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EDITORIAL

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2018 has witnessed highs and lows. The "International Conference on Critical Public Health Consequences of the Double Burden of Malnutrition and the Changing Food Environment in South and South East Asia" organized by PHRN along with five other organizations, brought together over 300 activists, academics, journalists, researchers and civil society members to identify challenges posed to health and nutrition in the coming years. The Decennial Celebration of the Public Health Resource Society was held in tandem with the third National Health Assembly. Then there was the successful Peoples Health Assembly (PHM) held despite several challenges in December 2018 at Dhaka, Bangladesh, and attended by over 1400 participants from 73 countries. Farmers' protests, jobless growth and the increasing income inequity had a serious impact on state elections. At the grassroots level, new crèches were opened in Odisha.

At the same time, the budget allocations for the social sectors, including maternity entitlements, were totally inadequate. There were more starvation deaths and increased presence of the private sector in decision-making process related to health and nutrition. The Supreme Court judgement made Aadhaar mandatory for PDS, pensions and shelter. With regard to maternity entitlements for women working in the unorganized sector, it became abundantly clear through an RTI that the government holds itself completely unaccountable to this sector. The final tragedy was the passing away of Dr. Amit Sengupta, founder member of PHM, at the end of November in a swimming accident.

2019 brings with it, along with new challenges, an intensification of old challenges. The year will see national elections, and campaigns are gearing up to use this opportunity to raise public awareness and press their demands for change.

Wishing all our readers a very positive, healthy and satisfying 2019

IN THIS ISSUE

NEWS FROM THE SECRETARIAT

National course on gender, health and rights

Dr. Aditi Hegde

A National Hindi Course on Gender, Health and Rights was organized by Sama - Resource Group for Women and Health in Patna, Bihar from the 16th to 22nd December 2018. On 19th December, Dr. Aditi Hegde represented PHRN as a resource

Participants engaged in group activity

person for a session on 'Understanding food, nutrition and food security as a critical determinant of health, and struggles within the right to food and its linkages with health rights'. The session covered a conceptual and theoretical overview of food, nutrition, food security and malnutrition, including contemporary debates regarding food systems and food processing. The discussion also revolved around nutrition and health, women's nutrition, NFSA and the demands of the Right to Food Campaign. To sum up the session, the participants analyzed case studies from the Right to Food Campaign and presented the same.

The course was attended by 45 participants from grassroots organizations and community-based activists from Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Haryana, and West Bengal.

NEWS FROM JHARKHAND

Kitchen garden for health

Satyajit Samal

Yagyasini Mohanta of Badasialinai village in Mohantasahi hamlet and her family – a husband and two young daughters – depend upon farming for their livelihood. She also works as a labourer. Her husband had met with a severe accident and was bed-ridden, and the little income received was spent mostly for medicines for him, leaving little for buying vegetables and pulses. However, after being trained as a change vector (CV), Yagyasini decided to start a kitchen garden in a small plot of land she had. With the help of her mentor, she planted vegetables and pulses. Now she does not have to buy these from the market. Besides reducing her expenses, the kitchen garden has resulted in improved health of her family. Today, she shows her kitchen garden to other women of her village and explains its benefits to encourage them to start their own.

Behaviour changes after training on micro-modules (MM) in Mayurbhanj district

Satyajit Samal

Saino Tudu

Saino Tudu of Machakandana village in Huli Sahi hamlet is a SHG member. She has three daughters and again she is pregnant now. Her mother-in-law always scolded her for having given birth to three girls. After being trained in MM1 on gender, both Saino and her mother-in-law leart that the man is responsible for the sex of the baby. Saino's mother-in-law has now promised not to scold her daughter-in-law again.

Sunita Mohanta

Sunita Mohanta is a CV from village Badjhunposi. Before training as a CV, she was severely anaemic. After undergoing training on MM PB-1 on anaemia and malaria, she changed her daily food pattern to include tri-coloured foods. She also started taking some lemon with her food, cooking in iron utensils and taking iron tablets. At the same time, she restricted her children from eating junk food. Now she is happy for her health and also for her family and is looking forward to spreading the training messages in her hamlet.

Pano Behera

Pana Behera of village Mahalda Paisa, hamlet Tota Sahi, is a SHG member. After being trained in MM2 she has started using iron utensils and uses less water for cooking. She says her curry, dal, and rice are tastier now than previously. She has been discussing the messages she learning during the training with other women who did not attend it.

Gouri Mohanta

Gouri Mohanta, a CV living in village Noana, Bisoisahi, came with her four-year-old daughter to the MM2 meeting on understanding food and nutrition, where she and her daughter got to know about junk food and its bad effects. Some time later, Gouri's husband gave a kurkure packet to his daughter, but she remembered what had been said about junk food at the MM2 meeting, and refused to eat it. Since the training, she has not just given up eating junk food, but also restricts her friends from eating it.

Jayati Hoo

Jayanti Hoo of Bana sahi is the mother of a four-month-old baby girl; she earlier had given birth to four girls. When the CV and the mentor visit her, she informed them that she wants a baby boy, but for some reason has only girls. She also said that she has not attended MM1 training on gender. The mentor there explained to her the messages covered in MM1, including the fact that men were responsible for the gender of the baby, and how many pregnancies negatively impacted her health.

Behavior change after MM7 (adolescent health)

Sunil Thakur

According to plans made in July 2018 to engage adolescent boys and girls in middle schools, we, together with the PRADAN team, organised a workshop with the nodal teachers of middle schools and the Block Education Officer

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कुपोषण के प्रति महिलाएं हो रहीं जागरूक

खूंटी | संवाददाता

खूंटी जिले के सुदूर गांवों की महिलाएं कुपोषण और स्वास्थ्य संबंधी समस्याओं से निजात पाने की राह ढूंढने में जुटी हैं। प्रदान संस्था ने तोरपा महिला संघ के साथ मिलकर तकनीकी संस्था पीएचआरएन के साथ समन्वय करके राष्ट्रीय ग्रामीण आजीविका मिशन अंतर्गत महिला स्वयं सहायता समूह को गांव में कुपोषण, स्वास्थ्य संबंधी समस्याएं आदि से हमेशा के लिए निजात पाने के लिए जरूरी पहल की शुरुआत की है।

प्रदान और तोरपा महिला संघ की पहल पर हर टोला और गांव में हेल्थ स्वास्थ्य की बदलाव दीदी का चयन कर उन्हें प्रशिक्षित किया गया है, जो अपने गांव-टोले में हो रहे सखी मंडल की बैठक में स्वास्थ्य -पोषण संबंधित जानकारियों को चित्र के माध्यम से बाकी महिलाओं को जागरूक करती हैं। उनके खानपान साफ-सफाई संबंधित आदतों और व्यवहार में परिवर्तन लाने के लिए गांव के परिवारों को सक्रिय करने का काम करती हैं। तोरपा प्रखंड में इस प्रकार के स्वास्थ्य से संबंधित बदलाव बदलाव लाने के लिए करीब डेढ़ सौ महिलाएं स्वयं सेवक के रूप में आई हैं। ये महिलाएं प्रशिक्षण लेकर 50 गांव में यह जिम्मेदारी लेकर कुपोषण और स्वास्थ्य संबंधी समस्याओं को जड़ से मिटाने का प्रण लिया है।

खूंटी जिले के स्वास्थ्य कार्यक्रम में गुरुवार को उपस्थित महिलाएं। • हिन्दुस्तान

on 4th August 2018 and got permission to hold meetings in their schools.

Together with our mentors, we transacted MM-7 (Adolescent health) in 53 schools of Torpa from 5th August to 15th September, 2018. 1202 girls and 418 boys participated in these meetings. The focus was on three messages - discrimination due to myths and beliefs about menstruation, hygiene practices during menstrual period and nutritious food value during adolescence.

The mentors once again engaged with the adolescents during the harvesting season (from 20th November to 15th December, 2018). Adolescent girls were interviewed over diet diversity in different middle schools. The following day, the mentors transacted MM-2 on understanding food and nutrition - Teen Rangon Ki Thali – with them. They conducted 29 meetings in 23 schools and 890 girls and boys (mostly girls) participated in these meetings. This second visit in schools saw many adolescents sharing their experiences of the last meeting (MM-7).

