



# PHRN NEWSLETTER

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## PHRN EDITORIAL

The last few months have seen starvation deaths of the poor and the marginalized linked to Aadhar in different states. In some, the family had not linked ration cards to Aadhaar, in others it related to biometric identification. The enforced linking of welfare schemes to Aadhaar is a violation of the fundamental human right to a life with dignity.

The increase in hunger has led India further down the Global Hunger Index. Members of the NITI Aayog are contesting this.

In the meantime, the government has agreed to provide THR in ICDS, and not replace it with cash transfers. However the PMO has opened the door for industry to be involved in management of nutrition by leaving the decision to use RUTF to the states.

Things are much brighter on the programme front with several new

crèches being launched in Odisha through the Azim Premji Philanthropic Initiatives. The programme also has its adventurous side as can be seen by the experience of Deepak and Anadi with their motorcycle.

The “anda do” campaign organized by the Right to Food Campaign in Chattisgarh has had positive results. In Madhya Pradesh, Self Help Groups are being allowed to prepare the Take Home Rations (THR).

PHRN’s study on health inequities amongst Particularly Vulnerable Tribal Groups was disseminated in Chattisgarh and Jharkhand.

PHRN is currently working on an international conference on public health and the double burden of malnutrition, which it will co-host with PHM and other organizations at the end of March 2018.

## NEWS FROM THE SECRETARIAT

*Dr. Ganapathy Murugan*

### Highlights of PHRN, Delhi

In September 2017, Dr. Osama Ummer (Masters of Health Administration, TISS Mumbai) joined the PHRN Delhi office as a Programme Coordinator. Dr. Aditi Hedge (BDS, MDS) has joined as an intern in PHRN, Delhi in October 2017.

In addition, the annual audit for the financial year 2016-17 has been completed.

Apart from the regular projects and programmes, PHRN Delhi, in collaboration with PHM, JSA, WPHNA, NSF and IFPRI is organizing a three-day International Conference on **Critical Public Health Consequences of the Double Burden of Malnutrition**

**and the Changing Food Environment in South and South-east Asia** on 28th March to 30th March, 2018. The brochure, concept note and call for papers for the programme is being circulated.

Participants will have the facility to make oral and poster presentations. These will be chosen from submitted abstracts/posters. Abstracts and poster presentations on the themes of conference can be sent by academicians, researchers, nutrition experts, and activists engaged in Nutrition and Public Health.

For all abstract submissions and queries, write to [nutriconference13@gmail.com](mailto:nutriconference13@gmail.com).

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## PB 2 Master Training of Trainers

Dr. Ganapathy Murugan

In October 2017, PB-2 master training of trainers was conducted in Delhi. The three-day program was undertaken under the guidance of Dr. Vandana Prasad. Participants from partner organizations (CHETNA, FFHIT, CINI, and PHRS) attended the sessions. It included dissemination of technical knowledge in health and nutrition, practice sessions, and simulation sessions on events that can occur at village level. Cultural events followed each day of training: musical night, games, and traditional dances.



Traditional dancing @ Sanskriti Kendra



Practice sessions:

- a) a game on immunization, and
- b) practising dissemination



Orientation to content of PB-2

## Highlights of Partnerships for Rural Integrated Development and Empowerment (PRIDE) Project

Dr. Ganapathy Murugan

The PRIDE project is currently implemented in four blocks of Jharkhand by PHRS. Recently, two new blocks – Narhanpur in Kanker, Chhattisgarh and Jashipur in Mayurbhanj, Odisha have been added to the project. Work will begin in these areas soon. Perspective building (PB) of Change Vectors (CVs) who are women from Self Help Groups (SHGs) in the villages is in progress in the four blocks, namely, Gola, Poraiyahat, Raidih, and Torpa. This PB also included training preparedness exercise for CVs. In September 2017, a soft skills training was done in Torpa block, and about 23 CVs participated in the two days residential program.

## NEWS FROM JHARKHAND



Above: Training preparedness exercise for CVs  
Right Above: Village level meeting at Poraiyahat  
Right Below: Soft skills training for CVs at Torpa





## Highlights of Facilitating Action Against Malnutrition (FAAM) Project

*Dr. Ganapathy Murugan*

The Facilitating Action Against Malnutrition (FAAM) project is being implemented in 9 blocks of Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha and West Bengal. It aims to bring positive changes towards health and nutrition of women and children, and linking it with agricultural practices and livelihood. The project is at present reaching 32,719 households across 426 villages.

A lot of activities have taken place over the last few months in the FAAM programme. First and foremost, almost all the teams have finished the village meetings of the PBN1 module. In addition, the project “Women’s Collective Led Processes for Impacting Poverty and Malnourishment” funded by IKEA foundation in four blocks namely Mohgaon, Samnapur, Darbha and Jhalda ended in September 2017. Through a fresh proposal, the project has been extended for two more years. The new project is called “SHG led Transformation of Rural communities through Partnerships (STaRtup)”

Perspective building 2 (PB2) trainings were held for the IKEA funded blocks, where the PHRN Block Programme Coordinators, PRADAN nutrition anchors and mentors participated. The topics covered under PB2 are Women’s health and illnesses, Birth preparedness and family planning, Infant and young child feeding (IYCF) practices with

childhood illness, and Rights and entitlements. The block level trainings for the Change Vectors (CVs) are planned for November.

A number of actions are also taking place in the field; women are discussing the topics of health and nutrition in

the SHGs and federations, women collectives have taken out rallies for liquor ban at Kathikund, and many families have started kitchen garden in their households which is helping the families to incorporate ‘teen rango ki thali’ in their daily diet.



