



# PHRN NEWSLETTER

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The last three months of 2019 has seen defusing of a crisis situation in PHRS, transitions in human resources, the appointment of a new Secretary and Executive Director, as well as of a new Convener. The new Executive Director, Ms. Rupa Prasad has very kindly

agreed to take on the task of writing the editorials for this and future issues. Wishing that 2020 brings us closer to our goal of achieving Health for All through the promotion of public health, social justice and human rights.

Radha Holla

## FROM THE ED'S DESK

Dear Readers

Happy 2020!

We at Public Health Resource Network believe in strengthening technical and management capacities to take action to achieve "Health for All". The efforts taken by members and individual in the institution contribute to the promotion of health services delivery, mostly in the underserved areas. We work on issues which are relevant and apt. Since more than four decades, even though the governments have been committed to address the issue of malnutrition through several programmes, these initiatives have not been able to achieve the desired results. The current initiative taken by the Government of India known as the POSHAN Abhiyaan aims to synergise all the efforts by leveraging technology to achieve the desired goals and intends to convert nutrition agenda into community action.

Launched in March 2018, the programme, through use of technology, a targeted approach and convergence, strives to reduce the level of stunting, under-nutrition, anaemia and low birth weight in children, as also, focus on adolescent girls, pregnant women and lactating mothers, thus holistically addressing malnutrition. The programme aims to ensure service-delivery and interventions by use of technology and behavioural change through convergence. It has laid down

specific targets to be achieved across different monitoring parameters over the next few years. To ensure a holistic approach, all the 36 States/UTs and districts are being covered in a phased manner. More than 10 crore people are expected to be benefitted through this programme.

Inspired by the approach, much of our intervention focusses on engaging with community to catalyse change and achieve the desired outcome. We are closely working with the community and promoting actions through community leaderships and governance. Our interventions include rural crèches to improve nutritional status of children in Odisha, mobilising change through women self-help groups by creating change vectors for nutrition outcome in Jharkhand and public health and nutrition system strengthening with focus on 1000 days in Chhattisgarh which have enabled changes by instilling process level interventions to achieve long term sustainable changes.

This edition of the newsletter aims to give the reader an insight to our work and also to enable thinking around the importance of community actions and leadership to achieve the desired results. We hope that the articles/stories will provide an enriching perspective to you as readers. We would also like to hear from you about your experience to enable an environment for cross learning.

Happy reading!

## IN THIS ISSUE

Editorial	1
News from the Secretariat	2
<i>9th Annual General Body Meeting Transforming economies for better jobs</i>	
<i>Panel discussion on Ayushman Bharat</i>	
<i>Advancing child care agenda PHRS transitions</i>	
News from Jharkhand	5
<i>Workshop on health and nutrition Stories of change</i>	
<i>Case studies from Gumla PRIDE project</i>	
<i>Case studies from Gola block</i>	
News from Chhattisgarh	7
<i>Updates</i>	
<i>Highlights of PRIDE project in Narharpur</i>	
<i>Case studies</i>	
<i>PRIDE project ends in Narharpur block</i>	
<i>Public Health Ethics Workshop in IIT Bombay, Mumbai</i>	
News from Odisha	10
<i>A special meeting at Rodang on Gender &amp; Women health issues</i>	
Maternity Entitlements	10
Nutrition News	12
<i>Childrens Right to Food One Nation, One Ration</i>	
New Readings	12

## NEWS FROM THE SECRETARIAT

Aditi Hegde

### 9th Annual General Body Meeting

The 9th General Body Meeting of Public Health Resource Society (PHRS) was held on 18th November 2019 at PHD Chamber of Commerce and Industry, Siri Institutional Area, New Delhi. 41% of the General Body members were present, fulfilling the criteria of quorum. Dr. Suranjeen, chairing the meeting as President of the Board, welcomed all members present. The members approved and ratified the minutes of the previous Governing Board Meeting and approved and accepted the action from the previous minutes. The current Secretary reported on various financial and organisational issues including the processes to facilitate change in leadership and the forensic audit held in May, 2019 on account of some financial mismanagement in the period 2013-2019.

