



PHRN NEWSLETTER

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FROM THE ED'S DESK

As living with corona becomes the new 'normal', and debates around feasibility of COVID 19 vaccine get less audible, the farmers from various states, braving all odds, continue to hold fort on the ground at the borders of Delhi, reiterating their stand against the farm laws. As part of a network of organisations that share a common cause with public health issues, we are glad to be associated with many groups and volunteers that keep abreast with the ground-level activities. In January this year, a report of the rapid assessment of various protest sites was released at a virtual event where some of our network members participated and gave voice to the plight of the farmers, including women farmers. Likewise, some of us also participated at the International Woman's Day event at Jantar Mantar to highlight the issues of women in general and front-line workers in particular for highlighting the (over) burden of unpaid, or poorly paid, care-work on their shoulders. As part of our sharing and learning agenda, we also conducted an online panel discussion on "Trends in Malnutrition in Bihar: Research and Practice" to discuss improvements in some of the maternal and child health and nutrition indicators as suggested by the latest NFHS-V findings for Bihar. The event was well attended as the participation exceeded 500. It was well represented by public health experts, government officials, and many civil society organisations.

On International Women's Day, four of our crèche workers from Odisha were also felicitated by the Nabarangpur administration for their extraordinary services in the field of childcare. We extend our hearty congratulations to

them for their phenomenal work. We also congratulate Dr. Anant Phadke for receiving the Jan Swasthya Samman this year for offering a lifetime of services in the healthcare sector.

This phase brings more good news on the programme front as well. The ST & SC Development, Minorities and Backward Classes Welfare Department has signed a letter of intent with the Azim Premji Philanthropic Initiatives on 2nd March 2021 to support the roll out of interventions as envisaged under Odisha PVTG Nutrition Improvement Programme - a special outreach programme aiming to reach 1.34 lakh PVTG population by building community-based crèches, spot feeding centres for pregnant women and nursing mothers, and spot feeding centres for children from three to six years. It is a great opportunity for PHRS to be a part of this partnership as a technical resource partner in three districts of Rayagada, Kalahandi and Malkangiri in the first phase, providing handholding support for the rollout of the activities, capacity building, monitoring, supportive supervision and so on.

In Jharkhand, our team continues to engage with adolescent girls and young women as part of the Tejaswini project. The activities of Tejaswini Clubs have also received substantial coverage in the print media in this quarter. Be it the girls from Deoghar winning the first prize for the best jhanki on the Republic Day or wearing pants to play football, these young women continue to become role models for other women in the community. We especially congratulate the Jharkhand team for their sensitization and training efforts through club activities, that directly

IN THIS ISSUE

From the ED's Desk	1
News from the Secretariat	2
<i>Release of report about condition of farmers at protest sites</i>	
<i>Trends in malnutrition in Bihar</i>	
<i>7th Dr. Ajay Khare Memorial Lecture on the current situation of COVID 19</i>	
News from Jharkhand	5
<i>Programme updates</i>	
<i>UPCLOSE: Impact of Tejaswini Clubs</i>	
<i>Tejaswini in the News</i>	
News from Odisha	8
<i>Launch of OPNIP</i>	
<i>Discussion on Health and Nutrition (DHAN): A new initiative in urban slums of Puri Municipal Corporation</i>	
<i>PHRS organises crèche workers' orientation on NRC services</i>	
<i>Recognition of PHRS team as technical resource partner by Nabarangpur district administration</i>	
<i>PHRS district team invited for RBSK review meeting by health department</i>	
<i>ICMR-RMRC (Bhubaneswar) invites PHRS for conducting training</i>	
<i>COVID 19 related training in five intervention districts</i>	
<i>PLA meetings and their remarkable impact in crèche intervention villages</i>	
<i>Updates of LLANO (Linking Livelihood Action and Nutritional Outcomes) Intervention</i>	
News from Chhattisgarh	18
<i>Research and publication</i>	
<i>Participation in webinars</i>	
<i>The story of Suraj, private hospitals and public hospitals</i>	
Nutrition News	21
<i>Mainstreaming crèches to reduce malnutrition</i>	
<i>Making meals more nutritious</i>	
<i>Misconceived measures for malnutrition</i>	
Staff News	24

address the deep-seated patriarchy embedded within the community, although there is still a long way to go. On the same note, I would also like to appreciate the Chhattisgarh team for helping marginalised people in

accessing healthcare from the public sector while also contributing important COVID 19-related research in journals of repute like the BMJ.

Once again, heartfelt congratulations to the entire team for their successful

endeavours in the past few months. Wishing us all more power to continue on this winning streak with hope, trust and a genuine intention for collaborative work.



PHRN-JSA in solidarity with the women's cause on March 8, 2021 at Jantar Mantar

NEWS FROM THE SECRETARIAT

Release of report about condition of farmers at protest sites

In the wake of long-drawn protests by farmers camping at Delhi borders against the three farm laws passed by the Central Government in 2020, the Delhi and Haryana chapters of Jan Swasthya Abhiyan (JSA) conducted a rapid assessment of basic amenities at five protest sites – Singhu, Tikri, Shahjahanpur, Gazipur and Palwal, between 19.12.20 to 22.12.20. A total of 201 participants were surveyed by volunteers during this exercise. The

findings from the assessment were released at a virtual event on January 11, 2021, where a number of our network partners spoke.

Following were some of the demands that were highlighted:

- Provide an adequate number of clean, mobile toilets at all the protest sites.
- Make provision for clean drinking water at all the protest sites.
- Make provision for regular solid waste collection and disposal from

all protest sites.

- Ensure that nearby public medical



facilities (PHCs, CHCs, DHs) are geared to provide services including medicines to the people in need at these sites, especially the children and the elderly. There should be a sufficient number of healthcare professionals along with referral arrangements and adequate ambulance services.

- Deploy counselling teams at protest sites that specialise in mental health care and who actively motivate people to seek support from them whenever needed.
- Set up tents to improve protection from climate-induced health issues.
- Increase efforts to contain mosquitoes and flies at the protest sites.

(The full report can be accessed at https://drive.google.com/file/d/1H7_-JTVKkyHsGA3wD8Ti0vbjqetObh/view)

Trends in malnutrition in Bihar: research and practice – A report

Ipsha Chaand

Public Health Resource Society (PHRS) - Delhi conducted an online panel discussion on 16th March 2021 entitled “Trends in Malnutrition in Bihar: Research and Practice” to discuss improvements in some of the maternal and child health and nutrition indicators as evidenced by the latest NFHS-V findings. Various public health experts, government officials and civil society organisation representatives took part in



the event where participation exceeded 500. Ms. Rupa Prasad, Executive Director, PHRS welcomed all the participants while Dr. Vandana Prasad, Technical Advisor, PHRS moderated the event. The keynote speakers were Mr. Vipin Garg, Senior-Advocacy Director, CARE-India; Dr. Purnima Menon, Senior Research Fellow, IFPRI; Dr. Sridhar Srikantiah, Senior Technical Director, CARE-India; Ms. Shweta Sahay, Nodal officer, National Nutrition Mission (NNM), Government of Bihar; Mr. Rafay Eajaz Hussain, State Convenor-PHRN/Head-Project Office, Save the Children, and Dr. Shakeel-ur-Rahman, State Convenor, JSA-Bihar. Following is a speaker-wise summary of discussions held at the event.

Mr. Vipin spoke about the present status of maternal and child health and nutrition in Bihar, its socio-economic profile etc. He further flagged factors such as early marriage, extreme poverty, low literacy rates, gender and inequality etc. that added to poor health and nutritional outcomes in the state.

Dr. Menon spoke about Bihar’s progress in addressing child malnutrition, that is, child stunting, and decline in proportion of underweight mothers, the latter being a mark of intergenerational malnutrition. She reiterated the need to address underlying social determinants of health, food security and poverty alleviation as part of the main Nutrition Agenda to sustain these gains. She emphasised on improving IYCF practices, programme coverage, and urged for an increased investment on improving ‘maternal determinants’ along with focus on family-centered care involving families as partners in the process, and not “merely as vehicles

to deliver the programmes”.

Dr. Sridhar shared CARE’s perspective and experiences from working with health systems in Bihar for over the last decade. He emphasised the need to rethink target indicators such as child development, dietary adequacy and status of anemia during pregnancy registration. He spoke on the need for “policy focus and a much sharper accountability for these select indicators”, strengthening of community monitoring systems and highlighted complementary feeding as the last major gap for long term sustainable change.

Ms. Shweta Sahay, a NNM representative from the Government of Bihar, acknowledged the need to focus on poverty alleviation, WASH, awareness and behavioural change and sensitization as complementary to ongoing programmes such as POSHAN Abhiyan and the National Health Mission to break the intergenerational cycle of malnutrition. She reiterated the need for dietary diversification, food fortification, ECCD, focus on first 1000 days, early identification and management of SAM as key to sustain and augment the gains in nutrition status in Bihar.