*Women participating in rally for liquor ban*



*Women preparing land for the kitchen garden*

**The Facilitating Action Against Malnutrition (FAAM) project aims to bring positive changes towards health and nutrition of women and children, and linking it with agricultural practices and livelihood.**

### Digital course from Patriarchy to Equality

Please find below a link to an interesting e-learning course on Gender and Patriarchy done by India’s foremost voice in the space Kamala Bhasin. The Digital course is called From Patriarchy to Equality -- Be the Change. This course is a collaboration between Sangat - A Feminist Network, Asian Institute for Human Rights, Betelvine Learning, and Taiwan Foundation for Democracy. This life skills course can help us become better people, in our micro world of relationships within

the home and outside and as active and responsible citizens. Kamla Bhasin provides over five hours of instruction through the following five modules: Understanding Gender, Patriarchy, Masculinity, Feminism, and Equality. This course is free and self-paced, and you can take as much time as you need to complete it and watch the modules as often as necessary. Please open the link: <https://gender-equality-school.teachable.com/p/from-patriarchy-to-equality-be-the-change/> and see the promo video which gives an overview of the purpose and the content. you can sign up for the course at this link.



*Change vectors taking part in the workshop*



## Kitchen gardens bloom in Jhalda

*Shampa Roy, with Anessa*

We visited the Jhalda POWER project to interact with the team and note the progress made regarding retention of CVs and mentoring, and possibilities of Institutional engagement. An earlier visit had raised some issues related to retention of CVs, CVs not being able to shoulder responsibility of training due to travel and other problems including conducting more than one meeting, and the need for encouraging CVs to organize demonstrations on kitchen gardens.

We found that all the 64 CVs who had received training in the last PB1 were still engaged. Our team, facilitated by PRADAN, had worked very closely with the CVs. We found that all CVs have taken up kitchen gardening and many are also using MicroModule 4 on Care during Pregnancy on their own with little support.

We met two CVs who took us to their kitchen gardens. Mamta Kuiri of Sarjomhatu had received training last year on PB1 and has been involved regularly in the meetings. She and her husband Narayan have developed a kitchen garden right in front of their house. Mamta's aged father in law also helps with the garden. After a couple of discussions and trainings they had realized that they should grow something for their own consumption. They began by learning from Semina Agro (PRADAN facilitated) how to grow vegetables - bottle gourd, sponge gourd, bitter gourd, kalmi and pui sag. Mamta says "Now I have planted Arhar (pulses) as a hedge, lemon and papaya, brinjal too. There are 16 - 17 items here. Most of these plants are such that they will keep on giving fruits for the entire year. Moreover, all this is also organic - see so much of cow dung manure. Insects attack but I do not use chemical insecticide as I have learnt to make organic insecticide." Many villagers come to see this place and many have said that they will do it too.

Similarly, another CV, Lochan Mahto said that she never knew she could grow

so many vegetables and sag in just a small piece of land. The mentors said that after becoming a CV, Lochan now has started talking and communicating a lot, which she used to never do earlier.

Another CV who we met in Putidih, Chita Mahto, was the mother of a Mentor. She was more than 60 years old, and was very adept in communicating with the women on MM 4. It seemed that women had already visited her kitchen garden and had decided to take it up. The meeting was just a place to get together and talk for a while.



*Chinta Mahto, CV in Putidih*



*Mamta Kuiri's father-in-law in the family's kitchen garden*



*Mamta Kuiri and her husband Narayan with their son and daughter*



## “Women excluded from SHG” – A Learning from Mentors’ Dairy of Gola block

PRIDE, Transform India and PHRN are partnering in the Health & Nutrition initiative started in Gola block of Jharkhand. The Initiative has been started in villages and hamlets where around 80%-85% of households are covered under SHG. An effort was made to include the women who are left out from SHG in the health intervention. Mentors and Change Vectors visited them and discussed the possibility for inclusion in SHG or at least joining the health meetings.

A case study of 34 such women looked at the reasons why these women were not part of SHG. Forty-six percent of the women were not included in the SHG for financial reasons such as food security, husband’s migration, etc; 18% felt that the SHGs were non-cooperative and 14% had lack of family cooperation to reduce their burden of work. Among the other reasons given were that the woman was a single woman, family caring issues because of special child, loan overdue issues and mental health problems.

Every woman had a story to tell of her struggle and suffering. For instance, preference for homogeneity in social groups has resulted in a silent violation of Pinki’s rights. Pinki belongs to Ranchi town, where she met Babulal Majhi, who comes from Malkatua hamlet of Auradih village. Both belong to different social groups. At that time, she was working as daily wage labour on construction sites. Babulal is an auto-rickshaw driver.

Babulal took Pinki to Auradih village. But the family and society did not accept them. They started living in cohabitation. At present they have three children. Even SHG did not allow her to join. The family and village community are yet to accept her.

Babulal is now a different person. He drinks a lot from what he earns from his auto-rickshaw. He is under pressure to get married again to a girl from his own social group. He does not give enough money to Pinki. She struggles

a lot to feed her children and meet other expenses. Pinki is also a victim of domestic violence also. In addition, she is facing hearing problems. In the present situation she can never join a SHG. But she attended health meetings.

The case of Soni Devi of Sangrampur reflects the social norm of restricting empowerment of daughters-in-law. Soni Devi lives with her in-laws and she is a mother of a 18-month old child. Her husband Anil Sahu works as migrant labour. He sends money to his mother.

Soni’s mother-in-law is handling all the expenses and manages agriculture also. Soni never gets any money to save. She is taking care of household activities and is never allowed to go for agriculture work or labour.