The meetings have resulted in significant behaviour change. Menstruation, which was earlier not discussed in the home, is being discussed today in the home even by pre-adolescent girls who attended the meetings. Girls have adopted more hygienic practices during menstruation, and have also changed the behaviour of their mothers and elder sisters, as well as other girls who did not go to school. Those pre-adolescents who started menstruating between the two meetings have started with good practices including drying the used cloth in direct sunlight to kill germs.

Followings are some important behaviour changes that have been noted from adolescent girls in different schools:

1. At least 148 girls reported that they are not using three-month-old cloths during menstruation and they dry up the cloths in the sun without covering them with another clothes. Prior to the meeting, they had been using one- and two-year-old cloths during the period. They also used to dry them inside the house, covered by other clothes.
2. Many girls discussed issues related to menstruation with their mothers and elder sisters after participating in the meeting. Such issues were not discussed at home earlier.
3. Many girls reported that they are using sanitary pads during menstruation and disposing off the used ones in pits, which they were not doing earlier.
4. Almost 200 girls reported that, after attending the meeting, they do not bathe in the dova (small pond) during the menstrual period to avoid infection.
5. Many girls reported that, following the health meeting, they are eating tri-colour dishes after getting information from the health meeting. They are also consuming something sour after lunch. One day, our mentor, Pramila, was crossing the school of village Marcha, some girls called out to her. The girls were crossing the road with a type of lemon in their hands. They told her, “Didi ye dekhiye, humlog roj lunch karke khatta khate hain jaisa ki apne hume health meeting me bataya tha” (we are

consuming something sour after lunch on daily basis as you told us during the health meeting).

What the girls had to say

1. सुषमा बोदरा, कक्षा-6, मेरा मासकि अभी शुरू नहीं हुआ है लेकनि स्कूल में स्वास्थ्य की बैठक में शामलि होने के बाद जब मैं घर गई तो अपने बड़ी बहन को बतायी कि मैने स्कूल में क्या-क्या सीखा है। तो अब मेरी बड़ी बहन पूराने कपड़े की जगह नए कपड़े का प्रयोग करती है और कपड़ा अब छुपा कर नहीं सुखाती है, धूप में सुखाती है।
2. सलोमी गुड़िया, कक्षा-6, स्कूल में स्वास्थ्य की बैठक में शामलि होने के बाद जब मैं घर गई तो पूराने कपड़े को गड्ढा खोदकर उसके नीचे दबा दयिा और तब से नए कपड़े का इस्तेमाल कर रही हूँ। मैने अपनी बहन को बताया तो वो भी वैसा ही कर रही है। हम दोनों बहन अब कपड़ा धूप में सुखाते हैं। पहले छुपा कर सुखाते थे।
3. प्रयिंका गुड़िया, कक्षा-6, मेरा मासकि अभी शुरू नहीं हुआ है लेकनि स्कूल में स्वास्थ्य की बैठक में शामलि होने के बाद मैं घर में अपने माँ को बतायी तो अब मेरी माँ कपड़े की जगह पैड का इस्तेमाल करती है।
4. सुडकी सुरीन, कक्षा-6, पहले मासकि के समय इस्तेमाल कएि गए पैड को मैं कहीं भी फेक देती थी लेकनि जबसे स्कूल में स्वास्थ्य की बैठक में शामलि हूई तबसे मैं इस्तेमाल कएि गए पैड को गड्ढा खोदकर मट्टिी से दबा देती हूँ।
5. बरिसमनी गुड़िया, कक्षा-7, पहले मासकि के समय मैं दनि भर एक ही पैड का प्रयोग करती थी लेकनि स्वास्थ्य की बैठक में शामलि होने के बाद अब दनि में दो बार पैड बदलती हूँ ताकी संक्रमण से बचा जा सके। पहले मासकि के समय नहीं नहाती थी लेकनि अब रोज नहाती हूँ।
6. माधुरी बोदरा, कक्षा-7, मासकि के समय प्रयोग कएि जाने वाले कपड़े को पहले घर के अन्दर सुखाते थे परन्तु अब घर के बाहर धूप में सुखाते है। पहले मासकि के समय नहीं नहाते थे परन्तु अब रोज नहाते है।
7. सुशान्ति प्रधान, कक्षा-8, अब मासकि के समय पूराने कपड़े की जगह नए कपड़े का प्रयोग करती हूँ। पहले डोभा के अन्दर जाकर नहाती थी परन्तु अब मासकि के समय डोभा के बाहर ही नहाती हूँ।
8. रजनी गुड़िया, कक्षा-6, मेरा मासकि अभी शुरू नहीं हुआ है लेकनि स्वास्थ्य की बैठक में शामलि होने के बाद मैं अपने घर पर अपनी माँ को बतायी तो अब मेरी माँ पूराने कपड़े को हटाकर नए कपड़े का प्रयोग करती है और कपड़े को धूप में सुखाती है।
9. सीमा भेंगरा, कक्षा-7, मैं अब मासकि के समय पैड का प्रयोग 6 घंटे तक ही करती हूँ उसके बाद पैड बदल देती हूँ। इस्तेमाल कएि गए पैड को गड्ढा खोदकर उसमें दबा देती हूँ। पहले मासकि के समय नहीं नहाती थी लेकनि अब रोज नहाती हूँ।
10. सुभासी सोय, कक्षा-8, जसि समय स्कूल में स्वास्थ्य की बैठक हुई थी उस समय तक मेरा मासकि शुरू नहीं हुआ था लेकनि उसके कुछ ही दनि बाद मेरा मासकि शुरू हो गया। स्कूल में जो कुछ भी बताया गया था मैं उसको ही लागू करती हूँ। कपड़ा को धूप में सुखाती हूँ और डोभा के अन्दर जाकर नहीं नहाती हूँ। इस्तेमाल कएि गए कपड़े को गड्ढा खोदकर दबा देती हूँ।
11. प्रफुलति कन्डुलना, कक्षा-7, मैं मासकि के समय पैड का इस्तेमाल करती थी। चौथे दनि जसि पैड का प्रयोग करती थी वह ज्यादा गंदा नहीं होता था तो उस पैड को संभाल कर रख देती थी और अगले मासकि में उसका प्रयोग करती थी। लेकनि जबसे स्कूल में स्वास्थ्य की बैठक में शामलि हुई तबसे पूराने इस्तेमाल कएि गए पैड का प्रयोग नहीं करती हूँ।
12. बसिरी गुड़िया, कक्षा-8, पुराना कपड़ा हटाकर नया कपड़ा का प्रयोग कर रही हूँ।
13. हेलेन बोदरा, कक्षा-6, अभी तक मेरा मासकि शुरू नहीं हुआ है परन्तु मैं अपने उन लड़कयिों को साफ-सफाई के बारे में बताती हूँ जो स्कूल नहीं जाती है।
14. बहालेन डोडराय, कक्षा-8, मासकि वाला पूराने कपड़े को हटाकर नए कपड़े का प्रयोग कर रही हूँ। खाने में खट्टे का प्रयोग नश्चिति रूप से करती हूँ।
15. पृशलिा गुड़िया, कक्षा-7, पहले मासकि के समय डोभा के अन्दर जाकर नहाती थी लेकनि अब डोभा के बाहर ही नहाती हूँ। मासकि के समयय प्रयोग कएि गए कपड़े को पहले छूपा कर सुखाती थी परन्तु अब धूप में सुखाती हूँ।
16. अनमिा बोदरा, कक्षा-8, पूराने कपड़े कू जगह अब नए कपड़े का प्रयोग करती हूँ।
17. सरस्वती गुड़िया, कक्षा-7, पूराने कपड़े को बदल कर नए कपड़े का प्रयोग कर रही हूँ। पूराने कपड़े को गड्ढा में डालकर मट्टिी डाल दयिा।
18. करिण गुड़िया, कक्षा-6, मेरा मासकि अभी शुरू नहीं हुआ है लेकनि मैं घर जाकर अपनी माँ को बतायी तो मेरी माँ पूराने कपड़े को हटाकर अब नए कपड़े का प्रयोग करती है।
19. वनिति भेंगरा, कक्षा-6, मैं अब पूराने कपड़े को हटाकर नए कपड़े का प्रयोग करती हूँ और कपड़ा को धूप में सुखाती हूँ। अब मासकि के समय डोभा के अन्दर जाकर नहीं नहाती हूँ।
20. करिण सुरीन, कक्षा-6, मेरा मासकि अभी शुरू नहीं हुआ है लेकनि मैं अपनी दीदी को बतायी तो वो अब पूराने कपड़े की जगह नए कपड़े का प्रयोग कर रही है और कपड़ा को धूप में सुखा रही है।

Raja's pulse business grows in the villages of Jhalda

Annesa Sarkar

Raja, an entrepreneur from Mathari Khamar, found that the demand for pulses (dals) has been increasing for the past one year. He now sells dals in 15 villages. While the demand continues to be low in the villages of Kolaigora and Uhatu, it is very high in Khamar,

Panri, Dakai, Polma, Ranidih, Boro Puhara, and Choratungri.