Mr. Rafay Hussain spoke about the need for political will, addressing of governance issues and strong leadership. He emphasised the need of convergence between community and the health systems and a system of robust data monitoring/MIS to positively impact planning and implementation. He reiterated that empowering women, strengthening women’s agency, systems strengthening, and empowering the community is essential for further improvement in maternal and child nutritional status in Bihar. Dr. Shakeel highlighted ‘inclusion’ as one of the important issues to be addressed in the context of malnutrition. He also flagged that the policies and programmes need to envision sustenance of nutrition interventions even amidst crisis like COVID 19 pandemic.

Dr. Vandana Prasad concluded the



webinar by presenting challenges and key learnings from the discussion. She emphasised the need to keep the discussion on NFHS-V findings and malnutrition alive through productive engagement with stakeholders on issues that affect malnutrition, such as conditional cash transfer, food fortification, social determinants of health and so on, while being mindful of the “last mile connectivity and ownership of community within the health systems.”

(For accessing the Webinar proceedings, visit: https://www.youtube.com/watch?v=Y8YEE_7Cpxs)

7th Dr. Ajay Khare Memorial Lecture on the current situation of COVID 19

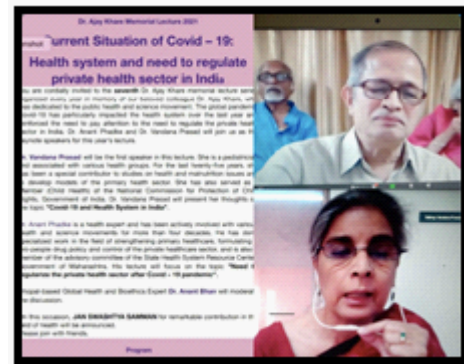
Shaweta Anand

Dr. Vandana Prasad and Dr. Anant Phadke were invited as keynote speakers at the seventh Dr. Ajay Khare Memorial Lecture organised by JSA-MP on March 6, 2021. The objective of this lecture was to dwell on the challenges posed to the health system during the COVID 19 pandemic while also focusing on the unregulated private sector. The lecture was dedicated to late Dr. Khare, a public health exponent, and to the memory of all the health workers who lost their lives due to COVID 19. Dr Anant Phadke was also awarded the *Jan Swasthya Samman* to commemorate the occasion.

Dr. Anant Bhan apprised the audience of the basic issues around COVID 19 in

his introductory speech. He mentioned WHO estimates about global COVID 19 cases coming to 11.5 crore along with 26 lakh deaths. In India alone, 1.11 crore cases have occurred (almost one-tenth of the global numbers) including 1.57 lakh deaths. In his view, many lessons have emerged from the pandemic and beg attention, such as gaps in the basic health system – lack of infrastructure and lack of human resources; systemic neglect like chronic underinvestment in health and its contribution to the present suffering. Further, he mentioned the issue of stigma for the people who were found to be COVID 19 positive. Many were stamped, or notices were stuck outside their homes during quarantine, or they were publicly ostracised, and so on.

While referring to the pandemic as a wake-up call for the world, Dr Vandana Prasad emphasised that it was still not teaching us something that could be called brand new, something that people did not know or expect from before through the earlier outbreaks of SARS or MERS. Pointing out the ecological origins of the disease, she spoke about host switching, that is, virus switching over to humans instead of animals, due to rising deforestation. That in turn led to a lack of biodiversity and ‘dead end’ hosts that earlier used to deal with the microbes in nature. Further, she explained how climate change has also impacted the spread of diseases as microbes cannot survive in too much heat or cold and therefore change their habitats. She emphasised that public health started from trying to



understand social determinants of the disease and that we need to keep it in mind to prevent similar outbreaks in the future.

Coming to the already highly privatised and unregulated health care sector in India, Dr. Prasad opined that people found COVID 19 treatment very expensive and it pushed them further below the poverty line, defeating the very purpose of the idea of universal access to healthcare or ‘Health for all’, as only a few could afford good quality healthcare in this country. Reiterating the need for a strong public health sector, she felt that a large number of poor and vulnerable population still fully depended upon these systems during the pandemic for welfare.

She also highlighted the enormous geographical challenges in accessing healthcare especially during the COVID 19 outbreak. People had to travel long distances to get to a facility or cross a river for instance if they were living in villages or remote areas. Even if they reached a facility, many times they did not get specialised care due to shortage of medical personnel and infrastructure (PPE, ICUs, oxygen supply, drugs, etc.). She spoke of the overburdening of the front line workers (FLWs)—the link between the community and health care services – as they were still considered as volunteers and not as workers, even though they were officially lauded with *thali*, *taali* and *phool* for their warrior-like services during corona. She highlighted that in many areas of the country, the doctor-patient ratio was still ten times less than what is recommended by the WHO. She questioned the quality of COVID



Dr. Anant Phadke being awarded the Jan Swasthya Samman

19 data being collected and the kind of monitoring that was being done.

In terms of health budgeting, Dr. Prasad argued that despite being a welfare state, India's health budget was stuck at around 1.3% of the GDP, while capitalist countries like the USA spent at least 9% of their GDP on health! Even though India has a high case load and death toll, the government has barely increased the health budget. In fact, it has reduced it in relative terms in her view, which is a bad sign for the future of the health sector in this country.

Highlighting some key governance issues with regard to the handling of the pandemic, she informed that the community, which actually comprises right-holders and not 'beneficiaries', was rarely consulted by the government. An exception was however seen in the case of Dharavi, where the pandemic was quickly managed due to the collaboration between the government and the community. Describing the decision of restricting public transport

and bringing in the police during lockdown as irrational, she explained that many people must have died due to heart attack or cancer or during childbirth at home, or while on their way, struggling to get to the nearby health facility.

In his session, Dr. Anant Phadke spoke about the urgent need to regulate the private sector, especially during the pandemic. He spoke of four components of the private sector or 'the medico-industrial complex' that are being privatised increasingly, namely the pharma industry, medical equipment industry, medical education industry, and hospitals.

Talking about the medical equipment industry, he spoke of the overuse of diagnostic technologies just for profit. Further, he compared medical education in his times costing just Rs 500-600 annually with Rs. 50-60 lakhs paid as fees today in private medical colleges, making it 'difficult' for doctors to

practice ethically after attaining the degree. However, as a solution, he suggested that if the government wanted, it could make sure that private college fees did not exceed government college fees. Secondly, he also suggested that medical colleges should be attached with District Hospitals which would make medical education more affordable, and eventually, more ethical.

As far as regulating private hospitals and doctors is concerned, he felt that the main problem was the corporate control of this sector. Further, he suggested 'a standard treatment guideline' (not protocol) that should be arrived at using scientific facts and consensus building processes at the three levels of health care - primary, secondary, and tertiary - in various states. He critiqued the new National Medical Commission for being too bureaucratic. He concluded by suggesting an increase in self-regulation in the private sector like in countries such as France and Australia.

NEWS FROM JHARKHAND

Programme updates

Shampa Roy

Project Tejaswini

Project Tejaswini started in 17 districts of Jharkhand in June 2019. Through the project, PHRN as a Technical Support Agency, and Indian Gramin Services (IGS) are jointly facilitating intervention as Community Service Providers in two zones. Six districts out of 17 namely Palamau, Chatra, Koderma, Deoghar, Godda and Pakur have been allotted to PHRN-IGS consortium. The project aims at socio-economic empowerment for Adolescent Girls and Young Women (AGYW) of the age group between 14-24 years. The major activities in the project are formation of Tejaswini Clubs (TC), opening of bank accounts of the clubs, enabling TCs to use funds and grants for their establishment, and learning club management through different activities like establishing



An ongoing Tejaswini Club Meeting

pad banks, starting a *poshan bari*, establishing club library (*pustakalaya*) and initiating Tejaswini tuitions.

UPCLOSE: Impact of Tejaswini Clubs

Kiran's story of transformation

Translated by Aakash, Block Coordinator, district Pakur

I am Kiran Devi, w/o Mithun Saw from Sridharpada. I am a member of TC, Sridharpada Anganwadi. This is the

story of my life. Around a year ago, Nisha Kumari, a youth facilitator, came

Kiran Devi



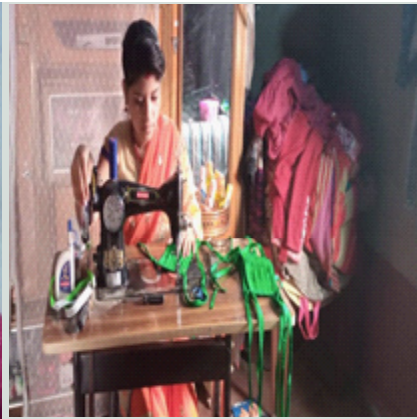


Nisha Kumari, Youth Facilitator

to our village. Nisha introduced us to the Tejaswini project and motivated us to form a club at Sridharpada Anganwadi. We formed our TC in November 2019, where all the adolescent girls and young women from 14-24 years were gradually registered as club members. I was 19-years-old at that time. Our weekly club meeting is held on every Monday and I make sure I attend every meeting. We receive many kind of orientations, trainings, and life-skill education at the meetings. After becoming club members, many of us have also continued with our studies again.