In absence of money, Soni cannot join the SHG. She wants to save and attend SHG meetings. She feels quite frustrated because of this and quite often goes to her mother’s home.

In the same block there are hamlets where mothers are encouraging their eldest unmarried son to join the group with newly wed women. The sons get replaced in the group by their wives after they get married.

The third case reflects on the gender inequity that exists when it comes to empowerment.

Lalki Devi of Patratu village and her husband Bangali Mahto were living nicely in a joint family till a few years back. She is in her mid-fifties and has daughters-in-law, and grandchildren.

Four years back Lalki Devi got infected with leprosy. She was forced to live in a separate

house. Her mother-in-law was providing her with food twice a day, which was not enough for her. No one was giving her any work, so she had no money.

In absence of treatment her life became very bad and her infection increased. She went to her mother’s house. She was treated there. After getting well she came back to Patratu once again.

The same story started. She was forced to live in separate house. Her mother-in-law started providing food twice a day. Lalki Devi raised the matter in Village Organization Patratu (the village level apex institution of SHGs). She herself is an old SHG member. Her problem remained unsolved.

However, her own group encouraged her to start living with dignity in a separate house. They helped her to buy some necessary utensils. Lalki Devi started working as agriculture labour. She started cooking for herself and became active in SHG once again. But she was forced to migrate in the lean season (four months) to meet her requirements. After coming back, she was expelled by the SHG for not being regular. After meeting Lalki Devi, Sanju (the mentor) intervened with the SHG to at least keep her membership intact.

Most of the secluded women have health issues also, often beyond reproductive health. A good sign is that the majority of them are attending the health meetings. Some started joining / forming SHGs.





## पोषण वाटिका के माध्यम से बदलाव की कोशिश

सुनील कुमार ठाकुर, ब्लॉक कॉर्डिनेटर तोरपा

पिछले समुदाय की महिलाओं और बच्चों के स्वास्थ्य व पोषण की स्थिति में सुधार के लिए पी.एच.आर.एन तथा प्रदान संस्था के सहयोग से झारखंड के खूंटी जिले के तोरपा प्रखण्ड में एक साकारात्मक कोशिश की जा रही है। प्रदान संस्था पिछले 10 वर्षों से इस क्षेत्र में स्वयं सहायता समूह के माध्यम से समुदाय के आजीविका के स्तर को उन्नत बनाने के लिए प्रयासरत है। इन्हीं स्वयं सहायता समूह से ग्राम संगठनों ने कुछ महिलाओं को बदलाव दीदी के रूप में चिन्हित कर उन्हें पी.एच.आर.एन. संस्था से स्वास्थ्य और पोषण पर प्रशिक्षण प्रदान करवाया। ये बदलाव दीदी खुद को, अपने बच्चों को तथा अपने परिवार को स्वस्थ रखने तथा उनकी पोषण की स्थिति में सुधार लाने के लिए अपने घर के आस-पास पोषण वाटिका लगा रही हैं। थोड़े से जगह में (1 डीसमील) कई प्रकार के हरी साग-सब्जी उपजाने के साथ-साथ कुछ फल भी लगा रहीं हैं जिससे इनको तथा इनके परिवार को प्रतिदिन खाने में हरी साग-सब्जी मिल सके। ये बदलाव दीदी दृढ़ संकल्पित हैं कि ये अपने पोषण वाटिकाओं में सिर्फ जैविक खाद का प्रयोग करेंगी और इस वाटिका से ऊपजने वाली साग-सब्जियों को बाजार में नहीं बेचेंगी। जैसा कि यह ज्ञात्वय है कि झारखंड प्रांत के लोग हमेशा से पानी की समस्या से जूझते रहे हैं। सिर्फ बरसात के मौसम में ही यहाँ खेती करना संभव है। इस मौसम के बाद खेतों में कुछ भी उपजाना एक गम्भीर चुनौती है। ऐसी परिस्थिति में तोरपा के महिलाओं का यह संकल्प लेना कि वह प्रतिदिन दो बाल्टी पानी कहीं से भी लाकर अपने पोषण वाटिका में डालेगी और इसे जीवित रखेगी निश्चय ही सराहनीय कार्य है। तोरपा प्रखंड के उड़ीकेल, फटका, उकड़ीमाड़ी, कमड़ा तथा ओकड़ा पंचायत के लगभग 200 महिलाओं ने जुलाई और अगस्त महीनों में अपने घर के आस-पास पोषण वाटिका लगायी और वर्तमान में ये महिलाएँ नियमित रूप से अपने भोजन में हरी साग-सब्जी का प्रयोग करती हैं। उड़ीकेल गाँव के जोगीटोली, बंधाटोली तथा लुपुंगटोली के सभी 25 महिलाओं ने अपने घर के आस-पास पोषण वाटिका का निर्माण करके इस समुदाय के लिए एक मिशाल कायम किया है। पी.एच.आर.एन. संस्था के प्रयास से पहले भी गाँव की महिलाएँ घर के आस-पास बाड़ी लगाती थी जिसमें विभिन्न प्रकार के साग-सब्जियाँ उगाई जाती थी परन्तु यह बाड़ी उनकी आमदनी का एक साधन था। इसमें उपजने वाली सब्जियों को ये बाज़ार में बेचा करती थी। पी.एच.आर.एन. संस्था ने अपने एक अध्ययन (सी.एन.ए. – समुदाय की जरूरतों का मूल्यांकन) में पाया था कि चावल और