The high demand in the latter villages appears to be the result of introducing the villages to the nutrition module, and regular promotion of tri-coloured foods over the last two years; the module has not yet been introduced in the villages with low demand for dals, nor has tri-coloured food been promoted there. However, work has started in Uhatu village very recently.

Raja has also learnt about nutrition as well as Teen Rangon ka Thali from his mother who used to attend the nutrition meetings. According to him, at first, communities in the high demand villages were ignorant about the need for tri-coloured food. But, once sensitized about it, many familes started buying dal, as they were unable to cultivate dal due to scarcity of water.

The prices at the local shops were very high (for instance, masur dal was being sold at Rs. 80 per kilo). Or else, they used to buy from Ichag market, where rate is relatively lower but which was 12-18 km distance from that villages. Raja decided to sell the dals to the local villages at the same rate as at the Ichag market. Today, a year later, he has a thriving business.

NEWS FROM ODISHA

Formal crèche inauguration in Rayagada

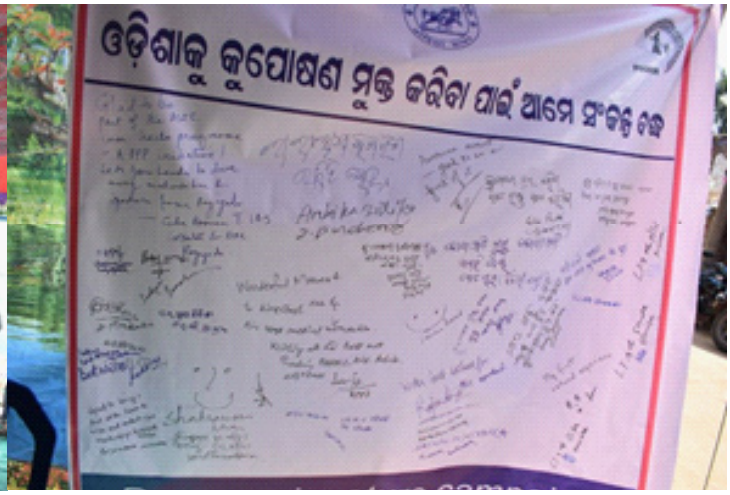
Shahnawaz

Under the project "Mainstreaming of Crèches to Reduce malnutrition in Odisha" three crèches have been formally inaugurated by district administration in Rayagada. The first inauguration was done in Kodapadi village in Rayagada sadar block on 5th November 2018, in the presence of the local MLA, Shri Lalbihari Himirika, Distrct Collector Ms. Punam Guha Tapas Kumar, other dignitaries from the district administration and representatives from APPI and PHRN.

The second inauguration was on 20th December 2018 in villages Rodang and Khambesi of Bissamcuttack block. During the inauguration, the dignitaries included the Project Administrator, Integrated Tribal Development Authority, Special Officer, Dongaria Kondh Development Authority, District Social Welfare Officer and PRI members.

Group photo after crèche inauguration in Kodapadi, Rayagada

Address by District magistrate



Signature Campaign

Address by dignitaries after crèche inauguration in Rodang among PVTG community in Bissamcuttack, Rayagada

Picture of Crèche Model Demonstration in Chaiti festival in Rayagada from 26th December 2018 to 30th December 2018. Model demonstration was jointly done with the model demonstration of the district social welfare department.

Field trips to crèches

Saman

Crèche at Badapura village, Khairapur block, district Malkangiri.

The PHRN team comprising of Priyanka, Aniruddha, Saman and the block coordinator, Mr. Rohini, visited the crèche along with the district lead, Rajesh. It is located in a room rented from a member of the community. Thirty-two children under three years of age were enrolled in the crèche, of whom 27 were present on the day of the visit. Most of them were playing with the toys. The crèche workers, Sangeeta and Rekha, had constructed a small window in one of the walls to provide some light and ventilation. The room becomes somewhat hot when food is being cooked. Ms. Sangeeta informed about the crèche activities and the meal plan. On the day of the visit, the children were given Sattu as morning snack and rice and dalma made with pulses and vegetables like cabbage, cauliflower, pumpkin and tomato for lunch. They also get two boiled eggs per week. However, she was not very clear about the portion size, which the visitors explained to her. They were told that the Anganwadi Centre had been closed for more than a week as the worker was on maternity leave, and that the ASHA had visited the crèche only once after it was opened.

Meal plan and activity chart

Children at the crèche

Kitchen

Handwashing was done outside the crèche. The water was kept covered and taken out with a mug. A Dettol soap was provided. The medicine box was checked and found to have all the necessary items in it. The visitors checked the attendance register and the growth charts. Improvements were suggested and errors rectified.

The visitors noted that the legs of a seven-month-old girl were burnt and were informed that she had caught fire when in the field with her mother. This had happened before the crèche had opened, and the girl had been treated at a missionary hospital in Govindpali.

The team was not able to visit the crèche at Bondapara in the same block due to obstruction on the road.

Crèche at Padeiguda

This fairly large crèche is clean and well-ventilated with two windows with gauze netting to prevent mosquitoes and flies from entering the room. The water bucket for handwashing was kept outside, but the mug was kept in the crèche room and taken out when needed. The crèche workers – Mamta and

Girl carrying younger brother

Anthropometry

Reshma – explained the activities time table and meal charts. Though the kitchen is maintained in a corner of the room, on the day of the visit, the food was being cooked outside on a smokeless chulah. The children were given sattu as morning snack and dalma (with vegetables like spinach, pumpkin, tomato, brinjal and beans) and rice for lunch. The children get eggs on Tuesdays and Thursdays. Malnourished children who are red-flagged are given extra oil in their food.

A quality check of anthropometric measurements done on two children revealed a slight discrepancy in the weight on one child. The nearest Nutrition Rehabilitation Centre (NRC) was 70 km away from the village and nearest PHC was 1 km away in the next village – Mudhulipada. The crèche workers informed that the ASHA worker hardly visits the crèche. The Anganwadi centre was closed since 15th October 2018 due to festivals. This crèche is usually closed on Sundays.

Disabled girl sitting in the middle of the road

Besides the under-3s, the presence of a few older children who were carrying their younger siblings in their arms showed that they were not going to school. There was also a 12- or- 13-year old girl with disability sitting in the middle of the road. When the team asked the community members about her, they were informed that her family looks after her, but she is mostly seen on the road.

Crèche at Dariguda, block and district Malkangiri

When the team visited the crèche on the 30th October, 2018, along with block coordinator Mr. Ranjit, all the children were sleeping under the mosquito net. One of the crèche workers had donated a fan so that the children could sleep peacefully. The crèche workers – Bharti and Reena – told us that the children normally slept after their morning breakfast of sattu. The crèche was quite huge, with two rooms, in one of which one of the crèche workers stayed with her family. This crèche was quite huge with a separate kitchen in one of the rooms, where all the necessary utensils, dry rations, oil and toys were kept neatly. The kitchen area was cleaned properly, and the water was covered. A steel box contained utensils and dry rations. The electricity went off as the team was coming out of the kitchen, due to which the children started slowly waking up.

Of the 18 children who were enrolled in the crèche, 13 were present on the day of visit. The crèche worker informed us that all children were having fever for 1-2 days, which was seasonal. The Anganwadi worker was present in the crèche during the visit, and mothers who were also present informed that they received Take Home Rations (THR) on a regular basis. Rice and dalma were served for lunch and the children received two eggs per week,

Children sleeping under mosquito net

on Tuesdays and Fridays. All children's growth chart was checked by the team to see whether weight as per the age was marked properly or not. As there were a few errors, the district team members were requested to check all the growth charts. The team also noticed that there was no flat surface on which to take measurements. It was suggested that the crèche worker allows the use of her room for a day for weighing. If this is not possible, then a wooden slab could be provided.

