Partnerships and Collaborations Meeting at Ambedkar University, Delhi on 2nd of February, 2019. It was a consultative meeting for preliminary exploration on how our institutions/organizations can engage in a manner that is mutually beneficial.
- Ministry of Women and Child Development and World Bank organized a global knowledge exchange on nutrition programming and implementation from 4-5 February 2019 at New Delhi under POSHAN Abhiyaan. Dr Vandana Prasad was invited by Dr. Rajesh Kumar, Joint Secretary & Mission Director, Ministry of Women and Child Development to attend the Lighthouse India workshop. Senior government officials of around 13 countries who lead the implementation of nutrition and maternal and child health programs in their respective countries participated in the workshop.
- Azim Premji Foundation organized a one day Consultative Workshop in Bhopal on February 21, 2019. This workshop aimed to provide an opportunity to understand mutual expectations, student preparedness, evaluation process and any other issues/challenges that organizations would like to share. The collective deliberations on summer internship is also a part of University's larger effort to develop fruitful long-term partnership with development organizations. More than 20 organizations participated in the workshop. Ms Ghazala Afrin represented PHRN at the workshop and was one of the speakers.
- Dr Vandana Prasad has been invited to speak at the 4th meeting of the Equitable Healthcare Access Consortium to be held at IIM Udaipur on the 12th and 13th of April 2019. EHA is a Consortium of socially-sensitive healthcare providers, organizations involved in fostering livelihood for the poor, and education institutions targeting the poor, from across the country, who can, through networking and resource sharing, come up with new and improved models for providing access to healthcare, livelihood and education to the poor. Hopefully such a model will provide inspiration for similar experimentation in different parts of the world, especially in the developing world.

NEWS FROM CHHATTISGARH

Updates

Sulakshana Nandi & Neelanjana Das

- PHRN attended the UHC meeting in Chhattisgarh. Workshop on 'Strengthening Public Health System for realizing Universal Health Care in Chhattisgarh' on 20th February organized by the Department of Health and Family Welfare, Government of Chhattisgarh.
- PHRN attended the seminar on the 'Way forward for District Mineral Foundation Trust in Chhattisgarh' held in Raipur on 9th March, organized by the Directorate of Geology & Mining, Chhattisgarh and participated in the workshop on "Challenges in Health care/ Health care, Welfare of women & Children, Welfare of aged and disable people" to develop recommendations for DMF from the health sector.
- Chhattisgarh State Convener, Sulakshana Nandi participated in the 'Consultative Meeting on Health System Financing Policy in India' at New Delhi on 27th February organized by PGI Chandigarh, GIZ, University of York and GCRF.
- Sulakshana Nandi attended the Prince Mahidol Awards Conference- "The Political Economy of NCDs: A Whole of Society Approach" at Bangkok, Thailand from 29th January to 3rd February, 2019.
- JSA NCC meeting in Delhi in Feburary, 2019 was attended by Sulakshana and Deepika.
- Members of PHRN Chhattisgarh participated in state JSA meeting held on January 12th, 2019 in Raipur and in the Sarguja Region JSA meeting on 4th March.
- PHRN developed five primers for the National Health Assembly 2018 which are as follows:

  P-1: The Alma ATA Declaration to UHC

  P-2: Strengthening public health system

  P-3: Government Funded Health Insurance Schemes: Promises and reality

  P-4: Public private partnerships

  P-5: Comprehensive primary health care in the context of health and wellness centre initiative.

"Wajan Tyohar" in Narharpur block

The Department of Women and Child Development had requested help from PHRN in coordinating the event of "Wajan Tyohar" in Narharpur block, Kanker district. The program was held from 11th to 20th February, 2019. Our community cadre of CVs and mentors took an active role in coordinating this entire event. They used participatory method for identification of malnourished children; After measuring their heights and weights, they tied red, green and orange ribbons on children's hands to mark their nutritional status. They also identified various levels of malnutrition through growth charts - both height for length and weight for age charts. Thereafter, they also provided counselling sessions along with the AWW about having balanced diet and "tiranga bhojan". Deepak PHRN had attended this session.