आलू यहाँ का मुख्य आहार है। यहाँ के समुदाय के लोग दिन और रात दोनों वक्त सिर्फ चावल और आलू खाते हैं। सप्ताह में एक या दो बार ही ये लोग भोजन में दाल का प्रयोग करते हैं। सिर्फ बरसात के समय में यहाँ के लोगों को जंगल से तथा अपने खेतों से कुछ प्रकार के साग तथा सब्जी मिल पाता था। परन्तु बरसात के बाद चावल और आलू ही इनका मुख्य आहार होता था। इस कारण से यहाँ के बच्चों

के पोषण में बहुत बाधा आती थी और उनका शारीरिक तथा मानसिक विकास अवरूद्ध होता था। ऐसी परिस्थिति में पी.एच.आर.एन. संस्था द्वारा बदलाव दीदीओं के माध्यम से बड़े पैमाने पर पोषण वाटिका का निर्माण करवा कर महिलाओं तथा बच्चों के स्वास्थ्य तथा पोषण को उन्नत करने की दिशा में जो प्रयास किया जा रहा है वह सराहनीय है।



नाम—राहिल तोपनो,जोगीटोली



नाम— कलावती मिंज(बदलाव दीदी)जागु अम्बाटोली



## NEWS FROM CHHATTISGARH

### Article by Sulakshana Nandi, State Convener PHRN Chhattisgarh in 'The Wire' titled- 'Is the national health insurance scheme in Chhattisgarh doing more damage than good?'

Sulakshana Nandi, State Convener PHRN Chhattisgarh wrote about the Rashtriya Swasthya Bima Yojana (RSBY) in Chhattisgarh in the digital news portal 'The Wire'. She writes that the Chhattisgarh government made the Rashtriya Swasthya Bima Yojana (RSBY) a universal scheme through the Mukhyamantri Swasthya Bima Yojana (MSBY) in 2012 and from 1st October, 2017, the annual insurance entitlement for hospitalization has been increased from Rs.30,000 to Rs.50,000. She further writes, "Chhattisgarh is seen as a 'well performing' state when it comes to the national health insurance scheme. The state has achieved enrolment of around 80% of the families by issuing 55 lakh cards, with insurance claims increasing every year. While the coverage and entitlements under the scheme are expanding, the cracks in its implementation are widening. There are serious concerns that the insurance scheme may be causing more damage to the state's health, than good". She then goes on to enumerate the problems that have emerged, like people having to pay from their pockets even after using 'cashless' insurance, increasing unnecessary procedures and unethical care, the issue of the insurance scheme not addressing the main public health needs of the state, many still being excluded from the scheme, especially vulnerable and tribal communities and private hospitals profiting from public funds while public hospitals are starved of funds. She concludes, "The negative impact of the insurance scheme on the public hospitals and the overall health system is still emerging but the signs are not good. A large proportion of the poor are not able to access free and quality care and are still not protected from out of pocket payments. Insurance was introduced as a way to regulate the

prices and behavior in the health sector, but this has not happened. Recently there have been suggestions that the insurance scheme should be extended to out-patient treatment in order to reduce expenditure borne by patients. Out-patient care is much more difficult to regulate than hospitalization. Seeing how the insurance scheme has failed to perform on hospitalization care, imagine the havoc that it will wreak on out-patient care. Strengthening government health systems can serve the health needs of people better than other short-cuts. For this, political intent, a belief in the government's own system and the will for good governance are key".

The full article may be read at <https://thewire.in/193696/national-health-insurance-scheme-chhattisgarh-damage-good/>

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### Events in Ranchi and Raipur to disseminate findings of the study- Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India

The study 'Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India' has been conducted by Public Health Resource Network, in collaboration with State Health Resource Centre Raipur, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Astha Samiti Kabeerdhaam and Kala Mandir, Dumaria, Jharkhand. The study aimed to understand the status of health and nutrition amongst the selected Particularly Vulnerable Tribal Groups (PVTGs) of Baigas in Chhattisgarh and Sabars in Jharkhand, analyze the barriers and facilitators to accessing public health and allied services, understand their perception of the health system, and document

their experiences in accessing health and nutrition services. It was a mixed-methods study, using both qualitative and quantitative research methods.

Dissemination events to share the findings of the study and have a discussion on way forward towards better policy making for Particularly Vulnerable Tribal Groups, were organized in Ranchi on 3rd November and in Raipur on 6th November. In both states the event was well attended by government officials, civil society members and members of the community among whom the study was undertaken.

In Ranchi, delegates from National Health Mission, Jharkhand, UNDP, Jharkhand State Livelihood Promotion Society (JSLPS), friends from the Sabar community, members of the State Food Commission, members of Civil Society Organizations like Ekjut, Jan Chetna Manch, Transform Rural India Foundation and PRADAN participated. The findings of the Case study on Sabars were presented.

Amongst the most shocking findings were the extremely high levels of malnutrition among children and adults, one of the reasons being extreme poverty. More than three-fourth of Sabar women (78%) and men (74%) had BMI below 18.5, which is more than double that of the state average. Of children under five years of age, 68% were underweight, 56% stunted and 42% were wasted. Death rate among Sabars was seen to be double than that of the general population. More than half of the women had experienced the death of at least one child.

Access barriers with respect to distance, behavior of staff, expenditure and unfamiliarity with the health service were identified along with serious supply side issues (HR, medicines, infrastructure, etc.) that restricted proper functioning of primary level health care facilities in the area. The Director-in-Chief of Health Services, Jharkhand reflected on the government's efforts to bridge the gap of health services amongst the Sabars.

The need for Sahiyas from the PVTGs, serving the community, was recognized, along with specific help desks in health facilities to facilitate access of PVTGs to health care. The State Programme Coordinator, Community Mobilization, Jharkhand Health Services threw light upon the herbal and traditional healing practices which Sabars are known for.