Crèche at Chitrakonda, village RSC10, block Chitrakonda, district Malkangiri

When the team along with the block Coordinator Mr. Ashok reached the crèche, a few children were sleeping in dupatta swings made by the community women and the crèche workers – Champa and Krishan. The other children were playing with toys. The kitchen was attached on the outside, but the crèche room became hot while cooking was going on. The lunch being prepared was rice and dalma. The children are given one boiled egg each on Tuesdays and Fridays. On checking, it was found that the age of the children was not mentioned in months in the register, and the workers were told to correct this. The anthropometric measurements were checked.

The community women said that they found the crèche very useful, and that the children have a good appetite when they return home in the evenings. They receive THR thrice a week, along with eggs from the Anganwadi. The ASHA worker was very supportive, particularly during the seasonal fever period.

NEWS FROM CHHATTISGARH

Update from PHRN, Chhattisgarh

Dr. Sulakshana Nandi

Meetings/Conferences

- Two regional meetings on health budgets and the right to health were held at Kawardha and Kanker districts on 30th & 31st October 2018 respectively. The meetings focussed on the importance of health budget, role of panchayats in preparing budget document, issues of privatisation in the health sector, demands on health and nutrition for the upcoming elections, along with discussions with members of several CSOs. These meetings were jointly organised by PHRN, JSA Chhattisgarh with district organisations.
- Two members of PHRN Chhattisgarh, Deepika and Neelanjana attended the IPHU course "Struggle for Health", specializing in "Access to Medicines" and "Gender" stream respectively in November, 2018 at Savar, Bangladesh.

Attended People's Health Assembly

- Four PHRN members from Chhattisgarh, namely, Sulakshana Deepak, Neelanjana and Deepika participated in the People's Health Assembly in Dhaka from 16th to 19th November, 2018.

Research

- A study was undertaken on "Health and Wellness Centres (HWC)" in Korba district which had launched these centres one year prior to its announcement under Ayushman Bharat. This pilot study aimed to understand the role of HWCs in increasing access to health care services, patient experience, impact on out of pocket expenditure and the issues and gaps in facilitating new services.

Food festival

- A food festival was organised by Village Organisation (VO) at Kishanpuri in Kanker district which was attended by members of Panchayat, including Sarpanch, frontline workers, people from Umradaha cluster, members of PRADAN and Block Programme Officer.
- More than 150 women from different SHGs participated in this program wherein they had brought more than hundred kinds of dishes which included hot cooked meals comprising meat, eggs and vegetables grown from their own fields, dairy products, forest produce food and fruits which were not only nutritious but also locally available.

IPHU course at Savar, Bangladesh

Restriction to Contraception Services a Violation of Human Rights of Baiga Community

Deepika Joshi, Sulakshana Nandi, Preeti Gurung, Ganapathy Murugan, Chandrakant Yadav, Vandana Prasad
(Public Health Resource Network, Astha Samiti, State Health Resource Centre Chhattisgarh)

Background

Baigas are Particularly Vulnerable Tribal Groups (PVTGs), the most vulnerable amongst indigenous communities in India. Their vulnerability primarily stems from loss of traditional livelihoods, habitats & customary resource rights. These conditions have led to the loss of their land & resources resulting in chronic malnutrition, starvation & ill health among these groups. As a strategy to curtail their decreasing population, Indian Government in 1979 restricted their access to permanent contraceptive methods, which has been enforced as a 'ban'.

Objectives

The study aims at understanding the experiences and perceptions of Baigas in Chhattisgarh, in accessing contraceptive services. It was undertaken within the larger study on exploring health inequities amongst the Particularly Vulnerable Tribal Groups in Chhattisgarh & Jharkhand

Methodology

- Case Study Design using mixed methods.
- Household survey among 289 Baiga households (with 1442 family members) of 13 habitations
- 248 women respondents aged 15 to 49 years separately interviewed regarding reproductive and maternal health issues
- Indepth qualitative study in three villages
- Data collection: desk review, newspaper epidemiology, household survey, individual and group interviews, anthropometry, village profiles, facility surveys, short interactions and observations
- Ethical clearance taken from the Institutional Ethics Committee of PHRG
- Participant Information Sheet distributed and informed consent taken verbally

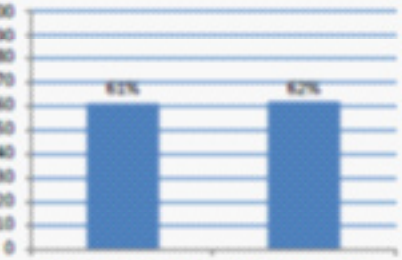
Case study : "Motha ia dekh nurse nikaal dis" [the nurse kicked me out when she saw my forehead tattoo]

Sukhni Bai first tried to get sterilization done after six pregnancies. Successive years she went to PHC thrice, twice to CHC to get sterilisation but refused every time. All this while she continued getting pregnant.

S/N	Pregnancies of Sukhni Baiga
1	Male (28yrs)
2	Female died
3	Female died
4	Male (26yrs)
5	Female (25yrs)
6	Male (18yrs) First tried to get sterilization after this
7	Male died
8	Male (16yrs)
9	Male died
10	Female (13yrs)
11	Miscarriage
12	Miscarriage
	Had to get hysterectomy done after 'permission' from block officials.

Findings

- 56% women aged 15-49 years had BMI below 18.5, double of state NFHS 4 average.
- Among under-five children, 55.5% were underweight, 1.5 times of state NFHS 4 average.
- Average no. of pregnancies= 4.41 (±2.61)
- Average no. of living children= 3.12 (±1.77)
- 61% women had four or more pregnancies.
- 62% had experienced child/pregnancy loss atleast once.
- 48.8% had used contraceptive methods
- Of them, 82% (themselves or spouse) had undergone sterilisation. Mostly in 'camps' (70%).
- 68% had to travel to neighbouring state Madhya Pradesh to avail sterilisation. Lack of follow up post-sterilisation led to complications.
- Of those who had not yet got permanent contraception, 55% said that they wanted it.
- Forehead tattoo, the marker of identity as a Baiga, used to deny contraceptive services
- Families forced to lie about identity to access the services
- Women unable to access even temporary methods due to 'ban' and general unavailability.
- Health workers reported poor availability and training for temporary contraception methods.
- Instances of abuse and harassment by health staff
- Baiga community have been demanding the right to choose their family size




The Indian EXPRESS

Tribals want govt to scrap 1979 order denying sterilisation access

Discussion & Conclusion

Coercive policy of 'banning' or restricting contraceptives has led to further impoverishment of Baigas. High fertility poses high risk to maternal health and newborn and child survival. The policy reeks of paternalistic approach of state towards adivasis & gendered nature of family planning. It does not take into cognizance that the high mortality and malnutrition is due to loss of their land and resources, ecological destruction and displacement, among other factors Contraceptive restriction and multiple pregnancies further increases health inequities compared to other population groups. Baigas have been demanding the right to contraceptive services, denial of which is a violation of their reproductive and human rights and right to self-determination and bodily autonomy.

Contact Information

More information about the issue can be accessed at: Nandi et al (2018). Denying access of Particularly Vulnerable Tribal Groups to contraceptive services: A case-study among the Baiga community in Chhattisgarh, India. *Reproductive Health Matters*
Contact – chhattisgarh@phrindia.org

Funding

Funding: Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. IDRC's "Closing the Gap: Health Equity Research Initiative in India" project.

Update on the Action Plan to improve health services among Baiga PVTGs in Pandariya Block, Kabeerdhaam district

As reported previously, an Action Plan had been developed by PHRN and SHRC Chhattisgarh in order to improve the status of healthcare services among the Baiga community amongst whom research had been undertaken. Subsequently, NHM approved funds for the plan and made the funds available to SHRC Chhattisgarh. Currently the plan is under implementation.