Women tying ribbons on children's hands to mark the level of malnourishment

Aam Sabha at Umardaha cluster

Deepak and Neelanjana both attended the 4th Aam Sabha of Umardaha cluster. Women from 25 voluntary organizations, 399 SHGs and 4109 SHG members came together to celebrate their transformative journey over these past four years, sharing their past achievements and failures. During this event, the cluster presented their budget, expenditure and income in front of government officials. They also shared information regarding various activities taken up by their cluster on livelihood, agriculture, public health, etc.

Women buying iron utensils as part of 4th Aam sabha meeting at Umardaha.

The SHGs displayed various items like soaps, cleaning liquids, food grown in kitchen gardens as items of sale. Cultural programs and interactive games were also organized.

'Poshan' events at Darbha block, Bastar district

Over the past few months, several "poshan" events focusing on diet diversity were organized in different villages. These events, which saw the active participation of women, were mainly coordinated by CVs and mentors and led by women in their villages. As part of these events, women prepared food in alignment with what they had learnt in their health meetings about "teen rangon ki thali". Moreover, several other activities like BMI camps were organized as well as video were shown on tri-colored food, followed by vibrant discussion among the community members.

BMI being measured as part of "poshan event"

Women preparing food as per "teen rangon ki thali"

Tri-color food

Stalls at "Didi Mandai"

As part of "Didi Mandai" that was organized in each cluster, women arranged for a stall to show three kinds of food items which included items that were not only locally available and forest produce but also those procured from their own kitchen gardens.

Case studies from Darbha block, Bastar district

Nilanjan Panda & Shampa Roy

Jayati Didi included "green vegetables" in her meals……..

"Pahle hum itna sabzi nehi khate the. Imli gola k saath chawal kha lete the. Abhi hum haat se sabzi kharid ke late hain" - Jayti didi from Katakanda village shared this during an informal interaction with her. In the villages of Darbha block of Bastar, a huge number of Tamarind trees are found . These are one of the sources of income of the villagers, who also include a good quantity of tamarind in their diet. Rice is the main food item there, consumed in different forms, and its combination with 'imli chutney' is very popular.

After attending the health meeting and getting to know that there is a link between ill health and consumption of food (dietary behavior), Jayti didi has increased the consumption of green leafy vegetables; she also tries to ensure consumption of vegetables at least once a day in her family. She used to get the vegetables from the weekly market in their village but now, if required, she visits markets in other villages too.

Tido didi's story of beginning consuming "Grow Food" – fish

The story of Tido didi is also similar. Tido didi belongs to Madiya community. She has a pond in front of her house and for the last few years, she has been catching fish from that pond and selling it at the village market to give economic support to her family. She did not eat fish or non-vegetarian food. However, after attending health meetings, she came to know about the importance of eating "grow foods" - dal and non-vegetarian items, Now she has started consuming fish. Last year, after the rainy season, she dried some fish, which she used later.

Sabita Didi – initiates kitchen garden

In Darbha, water is a scarce resource and not sufficiently available for all the families in all seasons. However, the long rainy season helps people to grow a good amount of rice, corn and a few vegetables. Sabita didi from Topar village started her kitchen garden at the end of rainy season last year to achieve teen rangon ki thali and promote diet diversity. She got a good amount of winter vegetables and creepers and a minimal amount of dal. The kitchen garden helped didi in generating income as she sold some vegetables

after meeting the needs of her family. Topar is a village situated very near to the forest and so people get variety of creepers, fruits and meat of different animals. The kitchen garden added some more variety to the plate.