The Raipur event was attended by Baiga Community representatives, serving Medical Officer from Pandariya block of Kabeerdham district, Secretary, Women and Child Development, members of academia from AIIMS and the Anthropology department. NGOs working among PVTGs such as Jan Swasthya Sahyog, Chaupal, Human Rights Law Network joined in the discussions.

The findings from the study showed very high levels of malnutrition among Baiga children under five years of age. Underweight and stunting was 1.5 times more than the state average. The proportion of undernourished Baiga women and men was double that of state average in NFHS 4. 62% women (6 in 10 women) had experienced the loss of child at least once at some stage of pregnancy or later.

The members from the Baiga community demanded that the Forest Rights Act should be properly implemented in their area and that there should not be any restriction on any contraceptive methods like sterilization. Dr. Mitashree Mitra from Pandit Ravishankar Shukla University expressed the need to promote and revive the indigenous healing practices. The study was subsequently shared with Mission Director, National Health Mission (NHM) who requested PHRN and SHRC to immediately develop an action plan for NHM for improving health nutrition among Baigas in Kabeerdham district, where the study was conducted.

### Strengthening Public Provisioning of Health Care in Chhattisgarh

Under the NFI funded campaign on 'Strengthening Public Provisioning of Health Care in Chhattisgarh', a state level pre-budget consultation was organized to draft a list of demands from civil society in the various government sectors. The state level consultation was organized on 8th September 2017 in Raipur and attended by various Civil Society organization and networks from around the state. Demands under various themes came from the CSOs which, it was suggested, should be included in the budget. The themes included health, water and sanitation, Panchayat and rural development, education and anganwadi, agriculture and livelihoods.

Apart from this, a research study was undertaken to assess the Chhattisgarh Rural Medical Corps (CRMC) Scheme which was initiated by the Chhattisgarh government to retain the health cadres in remote and rural settings by providing financial and non-financial incentives. The aim of the study was to understand the implementation of the scheme and highlight the gaps especially in light of the revised CRMC guidelines.

Three blocks of Kanker district in Bastar region were chosen and facilities (Community Health Centre, Primary Health Centre and Sub Health Centre) were visited to interview eligible CRMC beneficiaries and understand the scheme from their perspective. The findings from the study have been consolidated and were also shared and presented with State Health Resource Centre. PHRN and JSA plans to continue the study further in coming months.

### Meetings/Conferences attended

- Sulakshana Nandi made a presentation at the National Conference on Health Insurance and Universal Health Care (UHC) in India organized by CEHAT and TISS in Mumbai on 13th and 14th October 2017. The title of Sulakshana's presentation was

'Universal Health Insurance Scheme in Chhattisgarh: Learnings (or warnings) from a 'well performing' state'.

- Sulakshana Nandi presented in the fourth webinar in the Equilogues series along with Prof. Helen Schneider, Research Chair in Health Systems Governance, School of Public Health, University of the Western Cape on 17th August 2017. The webinar was on Researching Equity in Access to Health Care, organized by The Closing the Gap: Health Equity Research Initiative in India of the Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram.
- Deepika from PHRN Chhattisgarh presented at the consultation organized by Human Rights Law Network, Jan Swasthya Abhiyan and Prayas Rajasthan on 13-14th August on the issue of "Sexual and Reproductive Health of Women". One of the presentations was made on the findings from the evidence generated from study 'Availability of essential medicines in Chhattisgarh' that was done with the support from Oxfam India. The other presentation was made on the findings from the research study "Reproductive and Maternal Health among Baiga women in Pandariya district of Kabeerdham".

### Internships

Two first year students pursuing their Masters in Health Administration from Tata Institute of Social Sciences came for their internship to PHRN Chhattisgarh for six weeks. They undertook studies on 'Evaluation of the implementation of scheme and perceptions of CRMC Doctors' and another one on the 'Exploration of gender issues emerging from the studies done by PHRN on Rashtriya Swasthya Bima Yojana (RSBY) in Chhattisgarh'.





PHRN submitted a photo titled 'Research by the Brook' from their research study on "Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case study of Baigas in Chhattisgarh" in the Bio Med Central 'Research in Progress Photo' Competition.

The photograph was clicked in the months of August-September 2016 during the data collection process of the research study titled 'Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India'. The

project is being funded by Achutha Menon Centre for Health Science Studies, Thiruvananthapuram, under the 'Health Equity Research Initiative' project by International Development Research Centre (IDRC), Canada. Baiga community in Chhattisgarh state of India comes under one of the 75 'Particularly Vulnerable Tribal Groups'. This community is one of most marginalized population in India.

The Baiga community has traditionally relied on forests and forest based produce for their livelihood. The Baiga household members may not always be found at home and are likely to be found

outdoors in forest. In some instances, as in the picture, the information had to be taken from wherever they were at the moment, whether forest collect, tiny agricultural land or in this case, the river side. Narayan and team found one of these families by the brook and took information at the site.

Meanwhile, Kishan managed to find a flat surface where the height and weight of the family members could be measured which was also part of the data collection. The findings later revealed the appalling levels of low BMI in the Baiga community.



## Boiled eggs for 44,000 Anganwadi children to prevent malnutrition

Chhattisgarh's Balrampur district administration has made it mandatory to provide eggs to 44,000 Anganwadi children as its pilot project. Children who don't prefer to eat eggs are provided milk and banana once a week.

It's apparently the first time that Anganwadi children are being served with boiled eggs once a week in order to prevent malnutrition.