Presentations

PHRN was part of the following research studies that were presented at the 14th World Congress of Bioethics, December 5-7, 2018 at Bengaluru:

Poster- "Restriction to Contraception Services a Violation of Human Rights of Baiga Community" by Deepika Joshi et al.

Oral- "Geographical inequity in availability of hospital services under the state funded health insurance scheme in a central Indian state" Sulakshana Nandi et al. Presented by Sulakshana Nandi

Oral- "Understanding health inequities in tribal communities: Reflections on some ethical issues" by Closing the Gap – Tribal Health Inequities Research Group. Presented by Sulakshana Nandi and Renu Khanna

Key Highlights of PRIDE project in Narharpur

Deepak Kumar

The PRIDE project in Narharpur conducted the 3rd batch of residential training of CVs from 26th November, 2018 to 28th November, 2018 under the aegis of PRADAN in Umradaha Cluster office, Narharpur. A total 18 Change Vectors (CVs) were trained on PB-1 module from three clusters of Narharpur - Surhi, Sarona and Umradaha. Ms. Soma Sen from the Secretariat was invited as a resource person for this training. During the three days, many issues were discussed in depth which helped in building the perspectives of SHG members on health and nutrition issues. Training materials were distributed to all the participants. Now there is a cadre of 75 CVs in the area who are conducting monthly PLA meeting in various hamlets and villages of Narharpur with the support from our mentors.

Baiga women win battle for contraceptives

Based on emails shared in MFC by Dr. Sulakshana Nandi and Dr. Yogesh Jain

In December 2018, the Chhattisgarh High Court quashed an order restricting permanent contraceptive methods for PVTGs. The Judge quashed the 1979 and the revised 2017 orders restricting access to permanent contraceptive methods for Particularly Vulnerable Tribal Groups in Chhattisgarh. The

PIL was filed by 10 Baiga women, who were suffering from not being able to access tubal ligation services in any health facility in the state, along with Harendra Sijwali from Jan Swasthya Sahyog, Ganiyari and JSA Chhattisgarh. The 10 women were part of around 40 women from their villages who chose to stand up and lend their names. The petition was curated by Rajni Soren from the HRLN. and later JSA Chhattisgarh also lent their name to the petition. after 17 hearings over the last 4 years, in which these Baiga women and the fiesty Harendra Sijwali would reach the court each time to be with Rajni, they heard the judge declare the judgment. As the judge who joined the high court of CG only a month ago, said that it took 4 years of hearings to undo a wrong committed by the state 40 years ago.

Chhattisgarh to replace Centre's health insurance scheme with universal healthcare plans

Nayantara Narayanan, Scroll.in, January 8, 2019 (edited excerpts)

Less than a month after a sweeping electoral win in Chhattisgarh, the Congress government in the state has announced its plans to replace the Modi government's national health scheme, the Pradhan Mantri Jan Aarogya Yojana or PMJAY, with a new scheme for universal healthcare.

Instead of using insurance to cover hospitalisation expenses of poor patients, the state government says it will bolster primary and preventive healthcare by strengthening public health facilities, as promised in its election manifesto.

"We are looking at universal health coverage and PMJAY offers only patchy coverage," said Chhattisgarh health minister TS Singh Deo. The central scheme will be gradually phased out over two years while the state draws up its own universal healthcare plans.

The Chhattisgarh government is now in the initial stages of drawing up new healthcare plans. It is setting up consultations with public health experts to discuss ways of giving patients access to free drugs and diagnostics, to strengthen primary and community health centres and to ensure that all public health facilities are well-staffed. An advisor to the government said that 86% of posts for specialist doctors in Chhattisgarh are currently vacant.

Explaining why the Chhattisgarh government was going to move away from PMJAY, Singh Deo said that doctors were unhappy with the package rates for the 500 new schemes in the PMJAY and were unlikely to treat patients with these conditions. The PMJAY covers about 1,300 medical and surgical procedures of which about 800 had already been covered under RSBY.

He said that the RSBY experience has shown that many hospitals refuse to treat patients who are eligible under the scheme and reimbursements to patients are refused.

He also expressed reservations patients becoming eligible for the PMJAY only if they are hospitalised, leaving them to bear the burden of the costs of diagnostics and medicines before hospitalisation.

The state government is considering launching a programme to provide free diagnostics and medicines to poor families even before it rolls out its new health scheme and while PMJAY is still running in the state. "Providing 100% free diagnostics and medication is easily doable," said Singh Deo. The budget for this is not large and will be about Rs 300 crore."

"We found that a lot of the research an experience of (insurance-based) schemes shows that the government is putting more and more money into the private sector while people who need it are not getting services or continue to have high levels of out-of-pocket expenditure," said Sulakshana Nandi, joint national convenor of the Jan Swasthya Abhiyan.

Nandi said that insurance schemes had also incentivised government doctors carrying out their private practices and unethically referring insurance scheme beneficiaries to their private clinics to benefit from payouts instead of treating them the public sector. She said it was important for the state and national government to ban private practice by government doctors but also ensure that they are remunerated better.

"We are glad that the Chhattisgarh government is reconsidering the PMJAY," she said, pointing out that models for providing free diagnostics and medicines already exist, with similar schemes being implemented in Tamil Nadu, Delhi and Rajasthan.

लोहे की कढाई से बदलाव.....एक प्रयास एनीमयिा मुक्त समाज का

यशोदा साहू, मेंटर, क्लस्टर उमरादाहा, नरहरपुर, प्राइड प्रोजेक्ट

वर्तमान समय में आदविासी क्षेत्र की ग्रामीण महलिाओं में एनीमयिा की समस्या जन स्वास्थ्य सम्बन्धी वृहत समस्या है जो कुपोषण का एक मुख्य प्रकार है। एनीमयिा शरीर में खून की कमी से होता है जसिसे महलिाओं को कई तरह की शारीरकि एवं मानसकि समस्याओं का सामना करना पड़ता है। यह समस्या पुरुषो की अपेक्षा महलिाओं में ज़्यादा होती है। इसका मुख्य कारण महलिाओं और खासकर कशिोरयिों में मासकि धर्म का आना है जसिके कारण वे बहुत सारा खून हर माह गँवा देती है और आसानी से एनीमयिा का शकिार हो जाती है। गर्भावस्था के समय यह समस्या इतनी गंभीर हो जाती है कि इससे माँ और बच्चे दोनों की जान को खतरा बना रहता है। इसके अतरिक्ति आदविासी क्षेत्र की ग्रामीण महलिाओं में एनीमयिा की समस्या ज़्यादा गंभीर होने का कारण संतुलति एवं आयरन युक्त भोजन के महत्व की जानकारी का आभाव, उचति एवं पर्याप्त भोजन पेट में नही जा पाना, ज़्यादा काम का बोझ इत्यादि भी है।

कांकेर जलि के नरहरपुर क्षेत्र की ग्रामीण आदविासी महलिाओं में भी

खून की कमी एक आम समस्या है। यहाँ पर काम करने के दौरान हमने पाया कि टीकाकरण के दिन भइ जांच कराने के लिए आने वाली गर्भवती महिलाओं में यह 7 से 11 के बीच में ही रहता है। कई टीकाकरण दिवस के दिन भी ANM ने बताया कि यहाँ की महिलाओं में यह समस्या बहुत ज़्यादा है और ANM प्रायः खून जाच कराने के लिए महिलाओं को सामुदायिक स्वास्थ्य केंद्र जाने के लिए कहती है और जटिलता की स्थिति (7 से कम होने पर) में जिला अस्पताल कांकेर रेफर कर देती है।

पीएचआरएन संस्था के साथ स्वास्थ्य और पोषण के मुद्दे पर काम करने के दौरान हमे महिलाओं में एनीमिया और इससे जुडी कई सारी महत्वपूर्ण जानकारियों का पता चला। उमरादाहा क्लस्टर के 14 गांवो में बदलाव दीदी द्वारा MM2 भोजन एवं पोषण मोड्यूल पर प्रशिक्षण देने के दौरान समूह की दीदियों को एनीमिया से जुडी बातें बताई और इससे होने वाले शारीरिक और मानसिक दुष्प्रभावों के बारे में चर्चा की गयी। प्रशिक्षण एवं चर्चा के दौरान खून की कमी को दूर करने के लिए लोहे की कढाई में सब्जी भाजी बनाने की बात की गयी जो सभी को बहुत अच्छा लगा। प्रशिक्षण में यह बताया गया की लोहे की कढाई में लौह तत्व प्रचुर मात्रा में होने के कारण यह आयरन का अच्छा स्त्रोत है और इसमें सब्जी भाजी बनाने पर शरीर को पर्याप्त रूप से आयरन मिल जाती है और खून की कमी नही होती है। साथ ही लोहे की कडाही में सब्जी भाजी बनाते समय खट्टे सब्जियों जैसे नीम्बू, खट्टा भाजी, इमली, अमचूर इत्यादि का उपयोग करना बताया। उन्होंने इसको समूह में खरीद कर बनाने के संकल्प लिया।

