



PHRN NEWSLETTER

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FROM THE ED'S DESK

The country has witnessed heavy distress in the first quarter of the year 2020 and continues to see a massive upheaval in the socio-economic scenario due to the slowdown of the economy. The year started with the protest against the Citizenship (Amendment) Act (CAA), 2019 which spread to almost every corner of the country, leading to a very unhealthy political commitment, questioning the democracy and secularism. While the nation was struggling with these issues, the global pandemic Coronavirus (Covid 19) took the country to another level of distress. The spread of the disease has been so rampant that it has reached almost all the states with mortality rate of 2-3%. While the first case in India was identified on 30th January, in nearly two months the country witnessed more than 1600 plus positive cases with nearly 50 deaths. To contain the spread of the virus, a country wide lockdown has been declared for 21 days and may even be continued depending on the situation. The lockdown to contain the virus resulted in shutting down of all public places, restricting movement, encouraging handwashing, respiratory

hygiene and following social distancing. While these actions are appreciated, we must also realize that most people in our country cannot afford to stay away from work and the livelihoods of many that includes daily wage earner, industrial laborers, etc. is getting affected due to reduced economic activity. It is envisaged that this pandemic will lead to severe economic distress for the poor and those in the informal sector. India already faces a huge burden of malnutrition, and many suffer from various infections and other diseases which the public health system has not been able to address. The situation is more severe and particularly vulnerable because the public health system has never received adequate attention. In such social and economic context, the epidemic may lead to an unprecedented disaster. To address the health emergency, the government needs to focus on providing adequate health care facility and also needs to ensure social security to protect the lives of the vulnerable and marginalised community.

Wishing all readers to be safe and healthy! #togetherwecanfight

PHRS Staff's contribution towards humanitarian cause

Helping people and their families in crisis and distress is a moral and ethical responsibility. PHRS as an organization feels immense pleasure that its members have shown collective responsibility towards their fellow citizens of the country. The recent Delhi riots in Feb 2020, which included multiple incidents of religiously-driven bloodshed as well as property destruction, has left many people homeless as well as affected the livelihoods of many. Keeping in mind the situation of the riot-affected people,

PHRS team members raised an amount of INR 11600. The fund collection was co-ordinated by Aniruddha Bora with the initiative taken by Dr. Vandana Prasad. The contributors are- Aniruddha Bora, Shahnawaz Khan, Sanjeeb Kumar Nayak, Rupa Prasad, Mukesh Behera, Prasana Kumar Nayak, Rishimani Gahir, Rajesh Behera, Dillip Kumar Swain, Rajesh Pattnayak, Rohini Turuku, Ashok Maharana, Saik Daula, Ranjit Kumar Pradhan, Manas Ranajan Kata, Suraj Diggall, Suryakant Nayak,

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Sesadev Maharana, Sanjaya Bishoyee and Creche Workers of Nabarangapur

Block Co-ordinator of Thuamul Rampur- Prasanna Kumar Nayak - mentions that he and his family also have been victims of such riots and he is immensely satisfied after being able to contribute for such a cause along with

raising his concern for such families. District Coordinator of Nabarangapur - Manas Ranjan Kata - has emailed his satisfaction to being able to contribute for such a cause and has expressed his pleasure to both Dr. Vandana Prasad for initiating this activity and Aniruddha Bora for coordinating it. He adds that,

he and his team were going through the horrible news on television and in social media, and the opportunity to contribute towards helping their fellow citizens, has made him and his team very happy.

The fund has been transferred to the account of Janwadi Mahila Samiti.

NEWS FROM THE SECRETARIAT

Focus Group Discussions on health and nutrition needs of homeless women and children

Aditi Hegde

Centre for Equity Studies, as part of its work with the homeless, conducted focus group discussions (FGDs) with homeless women living on the street or in shelters from Nizamuddin, Red Fort and Sewa Nagar areas. These FGDs looked to explore the needs of women and young children with respect to health and nutrition, including family planning needs and menstrual hygiene practices. Dr. Vandana Prasad and Dr. Aditi Hegde participated in two such FGDs at Nizamuddin Rain Basera that were held on 10th and 12th February 2020. The findings were used to conduct a capacity building workshop on Maternal and Child Health and Nutrition on 29th February 2020. This workshop, organized by CES held at USO House, Delhi saw about 16 participants who were either part of the workforce in homeless shelters of CES or involved in the street medicine programme. The objective was to build

the technical capacity and perspectives of all attendees on issues of food and nutrition, malnutrition, infant and young child feeding, neonatal care, immunization, maternal health, contraceptive methods, menstrual hygiene, and rights and entitlements. Dr. Vandana Prasad led the workshop with support from Dr. Aditi Hegde.