Change Vector-led health meetings and discussions are triggering change among women in the community

- The health meetings brought changes not only in the plate, but also in other health-related practices. Kamalbati didi from the village Dilmili regularly attends meeting nowadays. She has experienced the death of her two children in the past years. Last year, she gave birth of a child but due difficult circumstances and unaware of importance of timely initiation of complementary feeding, she did not start feeding the child even at the age of 1 year. After attending health meetings of MM8, where she came to know about the importance and process of complementary feeding, she has started giving her child khichdi and taking the child to health centre for immunization. The health of the child is gradually improving.
- At the health meetings arranged in SHG groups, change vectors play an important role. Asto didi, a CV of Chingpal para, shared her story. When she attended the health meeting, the rollout of MM7 was happening. Her daughter-in-law was pregnant then, and later gave birth to a child in the month of October. As it was a premature delivery, they did not get the time to go to the hospital and the baby was born at home with the support of ASHA worker. During the time of birth, the weight of the baby was less than normal. As Asto didi had learnt from the MM7, she helped the mother in feeding colostrum, arranged kangaroo care for the child and gave a bath after seven days. Now, the baby is growing well and till now the baby has not fallen ill as Asto didi shared her knowledge about child care with the family. Asto didi shares her experience within the meetings and motivates people to take care of the child in the way mentioned in the module.

Some experiences of Revision Modules

Women have recently organized and experienced events on diet diversity including demonstration of an ideal tri-colored plate. SHG members have contributed in making the food. After these discussions, an SHG of Jondraguda hamlet has started saving Rs. 5 per member per week, which they plan to spend on some kind of nutritious food. This is a great attempt as nutrition is becoming as much a priority of the people as livelihood or other works. The intensive discussion on food groups, tri-colored food and the need for the consumption of different food items for bodily growth is increasing the knowledge of nutrition among the people who are attending the health meetings. During the rollout of RM1, it was found that most of the women have BMI lower than normal. However, the change in people's consumption practices is a hopeful sign, even if it is happening slowly.

Dhamanpani's Story of Collective Action…….

Kishlay Anand

"Ab sabji lagabo aur tin rangonn ka khana khabo"- said Phuljhar Didi who lives in Dhamanpani village, Mohgaon, Mandla, M.P. Dhamanpani is a scattered village with 85 families who mainly depend on agriculture labor for their livelihood. Most of them belong to Particularly Vulnerable Tribal Groups (Baiga tribe). Here you cannot find 'Pakki sadak' and proper modes of communication and transportation. There are only two Pakka houses in the whole village. This is not just a story but a narrative of the collective action of villagers, who have planted 51 kitchen gardens around the village within four days.

This story began when we engaged in facilitating health and nutrition discussions along with INRM (Integrated Natural Resource Management) planning in different platforms at SHG level, VO level and during camps. Later on, when we conducted BMI assessment of the community, we found that 80% of the women measured are suffering from malnutrition. This in itself showed the poor status of health and nutrition. Poor status of BMI has become a reason for triggering action around the issue in this village.

A camp was organized in Dhamanpani in which the data of BMI was displayed and the villagers and the community talked about kitchen gardens, teen rangon ki thali, lohe ki kadahi, etc. After the discussions, the community decided to plant kitchen gardens in the village and consume teen rangon ki thali as well. The next day a group of 10 women and men together roamed around the village, and identified places for kitchen gardens. They planted 51 kitchen gardens within 4 days. Now, 40% of the families are consuming teen rangon ki thali, and we have found a slow change in their BMI.

This is a village which is suffering from scarcity of water. People bring water from 3km away for drinking and other purposes. This village has now become a great example for those people who say – "we cannot plant kitchen gardens due to the lack of water".

NEWS FROM ODISHA

Deepika's unsuccessful struggle to survive

Sanjeeb Nayak & Pramita Satapathy

After struggling for the entire duration of her tiny life, little Deepika, the one year-old daughter of Sangita and Rajesh Kuleshika of Kumbhikota village of Rayagada district finally closed her eyes forever on 9th March 2019, but not without putting up a fight to survive.