After discussion, the following decisions were taken/approved:

1. Ms. Rupa Prasad will take over as Secretary and Executive Director (ED), PHRS from the 1st of January 2020. Handing over formalities for the ED will be conducted by the current Secretary and ED, Dr. Vandana Prasad, between Jan-March 2020.
2. Mr. VR Raman will take over as National Convener, PHRN from the 1st of January 2020. Handing over formalities will be conducted by the current Secretary and ED, Dr. Vandana Prasad, between Jan-March 2020.
3. The ED will be supported by an Executive Committee as previously, which is to meet physically/virtually every two months and expanded as below:

- Dr. Madhurima Nundy
- Dr. Dipa Sinha
- Dr. Sulakshana Nandi

- Mr. Thomas Mathews

- Mr. V. R. Raman (invited member)

#### **Treasurer's Report**

The financial report was presented by the Treasurer, Mr. Thomas Mathews. The audited report of the financial year 2018-2019 was presented and approved.

The General Body appreciated the work that had been done by the Accounts team during a crisis faced by the organisation. It was recommended that the financial and accounting processes of the organisation need to be further strengthened. The finance team (Advisor + ED) would need to create a finance manual and SOPs for the organisation to further detail and document the changes that have been instituted in the year 2019-20 and take them further.

#### **Programme Update:**

Updates for the following programme were given by the respective team members:

- Mainstreaming of Creches to reduce Malnutrition in Odisha (PI: PHRN-APPI)
- Partnership for Rural Integrated Development and Empowerment (PRIDE: PHRN- TRI consortium)
- Facilitating Action Against Malnutrition (FAAM: PHRN-PRADAN consortium)
- Building ownership and momentum for effective implementation of SDG2 (PHRN-NFI consortium)
- Tejaswini Programme, Jharkhand (PHRN-IGS consortium)
- Reducing Inequality in Health Care in Chhattisgarh (PHRN-Oxfam



India)

Life Membership: those life members who have completed 10 years of tenure require their membership to be renewed and should be requested to pay membership fees again.

Dr. Mekhla Krishnamurthy will be requested to join the Governing Board and General Body. Dr Suranjeen will write to her to formalize her induction.

Dr. Vandana Prasad will continue to be associated as Technical Adviser and in any other capacity as needed.

The meeting ended with thanks to the President.

#### **Transforming economies for better jobs**

Dr. Priyanka Chatterjee from Public Health Resource Network, Delhi team presented a poster on "Employment and Determinants of Participation of Females in Rural West Bengal" in a conference on "Transforming economies for better jobs". The conference, held from 11th - 13th September 2019 in Bangkok, Thailand, was jointly organized by United Nations University - World Institute for Development Economics



## PHRS Transitions



Research (UNU-WIDER) and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

### Panel discussion on Ayushman Bharat

In early October 2019, Dr. Vandana Prasad participated in a panel discussion on the status of Ayushman Bharat Scheme. The other panelists included Shree V.K. Monga, Chairman, Hospital Board of Indi, IMA and Shree Nandkishore Garg, BJP. The discussion was aired on Swaraj Bharat News Channel.

### Advancing the Childcare Agenda - A Brief Report

*Elasha Bose*

PHRN in collaboration with the National Foundation for India (NFI) organized a half day consultation on childcare as an essential intervention in early childhood care and development, with special reference to nutrition, and women's empowerment. The consultation on "Advancing the Childcare Agenda" was held at the India International Centre on 5, December, 2019. Key senior officials from the Government, NITI AYOOG, UN, practitioners, domain experts, and civil society organisations attended this event, which focused primarily on the need for childcare services to combat malnutrition and ensure health of

infants and young children.

The following recommendations comprised a running theme throughout the consultation and were broadly endorsed:

1. Childcare as an Essential State-run Service: the government must acknowledge childcare as an essential service which is to be publicly financed and publicly provisioned and made universally available, just as other health and educational services. The following recommendations are for immediate steps towards progressive realisation of this vision.
2. Anganwadi Services: Anganwadi cum Crèche which has been recommended in various plan documents needs to be

implemented. It can be launched in 25% of all anganwadis, with a priority being given to anganwadi centres in tribal areas and urban poor areas. Provision of anganwadi cum crèches under ICDS will require additional budget, additional human resources with suitable training and remuneration for 8 hours of responsible work; attention to space, infrastructure and equipment.