Staff News

Dr. Aditi Hegde has been accepted by the Berkeley School of Public Health for an interdisciplinary MPH degree. Her applications to the John Hopkins University Bloomberg School of Public Health and the Yale School of Public Health had also been accepted by the respective schools. Though scheduled to leave India for the US in June 2020, the lockdown due to covid-19 has forced some changes in the plan. She will continue to work with PHRN till the 15th of April. Given how fast things are moving, the summer session might in fact, be online rather than in person.

beneficiaries include children below 6 years, adolescent girls and pregnant and nursing women. Public Health Resource Network (PHRN) is currently implementing community-based crèches for children under three years in 13 blocks of 5 districts in Odisha.

PHRN sees this as a result of its long-standing advocacy efforts towards universalizing childcare services through community-based crèches. Having demonstrated and built evidence for the crèche model, PHRN has been involved in the programme 'Mainstreaming Crèches to Reduce Malnutrition in Odisha' with the Government of Odisha and Azim Premji Philanthropic Initiatives since 2017.

The State has also introduced nutrition budgeting as part of SOPAN. Also the nutritional composition of Take Home Rations includes three eggs per week and five eggs per week under Hot Cooked Meal. Additional Hot Cooked Meals for pregnant and nursing mothers have also been included in their Take Home Ration.

Panchayats will be encouraged to take greater ownership of nutrition with awards for better performing Panchayat. Flexifunds will be made available at the Gram Panchayat level for providing incentives to caregivers and performance-based incentives to frontline functionaries.

NEWS FROM ODISHA

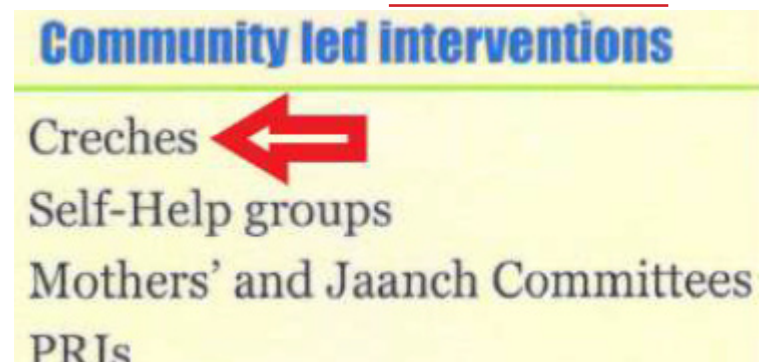
Strategy for Odisha's Pathway to Accelerated Nutrition (SOPAN)

Aditi Hegde

While the world observed International Women's Day with flowers and cake, the Government of Odisha celebrated this day by embarking on the pathway to accelerated nutrition. SOPAN or Strategy for Odisha's Pathway to Accelerated Nutrition was launched by the Chief Minister of Odisha on 8th March 2020. This strategy includes community-based crèches as integral

to transforming nutritional outcomes in the state. Odisha is now the first state in the country to adopt crèches as a part of the overall strategy to reduce malnutrition.

The DWCD and Mission Shakti, Government of Odisha will be implementing the strategy in 125 priority blocks of 22 districts. The



Senior officials and Secretary, WCD visit demo crèche setup in Bhubaneswar

Rajendra Narayan Mahapatra

A high-level delegation of Ministry of Women and Child Development headed by Cabinet Secretary, recently visited Odisha. As part of the visit, Secretary, WCD, Govt. of India, Mr Rabindra Panwar, took a review of all state programmes under ICDS, and also visited some sites planned by DWCD, GoO, on 16th January 2020. One of the sites he visited was the Home Economics Training Centre (HETC), Bhubaneswar where the Crèche Resource Centre is to be housed. A model crèche was on display at the centre to present to the visiting dignitaries the Odisha crèche model. Mr. Panwar was accompanied by Ms. Anu Garg, Principal Secretary, DWCD& MS, GoO, Dir and JS DWCD & MS, GoO and other dignitaries.

This was an opportunity to introduce one of the state initiatives adopted for bettering child nutrition and advocate it as a planned strategy in national level planning. Mr Panwar showed

great interest in our demo crèche stall and was quite convinced to take this initiative further. Along with him, the delegate and representatives of national team, state DWCD and other dignitaries got first-hand experience on crèche operation and its activities. There was a display on food items, ECD materials, registers, anthropometry equipment, mosquito net, kitchen garden, smokeless chullah, saree swings, handwash station and solar lighting system.



State CRC team members along with PMU Rayagada team and block coordinators from Rayagada district with two crèche workers from Kurli and Tumbiguda respectively were present and facilitated the event and explained the activities to the visitors.