Deepika was the only daughter of her family and was enrolled since August 2018, at the Kumbhikota crèche. running under the programme, "Mainstreaming Creches to Reduce Malnutrition in Odisha". Belonging to the tribal community, her family depended on agriculture and labor works for their survival. Deepika was a low birthweight baby, weighing just 2.2kg at birth.

When she was just a month old, she suffered from fever, cough and cold which lasted for up to two months. Due to lack of treatment and care at home, gradually her condition became serious and she developed some visible problems like stiff neck, not able to suck breastmilk properly and losing weight day by day. Looking into her condition, the RBSK team referred her to the District Headquarter Hospital (DHH) Rayagada where she stayed for seven days. She was diagnosed with pneumonia and sickle cell anaemia, and was according treated. But the family gave up the hope of her survival as they couldn't find any positive changes in Deepika's condition, and returned home. At the creche also, Deepika would not eat anything. At this point, the PHRN team along with ASHA and AWW rigorously counselled Deepika's mother and got her admitted at the NRC.

However, little Deepika's condition showed no signs of improvement. So much so, that during the February anthropometry measurements it was found that her nutritional status was extremely poor She was severely stunted, severely underweight and severely wasted (WFA Z Score: -6.28, HFA Z Score: -6.95, WFH Z Score: -3.05,) We were extremely concerned about her. Block coordinator Namita Sahu, visited her parents repeatedly and counselled them, following which her parents took her to the DHH, Rayagada again on 23rd January 2019. Unfortunately, due to some family problem, they again returned home. This called for a deeper understanding of the situation as to why the family is not going in for better treatment. Both of us talked to Deepika's mother, Sangeeta, and found that she was receiving no support from either her husband or in-laws in this matter, in addition to being mentally harassed. She was being blamed for everything, and was feeling very alone. To resolve this issue, we also spoke to the family members, FLWs, PR representatives as well as the community to get them to understand the gravity of the situation and think of what could be done to get Deepika out of her critical situation. After four hours of counselling at each level, the mother agreed to take her baby to DHH Rayagada and our creche worker Pinki Kulesika voluntarily agreed to accompany her. It was heartening to see the ASHA, AWW and the Sarapanch come forward and take up the responsibility to make arrangements for facilitating Deepika's treatment at DHH Rayagada. With the combined efforts of all, Deepika was admitted at the DHH Rayagada on 14th February 2019.

Sangeeta was still feeling very sad because nobody from her family not even her husband was there. At the DHH the doctor shouted at our team members, but we did not give up. Deepika was referred to the Koraput Medical College. We coordinated with the allied departments who could provide support service to the mother and child like the MO I/C, DCPO, CWC team, Child line, ICDS team and Sarpanch. They were very supportive and immediately all the requested members reached at DHH. On behalf of our PI team Namita was there. Everybody put in their best efforts to make the mother and her in-laws aware of the treatment Deepika needed in this critical condition and counselled them to take Deepika to Koraput Medical College. Finally, Sangeeta was ready to take Deepika to Koraput for better treatment accompanied by her brother in-law. The entire team supported the family morally, physically and financially. Deepika was referred to Koraput by 108 ambulance on Feb 17th night. At the hospital, they were taking care of Deepika and she was able take semi-solid food along with breastmilk There was hope that baby Deepika would pull through and be alright. However, this too was short-lived, as her mother brought her back on 19th Feb after staying there for two days, without completing her full treatment. It seemed like Deepika was still struggling and seeking treatment. Unfortunately, all this proved too much for her and she gave up on 9th March 2019 and closed her eyes forever.

The agony of the Dongrias of Niyamgiri

Adapted from the article 'Dongria Kondhs continue to fight bauxite mining in Odisha's Niyamgiri forests' by Satyasundar Barik

The recent Supreme Court direction to all state governments to evict from the forests all those whose applications for regularization of occupation had been rejected. Though this decision was stayed temporarily, the threat of eviction remains in spite of the fact that only 252 applications were not approved in Kutia Kondh Development Agency, Lanjigarh jurisdiction.