Balrampur district collector Awanish Kumar Sharan initiated the programme of distributing eggs as part of pilot project from September. Sharan has sanctioned fund of Rs 26 lakh from

District Mineral Foundation for serving eggs to 44,000 children every Wednesday at all Anganwadi centres and its mini centres.

Department of women and child official Bismita Patle said that during the recent 'vajan tihar' (weight festival) there were improvements seen in nutrition and health of children while the final result of percentage of malnutrition in district is awaited. Balrampur recorded 31% of malnutrition in 2016.

Narendra Kumar Das of the Right to Food Campaign said that on Children's Day this year, under the banner of the Right to Food Campaign Chhattisgarh launched an "Anda Do" ("Give Eggs") campaign in the state. Eggs were

provided in Mid Day Meals in many schools in Kanker, Koriya, Balrampur, Sarguja, Surajpur and Kawardha districts.

Representatives from RTF Campaign and members of the community plan to meet Collectors in various districts and submit memorandums demanding inclusion of eggs in ICDS and school mid day meals.

*Excerpted from article with same title published by the Times of India, November 25. <https://timesofindia.indiatimes.com/city/raipur/boiled-eggs-for-44000-anganwadi-children-in-balrampur/articleshow/61790950.cms>*

## NEWS FROM ODISHA

### One memorable evening on the route Lanjigarh-Bhawanipatna

*Deepak Basantray and Anandi Charan Sethi*

The fine evening of 21st August 2017 will remain in our memory for a long time. While working for the project "Mainstreaming of creche to reduce malnutrition in Odisha" with Public Health Resource Society, after having a day long visit to villages Rajendrapur, Goipeta, Leptaguda of Lanjigarh block in Kalahandi we started our journey back to Bhawanipatna.

On the way back at around 05:30 PM our motorcycle got punctured in Bhatangpadar at a distance of round 12km. from Bhawanipatna. Just the thought of pulling a punctured motorcycle on the ups and downs of a road in hilly area is enough to take the soul out of the body. And the evening turning to night makes the situation more scary on the route with jungle all around.

The route has no habitation, so how can we think of a puncture shop. Anyway we had to pull the motorcycle alone for some time, down the hills or sometime together uphill. There were bikes and four-wheelers passing by at intervals though not so close, but no one dared to stop and help as the area is known for insurgency. When we reached Bhawanipatna at around 10:30 PM we were tired and full of pain all over the body. Next day we had to take medicines before starting our work.



### Training of crèche workers in Ranchi

*Shahnawaz*

At Ranchi, we had exposure to crèches and training on the crèche module. There were a total of 13 participants, including 2 from Rayagada PMU, 3 each from Kalahandi and Rayagada district teams and 2 mentors from our FAAM team.

The visit was very helpful. We visited

two crèche sites, including one AWC-cum-crèche. All the participants had a chance to see running crèches and see the documents maintained at the crèches. Participants also met the samiti member who prepares the sattus for our crèches and discussed the preparation of the same. We also had chance to practise anthropometric measurement, though all the participants did not get chance due to limited time. We are planning to have practice sessions on anthropometric measurement and filling growth chart within the team during the stay at crèche workers training site in Rayagada.

We also had a good session on starting and managing an aaya samiti during the crèche visit. Mothers along with crèche workers were present and shared their views.

Training after the exposure was a good opportunity to understand the micro management of crèches. The Jharkhand team shared their vast experience and the challenges faced. There was a detailed discussion on the crèche manual. Though we were not able to have a detailed discussion on few topics like government services for children, common illnesses, development milestones, we have planned to have a one and half day practice session to cover these issues.





We also discussed the methods of training that can be used during CW training for each session based on crèche manual.



Two of the three members from Kalahandi ICDS team were very participatory. One seemed to be left behind due to language problems.

### Some pictures of crèche workers' orientation and training in September and October



*One day orientation of creche worker on 07/09/2017 in Rayagada*



*Creche worker training, Rayagada*



*Group photo after creche worker training in Rayagada (25/09/2017 – 27/09/2017)*



*Group work during Creche workers training in Kalahandi (08/10/2017 – 10/10/2017)*

## NUTRITION NEWS

### Starvation deaths linked to Aadhaar

The death of 11-year-old Santoshi Kumari from Jharkhand on September 28 once again highlights the lethal link between the imposition of Aadhaar and starvation, the bureaucratic apathetic reaction of denial, and the absence of political will to meet the basic needs of

the poor and the marginalized. Santosh Kumari died of starvation because her family did not have an Aadhaar card and could not access food grains from the PDS for the past eight months. Hers was not the only death. A month before, three brothers in Karnataka also died under similar circumstances. On October 21, 43-year-old Dhanbad

rickshaw puller Baidyanath Ravidas died as he didn't have a ration card. The same month, a 75-year-old man died of hunger in Jharkhand's Deoghar district after the biometric reader at the PDS shop couldn't read his daughter's thumb impression and he was refused ration. In mid-November a fifty-year-old woman died of starvation. She was unwell for the past five days and could not be present for the biometric fingerprint that the ration shop owner was demanding. These starvation deaths reinforce the disconnect between India's high growth rates and its low ranking on the Global Hunger Index, where it is ranked 100 out of 119 countries. The country houses the highest number of malnourished in world, and the ranking indicates that it has been spectacularly slow progress in combating malnutrition compared to other countries with similar level of income.