However, COVID 19 changed many things for us. Our work at the club stopped. The nationwide lockdown and fear affected our lives as many families were not getting any employment or means of earning a livelihood. Like others, we were also going through a bad phase. After several months, in September 2020, the meetings at our TC resumed with a decision to observe all the related precautions like maintaining physical distancing among participants, covering the face with a mask and frequent handwashing.

It was then decided to stitch face masks for all the AGYW members at the Club. A resolution was made to provide the mask from the 'seed' grant – the amount provided by the project to the Club. Rather than buying the masks from the market, it was decided to provide opportunity to AGYW to make them. I had learnt stitching before my marriage, so I was very familiar with



Kiran Devi stitching face masks

it and became happy at the opportunity of being able to use my skill to stitch masks and improve my family's financial condition.

Every face mask I stitched sold for Rs 10 while I made a profit of Rs 2 per mask. I ended up selling masks to all eight clubs of Bannogram cluster comprising two panchayat areas. All 650 AGYW are wearing face masks stitched by me. This has made me popular as a female tailor in nearby villages as well. I am already getting more stitching work from there. I have purchased different types of needles, threads, etc. as well, because of the earning from selling the face masks. Overall, my stitching work has become enhanced in every way. I feel more independent and in a better position to give a good future to my children now. I owe a lot to my TC as being associated with it made me a stronger person and helped me become who I am today.

पैड बैंक – एक कदम स्वच्छता की ओर

*Avinash Kumar, Block Coordinator,
Tandwa, district Chatra*

यह कहानी पूजा कुमारी की है, उम्र 16 वर्ष, जो ग्राम राहम, पंचायत-राहम, टंडवा की निवासी है।



पूजा बहुत ही गरीब परिवार से सम्बन्ध रखती है। इनके पिता सुकर भुइयां मजदूरी कर अपने परिवार का भरण पोषण करते हैं।

जब टंडवा प्रखंड में तेजस्विनी परियोजना का क्रियान्वयन होना प्रारम्भ हुआ तब पूजा तेजस्विनी क्लब से जुड़ गई और सभी प्रकार के गतिविधियों में शामिल होने लगी। इसी दरम्यान जब क्लब में युवा उत्प्रेरक एवं संकुल समन्वयक के द्वारा माहवारी को स्वास्थ्य से जोड़कर तेजस्विनी क्लब के सदस्यों को विस्तारपूर्वक बताया गया। इनकी बातों से प्रभावित होकर पूजा ने उनकी बातों को अमल करने की ठान ली। पूजा घर से मिलने वाले पौकेट खर्च हेतु रुपये का बचत करने लगी ताकि वह प्रत्येक माह मासिक धर्म के दौरान क्लब से 5 रुपये का पैड खरीद सके।

आज वह कहती है कि उसके क्लब में "पैड बैंक" की स्थापना होने से उसे बहुत ही आसानी से और सस्ते दामों पर पैड की प्राप्ति हो जा रही है। वह कहती है पहले वह घर के गंदे कपड़ों का इस्तमाल करती थी तब उसे अजीब सा महसूस होता था परन्तु जबसे वह क्लब के द्वारा मुहैया की जा रही पैड का इस्तमाल कर रही है तबसे वह बेहतर महसूस करती है।

पैड का इस्तमाल कर अब वह उसे अच्छे से निपटारा करती है। इससे पहले जानकारी के अभाव





Manisha being felicitated by DC, Deoghar, for her work on menstrual health and hygiene. She is Cluster Coordinator cum Counselor from Madhupur who initiated the Pad Bank



Tejaswini Girls celebrate Republic Day in different districts on January 26, 2021



The sweet smell of victory: Tejaswini Girls celebrating getting the first prize for the best 'jhanki' in dist. Deoghar

मे जब वह कपड़ों का इस्तमाल करती थी तब वह उसे यहां-वहाँ फेंक दिया करती थी। पूजा तेजस्विनी से जूझकर बहुत खूश है।

एक कदम - महिला सशक्तिकरण की ओर

Poonam Khalkho, Block Coordinator, Kanhachatti block, district Chatra

हम बात कर रहे हैं राखी कुमारी की, उम्र 17 वर्ष। राखी के पिता का नाम है राजेन्द्र विश्वकर्मा तथा माता का नाम है शांति देवी। वे ग्राम चिरिदीरी,

क्लब सिमरा डिह के निवासी है। राखी एक किशोरी है जिनकी शादी उनके माता पिता द्वारा तय कर दी गई थी।

राखी कुमारी तेजस्विनी क्लब की हर बैठक एवं प्रशिक्षण में भाग लेती हैं। क्लब के माध्यम से ही उन्होंने बहुत सारी जानकारी प्राप्त की है। उनके यह महसूस हुआ की उन्हें अपने को आत्म निर्भर बनाना है और अपने को सशक्त करना है। उन्हें यह पता चला कि किशोरियों के जीवन में बहुत सारी बाधाएं आती हैं और उन बाधाओं में से एक बाधा है कम उम्र में शादी। कम उम्र में शादी करने



Beti Bachao Beti Padhao week inaugurated by Mukhiya Khariodih Village, and Tilori panchayat



Tejaswini in the news



से बहुत से कठिनाइयों का सामना करना पड़ता है और वो क्लब के माध्यम से जागरूक हुई और अपने माता पिता को हर तरह से समझाने की कोशिश की वो अभी शादी नहीं करना चाहती हैं, लेकिन उनके माता पिता मानने को तैयार नहीं थे।



तब राखी अपनी समस्या की जानकारी क्लब में युवा उत्प्रेरक मनीषा को दी। युवा उत्प्रेरक द्वारा उनके माता पिता को समझाने पर उनके माता पिता मान गए और इस तरह से राखी कुमारी की शादी नहीं हो रही है। राखी का आत्मविश्वास बढ़ गया है।

NEWS FROM ODISHA

Programme updates

Launch of OPNIP: Odisha paves the way for improving women and child nutrition in PVTG villages

Swati Priyambada Das

In the last few years, Odisha has been spearheading the fight against malnutrition with many significant initiatives that are a result of a combination of a strong political will, decisive administration, and presence of an active civil society. As one of the first states in India, it introduced a separate nutrition budget last year, aiming at improving nutrition of children and overall health in the state. Recent developments include the state cabinet's approval for Strategy for Odisha's Pathway to Accelerated Nutrition – SOPAN (you can read more about SOPAN in our January Newsletter, Issue 1, Vol.5). PHRS has been instrumental in showcasing the same through its 150 crèches being run with support of Azim Premji Philanthropic Initiatives (the Philanthropy) in five districts of the state.

Another milestone for mainstreaming crèches as a strategy for improving nutrition among children under three is the initiation of the Odisha PVTG Nutrition Improvement Programme (OPNIP) by the ST&SC Development, Minorities and Backward Classes



Signing of letter of intent between Programme Director OPELIP and Head Operations, Azim Premji Philanthropic Initiatives, 2nd March



Master Training of MPA and FNGO staff



Reaching new heights: Scoping for new crèche sites at Tanda village, Rayagada

Welfare Department (SSD Dept.), Government of Odisha (GoO). The OPNIP is a special outreach programme aiming to reach 1.34 lakh PVTG population residing in 541 PVTG habitations, spread across 89 GPs, 17 Micro Project Area (MPA) and 12 districts. In this context, the SSD Dept. signed a letter of intent with the Azim Premji Philanthropic Initiatives on 2nd March 2021, for providing nutrition security to PVTG women and children in the state through operationalising

the OPNIP. OPNIP interventions, include i) Community-based crèches for children under three years; ii) Spot feeding centres for pregnant women and nursing mothers; and iii) Spot feeding centres for children (three to six years of age). These interventions are designed for emphasizing the life cycle approach while prioritizing the first 1000 days of life.

It is a great opportunity for PHRS to be a part of this partnership. As the technical resource partner to the Department for OPNIP, PHRS is placed as the Project Management Unit (PMU), providing technical guidance and handholding support in the three districts of Rayagada, Kalahandi and Malkangiri in the first phase. The role of PHRS is crucial, especially in formulating the OPNIP action plan, developing guidelines and resource materials,





Community meeting introducing OPNIP at Tanda

providing handholding support for the rollout activities, capacity building, monitoring and supportive supervision, and so on. PHRS district teams have been supporting the MPA teams in site selection, selection of workers, and so forth.

Capacity building will be an ongoing aspect for the programme at various levels. In this regard, a three-day Master Training (ToT) of the MPAs and

Facilitating NGO (FNGO) teams was undertaken from 11th-13th February 2021 at Rayagada, where members from the six MPAs of the three districts were present. Sessions on the importance of child and maternal nutrition, protocols and guidelines etc. were conducted.