Till the early 2000s, Dongria Kondhs lived peacefully in quiet and inaccessible hamlets on the slopes of the Niyamgiri range, in the Bissam Cuttack, Muniguda and Kalyansingpur blocks of Rayagada district and in the Lanjigarh block of Kalahandi district. Trouble began to brew when in 2004 Vedanta set up a pit-head alumina refinery at Lanjigarh, a nondescript village on the foothills of Niyamgiri for mining bauxite. In the rush to acquire mining rights, stringent environmental laws were violated, and the Dongria's consent was not sought. Court cases and local opposition did not deter the company. Then, on April 18, 2013, the Supreme Court gave a clear direction that mining clearance can only be given if gram sabhas, comprising Dongrias, agreed to the project. In what is perhaps India's first environmental referendum, all 12 villages selected by the government voted against the project.

Activists say the Dongria's opposition to

mining has led to them being perceived as a 'roadblock' to development in a region known for grinding poverty and starvation deaths. The demand of the Niyamgiri Suraksha Samiti (NSS) for 5 ft roads to the villages rather than the government-prescribed 30 ft roads, primary schools that teach in the Dongria tongue rather than large residential schools, and Indira Awas Yojana houses that incorporate tribal traditions have either been laughed off or ignored by government officials, who do not attend meetings of the community or accept their charters of demands and petitions.

There are four government health centres in Trilochanpur, Muniguda and Bissamcuttack, to reach which the Dongrias have to trek three hours. Apart from this, Vedanta Alumina Refinery runs a private hospital as CSR activity. Several deaths have taken place, although there is no mention of this in any government records. The literacy rate is abysmally low at 33%; there are hardly any schools or anganwadis in the 100-odd hamlets scattered across the Niyamgiri slopes. However, PHRN has opened 30 creches in the region as part of Porborish Initiative, under the program "Mainstreaming of creches to reduce malnutrition in Odisha".

Consultation on malaria and malnutrition

According to the World Malaria Report 2017, India accounted for 6% of all malaria cases in the world, 6% of the deaths, and 51% of the global P. vivax cases in 2016. Odisha had been the top contributor within India, with about 25% of the total annual malaria cases, more than 40% of P. falciparum malaria cases and nearly 20–30% of deaths. However, the innovative malaria control model "DAMaN" launched by the Department of Health & Family Welfare, Government of Odisha has been able to successfully reduce more than 80 % malaria cases as against the all India average of 24 % reduction in the year 2017-18. PHRN organized a one-day Consultation on Current Advances in Malaria Management and Implications for Malnutrition to elicit learnings from the program which could be useful to public health practitioners across the country, and especially those from other malaria endemic states. The Consultation also sought to understand the links between malaria and malnutrition. Around 60 public health practitioners, researchers, doctors, civil society representatives and public health students participated in the Consultation.

Dr. Madan Mohan Pradhan, Additional Director (VDB), Government of Odisha, highlighted the challenges, which included asymptomatic or afebrile malaria, drug and insecticide resistance, inaccessible areas, poverty and marginality in tribal populations, existence of formal and informal private health sector and lack of staff for active surveillance. Asymptomatic malaria was a critical issue as it was not getting addressed due to a definitional constraint; as there was no fever, it doesn't get diagnosed as malaria. However, it leads to other complications like anemia and malnutrition. He explained the two new interventions introduced in the program – the large-scale procurement and distribution of Long Lasting Insecticidal Nets (LLIN) covering 17 high burden districts and 3 partial high-risk areas and mass universal screening. A key feature was the massive capacity building of frontline workers and very effective community mobilization using Kala Jathas, wall writing etc. Convergence with interventions for Dengue also helped the program. Dr. Pradhan also stressed the importance of political commitment and state ownership in effective implementation of the program.