बदलाव दीदियों द्वारा दिए गये इस प्रशिक्षण का समूह की दीदियों पर काफी असर पड़ा और यहाँ पर सभी दीदियों ने लोहे की कढाई खरीदने की योजना अपने समूह, ग्राम संगठन और क्लस्टर संगठन के माध्यम से बनायीं। इसमें सबसे बड़ी यह समस्या सामने आई की लोहे की कडाही स्थानीय बाज़ारों में उपलब्ध ही नही थी। इसके लिए ग्राम कशिनपुरी और लिवापहर के ग्राम संगठन के अध्यक्ष दीदियों ने बर्तन बेचने वाले दुकानदार से बात की और उन्हें नरहरपुर के बाज़ार में उपलब्ध कराने को कहा। साथ ही साथ दोनों ने मिलकर अपने ग्राम संगठन के लिए 50 कढाई का आर्डर भी दे दिया। काफी मुश्किलों के बाद लोहे की कडाही नरहरपुर के स्थानीय बाज़ार में उपलब्ध हो पायी है और अब स्थिति यह है की नरहरपुर के लगभग सभी बर्तन दुकान वाले इसको रखना शुरू कर दिए है। दुकानदारों से बात करने के बाद यह भी सामने आया की नरहरपुर में लोहे की कढाई की मांग काफी बढ़ गयी है और यह मांग इतनी ज़्यादा है कि दूकान वाले पूरा नही कर पा रहे। बाज़ार के दिन जितना भी कढाई लाते है वो सारे समूह वाली दीदियाँ 20-25 करके ले जाती है।

अभी तक उमरादाहा क्लस्टर के कशिनपुरी गाँव में ग्राम संगठन के माध्यम से 30 कढाई, बनसागर गाँव में ग्राम संगठन के माध्यम से 10 कढाई, रशिवाडा गाँव में ग्राम संगठन के माध्यम से 20 कढाई, लिवापहर गाँव में समूह के माध्यम से 30 कढाई, आंखहिर्रा गाँव में बदलाव दीदी के माध्यम से 10 कढाई ख़रीदा गया है। इसके अतिरिक्त भी व्यक्तिगत रूप से कई दीदियों से इसे ख़रीदा है लेकिन इसकी जानकारी नही प्राप्त हो सकी लेकिन इसका उपयोग करना शुरू कर दिया है। कशिनपुरी ग्राम संगठन में इस विषय पर चर्चा करने पर ग्राम संगठन अध्यक्ष द्वारा यह चर्चा की गयी की कशिनपुरी गाँव में हर घर में लोहे की कढाई में सब्जी बनाना सुनिश्चित करेंगे और गाँव को एक मॉडल गाँव बनायेंगे। इस सम्बन्ध में उमरादाहा क्लस्टर संगठन मीटिंग में भी इस विषय पर चर्चा की गयी और क्लस्टर संगठन ने इसमें अपनी रुचि दिखाते हुए अपने क्लस्टर की सभी ग्राम संगठनो के अध्यक्ष और सचिव को लोहे की कढाई के बारे में चर्चा करने के लिए अपने अपने ग्राम संगठन में कहा है एवं इसे उमरादाहा स्थित बिहान बाज़ार (छत्तीसगढ़ राज्य आजीविका मिशन के अंतर्गत संचालित) के माध्यम से क्लस्टर अंतर्गत समूह की सभी दीदियों को उपलब्ध कराने को कहा है।

इसके अतिरिक्त लोहे की कढाई को लेकर उमरादाहा क्लस्टर क्षेत्र में एक बदलाव यह भी नज़र आ रहा है की लगभग सभी आंगनवाडी केन्द्रों में लोहे की कढाई में सब्जी बनना शुरू हो गया है। शासन के माध्यम से सभी आंगनवाडी केन्द्रों में लोहे की कढाई उपलब्ध करायी गयी थी लेकिन काला हो जाने के कारण उसमे सब्जी नही बनाया जाता था। लेकिन अब सभी को इसका महत्व पता चल जाने के कारण लगभग सभी आंगनवाडी केन्द्रों में इसका उपयोग प्रतिदिन सब्जी भाजी बनाने के कामो में किया जा रहा है।

लोहे की कढाई में खाना बनाने पर अपने अनुभवों को बताते हुए कई गांवो की दीदियों ने बताया कि इसमें सब्जी बनाने से कुछ सब्जी काली हो जाती है जैसे केला, मुनगा, पालक भाजी, चना इत्यादि। कई दीदियों ने यह भी बताया की इसमें खाना जल्दी पक जाता है और इसका स्वाद भी अच्छा लगता है। लोहे की कढाई में सब्जी बनाने पर दीदियो को सबसे बड़ी समस्या यह लगी कि इसमें सब्जी बनाने के बाद इसको धोना और साफ़ करना काफी मुश्किल होता है।

हमारे इस प्रशिक्षण का प्रभाव इस रूप में भी देखने को मिला कि जिन जिन घरो में दीदियों ने लोहे की कढाई ख़रीदा है और यदि उनके घर में कोई सगे सम्बन्धी भी आये है तो वे उन्हें भी लोहे की कढाई दे कर भेज रहे है। जैसे ग्राम कशिनपुरी की योगिता जैन ने बताया कि जब उसकी ननद उनके घर उससे मिलने आई तो उन्होंने अपने ननद को लोहे की कढाई के बारे में बताया और उन्हें एक कढाई भेंट के रूप में देकर इसमें सब्जी भाजी बना कर खाने को कहा। इसी प्रकार बनसागर गाँव में फूलो बाई सिन्हा ने भी अपने बहनोई को लोहे की कढाई भेंट में दी।

अभी भी काफी गाँव ग्राम संगठन के माध्यम से लोहे की कढाई खरदीने की योजना बना रहे है लेकिन उनके गाँव से नरहरपुर दूर होने के कारण और पैसे का इंतजाम करने में देरी के कारण उन्हें दिक्कत हो रही है। इसके बावजूद भी समूह की दीदियाँ इन दिक्कतों से जूझ कर लोहे की कढाई खरीद कर अपने परिवार को एनीमिया मुक्त करने के संकल्प पर कायम है।

NUTRITION NEWS

ISKCON-run NGO refuses to follow Karnataka order to include onion, garlic in mid-day meals

Sylvia Karpagam & Vandana Prasad

The Akshaya Patra Foundation, which has been providing mid-day meals to 4.43 lakh school children in Karnataka, has refused to sign a memorandum for 2018-'19 following a directive by the state government to include onions and garlic in the food prepared for the meal, based on recommendations from the State Food Commission.

This is not the first time that the Foundation has refused to follow recommended nutritional guidelines in the government scheme. The NGO had earlier refused to provide eggs in the meal saying it can only provide a satvik diet – a diet based on Ayurveda and yoga literature.

The Foundation, an initiative of the International Society for Krishna Consciousness or ISKCON, has a religious prerogative of "advocating a lacto-vegetarian diet, strictly avoiding meat, fish and eggs" and considers onions and garlic in food as "lower modes of nature which inhibit spiritual advancement".

Akshaya Patra, which claims to supply mid-day meals to 1.76 million children from 14,702 schools across 12 states in India, has flouted these norms from the beginning of its contract, failing to cater to children from disadvantaged communities, almost all of whom eat eggs and are culturally accustomed to garlic and onion in food.

Civil society organisations, parents and children in many states have demanded eggs in the mid-day meal provided by Akshaya Patra. The Foundation has openly flouted an National Institute of Nutrition directive making eggs mandatory in mid-day meal in Andhra. The National Institute of Nutrition recommends consumption of at least three eggs per week for children. In Rajasthan, Akshaya Patra claimed that eggs are "not permissible" in the meal.