Success story of SJ

SJ, born on 5th August 2016, is a differently abled child from

Mankadjholla village, Rayagada. The family was barely able to meet their monetary requirements as only the father could go out to work while the mother, RJ would stay at home to care for SJ. He was not sent to the crèche initially because of his disability. However, the crèche workers and the PHRS team visited the family and encouraged them to send SJ to the crèche.

Enrolment in crèche

SJ enrolled in the crèche at the age of



two, but was still to begin crawling or walking. He was severely wasted, severely stunted, and severely underweight. However, slowly things began to change.

At the crèche, additional attention was given to special nutrition care for him. Efforts were also made to engage him in ECCD activities and to increase interactions with him. SJ was provided

with a tricycle at the crèche and was slowly being taught to walk.

Impact on disability

Within a few days, the crèche workers noticed a dramatic improvement in SJ: he was attempting to crawl and walk and began playing with other children. His improvement continued steadily to the point where he can now crawl, sit-up without support, and stand with support. Now, when asked to show his body parts, he is able to point and name them. He calls out to his 'baba' which seemed like a distant dream earlier. He can walk with support from an adult or using the tricycle. For the first time, his height was measured using a stadiometer in February 2020! The PHRS team is coordinating with ICDS team DEIC for further management.

Impact on nutrition

As mentioned, SJ was severely wasted, severely underweight, and severely stunted when he first joined the crèche. Since then, over 18 months, SJ's weight has increased by 4.4 kg, and his height by 10.6 cm. He has shifted from the severely wasted category to normal, and from severely underweight to moderately underweight (table 1).

Impact on mother's livelihood

Once SJ's mother began noticing improvements, she decided that she could take up work somewhere. She found work as an agricultural labourer and this has contributed greatly to their family income. However, presently, she is eight months

Table 1: Anthropometric parameters of the child

Parameters	Entry into crèche (September 2018)	Current status (February 2020)
Weight	6.9 kg	11.3 kg
Height	72.5 cm	83.1 cm
Mid upper arm circumference	12.0 cm	15.0 cm
Weight-for-height Z score	-3.56	0.11
Weight-for-age Z score	-5.1	-2.5
Height-for-age Z score	-4.97	-4.22

pregnant and has abstained from work.

Response from family and crèche committee

The family once had no hope for SJ. Now, upon seeing his advancement, the family expresses gratitude to the crèche workers and the PHRS team for their effort and the care provided to SJ. The crèche committee discusses his progress with great interest and are pleased with the impact of the crèche.

Currently, SJ is 42 months old and eligible to go to the AWC. However, the mother is anxious about sending him there. She prefers to place her trust in the crèche workers who she believes can provide him with the care and attention he needs. The crèche committee and the anganwadi worker have discussed this, and the anganwadi worker has committed to provide all the services to SJ at the crèche itself. The CDPO has also agreed to this arrangement. SJ now comes to the crèche regularly and the hot-cooked-meal from the AWC is provided to him at the crèche centre.

All of us together continue to work with SJ with hope and anticipation, eager to see how far he goes as he grows older. His story inspires us to keep working towards enabling universal access to daycare services as a comprehensive intervention in Early Childhood Care and Development in its totality.



NEWS FROM JHARKHAND

Key Highlights from Torpa Block under PRIDE Project

Deepak Kumar

Change vectors' (CVs) ToT on PB-2

The sixth batch of 3-days residential training of CVs was conducted under the PRIDE project in Torpa block from 27th January, 2020 to 29th January, 2020. The training was held in Shaileshwari Bhawan, Khunti. A total 12 CVs participated from three clusters of Torpa Block - Torpa, Tapkara and Dorma. The training built the CVs' perspective



on adolescent health and wellbeing, life cycle approach and breastfeeding, understanding malnutrition and complementary feeding, malnutrition

and diarrhoea, pneumonia, measles and Immunization. Deepak Kumar, BPO and mentors including Pramila and Vineeta jointly facilitated the session.

CVs' ToT on PB-3



The third batch of CVs' ToT on PB-3 was organized from 10th February, 2020 to 12th February, 2020 at Shaileshwari Bhawan, Khunti. Those CVs, who had completed roll out of PB-2 in the block, participated in the training. A total 22 CVs attended participated and built their perspective on early marriage, domestic violence, malaria, tuberculosis, rights and entitlements and community-based monitoring. The sessions were conducted by Deepak Kumar, BPO with support from mentors. On the last day of the training, materials including micromodules and picture cards were given to participants.

Rolling out of Village Organizations (VO) Module

In a strategic move to take collective action on health and nutrition,

perspective building exercise of Village Organizations (VOs) on health and nutrition was done. Whole VO module is divided into two full day. On day one it contains modules on IYCF,

Life Cycle approach, maternal health and Nutrition, IYCF schemes while on Day 2 it contains food security and nutrition, govt health system and govt child and maternal nutrition schemes.