Dr. Sanghamitra Pati (ICMR-RMRC) highlighted the relationship between malaria, maternal health and malnutrition, all which currently come under different programs. However, they need to be seen together, since malaria and maternal undernutrition have synergistic outcomes in pregnancy; malaria is more severe in pregnant women, more common, more atypical and leads to more cases of mortality. She stressed that it is essential that studies are conducted to see if reduction in malaria has also resulted in reduction in maternal anemia during pregnancy, reduction in low birth weights, high risk pregnancy and maternal ill health; whether malaria reduction also results in better outcomes of maternal health.

Prof. Durga Madhab Satapathy, head of the Community Medicine Department, MKCG Medical College, Berhampur reported the findings from a study which the Department of Community Medicine, which found a statistically significant correlation between malaria and malnutrition. Out of the 224 children under study, 113 (50.4%), had tested positive for malaria. Of these, 45% were malnourished. The combination of malaria and malnutrition together was seen in 22.7% of children.

Dr. John Oomen, Dy. Superintendent of Christian Hospital, Bissamcuttack, outlined the strategies employed by the hospital's MITRA program for managing malaria and malnutrition and presented figures to show the sharp reduction in malaria in under-fives and reduced mortality rates over the period 2010-16. The strategies included

- Education for Empowerment-Malaria Education Campaigns for

increasing community's knowledge of malaria and facilities available for its control

- Saving Lives & Decreasing Suffering through Early Diagnosis, Treatment and Referral Services- Organizing Mal-Mal camps wherein active screening and treatment of Under-5s takes place
- Reduction of Vector Density
- Behavioral Change and Personal Protection Measures - Providing Neem based repellants and advocating for and providing medicated mosquito nets.
- Organization, Monitoring and Evaluation: Measuring and Sustaining change

Mal-Mal camps for children aged 0-5 years are being conducted since 2010 with annual rounds in July – December. Activities undertaken include Monitoring and assessment of nutritional status, General health check up with treatment as needed Indicator, Active detection & treatment of malaria in under-5 children (Microscopy for all; Plus RDT for febrile kids; ACT for all positives), Malaria prevention education with medication of mosquito nets and Camps timed for high-transmission season, and to occur in each village around the same time annually.

Shahnawaz Khan from PHRN presented on the ongoing progam, "Mainstreaming of Creches to reduce malnutrition in Odisha- Experiences and challenges", which was being implemented by PHRS in collaboration with APPI and supported by the Govt. of Odisha. A short film," Ma Milo Ejoo" depicting the salient features of the program, was shown. The protocols being followed at the creche especially on growth faltering and for referrals with special focus on malaria, were also described. The case study of a child, Basant Majhi of village Badatikiraguda of Th. Rampur block of Kalahandi was presented. Apart from this, some preliminary analysis of the MIS data from the program was shared.

The seminar ended with plans to extend this dialogue to the states of Jharkhand and Chhattisgarh, as well as support the community and government of Odisha to keep the momentum going through various strategies including community mobilization. It was also decided that collaborations would be attempted for new areas for research linking malaria and malnutrition and with special focus on the relationship of both with maternal health.

MATERNITY ENTITLEMENTS

PHRN and Right to Food Campaign organized the Consultation on Maternity Entitlements (ME) on 10th January 2019 (see previous issue of PHRN Newsletter for details). Some key points of the discussion that took place are listed below:

- We are clear on what the government is prioritizing, which is the formal private sector.
- While the government is pushing for formalization of workers, there is no talk of doing the same for scheme workers.
- Most trade unions have taken a position against the draft Social Security Code. This has to be seen in the larger context of labour law reforms, which are basically towards diluting workers' rights and moving towards contributory mechanisms for social security without clearly defined obligations of the state and central governments.
- In addition, EPFO and ESIC need to be looked at in detail as existing and potential platforms for implementation.
- When discussing coverage, it is not 10% in the organized sector versus 90% in the unorganized sector. It is actually 1% vs 99%. In CITU, around 70% representation is informal sector.
- The struggle for maternity entitlements is not an open issue. Rather, it is mainly limited to policies. Trade Unions are not focusing on the women issues and maternity benefits. A more powerful demand needs to be generated for ME.
- The larger issue of unpaid work, as a fighting force and organized bargaining power, needs to be brought up when we talk about maternity benefit.
- Campaign should present its demands irrespective of what is in the Code.
- Aadhaar linkage is a big problem in welfare schemes including maternity benefit.
- The distance of the banking system in tribal areas should also be taken into account.
- Sharing of information is important – the good that is happening in every state along with charter of demands. State schemes such as in MP may be taken as a template for envisioning schematic arrangements for existing laws such as the Code.
- We need to build consensus on what we want across the nation for the informal sector, and also engage with the government and its policies, as well as with the maternity entitlement working group.
- There is a need to create awareness that maternity benefit is not just schemes like PMMVY; awareness, training, capacity building is needed. This will help in raising demands from the ground. We should help others in different sectors to raise voice on the maternity benefit issue.
- We should build a model for an actual functioning, delivery system on the ground and advocate for the same.
- Child care and security is a major concern, so we need to join our agenda with this.
- Legal action required may take the form of filing a case based on the non-notification of a scheme under the Unorganised Sector Workers Social Security Act and HRLN will engage with the ME group for this purpose.
- The PUCL case on maternity entitlements under NFSA continues
- Case work must continue to fight

for individual women to get their dues as per existing laws and also to expand the interpretations of existing laws, in high courts.

- There is currently no consensus on the requirement for a new law. However the house felt the timing for such a demand is not right at the moment.
- There was an open debate about whether reproductive work should be included in the domain of work to be costed in terms of wages or in the domain of reproductive rights.
- There is a need for systematic documentation of the different models of maternity entitlements provision in the informal sector across the country.

Recommendations from the consultation

1. Universal entitlements for all women.
2. Demand for budgetary collection but also focus on where the money will come from the government – 3% of GDP for social security is a demand of the Working People's Charter.
3. Make this a political campaign for visibility.
4. Unorganized Workers Social Security Act mandate to notify schemes should be an interim demand.
5. Look at the lacunae in the existing laws.
6. Focus on creating awareness that reproduction is a very important role that women play, and so society owes them ME. Maternity and child care as a right.

TRAINING MODULES

PRIDE's Perspective Building (PB) modules

Madhulika Masih & Kandala Singh

PHRN has been working on the 'Partnerships for Rural Integrated Development and Empowerment (PRIDE)' for the last three years. This multi-partner intervention aims to bring about changes in the health, nutrition and hygiene of women in rural India, and increase access to quality public health services through the collective action of Self-Help Groups (SHGs). The strategy revolves around selecting women volunteers who are actively supported by training them on the project themes. These women volunteers – called Change Vectors – are selected based on their commitment to make change happen in their respective geographies.

To build the capacities of our change vectors, three 'Perspective Building' (PB) modules have been developed by PHRN in collaboration with other technical partners. These modules have been designed to discuss selected issues in a interactive and nuanced way, keeping in mind principles of Participatory Learning Activity (PLA) cycle. i.e. a situational analysis leading to action. While the first two modules (PB1 and PB2) are being rolled out in different areas of Jharkhand, Chhattisgarh and Odisha, the PB3 module is in the process of being finalized.