Any religious organisation has the right to promote or oppose certain food beliefs. However, in this instance, these beliefs contradict a secular government's mandate as well as nutritional guidelines by scientific bodies like the National Institute of Nutrition and the Indian Academy of Pediatrics. It also impinges on food rights of the majority of children attending government schools who are often from marginalised communities and suffer poor nutrition.

Rights-based campaigns have maintained the position that mid-day meals should be locally prepared, culturally relevant and should not provided through a centralised agency, especially one that applies religious sanctions on food.

The mid-day meal scheme, which is officially known as the National Programme of Nutritional Support to Primary Education, was launched in August 1995 to boost universalisation of primary education, while improving nutrition levels of children. The scheme simultaneously lays emphasis on providing cooked meals with minimum 450 calories, between eight and 12 grams of proteins and adequate quantities of other nutrients. The National Food Security Act, 2013 made the mid-day meal upto Class VIII a legal right.

An interim order of the Supreme court on April 20, 2004 further mandated that "in appointment of cooks and helpers, preference shall be given to Dalits, Scheduled Castes and Scheduled Tribes." According to mid-day meal scheme guidelines "meals should be made varied, interesting and wholesome as no single vegetable, fruit or grain contains all the essential nutrients, to "ensure that children eat well throughout the week". These guidelines have been formulated in consultation with the local community, school management committees, women's self help groups and nutrition experts.

Different groups have complained about the taste of food being compromised by the absence of onions and garlic. In Mangalore in Karnataka, mid-day meal scheme workers have protested against Akshaya Patra supplying the meal because of the exclusion of garlic and onion. The Chandigarh education department found food made by ISKCON without onions and garlic was unpalatable for students and the mid-day meal contract was not given to the organisation.

Flouting guidelines

A report by the Comptroller and Auditor General of India submitted to the Ministry of Human Resource Development in 2015 found that 187 test samples of meals prepared by ISCKON failed to meet prescribed standards, with negative feedback from 75% children and teachers. ISKCON had also utilised lower quantities of food grains than the prescribed 100-150 grams for one meal. Children eating these meals were, on an average, consuming only around 40 grams – far less than what is ideal for their age. It is common knowledge that a tasty meal, which is very much dependent on what a child is culturally and socially accustomed to, ensures that children eat better.

The 2017 revised guidelines for engagement of civil society organisations in the mid-day meal scheme states that "operation of centralised kitchen should be entrusted to CSO/NGO with local presence and familiarity with the needs and culture of the State". The organisation should also make a commitment to abide by the scheme guidelines issued by Ministry of Human Resource Development, be willing to work with Panchayat Raj institutions and municipal bodies in accordance with relevant guidelines of the state government, should not discriminate in any manner on the basis of religion, caste and and creed and should not use the program for propagation of any religious practice.

The committee on the Welfare of Scheduled Castes and Scheduled tribes,

2013 on prevention of untouchability in mid-day meal schemes affirmed that the meal be cooked locally in the school premises, and also raised concerns about "unauthorised and illegal collection of donations or contributions by ISKCON and Akshaya Patra from public in India and abroad" for the government-sponsored scheme.

Keeping in mind the mandate of the scheme, the government is well within its rights to terminate its contract with Akshaya Patra by giving a 30 days notice. Eggs should be mandatorily supplied to children of communities that are accustomed to eating them, and mid-day meals should be prepared locally in accordance with nutritional norms and cultural preferences rather than than the diktats of a religious organisation. Food is a basic human need that fulfils many social functions beyond nutrition. The current top-down approach to decisions made for what food communities should receive from supplementary programmes is both paternalistic and creates major bottlenecks in the success of these programmes.

(Reproduced from Scroll.in, Friday, January 11th 2019)

More starvation deaths

From Right to Food Updates

In November 2018, a fact-finding team from the Right to Food and Work Campaign, West Bengal, went to investigate the deaths of seven persons from the PVTG Sabar community. According to the community, the deaths were due to starvation. The team found that the families were getting less than the entitlement of 35kg. of rice under AAY; most of the families subsisted on just rice consumed twice a day, with hardly any vegetables, fruits, eggs, milk and meat in their diet. Many of the elder persons were not getting their old-age pension, and Aadhaar was proving to be a serious impediment in accessing food and services. The villagers told the team that the police had forcibly arrested the sick persons, without the knowledge or permission of the health department; in fact, the police had followed the fact-finding team to the village. The officials attributed the deaths to liver diseases due to alcoholism rather than starvation.

At least three more persons died of starvation in Jharkhand in November and December, 2018, taking the total number of hunger deaths in the state to 17, since September 2017. The death of 45-year old Kaleshwar Soren was due to hunger and destitution brought about by the cancellation of the family's ration card as it was not linked with Aadhaar. The other two deaths were again due to the denial of pension and food entitlements.

Despite the numerous starvation deaths report, The Ministry of Consumer Affairs, Food and Public Distribution have said that the Central government does not know about any starvation deaths taking place in the country. This statement was made in a reply to a question in the Lok Sabha on Dec 18, 2018.

Nestle in the docks for violating IMS Act

Swiss food giant Nestlé is under the lens for allegedly influencing doctors to recommend its baby products, including infant milk powder, to parents.

Following a complaint by NGO Breastfeeding Promotion Network of India (BPNI), the Ministry of Health & Family Welfare is looking into the claims and has also forwarded the matter to the Union Ministry of Women & Child Development (WCD), which is responsible for promoting breastfeeding in India.

The complaint is about an event organised by Switzerland-based Nestlé Nutrition Institute, a research body affiliated with Nestlé, in October last year, which BPNI claimed was an industry-supported meeting intended to influence doctors into prescribing their baby food.

"We have forwarded the complaint to relevant authorities and have been checking the complaint internally too," Preeti Sudan, secretary, Ministry of Health & Family Welfare, told ThePrint. "Once we get the confirmation on the alleged violation, we will take strict action."

In a letter dated 12 December, accessed by ThePrint, the Health Ministry asked Dr Rajesh Kumar, the joint secretary for Women & Child Development Ministry, to take "necessary actions" in the matter.

The allegations of Nestlé influencing doctors in violation of law have come to light days after the Supreme Court revived the central government's class-action suit against the company over the alleged breach of food-safety standards in the manufacture of its wildly-popular Maggi instant noodles.

The Nestlé Nutrition Institute has denied the allegations, claiming that the programme was just meant for knowledge exchange.

Kerala slips in 'baby-friendly' status

Shyama Rajagopal (Edited excerpts from The Hindu, December 16, 2018)

Kerala, which topped the list in exclusive breastfeeding and thus in the list of "baby-friendly states" in 2002, is now at 9th slot. The current topper is Chhattisgarh.

As per the NFHS III figures, the state occupied the ninth position, with exclusive breastfeeding for newborns at 56.2%. In NFHS IV, the health indicators show a further decline, touching 53%. Across India, the figure is 46.4%.

M.K. Santhosh, president, Indian Academy of Paediatrics, Kerala, said only 45% of neonates get breastfed within the first hour. Paediatricians across the State fail to give mothers the confidence to feed the baby only

breast milk for the first six months, said Balachandar D., secretary, IAP, Kerala.

As exclusive breastfeeding has come down, the sale of breast milk substitutes has gone up in Kerala. Industry sources say the top three companies in the formula feed market are doing a monthly business of at least □5 crore. There had been a steady growth in sales of about average 6% over the last five

Riaz I., associate professor, Thiruvananthapuram Government Medical College, a past secretary of IAP, Kerala, says the whole pre-natal and post-natal care team needs to be involved in motivating mothers and making the family aware of the importance of exclusive breastfeeding. Only 27% deliveries are happening in government hospitals, where there is exclusive breastfeeding is promoted. Hence, unless the private sector gets involved, awareness creation among most mothers will not happen.