Even as there is incomplete implementation of the NFSA, the linkage of PDS entitlements to the possession of Aadhaar has put another spoke in the wheel. Aadhaar cards are necessary to access any welfare service, including mid-day meals in schools, various public health services, and shortly, ICDS services such as hot cooked meals and THRs. In addition, there is a strong push by policy makers to translate these services into cash transfers. The absence of political will is especially evident in the case of maternity benefits which have been lowered from the NFSA entitlement, and is limited to only the first child.

In addition, there are several errors of exclusion with Aadhaar; even the biometric identification is not foolproof.

The forced implementation of Aadhaar for welfare services is unnecessary; however most people, especially the poor and the marginalized don't know this. The result of bureaucratic zeal and ignorance as well powerlessness of the people will result in more starvation deaths unless there is a change in political will.

## **The successful 'ANDA DO' campaign in Chhattisgarh**

*(Right to Food Campaign News)*

On Children's Day (14 November, 2017), the Right to Food Campaign Chhattisgarh launched an "Anda Do" ("Give Eggs") campaign in the state. Under the campaign, eggs were provided in Mid Day Meals in many schools in Kanker, Koriya, Balrampur, Sarguja, Surajpur and Kawardha districts.

The inclusion of eggs in the menu in anganwadis and schools has been a long standing demand of various groups working on food and nutrition security. Eggs are desirable on the following grounds: nutrition, they have a long shelf life (unlike milk), cannot be adulterated (like milk or dal). Budget calculations have also shown that it is possible to provide eggs in MDM and ICDS with the existing funds.

The initiative of the Right to Food Campaign received wide ranging support from Panchayat members and parents and guardians of the children. For instance, in Koriya district the panchayats provided eggs to the children from their funds. In Kanker district, a Janpad member provided support to the event.

In the next couple of weeks, activists from RTF Campaign and members of the community plan to meet Collectors in various districts and submit memorandums demanding inclusion of eggs in ICDS and school mid day meals.

It is unfortunate that the Suposhan Mission launched by the Chief Minister does not include provision of eggs in school and anganwadi meals.

## **SHGs to make TAKE HOME RATION in Madhya Pradesh**

*Right to Food Campaign News*

The Madhya Pradesh Cabinet has approved new THR policy (Take Home Ration policy) in ICDS on November 14, 2017. Now SHGs will be given

responsibility to prepare and distribute the THR. Self-help groups in Madhya Pradesh are already engaged in supplying hot cooked meals under ICDS and now Take Home Ration supply can also be entrusted to them. This shift has come after several irregularities were found in MP State Agro which had also subcontracted majority of its supplies to private contractors. Decentralized supply of meals was therefore found to be essential, because local groups can also monitor quality of the food.

## **Delhi High Court hearing on Delhi Rozi Roti Adhikar Abhiyan Case**

The Delhi Rozi Roti Adhikar Abhiyan had filed a case in the Delhi High Court regarding National Food Security Act. In its previous order on September 1, 2017, the HC has directed the government to frame rules to operationalize the grievance redress, transparency and accountability provisions in NFSA including state food commission, social audit, district grievance redress officers and internal grievance mechanism.

Delhi High Court hearing on National Food Security Act on November 7, 2017: A hearing of the petition was held. The court reiterated its order of September 1, wherein a bench of the Delhi High Court comprising Chief Justice Geeta Mittal and Justice C. Hari Shankar had said that they were appalled to note that the Delhi government had failed to promulgate rules under the National Food Security Act (NFSA) including those related to transparency, grievance redress and accountability provisions despite passage of more than 3 years since the enactment of the law. The Court had directed the government to frame Rules and operationalize all provisions of the law in a time-bound manner to ensure proper functioning of ration shops in Delhi.

In the hearing on November 7, the court noted that the Delhi government, as per its affidavit, was

in the process of formulating rules for operationalizing the law and the accountability provisions. It directed the Delhi government to file a status report before the next hearing on the implementation of each of the specific grievance and accountability provisions i.e. setting up of State Food Commission, District Grievance Redressal Officers, Internal grievance redressal mechanism, conduct of periodic social audits etc.

Delhi Rozi Roti Adhikar Abhiyan informed the court that till date the

**Chief Justice Geeta Mittal and Justice C. Hari Shankar said that they were appalled to note that the Delhi government had failed to promulgate rules under the National Food Security Act (NFSA) including those related to transparency, grievance redress and accountability provisions despite passage of more than 3 years since the enactment of the law.**

State Food Commission had not been set up and the government had not undertaken even one social audit despite the passage of more than 4 years since the National Food Security Act was enacted.

The court also took notice of the joint report filed by the counsel for UIDAI and representative of Delhi Rozi Roti Adhikar Abhiyan on how difficulties faced by poor persons in Delhi in accessing their subsidized food-grains through the Public Distribution System (PDS) can be addressed. The Delhi Rozi Roti Adhikar Abhiyan had placed before the court details of households which were being denied their right to food because they did



not possess Aadhaar. Till date, about 1000 people have been identified and details placed before the court. The Abhiyan informed the court that despite the Delhi government filing an action taken report stating that for 41 families they had included them in the PDS and will be supplying them ration from October 2017 onwards, more than 50% of them are yet to be added to the list of beneficiaries. The court directed the Delhi government to respond on the issue before the next date. During the hearing, the Abhiyan also drew the attention of the court to the cases of starvation deaths in Jharkhand and Karnataka caused due to being denied their food grains because their ration cards were not linked to their Aadhaar or because their biometrics could not be authenticated.

The case is now listed for December 20, 2017.

### No cash transfers but bar-coded packaged for ICDS

The MWCD Minister's dialogue with the PMO against the NITI Aayog's proposal to introduce cash benefits in lieu of nutritional rations under the Integrated Child Development Services (ICDS) scheme has been successful.