In the first phase of the programme, 40 crèches shall be made operational in the three districts of Kalahandi, Rayagada and Malkangiri. These

include 25 existing PHRS-APPI run crèches operational in PVTG villages of these districts. In addition, new crèches, and spot feeding centres shall come up in other PVTG villages in a phased manner. This is a significant step towards mainstreaming crèches for the children from six months to three years of age.

In fact, OPNIP has been officially launched on the 1st of April coinciding with Utkal Divas in the above three districts covering four MPAs with the handing over of the 25 existing PHRS-APPI crèches to the respective Village Development Committees (VDCs). 22 spot feeding centres for pregnant women and lactating mothers and two for children of 3-6 years of age in remote villages were also inaugurated with more centres to be added in the coming months.





The inauguration of the programme was done at various places by different dignitaries. In Rayagada, Collector and DM Shri Saroj Mishra presided over the handing over of creches and inaugurated maternal spot feeding centres at Khambesi and Kurli villages of Bissamcuttack block. In Malkangiri, Shri Rameshwar Pradhan, Sub Collector inaugurated creches and maternal spot feeding centres at Mudulipada, Padeiguda, and two other villages of Khairput block, Malkangiri. At Kalahandi, district officials like DWO, PA ITDA, BDOs led by Shri Durga Prasad Maharana, PD (DRDA) were present at the inauguration. At other places, Sarpanchs and VDC members inaugurated OPNIP centres in their respective villages.

Discussion on Health and Nutrition (DHAN): A new initiative in the urban slums of Puri Municipal Corporation

Satya Narayan Patnaik

A new initiative – DHAN – involving fisher folk and other communities (DHAN for F2OC) has been started under the project “Capacity Building to improve the health and nutrition status of Women/Adolescents from underprivileged community of Puri district” since mid-January 2021. The project is financially supported by Gas Authority of India Ltd. (GAIL),

Ministry of Petroleum and Natural Gas, Government of India, and its duration is one year. While the overall technical support to this intervention is being provided by Dr. Vandana Prasad, the management and coordination support at the national level is being provided

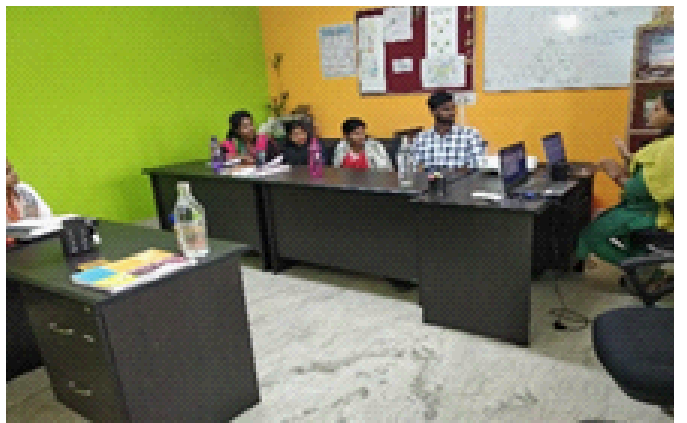
by Ms. Rupa Prasad. The Puri team of GAIL-India has also been extending its support in carrying forward the programme. The objective of the project is to address the basic issue of health and nutrition



Dr. Vandana Prasad meeting the fisher folk and other communities in Penthakata



Ms. Rupa Prasad, ED, PHRS, interacting FLWs after visiting the urban slum



First orientation of programme facilitators at PHRS Bhubaneswar centre



Dr. Vandana interacting with fisher folk, Puri



PFs conducting FGD as part of rapid appraisal

with a focus on maternal and child undernutrition in two urban settlements – Penthakata and Baliapanda – through a capacity-building programme in close cooperation with public systems such as health, nutrition and their allied areas functioning under the GoO. There is a team of Programme Facilitators

(PFs) at the cluster level (one cluster consisting of some four-five Self Help Groups (SHGs) to carry out meeting cycles, community mobilization activities, ground level actions, health camps and systems strengthening activities. The capacity-building exercises have been ongoing through a series of trainings/PLA meeting cycles based on ten micro modules designed for them.

Before initiating the programme, a team comprising Dr. Prasad, SN Patnaik and Pramita Satapathy had visited the project site to complete the process of community level interaction, especially

with SHG women and adolescent girls. The objective of this visit was to understand the community’s perception on basic health and nutrition issues in their locality-dietary diversity, level of access to public facilities, livelihood practices, and other rights and entitlement issues.

The district administration, the health and ICDS team including the field level workers (FLWs) have been mobilised to support DHAN capacity-building programme. To enhance the knowledge, skill and the overall understanding of the PFs on community health and nutrition, a weekly one-hour virtual technical session has been planned for them. The first such session was organised on 6th March, 2021.

PHRS organises crèche workers’ orientation on NRC services

Pramita Satapathy; Photo Credit: Nabarangpur district team

A series of capacity building training sessions for Crèche Workers (CWs) with regard to Nutritional Rehabilitation Centre (NRC) services and facilities was organised by PHRS in Koraput, Nabarangpur and Rayagada districts in the months of December 2020 and January 2021. On request of the district team, NRC Counsellor-Koraput, Rajkumari Patnaik, NRC counsellor-Nabarangpur (Umerkote) Sasmita Senapati and NRC counsellor Rayagada, Sangeeta Behera participated in the training sessions as resource persons. Eighty nine CWs of four blocks of three districts, along with all the PHRS-district team members of Nabarangpur, Koraput and Rayagada participated in the orientation sessions.

The objectives of the training sessions were:

1. To establish knowledge among CWs and district team members about facilities and services provided by the NRC that would help them counsel the mothers of the red-flag category children to

avail desired nutritional services.

2. To sensitise the CWs on the quality of food being provided at NRC and about follow-up practices for the NRC-returned children.
3. To discuss ways of working in close coordination with the NRC team.

The NRC counsellors highlighted that poor feeding practices, lack of care and treatment and so on, led children to becoming malnourished over time, making them fall victim to repeated course of diseases. They detailed the NRC admission criteria, signs and symptoms of SAM children, NRC services like treatment and patient management, nutritional support to children, play-therapy, nutrition education to family members, counseling services for better hygienic practices and care for children, orientation to caregivers about the preparation of low-cost nutritious diet from locally available food, follow up services, financial assistance for the caregivers, etc.

The counsellors discussed about the food that was given to the

admitted children in the NRCs (F-75 and F-100), and the appetite test. They informed that children were initially fed liquid food as a ‘starter diet’, which was easily digestible, and gradually, semi-solid and solid foods were introduced – the ‘catch-up diet’ – to rebuild the wasted tissues, till they were able to eat



NRC Counsellor imparting session in Koraput to CWs and PHRS team



CW orientation on NRC services in



Food demonstration by NRC Counsellor in Jharigaon and Papadahandi CW's Training

and digest their food actively.

The counselors informed the participants that children were weighed and plotted regularly at NRC to check their nutritional status. They said that the children were kept at the center till there was a 15% increase in their weight that was recorded at the time of admission; their families were also counseled accordingly. It was highlighted that each child should gain a minimum of 10 grams weight per day. During the children's period of stay at the NRC, the counsellors shared that different tests were done for the SAM children who were admitted, and their

treatment was started as per the test reports. Structured play therapy was also provided to children under the supervision of the NRC team and the caregivers.

To establish long-term behavioral change practices regarding sanitation and hygiene, care, feeding to the child, etc., the trainers shared how they counselled caregivers and family members during discharge of children from the NRC. For example, the families were advised about three follow-up services at the NRC – first and second follow-up at 15-days interval, and third follow-up at

one-month interval. They also shared about logistical and financial assistance/compensation given to the caregivers as they stayed at the NRC in lieu of wage loss during the sessions.

The NRC counselors appreciated PHRS team including CWs for their contribution towards managing malnutrition among children. CWs were requested to work in close coordination with the FLWs at the village level to provide home-based counseling to parents/family members and to send all the SAM children to NRC by availing better nutritional services.