3. Crèches under the MG-NREGA: The provision for a crèche at all NREGA worksites, as provided for under the Act must be implemented. Particular attention needs be paid so that women can avail of employment opportunities as well as have a safe place to leave infants where their basic needs are addressed. Convergence may be

Name	Designation
<i>The following persons have transitioned from PHRS</i>	
Dr. Ganapathy Murugan	Ex- Executive Director
Mr Sunandan Kumar	Ex-Sr. Accounts Officer
Ms. Kandala Singh	Ex- Consultant
Dr. Priyanka Chatterjee	Ex- Sr. Programme Coordinator
Mr. Tapas Mohapatra	Ex- Sr. Accounts and Administrative Officer
Mr. Suniram Soren	Ex-Mentor, Poreyahat
Ms. Khusbhu Devi	Ex-Mentor, Poreyahat
Ms. Anita Devi	Ex-Mentor, Poreyahat
<i>The following persons have joined PHRS</i>	
Ms. Suchandra Nag	Management and Executive Assistant
Mr. Mukesh Kumar Behera	District Coordinator, Kalahandi
Mr. Prasanna Kumar Nayak	Block Project Coordinator, Kalahandi
Mr. Rushimani Gahir	Accounts and Logistics Officer, Kalahandi
Mr. Rajmani Bhaskar	Consultant
Ms. Shanti Devi	Mentor, Torpa
Ms. Sandhya Ekka	Mentor, Torpa
Ms. Vinita Tigga	Mentor, Torpa
Mr. Maksudan Teta	Field Coordinator
Ms. Bhartee Yadaw	Accounts Officer



achieved with AWC-cum- Crèches to maximize investments in both NREGA Schemes and ICDS.

4. National Creche Scheme: The above would be in addition to the crèches being provided under the National Crèche Scheme. The Scheme should be implemented by the State rather than be completely dependent upon NGOs for implementation. NGOs may offer technical support for capacity building, monitoring, quality control, etc.
5. Industry-linked Crèches: Policy directions must be issued for compliance and implementation required under labour laws. Labour Welfare Boards as under the Building and Construction Workers Act, 1996, need to be brought in as players for providing crèches. They can draw on Cess Funds, use Crèche Workers certified and trained by NIPCCD, NGOs, ICCW etc. and develop a cell for initiating crèches for workers.
6. Flexible Models of Day-care: Financial support is required for flexible models of childcare

arrangements to be delivered and managed by a range of players such as mahila mandals, labour unions, self help groups, co-operatives, etc., who can meet the need-based day-care requirements for women in diverse occupational groups in diverse regions. This will permit flexibility in timings and need-based inputs as opposed to fixed budget components. Also support should be provided to local women who are willing to be trained for running home-based crèches. This is an additional strategy for enlarging the coverage of children in need of childcare services. The national crèche scheme itself should be re-imagined to allow for these different models of crèches to be possible, based on the need and context in different locations.

7. Financial Strategies: Additional resources will be required to increase coverage of childcare by all the above strategies. A cess could be levied on industry which will go to build up a Childcare Services Fund, which can provide national support to developing a network

of crèches across the country, and support for training of personnel, data collection and evaluation etc. Funds should ideally be devolved to panchayats and local bodies to provide an appropriate decentralised mechanism of financing and monitoring.

8. Maintenance of Quality: Quality standards based on non-negotiable guidelines to set up, run, manage and monitor crèches/ childcare centres must be developed and adhered to across all models and forms of childcare centres as determined above. These standards must meet the integrated health, nutrition, stimulation and early education, safety and

protection, parental support and community engagement needs of children, in a holistic, age appropriate and locally relevant manner. Appropriate financial support and capacity building must underline the processes of making standards realisable. A phased approach for progressive realisation needs to be set up for existing facilities, with requisite support.