At the end of each day there are action points based on the respective modules. Ramakant from Ranchi office along with BPO engaged in rolling out of VO module.

Till February 2020 in the block, Day-1 & 2 of VO module has been rolled out in 62 VOs across the intensive areas (villages where CVs are present). In 16 VO Day-1 and Day-2 of VO module were rolled out separately while in 42 VO Day-1 and Day-2 were rolled out in a full day.



IKEA corporate team visit in Torpa



IKEA (corporate team) undertook field immersion visit for learning about IKEA Foundation work from 7-9th Jan, 2020 in Torpa Block having delegates from China, Netherland and Portugal under their IWitness Program. In this visit 12 delegates from IKEA corporate team and one from IKEA Foundation had come to meet the community members in remote villages in the block. This exposure visit towards their development projects has been organized through IKEA Foundation's program that enables their staff from

different parts of the world to understand the changes that IKEA Foundation's development programs are triggering and to see the transforming lives of a large number of families in Livelihood, Health&Nutrition through orchestrating partnership model by PRADAN.

PHRN block team including BPO and mentors extended their support in preparation and facilitation along with the PRADAN team on Health and Nutrition interventions in Lohajimi Village. During this visit IKEA team

also visited the AWC in Lohajimi village where they interacted with children in the AWC and learned about plotting growth chart and its importance in identifying malnourished children in the village. In addition, in the village they participated in roll out of MM-2 carried out by CV Magdali Mundu; they also interacted with mentor Paulina Herenz. In this exercise they learnt about food diversity available at the local level for good nutrition.

Celebration of Aam Sabha (Annual General Meeting) of Cluster Level Federation

In the month of February, 2020 Torpa Block saw two Aam Sabha of clusters named Dorma (22nd February) and Torpa (27th February) organized by women's collective group at cluster level. This is one of a kind of Annual event organized by Clusters to celebrate the journey of their change by presenting their annual budget, sharing their success and challenges and taking pledges. In Dorma CLF Aam Sabha, chief guest was MLA, Torpa, Shri Koche Munda.

In both the Aam Sabha PHRN block team were invited by them. In this event, mentors put a stall for



showcasing our health and nutrition interventions in the block. In addition at both the places PHRN organized a nukkad natak on Adolescent health and

domestic violence faced by women in the villages for mass awareness which was appreciated by all.



Block Level Change Vector Motivational Training & Way Forward for CVs

A 2-days motivational training of Change Vectors was organized in Jaiswal Bhawan, Torpa with the support from PRADAN Torpa team to keep up the momentum of Change Vectors in the Block from on 24th and 25th February, 2020. It saw the participation from 85 CVs in the block. Along with Deepak Kumar, BPO, PHRN, Surbhi Mahatama, Executive, PRADAN facilitated the sessions. Manindra Keshav, the previous Nutrition Anchor from PRADAN, also attended this event as a resource person. At the end of Day-2 CVs in the block prepared their plan to engage further on Health & Nutrition issues by initiating the discussions in VO and Gram Sabha for bringing further change in the village.



State Nutrition Partners Meet on Poshan Pakhwada

In the backdrop of Poshan Abhiyan in the state, Poshan Pakhwada was celebrated as part of Jan Andolan under POSHAN Abhiyaan from 08th to 22nd March, 2020. In this context a meeting of Nutrition Partners on Poshan Pakhwada to solicit their support was organised on 28th February 2020 at conference hall of Directorate Social Welfare at 3:00 PM. Out of 17 partners invited, approximately 12 partners attended this meeting. They included representatives of PHRN, UNICEF, Jharkhand, Plan India, IPE Global, MSF, WHH, EKJUT,

CINI, Centre for Catalyzing Change (C3), World Vision, Save The Children, State Program Officer, Aspirational District, World Bank Group, and CFNS. From Directorate of Social Welfare Sri Manoj Kumar, IAS, Director Social Welfare and Smt. Sweta Gupta, IAS, Assistant Director, Social Welfare, Leena from World Bank. From PHRN Deepak Kumar attended this event.

The Director from Dept of Social Welfare, Govt of Jharkhand has sought the support from PHRN in celebration of Poshan Pakhwada in Chatra and Palamu District.

Case studies from Torpa District

1. A Success Story on Utilization of Iron Kadhai for Cooking Purpose in Karra Village

Pramila Kumari, Mentor, PHRN, Torpa

Name- Jyoti Topno, Husband- Daud Topno, Village- Karra, Hamlet- Pahan Toli, Panchayat- Marcha.