Recognition of PHRS team as technical resource partner by Nabarangpur district administration

Pramita Satapathy, Photo Credit: Nabarangpur district team

Seeing the efforts of the PHRS team in the crèche intervention villages of Papadahandi, the Child Development Project Officer (CDPO) had invited the district team to attend the Block level Child Protection and Task Force Committee (TFC) meeting way back in November 2020. The major focus of that meeting was on how to work in a collaborative way at each level – village to the district – to prevent child marriage. The CDPO-cum-CMPO (Child Marriage Protection Officer) praised PHRS team members during the meeting for their effort and impact in the crèche intervention villages. The main participants at the meeting were BDO



Adolescent girls take oath not to marry before the age of 18 years in Dhamanaguda GP



CW Sarita Panka explains the Sony and Madhu stories in Dhamnaguda GP-TFC meeting



BC Suryakant Nayak explains the Sony and Madhu story in Dangariguda GP-TFC Meeting

Nabarangpur District Administration honours four PHRS crèche workers on International Women's Day, 2021



From L to R: Jyotshna Maharana, Matei Bhatra from Bhimasahi, Papadahandi Block; Ramanai Panka from Mandiaguda and Sanmati Bhatra from Dangriguda, Jharigaon Block were felicitated by the Collector & District Magistrate Dr Ajit Kumar Mishra, OAS (SAG) on 8th March, 2021

Papadahandi - Ranjita Mallick (Chair), AWW/Supervisors of Papadahandi Block, Health Workers (female), one doctor from CHC-Papadahandi, District Coordinator MAMATA, Nabarangpur Avijit Pattnayak, UNICEF Consultant

Fakir Charan Raut, a representative from OCPCR-BBSR and District Project Coordinator - PHRS, Manas Ranjan Katta.

As an outcome of the meeting, the CDPO-Papadahandi requested PHRS's support in raising awareness of adolescent girls about early marriage and its adverse effects on maternal and child health at the Gram Panchayat (GP) level through PLA. Since the PHRS district team had been regularly updating the district administration every month

about the nutritional status of all the children of the crèche implementation villages, the health officials, ICDS officials and the administration were familiar with PHRS's work and approach. In the month of December 2020, the CDPO-Jharigaon invited PHRS Block Coordinator (BC) Suryakant Nayak to participate in the GP-level TFC meeting as a resource person and to conduct PLA meetings in Dhamanaguda and Danagrignuda GP.

As per the request, PHRS team comprising the BC and CWs, facilitated two PLA meetings in Dhamanaguda and Dumurignuda Gram Panchayat



Adolescent girls take oath not to marry before the age of 18 years in Dangarignuda GP

of Jharigaon block on 15th and 18th December 2020. Overall, the team oriented around 80 adolescent girls and other participants through PLA meeting-1 (Sony's Story) and PLA meeting-2 (Madhu's story), in which early marriage, right age of marriage, and pregnancy were the key areas along with how that led to malnutrition among mothers and children. At the end of it, all the participants took an oath to prevent early marriage in their village. They promised that if they received any information about such a case, they would first counsel the concerned family and then inform the FLWs/ Childline to provide them support and protection from early marriage.

PHRS district team invited for RBSK review meeting held by the health department

Pramita Satapathy; Photo Credit: Nabarangpur district team

PHRS team has been working in close coordination with the Health department since the beginning of the crèche programme. During crèche worker trainings and review meetings, the team usually invites health department representatives for their feedback for capacity building and also to share with them the issues related with health and nutritional status of children in the crèche intervention areas of the district. This time, however, the PHRS team was invited to participate in the review meeting of Rashtriya Bal Swasthya Karayakram (RBSK) by the Health department on 17-18 December 2020.

The event was chaired by Dr. R Bijaya Kumar, Additional District Public Health Officer, Family Welfare, Nabarangpur. The other participants



Nabarangpur DC Manas Ranjan Katta making a presentation

were Firoj Bagh (RBSK Manager), 90 members from Mobile Health Teams (MHT) including AYUSH doctors, pharmacists, male and female health workers; Fakir Rout (Consultant, UNICEF), Suresh Pattnaik (DCPO), Pranati Sahu (District Manager, RCH), Tarun Sahu (Assistant Manager, NCD), Preety Nayak (MO, NCD) and Manas Ranjan Katta (District Coordinator/ DC, PHRS - Nabarangpur). In this meeting, the team got an opportunity to present an overview of the crèche programme and the activities conducted at the community level through the intervention.

Findings and outcomes

The discussion highlighted several points:

- During the lock down, NRC and District Early Intervention Centre (DEIC) referral had become very low.
- Child marriage and early pregnancy cases were on the rise in the interiors of Nabarangpur.
- Due to COVID 19 restrictions and other engagements of the MHTs during the pandemic, community level health check-up and screenings were not being conducted.

Outcomes included:

- RBSK team assured inclusion of all the crèche villages in its micro-plan for conducting health check-ups.
- As some blocks were showing SAM figures as very low; the ADPHO gave instructions for

stricter screening.

- The health department would soon conduct a study on SAM children in Nabarangpur and Papadahandi blocks, Nabarangpur district, with field support from PHRS.
- RBSK team committed itself to providing spot orientation to CWs about RBSK services and helping them identify children eligible for DEIC during their visits to the crèches.

ICMR-RMRC (Bhubaneswar) invites PHRS for conducting training sessions

Pramita Satapathy

The Indian Council of Medical Research (ICMR) and Regional Medical Research Center (RMRC), Bhubaneswar organised trainings on health, nutrition, Water, Sanitation, and Hygiene (WASH) in the aspirational district of Nabarangpur in February and March 2021. (Nabarangpur district was also identified as an ‘aspirational district’ under the Aspirational District Programme launched by the GoI a few years ago, keeping in mind its poor socio-economic indicators).

ICMR-RMRC Bhubaneswar requested



Pramita Satapathy undertaking training



PHRS's technical support particularly for facilitating the nutrition and WASH sessions. PHRS session facilitators comprised of Pramita Satapathy, Manas Ranjan Katta, Dilip Basantray and Rajesh Pattnaik. State-level collaboration with ICMR-RMRC for the success of the event was done by SN

Pattnaik. The programme was moderated by Dr. Prakash Kumar Sahu and Dr. Abhinav of RMRC-Bhubaneswar.

These trainings were organised under the Science and Technology Intervention project of Nabarangpur district, and covered themes like food

groups, life cycle approach, promotion of kitchen gardens, strengthening of ICDS services, VHND services and MDM, anaemia and its control, and so on. The trainings were geared towards orienting the FLWs (ASHA, AWW, female health workers), PRI members, teachers, and School Management Committee members. About 160 FLWs got oriented through these trainings.

Trainings were conducted in February and March in the village schools of Charamal and Gopiguda of Papadahandi block; Malekot of Nabarangpur block; Kangra of Jharigon Block, and Ankabeda of Chandahandi block.

COVID 19 related training in five crèche-intervention districts

Pramita Satapathy; Photo Credit: Nabarangpur district team

To develop an understanding among the community members about COVID 19 pandemic, a series of trainings were organised in crèche villages across the five districts in the last quarter. The CWs took support from the PHRS district team and FLWs (ASHAs, AWWs and health workers - male and female) to organise the training sessions in their respective villages. Health workers emphasised the use of masks, hand washing, and physical distancing to prevent the disease from spreading. IEC materials (flexes) highlighting the key messages for COVID 19 were provided to all the crèches. A total of 377 meetings were conducted through which 4,172 community members were contacted and oriented about the disease.



Field level training in Bidriguda, Nabarangpur district



Field level training in Chapsil, Koraput district

Field level training in Turiguda, Kalahandi district



Field level training in Muduliguda, Malkangiri district



Field level training in Mundabali, Rayagada district

PLA meetings and their impact in crèche intervention villages of five districts

Pramita Satapathy

PLA capacity-building meetings had been first introduced in 150 crèche intervention villages of Odisha in January 2020 to build upon the health and nutrition perspective among crèche committee members as well as the community. The meetings were stopped due to COVID 19 restrictions but were resumed later, strictly in accordance with government protocols. PHRS district team conducted refresher trainings for all the crèche workers in November 2020. Between December 2020-February 2021, 300 meetings were organised by the crèche workers in their respective villages with around 3000 participants with support from FLWs. Mothers were especially oriented about the life cycle approach using Sony's story and Madhu's story from Micro Module 1 and Micro Module 2 respectively.

Family counselling by FLWs/CWs in Gudnad village of Malkangiri district



Impact on the community

- Immediately after transacting Micro Module 1 (Sony's story), seven early marriage cases were postponed after joint home visits by FLWs, CWs, PHRS team, ICDS, Childline and DCPU members (Koraput-2 cases, Kalahandi-1 case, Nabarangpur-3 cases, Malkangiri-1 case, and Rayagada-1 case).
- Twelve joint home visits were conducted by the team to families who were planning to get their daughters married at an early age, or had brought a bride home at an early age. Necessary family counseling was done to protect girls from early marriage and early pregnancy in those cases.
- In Jharigaon block, eight *Kishori Kalyan Samitis* have been formed after the meetings and 80 adolescent girls have been oriented on the adverse effect of early marriage and early pregnancy.