9. Community Participation: Setting up systems and structures such as local crèche committees for community participation, decentralised management and supportive supervision is essential for the smooth functioning of childcare services. These systems also enable myriad advantages by enhancing the capacities and skills of parents and communities for childcare.

To ensure inclusion, given the multiple conditions under which women work, the crèches/childcare centres must not have any eligibility criterion related to women's employment or poverty level and must be open to all children.



## NEWS FROM JHARKHAND

### Workshop on health and nutrition

A two-day workshop on Health and Nutrition was organized by Sama - Resource Group for Women and Health for tribal women in Mandar block of Ranchi district on 13th and 14th November 2019. Dr. Aditi Hegde was engaged as a resource person to conduct sessions on overview of food, nutrition and food security, rights

and entitlements, and community-based monitoring. The workshop was conducted using discussions, picture cards, activities, and simulations. Discussions revolved around the experience of the participants in attaining an adequate level of health and nutrition as well as the difficulties they face in doing so. Held at the BDO office of Mandar block, the workshop was attended by over 45 tribal women from nearby villages.

### Stories of change

The following are two stories of women from the PRIDE project who have effected significant transformations in their lives after receiving training from PHRN. Sumanti Murmu has complete PB1 and PB2 training.

#### Monu Mal's story

*Village Gamra, Panchaya Gandrakpur, Name of SHG group – Radhe-radhe*

Johar to everyone!

I live in Niche Tola of Gamra Village. I received training from PHRN in December 2019. Following this, wanting to incorporate tri-colour food in my family's daily diet, I went to the local Hatiya held every Friday in Gandrakpur and bought some seeds of different kind of vegetables for kitchen garden like brinjal, chilli, tomato and also papaya seeds, all of which were worth Rs.50. I decided to sow the seeds in front of the washing place of my home, and which would ensure tri-color food in our daily meal. Now, I make dishes like dal with vegetables and my family is consuming tri-colour diet.

From the training in Kukurtopa on health and nutrition, I got to know about benefit of using iron utensils. I have since bought an iron kadahi and now I am cooking in it. My neighbors also bought iron kadahis when they heard about its benefits. Now 10 didis of my tola are using it.

Family planning is also a matter that I have learnt a lot about from the training

held by PHRN. Though it is a very personal matter, I wish to share my experience. My son, who was 19 years old, was attending college in Raneshwar when he married a 15-year old girl. They didn't even take our consent. When they came home, I was shocked and frightened. I was thinking that what I can do. I heard about the minimum age of marriage and already knew that a young girl has many problems to face. I treated her as my daughter. I talked with her and said her that they took a very wrong decision. Soon she will get pregnant and if so, then she will face problems. I said to her, "if you get pregnant, your child will also face trouble and become malnourished".

My daughter-in-law said that though she got married she did not know anything about reproduction or contraception. I consulted the mentor and then went to the anganwadi where I met the Sebika and poshan sakhi. After hearing the entire story, they started laughing. They appreciated the fact that I was not looking for a 'pota/poti' (grandson/granddaughter) soon after the marriage. They told me that as my son and daughter-in-law were immature, as a responsible mother I had to take certain decisions to protect my family. I replied, "She is more than my daughter and as a parent I should think about their better future".

I knew that there are certain side-effects with the contraceptive pills and Copper-T. So, I suggested to

them to use condom. The Sahiya didi of Gandrakpur came to my house and gave us a packet of condoms. I gave it to my daughter-in-law and told her how to use it. I also told her how it helps in delaying pregnancies. By doing this I ensured my family's health. All my neighbours, and even the Anganwadi didi praised me lot. I am feeling very honored and happy.

#### Sumanti Murmu's story

*Village: Jamkandar*

*Name of SHG group: Jiyon Jarna*

My life has changed after getting the training on health and nutrition. I also learnt about various issues like daily food intake, antenatal check-up, etc. Now I have started cooking after washing my hands in the proper way. Then I wash the vegetables thoroughly before chopping. It helps to retain all vitamins in the green vegetables. We have a small place in front of our house, which we use as a vegetable garden. Various types of vegetables are planted in this area and we have tried to maintain it round the year.