Earlier, at the insistence of the NITI Aayog, MWCD had sent in a proposal to pilot the cash transfers scheme in a few districts as part of the National Nutrition Policy. Besides the NITI Aayog, the PM's group of secretaries had also proposed cash transfers which could be directed only towards those women who had met with certain conditionalities.

This argument was rejected by MWCD, who felt that a family in need of money is unlikely to use the cash for nutrition, and that the ICDS scheme could suffer if cash was involved.

While the rejection of cash transfers is good news, the National Nutrition Policy also introduces bar-coded packaged food, which will be pre-

printed by the Centre as the Ministry believes that this will stop pilferage.

In addition, the PMO's office has allowed states to decide on whether to use RUTF or not for managing SAM. This negates the letter from MOHFW and MWCD to states saying that the use of RUTF was not an accepted policy.

### Telangana introduces Nutri-Basket of "Smart Foods" to combat malnutrition

The Telangana State government, Integrated Tribal Development Agency (ITDA)-Utnoor and International Crops Research Institute for Semi-Arid Tropics (ICRISAT) have jointly embarked on a pilot project, Nutri Food Basket. The project will supply a supplement diet among 4800 tribal women, teenagers and children of Utnoor, Tiryani and Kasipet mandals for a period of nine months to assess the impact of the "Smart Foods".

The products, which were developed and validated by ICRISAT and which will be distributed by anganwadis, consist of (a) Ready-to-cook upma (sorghum semolina, pulses and condiments) mix; (b) Ready-to-cook kichidi (sorghum and millet semolina,

pulses and condiments) mix; (c) Energy Dense Cookies (sorghum, millet and pulses); and (d) Energy and Nutri Dense Food (EDNF) – A spread made from groundnuts, chickpeas and sorghum.

According to ICRISAT, the overarching objective of this project is to sensitize and provide the tribal population with affordable and available nutritious food products to supplement their existing diet. Improved dietary diversity and overall nutritional intake is expected to benefit underweight children and improve the hemoglobin levels of the presently anemic population.

The project, which is officially titled "Improving dietary diversity through introduction of nutri-food basket in tribal households of Adilabad, Mancherial, Komaram Bheem-Asifabad Districts of Telangana - Transitioning tribal households from nutrient deficient diets to diverse nutritional foods", is funded by the Department of Health & Family Welfare of the Government of Telangana [Under the National Health Mission (NHM)-Tribal Health].

This study is expected to lead to an evidence-based scale-up of the proposed model of Nutri-Food Basket in the entire state of Telangana, and in other regions of South Asia and Sub-Saharan Africa.

Smart food contents of the Nutri-Basket



## NEW READINGS

- A photo essay on unsafe abortions through the ages <http://www.caravanmagazine.in/photo-essay/unsafe-abortion-t-through-the-ages>
- S. D. Kowitt, D. Emmerling, E. B. Fisher, C. Tanasugarn. *Community Health Workers as Agents of Health Promotion: Analyzing Thailand's Village Health Volunteer Program*. This is an interesting article indeed- very few published articles on Thailand's CHWs- which are most likely the world's highest density of CHWs. The village health volunteers (VHVs) have been a regular part of Thailand's health system since the 1960s. This article has tried to map factors that influenced how the VHVs provided support, including governmental oversight, collaboration with public health officials, and community trust. Available at <https://drive.google.com/file/d/0B5x683-DwzaUcndZRWRSVUDPSXc/view?usp=sharing>
- *Global Hunger Index 2017* – IFPRI. Can be downloaded from <https://www.ifpri.org/publication/2017-global-hunger-index-inequalities-hunger>
- C. Sathiyamala. *Global Nutrition Report – Towards Global Governance*. This is a critique of global hunger and nutrition reports. Available at – <http://onlinelibrary.wiley.com/doi/10.1111/dech.12332/full>
- The study, *Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India* has been undertaken by PHRN in collaboration with SHRC Chhattisgarh, Achutha Menon Centre for Health Science Studies, Trivandrum and Astha Samiti Kabeerdhaam. It is available at <https://timesofindia.indiatimes.com/city/raipur/chhattisgarh-baiga-women-amp-kids-severely-malnourished-reveals-study/articleshow/61617086.cms>
- The BBC programme in Hindi talks about 'ban' and the High Court PIL with regard to the Chhattisgarh Baiga women and their demand for family planning facilities. It quotes Harendra from JSS Ganiyari, Rajni Soren from HRLN and the Chhattisgarh health minister - <http://www.bbc.com/hindi/india-41922601?SThisFB>
- Rasmi Avula, Vanessa M. Oddo, Suneetha Kadiyala, Purnima Menon *Scaling-up interventions to improve infant and young child feeding in India: What will it take?* Available at <http://onlinelibrary.wiley.com/doi/10.1111/mcn.12414/full#mcn12414-sec-0010>
- Kasturi Sen, Swagata Gupta *Masking Poverty and Entitlement: RSBY in Selected Districts of West Bengal* Available at <http://journals.sagepub.com/doi/abs/10.1177/0049085717715557>

## PUBLIC HEALTH RESOURCE NETWORK (PHRN)

PHRN is a growing network of individuals and organizations with the perspective of strengthening technical and management capacities to take action towards the common goal of 'Health for All'. Its main objective is to contribute and strengthen all efforts directed towards the goal of 'Health for All' through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are generally left underserved. PHRN is currently working directly in the states of the states of Chhattisgarh, Jharkhand and Odisha and has contributed to the on-going work of strengthening public health systems in other states through its partnerships with other institutions.

Whereas PHRN is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards 'Health for All', **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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