Updates of LLANO (Linking Livelihood Action to Nutritional Outcomes) intervention

Sanjeeb Kumar Nayak

1. Case study of successful kitchen garden during lockdown

Pre-intervention life of Tulasi Praska: Generally, Tulasi Praska, ST, who later became a LLANO beneficiary, begins her day with household work, taking care of her husband and three children, including one infant, and then going

Tulasi Praska from Badanayakguda, Kalyansinghpur block, dist. Rayagada



Bana Praska, Tulasi's husband, in their backyard kitchen garden

to the field for agricultural work. Her family's primary source of livelihood is cultivation. During the off season, her husband Bana Praska works as a mason in the villages in Majhiguda panchayat. They earn up to Rs 40,000 per year. They have 2.6 acres of land where they, jointly with her in-laws, cultivate paddy, ragi, pigeon pea and cotton. The total produce is divided into three shares. They get 15 kg of rice from the panchayat and they also purchase rice from the market when needed. In this way, they manage to arrange for their food throughout the year. Regarding vegetable consumption, they usually plant some vegetables such as flat beans, ridge gourd, bottle gourd, brinjal, tomato and chilly during rains in July. However, in the rabi and summer season they do not plant vegetables and purchase them twice or thrice a week from Majhiguda haat.

Post-intervention life: In January 2020, the PHRS-Harsha Trust team provided Tulasi with technical training on kitchen gardening as part of the LLANO intervention. They also distributed ten varieties of seeds such as greens, spinach, bitter gourd, ridge gourd, bottle gourd, pumpkin, carrot, cucumber, tomato, brinjal, chilly, etc. to interested households, including hers. The COVID 19 outbreak and the sudden nationwide lockdown hampered work in the field and monitoring of the programme. All the shops and local haat towns were closed and transportation became severely restricted.

However, during this period, Tulasi planted several vegetable seeds in her backyard. The plants started fruiting

from the month of April and the family consumed a variety of vegetables from April to July 2020. Some vegetables like bottle gourd, tomato and chilly were consumed even till October 2020. In fact, they used to collect about half to one kg vegetables daily and would prepare at least two types of vegetable dishes! Bana Praska said that the family could save up to Rs. 5000/- even during the pandemic because of the backyard kitchen garden. This money was used to purchase one kg chicken once every fortnight. Further, some money was also used for purchasing fertilizers and medicines. Overall, the family was happy to have created the kitchen garden as they not only ate free nutritious vegetables during this time but also utilized the free seeds to plant again.

Life during Lockdown in Dantalingi and Badanayakguda villages of Rayagada District: A Focus Group Discussion Report

Executive Summary

Introduction

As part of Public Health Resource Society's "Mainstreaming Crèches to Reduce Malnutrition in Odisha" program, a total of ten crèches are functional in Kalyansinghpur block

across nine villages. In two of these crèche villages – Badanayakguda and Dantalingi – PHRS initiated a participatory action research titled "Linking Livelihood Actions to Nutritional Outcomes" (LLANO). With regard to this study, a baseline survey was completed in November 2019 in five villages – Charapai, Nimajholla, Badanayakguda, Dantalingi, and Papikana. However, the entire process following the baseline was disrupted due to the outbreak of Covid-19 pandemic last year.

Rationale and objective

The pandemic situation and the subsequent nationwide lockdown was expected to affect households in the two intervention villages in terms of people's livelihood and food security, agricultural production, access to government schemes, access to health services etc. It was therefore considered necessary to capture the field realities during this period. Thus, a brief qualitative study was conducted in June 2020 within the larger LLANO study through Focus Group Discussions (FGDs) to understand how the lockdown actually affected people's lives in the period from March to mid-June 2020. This would not only give insight into data already collected during the baseline survey but would also give more

understanding before commencing the larger end line survey.

Sampling and methodology

The LLANO intervention area comprises two villages of Badanayakguda and Dantalingi where the pre-pandemic baseline survey was done. The PHRS team conducted FGDs among six groups (81 participants) selected according to their caste (ST/OBC), gender (male/female) and possession of agricultural land (landed or landless), assuming that the lockdown would affect each group differently.

Summary of findings from the FGDs

- Loss of income for those engaged in selling non timber forest produce – nearly 70% loss for kendu leaves sellers due to the fear of police and delay in payment from the state forest department; 100% fall in the income for brick makers and stone crushers due to collapse in demand for it, especially for unskilled female labourers. Rural employment generation scheme under MGNREGA was not of much help either.
- Increased costs of commuting/transportation for buying food and for medical emergencies.
- Consumption of non-vegetarian food items was reduced or was completely given up during this period; consumption of vegetables was reduced considerably as well due to difficulty in availability and hiked price. Eggs and dry ration that were home-delivered by crèches during the lockdown for children, became a source of nutrition for other family members as well. Additionally, most people reported receiving cereals and pulses under the PDS system from the government.
- The participants who had land were better off compared to the

FGD in progress at Badanayakguda, Kalyansinghpur block, district Rayagada



landless. They relied more on surplus from agricultural produce, and relief from the central and state government's schemes. There was no significant presence of CSOs/NGOs to provide any relief in these two LLANO intervention villages.

- Only a few participants borrowed money from moneylenders during the lockdown. This was primarily because savings made for children's marriage or constructing their own house etc. was used for survival during this period.
- People stranded in other states for work did not receive proper wages in the case of those who managed to find work in the prawn and egg factories, but received money for food/personal expenses. They saved up the money to travel back home, many of them on an empty stomach.
- People in the village did not appear to stigmatize reverse migrants although they did have anxieties about not having enough space for them for home quarantine or maintaining physical distancing.

Conclusions and recommendations

Thus, even though the state government took many proactive measures for relief during the pandemic, the findings from the FGDs reiterate the relative lack of government's preparedness in terms of systematic management and ways of reducing its impact on people especially on those from the marginalized communities. The participants expressed that during the lockdown, wage work and guaranteed employment under MGNREGA should have been assured for income generation. While rice and pulses were distributed under the PDS, the quantity was not always sufficient. Also, it was largely felt that if there was diversity in the food items that were distributed, that might have resolved the nutritional

scarcity faced by the people as well. They also felt that there was a lack of appropriate arrangement for accessing essential services and facilities including emergency healthcare during this time.

Further, as an additional outcome of conducting FGDs in these two villages, another small survey was conducted in all the five LLANO villages to assess the impact of Covid-19 related lockdown on people's lives and livelihood in September 2020. Its results are awaited.

As people get somewhat used to norms of the new 'normal' after the outbreak of the pandemic and the following lockdown, continuing relief measures with special focus on MGNREGA and an expanded food relief (in terms of quantity and diversity) through the PDS, ICDS and MDMS needs to be sustained for a period of time. It is also imperative that village-level services be fully restored and kept operational despite the phases of the pandemic, considering the adverse impact of lockdowns on these vulnerable communities.

NEWS FROM CHHATTISGARH

Research and Publications

Sulakshana Nandi from PHRN has co-authored two articles, one in the *British Medical Journal* and the other in the *Scroll* in this quarter. Excerpts from both the articles are reproduced below:

COVID 19 pandemic and the social determinants of health

By Lauren Paremoer, Sulakshana Nandi, Hani Serag, and Fran Baum

The COVID 19 pandemic has exposed the longstanding structural drivers of

health inequities, such as precarious and adverse working conditions, growing economic disparities, and anti-democratic political processes and institutions. These important determinants of health have interlinked with class, ethnicity, gender, education level, and other factors during COVID 19 to exacerbate existing social vulnerabilities in society. This article examines the key structural determinants that have contributed to the

PHRS team presence at Adivasi Adhikar Samiti Sammelan held on 10th March, 2021 in Koriya district, Chhattisgarh, where the significance of anganwadis and their community ownership was emphasised



The slogan "bachhon ki ye chhook chhook gaadi, chal kar pahunchi anganwadi" was coined by Dr. Vandana Prasad

disproportionate effects of the COVID 19 pandemic on marginalised and other groups, beyond the proximate drivers of the current crisis. Interventions to tackle systematically reproduced conditions of vulnerability would contribute towards a fairer and more sustainable world.

Precarious work and adverse working conditions

The COVID 19 pandemic has highlighted that precarious work and exploitative and adverse working conditions intersect with multiple factors, including ethnicity, migrant status, class, and gender, to influence which population groups are most exposed to COVID 19 infection. People in precarious forms of work have limited access to sick leave and healthcare services and their often low wages mean they cannot afford sufficient quality food, water and sanitation, and housing. They may also be hesitant to quarantine when they have COVID 19 because they cannot afford to lose income and are unable to work from home.

Growing economic inequality and inadequate social protections

The pandemic continues to widen income and wealth inequalities worldwide. The world's richest five billionaires enjoyed a 59% increase in their combined wealth between March and September 2020, at a time of higher global levels of unemployment, poverty, and debt. Around 435 million women and girls will be living on less than \$1.90 (£1.40; €1.60) a day in 2021, with 47 million in poverty as a result of COVID 19.

Restrictive measures and anti-democratic political processes

Control measures to contain the pandemic have disproportionately affected women and girls. Restrictions on freedom of movement have severely disrupted sexual and reproductive

health services and could lead to an estimated seven million unintended pregnancies and thousands of deaths from unsafe abortions and complicated births globally. Lockdowns have also led to a worldwide increase in domestic and sexual violence, especially affecting women from indigenous, migrant, or refugee backgrounds, women with disabilities, and those living in conflict settings.