The story was not like that few months earlier. I used to cut the vegetables first and then wash them like the other women of the village. Green vegetables were also frequently left out from daily meals as my family members did not like it. They like to eat foods from the market.

During training we were told that "khane me hara sak-sabji ka rahna joruri he; isse vitamin milta he. Sabji katne se pahle usko ache se dho lena chahiye" (*It is important to consume green leafy vegetables; it provides us with vitamins. Before cutting vegetables, it is necessary to wash them well*). I am following this now.

Further, she added "...garbawastha me prasab purb jach me ham pahle dhayan nahi diyee, mera pahla tin bachha prasab ke dowran hii mare gayee....." (crying) (*earlier we did not pay attention to antenatal care, so three of my children died during*



birth). "...Lekin is bar ham training milne ke bad anganwadi me chale gaye or sahi time me panjikan karayee, tin prasab purb jach karwaye..bachha hospital me delivery karwaye.. acche se delivery huya, bachhe ko sahi time pe dawai or sare subidha milla mujhe bhi sab kuch free me milaa" (But this time, after receiving training, I went to the anganwadi and got my pregnancy registered, received antenatal care, gave birth in an institution, got medicines and other facilities at the right time for free). "...pahle mujhe haspatal jane mein dar lagta tha..sab bolte the nurse log gali deta hee... lekin iss bar mera koi parishani nehi huyii." (Earlier I used to be scared to go to the hospital as people said that nurses insulted us, but this time I had no problems).

### Case studies from Gumla PRIDE project

Padmanava Chatterjee

**Kiran Devi, husband: Sanjay Kharia**



Four years ago, Kiran didi gave birth to her first child at home. There was no proper ANC at that time and as a result, the baby was unhealthy. When she became pregnant for the second time, a health meeting was started at her hamlet. She started attending the meeting regularly and learnt the importance of early registration, immunisation and consuming tri colour food. She registered herself at her nearest AWC and started antenatal care in proper time. Unfortunately she could not recognise the start of labour pain and suddenly gave birth her child at home, but just after delivery she went to the hospital with the help of ASHA where the umbilical cord was cut. She gave birth to a child on 10th Feb 2019 whose weight was 2.9 kg. Now both the child and mother are healthy.

#### Suganti Devi, husband: Muneswar

Village: Khursutta

Suganti was not connected with the self-help groups of her village. She did not participate in health meetings also. Coincidentally the change vector stopped conducting these meetings after micro module 3 due to low participation by the villagers.

Suganti was pregnant. She skipped three antenatal check-ups, though she took the first tetanus injection and consumed a few IFA tablets.

During her delivery she was facing pain which gradually increased and it became very difficult to give birth at home. Her family members did not want to send her hospital. So, the change vector, Rajni Kindo took the initiative and called the ASHA to admit her in hospital. The change vector stayed with Suganti, though ASHA returned back to the village after admission.

After the check-up, the doctor said that the child was dead, and referred Suganti to district hospital. The change vector took her to the district hospital and here the dead child was removed through surgery. After three days Suganti was discharged from the hospital and

returned back home with a heart full of sorrow.

After few days Suganti took the initiative with MVM didi (BLF member) to initiate a health meeting in her hamlet. During the conducting of micro module 4, Suganti cried and admitted that if she had known that bleeding is a sign of danger during pregnancy then she could have saved her child.

### Case studies from Gola Block

Kishlay Anand and Rahul Chandra

#### Early marriage cancelled

Change vector Jasho Devi, who lives in Patratu Village, Gola, belongs to a very poor family which depends on agriculture for its livelihood. Her family has 12 members including her husband and three girl children. Earlier she had arranged to get her 15 year-old daughter Suman Kumari married. Suman Kumari was studying in class VIII. However, after attending PBN3 training at Petarbar, Jasho didi realized the ill effects of early marriage and early pregnancy. She discussed this with her family, who supported her in cancelling the marriage. This year, Suman has been promoted to class IX. Jasho now plans to let her daughter finish class XII, and get her married only after she completes 18 years of age. She is also spreading awareness about the ill effects of early marriage and pregnancy in the community. During one of the health meetings, Suman Kumari thanked the mentor and told her "Didi meri shadi apki wajah se hi ruki hai, aap aise hi meri maa ko sawasth ke bare me samaj banate rahiye" (Sister, my wedding was cancelled because of you; please continue to educate my mother on health issues).