In the hamlet there are three SHGs named Surya SHG, ASHA SHG and Khushi SHG. Ratna Topno, the CV, conducts health meetings. She has one male child who is five years old and has a daughter aged eight months. Jyoti Topno is not a member of any existing SHG in her hamlet. When she was pregnant few months ago, she was invited by the CV to attend the health meetings. As a result, she attended the health meeting on "Food Security: Our Farm, Our Food". She found that she was not interested in attending the meeting further as she could not understand and connect to the issue. Again, for the next meeting she was invited by CV to attend the meeting on "Aspects of Care During Pregnancy" module. This time she attended this meeting with great enthusiasm as it was going to be beneficial for her because she was pregnant. She came to know about the importance of having ANC checkups and she had all the ANC checkups in the VHND at AWC in the hamlet. In

this meeting, all SHG members decided to purchase iron kadhai in SHG and did not insist Jyoti Topno to purchase this as she was not part of SHG. Despite, after listening to the discussions in SHG and knowing about the importance of cooking in iron kadhai, she purchased iron kadhai on her own and brought it to home. She started cooking daily in it. In the month of June she had a normal delivery at Torpa Hospital. She fell sick when her child was six months old. She visited Torpa Hospital for checkups. The results of her blood tests showed she had a Hb (hemoglobin) level of 12.5 g/dl. It surprised ANM who was doing the checkups, who had hardly seen any women at such stage having the correct amount of haemoglobin. After listening to this comment of the doctor and the ANM, Jyoti thought it is indeed due to cooking food daily in an iron kadhai that she has such a good level of Hb in her body.

2. A Success Story of Early Identification and Registration of Pregnancy

Pramila Kumari, Mentor, PHRN, Torpa

Name- Klara Tidu, Vill- Karra, Hamlet- Tangri toil, Panchayat- Marcha.

In the hamlet of 10 to 15 households, there is only one SHG - Tara SHG - of

which Klara Tidu is a member. Health meetings are regularly conducted by the CV, Vishwasi Topno. 14 micromodules have been conducted so far. Members from all households including women, adolescents, male members, Non SHG members also participate in the health meetings. The CV also conducts meetings separately targeting pregnant, lactating mothers and adolescents as and when required (based on target group and related micromodules) apart from regular health meeting micromodule wise. In these meetings CV regularly asks all women present to go for pregnancy testing when their menstruation cycle stops. Two months ago, Klara Tidu told the CV that her menstrual cycle had stopped and there was a possibility that she had become pregnant. Then CV took her to the Sahiya Didi in Kitta Toli, the hamlet where the Sahiya lives, for pregnancy testing. After confirming that Klara was pregnant, the Sahiya asked her to come to VHND at the AWC located at another hamlet named Pahan Toli for registering her pregnancy, ANC checkups and getting MCP card on 2nd Saturday. The CV accompanied Klara to support her as it was her first pregnancy. Now she has completed four months of pregnancy and has had her 1st ANC checkup.

3. Early Identification of Preterm Premature Rupture of Membrane (PPROM) during Pregnancy saved life

Deepak Kumar, BPO, Torpa

Name - Sanarti Kongari, Husband - Hemant Kongari, Village - Urikel, Hamlet- Vishrampur, Block- Torpa.

Sanarti was in the last stage of her second pregnancy. She had gone through all ANC checkups at the hospital in Basiya where her mother's house is, but she shifted to in-law's house in Vishrampur few days ago. She had the MCP card issued which mentioned all the checkups. The doctor had given the delivery date but she forgot it.

On 9th Jan, 2020 around 9 O'Clock in the night, Deepak Kumar, BPO received a call from Block Federation member Dipa Barla, who informed that one of her relatives named Sanarti Kongari was having constant vaginal discharge since 4 O'Clock in the evening. She was in doubt whether water had broken but pain had not yet started. She was very scared as she was aware of the danger signs during pregnancy which she came to know through micromodules on "Care During and After Delivery". Deepak Kumar suggested she call the ambulance or Mamta Vahan immediately but she told that she tried but she was unable to connect to Mamta Vahan. Then BPO asked her over the phone what kind of discharge Sanarti was having. After sometime Dipa Barla confirmed that she was unable to identify it but the colour of the discharge was not green or brown. Deepak Kumar told her not to worry and connected her with mentors Pramila and Sushila to support her further and asked them to arrange a vehicle for her.

Pramila called Mamta Vahan at 108 and this time her call connected. She asked the executive to send a Mamta Vahan to Sanarti's residence, but the executive said he could not do it as her call was from Torpa and Sanarti's location was elsewhere. He suggested that she make a call from the pregnant woman's location. This was tried out, but the phone did not connect. It was a difficult situation for all of us. Then we suggested to her to arrange a private vehicle from village, which was done for Rs. 1000.