Building a fairer post-COVID 19 world

COVID 19 has crystallised the need to address the “toxic combination of poor social policies, unfair economics, and bad politics [that are] responsible for much of health inequity.” Countering this requires building solidarity to realise health for all. Since the Commission on Social Determinants for Health report, criticism of the unequal distribution of resources, power, and money has intensified. We suggest six measures to enable a more just and sustainable world following the COVID 19 pandemic.

Key messages

- The COVID 19 pandemic has affected groups that face discrimination and historical injustices hardest.
- Poor and exploitative working and living conditions have increased health risks and enabled inequitable distribution of income.
- Support systems that should have been geared to respond to this crisis proved inadequate.
- Many (mainly authoritarian) governments have used the pandemic to further undermine civil and human rights and promote extractivism.
- A post-COVID 19 world must ensure equity, social justice, solidarity, and a shift in the balance of power and resources to people living in poverty and otherwise marginalised.

Measures to move towards a just and sustainable post-COVID 19 world

- Design and implement policies to remove vulnerability in living and employment conditions.
- Implement progressive taxation and regulate illicit financial flows.
- Implement policies to address structural racism and discrimination against religious, ethnic, racial, and sexual minorities.
- Strengthen public sector provision of healthcare and stop further healthcare privatisation and commercialisation
- Invest in human resources for health, including community health workers and those trained in public health infectious disease control
- Democratise decision making about healthcare services and medical technologies at community, national, and global levels

(The full article can be accessed at <https://doi.org/10.1136/bmj.n129>)

Five steps the Indian government must take to ensure an effective rollout of COVID 19 vaccines

By Priyam Cherian, Nitin Jadhav and Sulakshana Nandi

In this article, the authors suggest five concrete steps for the Government of India to ensure effective rollout of the COVID 19 vaccines, considering the ground realities and the limitations of our health infrastructure.

1. Adequate preparation of the government health system for the rollout

The first step is the preparedness at different levels of healthcare facilities: it must include adequate physical infrastructure and health workforce, training of workforce, information sharing, and grievance redressal mechanism for participants in the

vaccination rollout. Vaccination centres should have fully equipped ambulances, adequate availability of cold chains and refrigerators, and continuous electricity supply so that refrigeration of doses is not disrupted.

2. ***Ensure effective communication and information***

Effective communication and information to the public that enables autonomy in decision-making is the second step. This decision making should not be limited to the decision to be vaccinated, but also to choose which vaccine should be administered. The protocols and procedures for taking consent should be followed with everyone, including with the healthcare and other frontline workers who are currently being vaccinated. This has not been happening everywhere. As an ASHA from Sindhudurg district of Maharashtra said, “We got to know that our names had been submitted [for vaccination] when we asked the medical officer. They didn’t bother to ask us or inform us before sending the names. They took us for granted.”

3. ***Ensure follow-up and no-fault compensation***

The third important step is to establish an effective and accessible health grievance redressal mechanism with toll-free state level complaint helplines. This information should be widely disseminated and prominently displayed at the vaccination centres and public places. Vaccination cards must be provided to those who are vaccinated. All state governments must put in place a robust system to record any adverse event following immunisation within 24 hours and put in place a mechanism for immediate treatment and medical management. Provision must

be made to allow adverse event reporting manually, through printed test reports, email or SMS messages, and make the findings related to them available in the public domain.

4. ***Avoid technology overdependence***

The COVID 19 vaccine’s Operational Guidelines issued by the ministry of health indicate that the Co-WIN app would be used for registration of individual beneficiaries, and recording the successful vaccination at the time of conducting the session. The complete reliance on Co-WIN for providing vaccination related information had an impact on timely relay of information on the first day of vaccination, when the application reported glitches in several sites. Maharashtra had to suspend the first phase of vaccination drive briefly due to these technical glitches. Despite strict instructions from the government for mandatory digital registration in the app for vaccination, states such as Maharashtra and Chhattisgarh, are having to undertake offline and manual registration due to technical and network issues. Therefore, as an important fourth step, it is critical that traditional forms of communications and follow-up are continued, and training given on the same.

5. ***Opportunity to expand and strengthen the government health system***

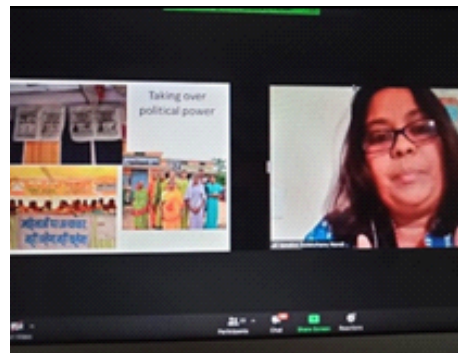
Over the last several months, the focus of the health system on the COVID 19 pandemic has led to neglect of other health services. One of the main reasons for this is a struggling public health system weakened due to decades of neglect, under-funding and privatisation. The COVID 19 vaccine rollout must be taken as an opportunity to

expand and strengthen the public health system and address the issues within the health system that were exposed during the pandemic. The healthcare industry’s push to get involved in the vaccination rollout through Public Private Partnership arrangements needs to be taken with caution. Previous experiences both in India and abroad have shown that outsourcing of such core public health tasks is inefficient, leads to high costs and exclusion of the poorest. Therefore, the central and state governments should see this as an “opportunity” to expand and strengthen the public health system, by recruiting more health workers, especially ANMs, nurses and ASHAs, investing on health infrastructure and improving the referral system, especially at the primary healthcare level.

(The full article can be accessed at <https://scroll.in/article/987395/five-steps-the-indian-government-must-take-for-the-effective-rollout-of-COVID-19-vaccines>).

Participation in webinars

Sulakshana Nandi spoke about the importance of worker rights and political rights of community health workers (CHWs) among other things at a webinar entitled “From Community Health Workers to Community Health Systems: Unpacking Complexities” organised by Women in Global Health - India and Oxford Policy Management-Global on 16th December, 2020. She shared the empowering experience of



Mitanins from Chhattisgarh, who won local Panchayat elections and increased their influence within their respective communities.

CHWs undoubtedly form an essential part of the health system and their role during the pandemic has only emphasised their contribution at the community level. They perform various roles and take up responsibilities beyond the work defined by the health system alone. By virtue of being embedded in the community they serve, they not only are effective in facilitating and mobilising people to access care, but also take part in community-led activities like struggling to protect their forest rights, becoming people's representatives etc.

Currently the CHW cadres are essentially women and include ANMs, AWWs, and ASHAs in the country. The cadres are empowered and perform within the complexities and constraints within the community and the health system. In conclusion, CHW work needs recognition through a rights-based approach and the need for social accountability both at the community and system level. Although the CHWs might be empowered to work and function, their rights also need to be protected, given the complexities of gender and their social positioning. In addition to developing a CHW-centred policy, there is also a need to build strong social accountability mechanisms, where the formal system is both accountable and responsive to the client it serves. If this were to happen, then it would have a direct bearing on the strengthened positioning of CHWs in the community, who would then be better equipped and effective in performing their roles.

(Webinar proceedings can be accessed at <https://www.youtube.com/watch?v=lxYdF6blyEk>)



Suraj's mother and sister narrating details of the incident

The story of Suraj, private hospitals and public hospitals

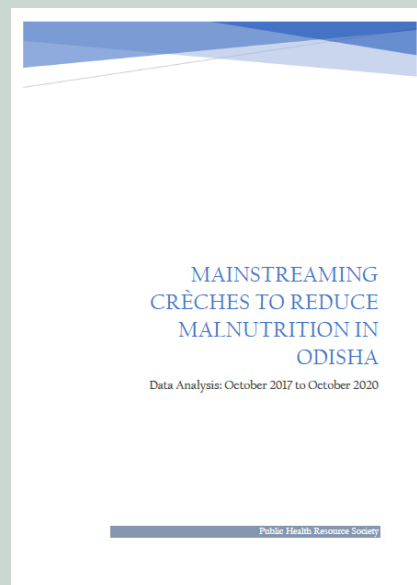
As part of the situational analysis, PHRN Chhattisgarh team members have been meeting families and health workers who have been affected during the pandemic. They met a family in Raipur whose son Suraj (name changed

to maintain confidentiality), a 22 year-old student, needed medical care due to kidney-related trouble at the beginning of the COVID 19 outbreak.

When Suraj fell ill and his condition deteriorated, his family took him to one of the corporate hospitals in Raipur which is located near their house. They had hoped that they could use the government health insurance scheme to pay for the hospitalisation costs. However the hospital refused to provide free services under the scheme and they incurred expenditure of about Rs. 75,000 for just one night. Not wanting to get into further debt, the family shifted Suraj to AIIMS Raipur where he received free treatment and recovered. The family was very satisfied with the treatment at AIIMS Raipur where they did not have to incur any out-of-pocket expenses except for food and transportation for the caregiver. This experience of a good, functional and free government hospital has changed the family's perception of public hospitals.