#### Menstrual hygiene

Fullo Devi is a SHG member from Dumardih, Sutari village in Gola. She belongs to a very poor family of three members - her husband and two children. She was earlier using pads during menstruation, which she dumped



in an open area.

Fullo Devi was present at one of the nutrition micro modules on menstrual hygiene, being conducted by Asha Devi, the change vector in the village. Following this, she started burning the

used pads. But her husband stopped her saying that this will affect her health. Both Fullo Devi and Asha Devi made her husband understand the taboo prevalent on burning of used menstrual pads. He has also become aware of the need for maintaining hygiene.

organized by PRADAN on 1st and 2nd November, 2019 for training the CVs in Narharpur Block, Kanker.

- PHRN conducted two regional meetings on improving equity in health, for Surguja, and Bastar regions which saw participants from research organisations, legal-

## NEWS FROM CHHATTISGARH

### Updates

- Sulakshana Nandi made a presentation on “Publicly funded health insurance (PFHI) schemes: A cautionary tale from India”, at the COPASAH Satellite session titled ‘Healthcare through Insurance and “Strategic Purchasing”: Need for Re-orienting the Discourse towards Public Provisioning’ organised by PHM on 15th October.
- PHRN is participating in an ongoing demand side assessment study to understand accessibility of primary healthcare services in Chhattisgarh in collaboration with WHO and SHRC Chhattisgarh.



Group meeting with Pardhi community in Kondagaon district for demand-side study.

Group presentations at the Surguja regional workshop with tribal youth.



Data collection in a Health and Wellness Centre in Surguja district.

Group meeting with women in Kondagaon district for demand-side study.



- Neelanjana Das made a presentation titled “A glimpse into Health and Wellness Centres in Chhattisgarh: Can it be the way forward?” at HSG Asia Workshop, Delhi on 15th October, 2019.
- Neelanjana Das participated as a resource person for PB2 training

aid organisations, trade unions, patients’ rights groups, transgender community, and other community based organisations. Various topics like dearth of anti-rabies vaccine across the state, issues of PMJAY and exploitation by private hospitals, patient’s rights violation were discussed.



- PHRN organised a workshop on October 10th and 11th in Bastar region and on 19th and 20th December in Sarguja region with tribal youth members on themes of equity in health, healthcare services, public health system, social determinants of health, nutrition, social schemes, PESA, FRA and food security.

## Highlights of PRIDE project in Narharpur, Chhattisgarh

*Deepak Kumar*

### Engagement with Front Line Workers - Organized Body Mass Index (BMI) Camp

After March, 2019, we organized BMI camps in seven nutrition intervention villages with the help of CVs and front-line workers. For this initiative, our CVs coordinated with AWWs and Mitanins of respective villages for lending measurement instruments like weighing machine and height measurement scales. The height and weight of around 300 SHG members from all the villages were noted and BMI status was calculated, with out mentors providing handholding support to the CVs. We hope that periodic measurements of SHG women who are attending health meetings will help us to track their progress.



### Annual Dipstick Survey

As more than a year had passed since the PRIDE project in the block was initiated, the annual dipstick survey was conducted in the month of July, 2019. We surveyed and interviewed 75 SHG members from 15 intervention villages who attended health meetings on PB-1 micro modules by CVs and mentors in the villages and hamlets. The results are as follows

- 85% women feel that the male determines the sex of the foetus. Before that all believed that it was the female who determines the sex of the foetus. This is the major change that we have observed in the block.
- 27% women said that the men in their family help in their household chores while 36% shared that both of them do household chores together.
- 99% women ate carbohydrates at all three meals that day,

25% had protein-rich foods in all three meals while 53% ate vitamins- and minerals-rich food all three times. Clearly, women have started cooking “Tiranga Bhojan” in contrast to the findings from CNA where women told that rarely they cooked “Tiranga Bhojan”. In addition, the survey showed that 63% women consumed meat and eggs at least once in a week which shows that eating habits are improving.