The modules cover the following issues:

1. Sex, Gender and Power (Difference between sex and gender; introducing concepts of power with respect to gender)
2. Understanding Food and Nutrition (Three types of food groups and a balanced diet) Micro module
3. Food Security: Our Farms, Our Food (Concept of kitchen garden)
4. Aspects of Care during Pregnancy
5. Care during and after Delivery (Maya's Story)
6. Planning our Family (Importance of Family Planning, Shila's Story, introduction to different family planning methods)
7. Adolescent Health and Wellbeing (Changes during adolescence, menstrual health, body mapping/an introduction to body systems).
8. Lifecycle Approach and IYCF Part 1 (Breastfeeding) (Lifecycle Approach, exclusive breastfeeding and neonatal care).
9. Understanding Malnutrition and IYCF Part II (Complementary feeding) (Introduction to Malnutrition, complementary feeding: helpful and unhelpful practices) ·
10. Malnutrition and Childhood Diseases, Preventing and Managing Diarrhoea (Link between malnutrition and disease, common childhood diseases with a focus on diarrhea)
11. Childhood Diseases (Contd.) Pnuemonia, Measles, Immunization (Prevention and Management of pneumonia and measles, Importance of immunization)
12. Early Marriage (Challenges during adolescence, factors which lead to early marriage, disadvantages of and possible interventions to prevent early marriage ,)
13. Domestic Violence (What constitutes violence, types of domestic violence, possible interventions at the individual, community and systemic level)
14. Malaria and Anemia (Introduction to malaria and anaemia: diagnosis, prevention and treatment, link between malaria and anemia)
15. Tuberculosis (Introduction to TB, diagnosis, prevention and treatment: importance of nutrition and completing the full course of treatment)
16. Rights and Entitlements (Introduction to Rights and Entitlements, importance of voting, direct and indirect taxes, details of some important entitlements)
17. Community-Based Monitoring (introduction to community-based monitoring and its processes, Jan Sunwai and the Right to Information Act)

Success stories of actions emanating from the modules have been trickling in: of women buying iron kadhais to fight anemia (the module on food and nutrition), of their husbands helping out more with household chores (Sex,

Gender and Power), and discussions on the importance of menstrual hygiene with adolescent girls (Adolescent Health).

All the modules can be found on our partner Transform Rural India's website (www.trif.in).

FAAM Health and Nutrition modules

Aditi Hegde

PHRS is in partnership with PRADAN to support them to evolve and implement a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices. The collaborative initiative aims to build the perspective, knowledge and skills around the issues of health and nutrition and sharpen the understanding around nutrition sensitive engagements, increase awareness among women to help understand the underlying causes and practices related to malnutrition, increase access to government interventions, especially to ICDS, water and sanitation, and health department, as well as reduce malnutrition and anaemia among women and children.

A set of modules have been developed to build the perspective of community mobilizers (mentors) and community catalysts (change vectors) on health and nutrition. The modules also include a set of picture cards that are used to conduct interactive meetings with self-help groups (SHGs) on select topics. The methodology is one of story-telling, group activity, and/or games, followed by discussions and action points.

1. Social determinants of malnutrition
2. Lifecycle approach – malnutrition and diseases
3. Food diversity
4. Nutrition sensitive agriculture
5. Women's health and illness – special focus on anaemia and malaria
6. Birth preparedness and family planning
7. Infant and young child feeding – neonatal care and breastfeeding
8. Infant and young child feeding – complementary feeding and specific childhood diseases (pneumonia)
9. Rights and entitlements
10. Early marriage
11. Adolescent health and well-being
12. Community-based monitoring
13. Social audit

The use of these modules has led to much positive action by communities and the women themselves: over 10,000 households now have a kitchen garden, more than 2,000 women are using an iron vessel in their battle against anaemia, about 5,500 families are practicing nutrition sensitive agriculture, and communities have gotten together to demand the services they are entitled to.

Please contact Public Health Resource Society (delhi@phrnindia.org) for more information.

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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 Bihar, 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' by creating capacities and engaging with the public health system, 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.

ADDRESS

Public Health Resource Society,

2/42 Sarvapriya Vihar,

New Delhi, 110016

India

Tel.: 91-11-26868118