The private vehicle took Sanarti to Torpa hospital around 10 O' Clock in the night. By this time, the vaginal discharge was stronger, and the woman had fainted. However, the nurses who checked her said that since she is not having pain so there is no chance of delivery yet as only water had broken.

Next morning on 10th Jan Deepak Kumar and the mentors visited the hospital to see the pregnant woman.

They found that she was looking very weak and was in half conscious state. She was accompanied by Dipa Barla. She informed us that the nurses in the hospital examined her once and asked her to wait for the lady doctor for further examination. This doctor, who comes from Ranchi, had not yet arrived at the hospital. The Medical Officer In-Charge, Dr. Manjhi, was sitting outside the hospital taking sun bath. After our discussion with Dipa Barla, we asked her to approach him and request him to expedite the process further as the situation of the pregnant woman was worsening. The MoIC told her to wait for a little longer for the lady doctor. The lady doctor reached Torpa hospital around 11.30 am. The pregnant woman was examined around 12 O'Clock, and advised to get an ultrasound examination, which was not available at Torpa. Dipa Barla arranged for a private vehicle, paying Rs 1000 from her pocket, and accompanied the pregnant woman to District Hospital Khunti for ultrasound and brought her back to Torpa. After examining the ultrasound report the lady doctor told her that there was a complication in the delivery and it required surgery which she could not risk performing at the Torpa hospital. The MoIC also said he was alone in the hospital and could not perform the surgery. He referred them to District Hospital, Khunti. That day they stayed in Torpa hospital.

The next morning on 11th Jan, Dipa Barla again tried to call Mamta Vahan but was again unable to connect. She requested her family members in the village to try and reach Mamta Vahan, but when reached, the call centre executive said he needed to talk to patient before sending a vehicle. By now Sanarti had developed labor pains. Following this, Dipa Barla shouted at the MoIC regarding the malfunctioning of the Mamta Vahan facility. The MoIC immediately arranged a cab to take them to District Hospital, Khunti.

They reached the district hospital around 11 O'Clock in the morning. Sanarti delivered as soon as they reached the

hospital, without any support from the few nurses present. There was no doctor available. However, though it was a preterm delivery, it turned out to be a normal delivery, and the newborn looked healthy and weighed 2.4 kg. Sanarti, her newborn and Dipa Barla stayed in the district hospital for two days and returned back on 13th January using the Mamta Vahan facility.

4. Disappearing Tribal Cuisine- Meat of Snails, Hampering Nutrition Security

Vinita Tigga, Mentor, PHRN

Snail is one of the most common foods in the tribal and non-tribal communities of Jharkhand and many other parts of the country; Ghonghi is often catered as delicacy, just the way others serve chicken or mutton.

In Torpa block, eating snails is very common among the rural population and they consume it as a delicious and highly nutritious food which is a part of their food habit. Upon discussing with a group of women, they all reported that now there is a decline in the availability and consumption of snails, primarily due to increasing use of pesticides and chemical fertilizers in agriculture. They all said that earlier they used to get snails from the water in their farm as it is the natural and conducive environment. But now it has become very difficult for them to get the snails as their food as its availability is declining. Earlier, they got snails for free when they used to go to their farm for paddy transplantation: they did not need to purchase them. Women in Torpa believe that snails have medicinal properties and have been used for the treatment of many ailments. But now due to increasing use of pesticides and chemical fertilizers, the snails are disappearing from their food culture. One woman said, on one hand due to increasing use of fertilizers and pesticides we are having more crops but on the other hand we are losing such an important nutritious food and this is hampering our nutrition security.

5. VO Taramandal, Village Latauli Taking Actions on Malfunctioning AWC in the Village

Paulina Herenz, Mentor, Torpa

Latauli village is approx 19 km. from Torpa block headquarters, and is located in a hilly, forested and remote area. This area is marginalized by location. In Kutibeda hamlet of Village Latauli, there is one AWC. But this AWC often remains closed as the AWW lives in Torpa. While running VO module on Health and Nutrition in Taramandal VO in the village on 12th Dec, 2019, mentor Paulina explained the importance of having functional AWC in the village and the entitlements in the form of nutritional supplement, hot cooked meals and pre-school education that pregnant, lactating women, adolescents and 0-6 year old children can get from there.

During the discussion VO members informed that the AWC in their village often remains closed and children in the village wander here and there without any planning or supervision, which hampers their growth and cognitive development. The members agreed to discuss this in their VO meeting and take action. After the next VO meeting, they spoke to the AWW about it and warned her to open the AWC in the village. Though the AWW agreed to open the AWC regularly, she has not done so, and the AWC is still closed. Taramandal VO is planning to give a written complaint to the CDPO office in Torpa in the next VO meeting.