PHC doctor grows organic crops for his patients

Adapted from the Logical Indian, December 28th, 2018

Every Tuesday, nearly 50 pregnant women come to the PHC at Perayurani Taluk, Thanjavur district, Tamil Nadu, for check-ups, and those who cannot come to the PHC receive a regular door-to-door check-up. They also get food rich in calcium, protein and minerals that are prepared from the organic garden of Dr. V. Soundarajan, the MO at the PHC. The women are often taken to his organic garden, where he is growing leafy vegetables, rearing cows and hens for milk and eggs, to show them how nutritious foods can be grown at low cost. The output is distributed among the women. He caters to 50 women per week, 200 women per month and from August 2017, he has helped 3,400 women with the help of employees from rural PHCs.

Dr. Soundarajan aims to build community awareness about the need to manage anemia, lack of calcium and protein, especially during pregnancy, as they can lead to maternal mortality and also negatively impact infant health.

He has also constructed a walking track and built a park for children to encourage physical activity to prevent obesity and non-communicable diseases like heart attack, stroke and diabetes.

Dr. Soundarajan rears cows and hens for milk and eggs

MATERNITY ENTITLEMENT

Ministry of Labour and Employment holds itself unaccountable to the unorganised sector for maternity entitlements

Two years ago, Dr. Vandana Prasad filed an RTI on Ministry of Labour & Employment. The following are some of her key questions on which she sought information:

- Number of the construction workers, domestic workers and women workers in the informal sector who have received maternity benefits in the last five years;
- What percentage of female workers are engaged in the unorganized sector;
- How are the proposed amendments of the maternity benefits act likely to cover women working in the unorganized sector;
- Status of implementation of the Unorganized Workers Social Security Act, 2008

Since, no information was received, she approached the Central Information Commission (CIC).

The CIC in its final decision had recommended that the Ministry of Labour and Employment "under Section 25(5) of the Act … take necessary steps in formulating the statistics pertaining to construction workers, domestic workers and women workers in unorganized sector for promoting transparency, accountability and conformity." The list was to be put up on the website within 90 days.

In response, the Organization of Chief Labour Commissioner (Central) has stated that it does not maintain data on the number of, or maternity benefits given for construction workers, domestic workers or women working in the unorganized sector, nor on the implementation of the Unorganized Workers Social Security Act 2008,

as these do not come under its purview. There is also no information on the allocation or utilization of any funds for this purpose. Refusing to accept any accountability for this lack of data, the RTI reply said that it was responsible only for inspection and follow-up actions under the Maternity Benefit Act and Maternity Benefit rules for mines and circus establishments.

Following this, PHRN and the Right to Food Campaign organized a workshop on 10th January 2019 to discuss the existing legal framework, share the result of state-level surveys, and identify campaign strategies. These include creation of ground-level awareness and demand for universal and unconditional maternity benefits, advocacy with political parties to include maternity benefits in campaign manifestos, and using legal action where suitable.

Kerala High Court upholds maternity entitlements for contractual workers

Kerala High Court reaffirmed that even contractual employees are entitled to Maternity Benefits. Laws in India allows every working pregnant woman certain benefits such as paid leave of absence from work for a fixed period of time to look after new-born babies before and after their birth. Learned Single Judge of Kerala High Court, Justice A Muhamed Mushtaq relied on two judgments to come to this conclusion, namely, Mini v. Life insurance Corporation of India and Rakhi P.V& Ors. v. State of Kerala. In Rakhi's case, it was clearly held "that a woman employee cannot be denied maternity benefits merely because her status is of a contractual employee. Therefore, the University is bound to grant such benefits notwithstanding anything contained in the agreement of contract."

Furthermore, the Judge also said that "The maternity benefit is not merely a statutory benefit or a benefit flowing out of an agreement. This court consistently held that it is attached with the dignity of a woman. A woman cannot be compelled to choose between motherhood and employment."

Economists write to Finance Minister to improve state of maternity benefits in 2019 Union budget

Sixty economists from across the country have written to finance Minister Arun Jaitley, asking him to ensure that social security pensions and maternity benefits get adequate attention in the Union Budget 2019. They argue that they had made a similar "modest" request before the 2018 Budget, but it went unheeded. This was the follow-up to the campaign letter of 20 December 2017, where Right to Food Campaign tried to flag two priorities for the next Union Budget: an increase in social security pensions, and adequate provision for maternity benefits. Since both proposals were ignored, they have written again, well in advance of the next Budget, with the same recommendations.

NEW READINGS

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- "Health Inequities and health of tribal communities in India" Research Team. (2018). Historical exclusion, conflict, health systems and Ill–health among tribal communities in India: A synthesis of three studies. Closing the gap: Health equity Research Initiative in India. Trivandrum: AMCHSS, SCTIMST.
- Nandi S., Schneider H., Garg S. (2018). Assessing geographical inequity in availability of hospital services under the state-funded universal health insurance scheme in Chhattisgarh state, India, using a composite vulnerability index. Global Health Action. 11:1.
- Emily M., Madana, Jere D,.Haas, Purnima Menon, Stuart Gillespie. Seasonal variation in the proximal determinants of undernutrition during the first 1000 days of life in rural South Asia: A comprehensive review. Global Food Security. Volume 19, December 2018, Pages 11-23. https://doi.org/10.1016/j.gfs.2018.08.008
- Mohammad MahbuburRahman, SaseendranPallikadavath (2018). How much do conditional cash transfers increase the utilization of maternal and child health care services? New evidence from Janani Suraksha Yojana in India. Economics and Human Biology. Volume 31, September 2018, Pages 164-183. https://doi.org/10.1016/j.ehb.2018.08.007

STAFF NEWS

The following staff have joined PHRN:

DELHI PHRS office:

Ms Saman Zaman - Programme Coordinator (Under APPI programme)

Mr Manojit Biswas - Deputy Director

Ms Madhulika Masih - Consultant - National Programme Coordinator (Under PRIDE programme)

Rayagada PMU office:

Mr Sanjeeb Kumar Nayak - Project Manager: Community Mobilization and Livelihood (Under APPI programme)

Ranchi PHRS office:

Mr Ramakant Singh- Consultant (State Programme Coordinator) (Under FAAM programme)

OBITUARY

Dr. Amit Sengupta, founder member and Convenor of People's Health Movement, National Convenor of Jan Swasthya Abhiyan and editor of Global Health Watch, passed away in a swimming accident off the cost of Goa on 28th November 2018. Reproduced below is the tribute paid to him and his work by the Peoples Health Movement.

It is with extreme sadness that we announce the passing away of our dear comrade Dr. Amit Sengupta, a beloved colleague, friend, mentor and activist. Amit passed away on 28 November 2018, in a swimming accident in Goa, India.

Amit was a founding member of PHM at its creation in 2000 in Savar, Bangladesh.

Trained as a medical doctor, Amit dedicated his life to the struggle for universal access to health, and worked on issues related to public health, pharmaceuticals policy and intellectual property rights. He led several research projects in the area of public health and medicines policy, and was associated with several civil society platforms and networks, including the All India People's Science Network. He was the Associate Global Coordinator of People's Health Movement (PHM) and coordinated the editorial group of the Global Health Watch and the WHO Watch. He was the Co Convenor of Jan Swasthya Abhiyan (JSA), the Indian Chapter of PHM. He wrote regularly for journals and newspapers across India and the world.

Amit played a key role in the recently concluded People's Health Assembly in Dhaka where more than 1400 people from around 73 countries came together to share their struggles and plan for coordinated action for health and social justice.

Amit brought his enormous political, organisational and leadership capacity to PHM. We were privileged to have him as a co-traveller. He leaves us a wonderful legacy: the magic of his life, his intelligence, warmth, honesty, joy, wry humour and his steadfast commitment to a just and equitable world.

The untimely demise of this special comrade and friend is an irreparable loss to all of us personally, Amit's family and for the broader health movement globally and in India. We offer our condolences and solidarity to Amit's wife Tripta and son Arijit. PHM and JSA will continue to carry forward Amit's vision of strengthening the public health movement towards health for all.

Thank you comrade Amit.

Adios, Red Salute, Laal salaam!

Long Live Amit Sengupta!

People's Health Movement Steering Council and Global Secretariat

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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

Whereas PHRN is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards 'Health for All' by creating capacities and engaging with the public health system, Public Health Resource Society (PHRS) is the core group that has initiated the network. PHRS is a national level organization that is registered in Delhi under Societies Registration Act 1860 (Act XXI). It comprises of a small group of members and full timers that provides leadership to the network as well as functions as its secretariat.

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