- An interesting finding was the reduction in reporting of domestic violence cases. During Dipstick it was found that only three women reported cases of domestic violence against which they could not take any action. However, further discussion with mentors revealed that domestic violence is very common in villages but women do not identify it as violence or want to report it.
- The most commonly shared behaviour change by women across all the blocks is washing vegetables before cutting, as learnt from MM meetings, and practiced by 58% of the women.
- Overall, 85% women said that there have been changes in their habits after discussing health and nutrition issues in SHG while 73% have said that they started discussing health and nutrition related issues in the weekly meetings of SHGs.

## Case studies

*Deepak Kumar*

### 1.Registration of pregnancy

A woman named Chandni Patel got married in Kishanpuri village. Although it was love marriage the boy’s family were not accepting the girl. So the couple started living in another village for some time. After three months of





their marriage, the couple returned to Kishanpuri village and Chandni started living with husband's family. When Chandni Patel got pregnant, she could not register her pregnancy even after four months of her pregnancy. Her mother-in-law regularly attends the health meeting conducted by CV in the village, where she came to know about the benefits of early registration of pregnancy. They discussed the issue of Chandni Patel and non-registration of her pregnancy even after four months. Finally, it was decided that her mother-in-law will speak to the ANM in the village and get her pregnancy registered. The ANM however felt that as Chandni Patel kept moving out of the village frequently, she would probably miss her ANC services once she was registered, for which the ANM would be blamed by the senior officials. The VO president of the village, Mrs. Kumari Bai, boldly told the ANM that she would take the responsibility of getting all ANC services of Chandni Patel after the registration of pregnancy. Once this was done, some SHG members asked Chandni Patel's mother-in-law to send her to the health meetings as she was the one who must have all the information that the CV shares. Finally, her mother-in-law started sending her to the health meeting in another hamlet where such meetings were just started and Chandni Patel attended all the meetings on PB-1.

## 2. Challenging gender norms

Baleshwari Markam is the CV in Chindhkardak village, which is located in a difficult terrain, hard to reach, hilly area of Sarona Cluster that is approximately 60 km from Narharpur Block Headquarter. On 3rd April, 2019, roll out of MM-1 on "Gender and Health" was conducted in the village where our Mentor Pradyuman Sahu was also present and gave handholding support to CV. The CV discussed about the high workload of women, impacting their health and well being, and which could be reduced by sharing of household work. In the meeting everyone agreed that all SHG

members will discuss this issue in their family and ask their husbands to cooperate in the household chores. On Pradyuman Sahu's next visit to give pre training support to the CV, she told her following the earlier meeting, men from the village came to her and angrily enquired about it. They accused her of provoking the women in their families. The CV explained to them that as she was working on health and nutrition issues, she had to discuss the impact of high workload on women's health and well-being. Once they understood the connection between workload, health and nutrition, the men went back to their homes appeased.

## PRIDE project ends in Narharpur block

*Deepak Kuma*

PRIDE project in Narharpur block, which started in March 2018, came to an end in the month of August, 2019. PHRN provided technical support to the PRADAN team with four mentors and one BPO. In this project we worked with 81 CVs and 21 VOs and built their perspectives around health and nutrition issues which triggered some changes at individual and household levels and also at the system level. These

changes included altering their cooking practices such as washing vegetables before cooking, cooking in iron utensils, increased in consumption of "Tiranga Bhojan", restraining children from consuming processed and junk food, understanding how determination of sex of the foetus happens, etc. After August 2019, the project is being taken care of by the PRADAN block team who continue their engagement on health and nutrition with the communities.

## Public Health Ethics Workshop, IIT-Bombay, Mumbai

*Deepak Kumar*

Mr. Deepak Kumar from Public Health Resource Network attended a Short Duration Intensive Training Programme in Public Health Ethics which was organized collaboratively by Forum for Medical Ethics Society (FMES), Indian Council of Medical Research-National Institute of Epidemiology (ICMR-NIE), Centre for Public Health, School of Health System Studies, Tata Institute of Social Sciences (TISS) and Indian Institute of Technology (IIT-Bombay), Mumbai. The course was held from 17th July, 2019 to 21st July, 2019.