6. Capacity building of CV led to a change in husband's behaviour

Paulina Herenz, Mentor, Torpa

In Latauli village a 39-year old CV named Illisaba Horo lives in the Gudlupiri Hamlet with her husband, in-laws and three children and . She passed matriculation in the year 1998. Her husband is also educated. She became part of Health and Nutrition capacity building intervention in October 2019, where she attended

a three-day residential ToT on PB-1 comprising of modules such as Gender, Food & Nutrition, Food Security, Care during and after Pregnancy, and Family Planning.

Illisaba's husband was a regular drunkard and used to beat her and abuse her daily. Often after drinking he used to ask her to get away from his home. She was living in a traumatized and humiliating environment.

After attending the ToT, she understood about gender based discrimination and violence and the need to raise voices against it. When she came back to home after the ToT, she decided to file a complaint to police against this violence. So, one day she wrote a letter narrating the violence done by her husband on her. After writing the letter she kept it in a diary away from the reach of other members. One day, her husband started searching a phone number. While searching the phone number he started checking each and every paper in his house. Coincidentally he found that diary in which Illisaba Horo has kept that complaint letter. He found the letter in the diary and went through it line by line. Then he tore the paper. After that he did not speak a single word to his wife. He stopped abusing and beating her from that time. Slowly, he left the drinking habit too. Now both are a happy couple.

7. Struggle of CV for attending ToT...negotiating with family members : A case study

Paulina Herenz, Mentor, Torpa

CV Name- Susana Hemrom, Village-Jaria, Hamlet- Gitilpiri

42-year old Susana Hemrom lives with her family. Her one kidney is damaged. She was unaware of health and nutrition before attending the training of PHRN. Her husband did not say anything when she attended the training on PB-1 ToT; however, he stopped her from attending PB-2 ToT, saying that since no monetary support was provided, there was no use of going to the training. Despite

this opposition from her husband, she attended the ToT on PB-2.

When it came to PB-3 ToT, she could not attend the 3rd batch from 30th Sept to 2nd Oct, 2019 due to some important household work. She was repenting for not attending the PB-3 ToT. When mentor Paulina Herenz visited her place to tell her about the training, Susana

informed that she is sick and not well; also her husband was not stopping her from going to ToT on Pb-3. Despite all that that she wanted to attend the ToT this time. She expressed her willingness to go to the training to her husband. Then her husband agreed. She took the medicine with her and attended the training.

NEWS FROM CHHATTISGARH

Updates

Sulakshana Nandi

Programme Activity:

A state level consultation on regulation of private health care sector and health insurance programme was held at Pastoral Centre in Raipur on 3rd and 4th January, 2020. Participants from various districts like Surguja, Korba, Bilaspur, Kanker, Kawardha, Janjgir Champa across the State participated in this consultation working on various issues related to Adivasi communities, women's groups, Particularly Vulnerable Tribal Group

(PVTG), farmers, forest rights, etc. The discussion was focused on the increasing focus towards privatization, the impact of public private partnership, the changes brought in the insurance scheme such as "Khoobchand Baghel Swasthya Sahayta Yojana" and "Mukhya Vishesh Swasthya sahayta Yojana" by the new state government, few positive initiatives in improving the public health systems such as extended new OPD timings, etc. Legal aid organizations shared about the cases filed on health in the Bilapsur High Court and the implications of the judgements.



Participants engaging with legal advisor in Q&A session

Participation in Meetings/Conferences/Workshops:

Sulakshana Nandi attended the Prince Mahidol Awards Conference (PMAC) in January 2020 and presented on the following:

(1) When publicly-funded health insurance schemes fail to provide financial protection: An in-depth study of patients' experiences from urban

slums of Chhattisgarh, India

(2) Using research for action towards achieving UHC and SDGs: A case study among the Baiga Particularly Vulnerable Tribal Group in India

(3) Geographical inequity in availability of hospital services under a publicly-funded universal health insurance scheme in India.

Research/Publications:

'Retention of human resources for health (HRH) in remote and rural areas of Chhattisgarh'

PHRN has completed a case study on 'Retention of human resources for health (HRH) in remote and rural areas of Chhattisgarh' along with State Health Resource Centre (SHRC) Chhattisgarh and World Health Organisation (WHO). The initiatives of Government of Chhattisgarh towards retention of human resources for health which were studied include:

1. Three year medical course and incorporating the graduates (RMAs/ AMOs) into government service.
2. Chhattisgarh Rural Medical Corp (CRMC), which incentivizes specialists, medical officers, assistant medical officers, nurses working in health facilities according to 'difficulty' and 'inaccessibility'.
3. Initiative to improve availability of medical officers and specialists in LWE affected districts of Bijapur, Dantewada and Sukma. This initiative, which started from Bijapur District Hospital in 2016, includes a bundle of interventions (existing and new provisions) to retain HRH. The interventions include the following:

- Financial incentives
- Bonus marks for PG admission for working in 'difficult' areas
- Increase in the bond money against compulsory service in rural areas after completing MBBS
- Provision/facilitation of residential, transport and other facilities
- Strengthening the health facilities- Health centers upgraded and renovated

with improved availability of equipment, diagnostics, medicines, support staff.