NUTRITION NEWS

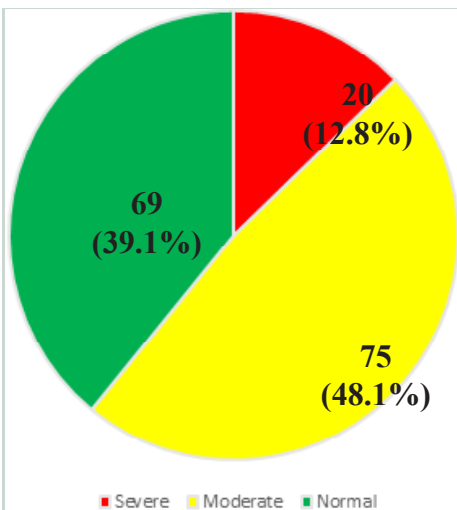
Mainstreaming crèches to reduce malnutrition: A three-year study from Odisha shows positive results



A study conducted by PHRS and Azim Premji Philanthropic Initiatives between October 2017 and October 2020 on the impact of crèches in reducing malnutrition in children aged 0-3 years showed positive impact of the intervention on improving the young children's nutritional status.

A total of 315 individual children were identified as severely wasted at any point of time during the period of the study. Out of these eight children were identified for the first time in October 2020, 101 had graduated by 30th September 2020 and six children (2%) passed away. Data for 44 children was unavailable till 20 October 2020.

Wasting data, available for 156 of the children, revealed that 87.2% showed improvements in grades. Approximately 39.1% had shifted from severely wasted to normal category,



Weight-for-height status of 156 SAM children

while 48.1% had shifted from severely wasted to moderately wasted category.

The 61 children who had shifted from severely wasted to normal category had been enrolled in the crèches for 16.2 months; the 20 children who had remained in severe category had only been enrolled in the crèches for 9.8 months. The average duration of crèche enrollment for the 156 children was 14.4 months.

Average z-score shifts for severe to normal and severe to moderate were significant at 2.00 and 0.96 respectively.

Of graduated children with SAM, 88.1% children were found to be in the normal or moderately wasted categories at their last measurement in the crèches.

Backward tracking was done for the 44 children whose data was unavailable in October 2020. Data from June 2020 revealed that 76.2% of 21 children had improved their wasting status. Further tracking back of the rest of the children (23 children) showed that seven children were in normal or moderately underweight categories.

Six severely wasted children who passed away were suffering from complications of systemic diseases including respiratory illness, sickle cell anaemia, diarrhoea, congenital heart

disease, cerebral palsy and epilepsy, in addition to severe malnutrition. Efforts were made to connect these children to the health systems and the Rashtriya Bal Swasthya Karyakram.

Overall, there have been significantly positive shifts in z-scores of all categories of severe malnutrition; severe underweight, severe wasting and

severe stunting. The shifts in z-scores have increased with the increase in the average stay at the crèches. Children from the second phase crèches have average z-score gains of 2.01, 0.64 and 0.26 in severe wasting, severe underweight and severe stunting categories respectively.

Making meals more nutritious

Sanjeeb Kumar Nayak

Some of the points that were highlighted during the PI review meeting were

related to the nutritive value of locally available foods, and methods for making meals more nutritious.

A comparison between spinach and

Clockwise from top left: drumstick leaves, leaves of red amaranth, leaves of green amaranth, pumpkin leaves



Foods rich in protein and energy: Clockwise from top left: oyster mushroom, button mushroom, eggs, chicken



locally available leafy vegetables showed that the latter, in particular drumstick and pumpkin leaves, have more protein, carbohydrates, energy, vitamin C, calcium and iron than spinach. Hence it is important to promote the use of locally available leafy vegetables for household consumption and nutrition. Spinach, too, would add another variety of greens, and can be grown throughout the year in a small piece of land, if the household is willing.

Similarly, a comparison between some Paddy straw mushroom varieties (oyster mushroom and button mushroom) and eggs and chicken revealed that the oyster mushroom has more protein and energy in comparison to eggs and chicken. It also has vitamin C and carbohydrate which eggs and chicken do not have. Rest of the nutrients are found to be higher in eggs and chicken. However, *Volvariella volvacea* mushroom has somewhat less macro and micronutrients when compared to eggs and chicken.

Thus promotion of mushroom consumption would serve as an alternative where eggs and chicken are not available or affordable. If grown at the household level mushrooms can be readily available for consumption.

Misconceived measures for malnutrition - POSHAN Abhiyaan's new monthly height measurements

Vandana Prasad assisted by Shahnawaz Khan

(Edited excerpts from Commentary published in Economic & Political Weekly, April 03, 2020, vol LVI no 14. The Commentary is based on a letter sent by the author to NITI Aayog on the same issue.)

The recent Government of India recommendation for monthly length/height measurements by anganwadi workers (AWWs) promises to be a disaster in its current form and might

lead to a severe derailing of the existing system of data collection and management, leading to further chaos and misreporting on malnutrition.

The recent NFHS-5 data has raised major concerns with the progress on the reduction of malnutrition in the country and has highlighted the important role that ICDS programme plays in the health, nutrition, and well-being of women, children, and adolescents. However, the programme requires far greater coverage, quality, and impact to achieve acceleration in achieved outcomes.

ICDS, Malnutrition and Data

Anthropometric data typically include weights, heights, and additional information, such as the mid-upper arm circumference (MUAC). The ICDS has been engaged with monthly measures of weight, as well as MUACs for a period of time. These monthly weight measures provide information on a composite measure such as “underweight,” rather than directly on wasting and stunting. This data has been used to enable AWWs to analyse and take action at the field level.

While “wasting” - a predictor of child morbidity and mortality - has been a valid focus for many of the interventions by ICDS, “stunting” has also been a concern with its more long-term association with poorer educational and economic outcomes, and the fact that it promotes an intergenerational propagation of malnutrition. Additionally, it contributes to higher chances of maternal and neonatal mortality by creating difficulties during labour and delivery.

The ICDS-CAS (Common Application Software) developed by POSHAN Abhiyaan for Real Time Monitoring (RTM) of nutritional outcomes, has been non-functional for the last many months due to disruptions caused by the Covid-19 pandemic. However, ground-level experience suggests that even in routine circumstances there are significant delays and errors in the

prescribed practice of monthly weight-taking of all children, leading to under-reporting as well as false reporting. Also, there seem to be subtle pressures upon the AWWs to not report severe malnutrition beyond a “permissible” level so that their areas are not shown up as hotspots.

Monthly Height Measurement

The Government has mandated ICDS to carry out monthly measurement of heights in addition to weights using the ICDS-CAS application. This promises to be a disaster that might lead to a severe derailing of the existing system of data collection and management.

For children under six years of age, normal expected length/height increase ranges from 0.5 cm to 2 cm per month. Apart from the increases in the 0–6 months age group, the expected average monthly increases are quite small, especially after the first year of life. For children who are stunted, the average monthly growth might be even less for a major part of their first six years of life. Commonly used field processes capture only differences of 0.5 cm.

Challenges

Anthropometry requires high investments of time, energy and skills by the AWWs who are still to even achieve the status of workers with adequate remuneration, capacities or support. Length/height measurements are known to be much more difficult to measure correctly in field practice than weight measurements. Often, merely locating a wobble-free area to place one's equipment is itself a challenge.

Most importantly, current protocols do not elaborate the corrective actions that frontline health workers (FLWs) might take in the field if length/height gains are not satisfactory. Interventions to reduce malnutrition require simple protocols for growth faltering based on weight measurements that have been tried and tested in field circumstances to enable early referrals of at-risk children and trigger simple community-based action.

Length/ height measurements through ICDS could be initiated with quarterly measurements, with monthly measurements for infants 0-6 months old, after ensuring adequate support.

In any case, any recommendation on a substantial increase in AWW functions should have been piloted and analysed for costs versus benefits, as well as feasibility studies conducted against potential gains.

The new order appears to be a grand gesture that the government has made to exhibit attention to malnutrition, without adequately considering adverse impact upon the tenuous and ill-supported systems that cater to the vast population at the lower half of the massive socio-economic divide in our country. It is also notable that the budget 2021–22 has allocated `20,105 crore for the ICDS clubbed with three other programmes⁴ as compared to the `20,532.4 crore for ICDS alone last year; a highly unfortunate reduction that does not augur well for any expansions of services.

In such a context, it is hoped that more careful and considered action will be taken keeping the best interests of children in mind, and the impractical and poorly rationalised diktat to take monthly height measurements rescinded.

STAFF NEWS

Jobkimson Pradhan joined the Odisha office as District Lead Coordinator, Malkangiri. Saik Doula was promoted as Block Coordinator from his role as Accounts and Logistics Officer, Malkangiri. Binash Kumar Mishra has joined office in his position as Accounts and Logistics Officer, Malkangiri.

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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