- Improvement in organizational culture, delegation of duties and tasks, increase in motivation, autonomy, flexible leave policy.
- Decentralized recruitment, use of social media

The intervention led to increases in

Photos of the improvements made in the health facilities:



Operation Theatre at the Maternity Hospital, Bijapur



Bijapur District Hospital

the availability of MBBS doctors and specialists in health facilities, in the type of services being provided and in the number of persons availing services at the facilities in these three districts.

The main highlights from the study were presented to the Health Secretary and MD NHM, Chhattisgarh and was also be presented at PMAC, Bangkok in a side meeting organized by WHO. Publication of the study report is underway.

The abstracts and posters presented at PMAC are as follows:

Using research for action towards achieving UHC and SDGs equitably: A case study among the Baiga Particularly Vulnerable Tribal Group in India

Baigas are Particularly Vulnerable Tribal Groups (PVTGs), who are among the most marginalized indigenous groups in India. Lack of evidence regarding their situation has led to their 'invisibility' in all programmes. This study aimed to assess their health and nutrition status and its determinants in Chhattisgarh state. The study used mixed methods, that included a quantitative household survey (among 289 Baiga households) using a structured questionnaire and an in-depth qualitative study. Verbal informed consent was taken and ethical clearance given by the Institutional Ethics Committee of PHRS. Underweight (56%) and stunting (56%) among children under five years, proportion of adults (15-49 years) (56%) with BMI under 18.5 and self-reported morbidity 15 days prior to study were much higher than state averages. Malaria and diarrhea led to numerous deaths annually. Most went to informal private practitioners and village health workers for ambulatory care and to public sector for hospitalizations. Most incurred expenditure for healthcare. Their access to contraceptive services was restricted by a 'ban'. Many habitations were excluded from regular health and nutrition services. Lack of potable water was a major concern. Depletion of forests and forced displacement have affected their livelihoods and diet. Baigas were worse off in terms of access to public programmes and faced discrimination, abuse and victim blaming. A policy push towards 'assimilation' has meant loss of their identity and culture. The determinants of health inequities included food insecurity, 'politics of development', culture, identity, gender, geography and social welfare programmes. There were gaps in availability, affordability

and acceptability of health services. An action plan was developed at the behest of the government that included recommendations on strengthening the public health system, intersectoral convergence and provision of respectful and responsive services. The study paves the path for more rigorous work among vulnerable communities towards achieving UHC and SDGs.

When publicly-funded health insurance schemes fail to provide financial protection: An in-depth study of patients' experiences from urban slums of Chhattisgarh, India

In LMICs, state-funded health insurance schemes are increasingly being promoted as vehicles to achieve UHC. Evidence on financial risk protection through such schemes is mixed. Studies in the context of UHC have focused on utilization and financial protection (or the affordability dimension of access), and less on how this relates to subjective dimensions (acceptability dimension). This study explores the dynamics of access under the publicly-funded universal health insurance scheme in Chhattisgarh, India and specifically the relationship between choice, affordability and acceptability. A qualitative study was undertaken of eight purposefully selected patients from the slums of Raipur City incurring significant health expenditure despite

using insurance. It examined the way these patients and their families sought to navigate and negotiate hospitalization under the scheme. Patients were hospitalized for a range of reasons and all families, except for one, went into debt as a result of the hospitalization and use of health insurance. Patients and their family members exercised agency to the extent that they could, engaging in constant negotiation and efforts to navigate the system, from admission to post-hospitalization. The families faced mounting costs, and increasingly harsh interactions with providers. The research revealed the dynamics underlying failures in promoting affordability and the interactions between choice, affordability and acceptability. The outcomes were produced by a combination of failures of key regulatory mechanisms (the smart card), dominant norms of care as a market transaction (rather than a right), and wider cultural acceptance of illegal informal healthcare payments. The unfavorable normative and cultural context of the private sector provisioning in India needs to be recognized by policy makers seeking to ensure financial risk protection through publicly-funded health insurance. The insights gained from this study have relevance for other states in India and for LMICs with mixed health systems that have introduced publicly-funded health insurance programmes.

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 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.

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