## NEWS FROM ODISHA

### A special meeting at Rodang on Gender and Women health issues

*Pramita Satpathy*

Indu Kadraka, was a 20 month-old girl child of Muna Kadraka and Pulme Kadraka of Rodang. They belong to the PVTG community. Indu began coming to the creche of Rodang village (Bissamcuttack block, Rayagada district) when she was eight months old. She died on 31st Aug 2019 due to fever and fits.

Since birth, the child was repeatedly falling ill and had regular bouts of fever. She was identified as being severe underweight since the beginning with MUAC in red during anthropometry conducted in the month of March 2019. Looking into the condition of the child, the PHRS team along with the crèche workers and ASHA were doing repeated counselling to the family for visiting health facilities and NRC for the better treatment of the child and learning improved feeding practices. They also counselled sending Indu regularly to the crèche. Arrangements had also been made to take the child to NRC after discussions with the CHC doctors. But the family did not take her to the hospital saying, “if the God wants it, then she will remain alive, otherwise not.” The family was following traditional practices of healing and sometimes took her to a local doctor living at Chatikona. Even after repeated counselling, the family members did not take her to the hospital. Slowly, she stopped taking food as well and became weak. When the fever became uncontrollable, they contacted the local tribal traditional healer for medicines. Due to untimely medical aid, she died.

When the PHRS team visited Rodang to conduct the death case study, we found some strange stories in addition to the details of the case. Since the beginning of the project, we have been hearing about such issues in Rodang. During the discussion with family members, we found that the mother had delivered six girl children over 12 years (the eldest girl child is 10 years old), out of whom four have died. Because of the preference for a male child, the family



wanted to have more children and the mother was once again pregnant. On further exploration, we came to know that there is a practice in this village that the eighth child, whether it is a girl or a boy, is to be killed by the mother by crushing/trampling with the feet. After that, the family conducts a remarriage of that couple and the ninth child will be treated as the first born. Such a practice is not merely painful, it is also detrimental to the physical and mental well-being of the women of the community, besides being a crime.

After discussing the matter in the PI review meeting, it was suggested by Dr. Vandana that a special meeting be organized in Rodang on gender and women's health. Accordingly, a special meeting was conducted there by PHRS on 19th Dec 2019 involving CC mothers, SHG mothers, adolescent girls, elderly persons, youth leaders, FLWs, other CBOs (DKDA/OPLIP) working this area, etc. The meeting was led by the PMU team and we had used the gender module covered under TRI. It was organised in the centre of the village. Around 40 members participated, and others were observing

## MATERNITY ENTITLEMENTS

Dr. Vandana Prasad represented PHRN at a meeting held on maternity entitlements pm 11th October, 2019, at NFI Office at India Habitat Centre, Delhi. Several organisations including Right to Food Campaign, NCC-USW, Jagori and Mobile Creches participated in the meeting. The discussions included the following points:

1. Summarizing discussions on ME from the RTFC convention - Case

from the verandah.

*Immediate outcomes:*

After conducting the meeting everybody noted some visible outcomes which are mentioned below.

- Found an active participation of community members (women members, male members, elderly persons, adolescent girls, youth leaders, etc.)
- From the games, female members were easily connecting the situation with their life story. And they were agreeing with the points being discussed.
- Everybody actively participated throughout the meeting. Our team/ OPELIP team and FLWs were surprised observing the time they have given for the discussion. Because they had never given that much of time to anybody for the discussion (shared by the community members, CBOs, FLWs, crèche workers).
- One female was asking for alcohol in the beginning for participating the meeting, but she attended the entire meeting.
- Everybody was able to realise the objective of the discussed topics.
- Female members and FLWs took a decision to conduct this type of meeting once in every month.
- Male members were very supportive during the meeting.
- The team felt hopeful that they could discuss various issues in this manner with the community and that it may help to strengthen the crèche committee.

studies shared by participants from different states, proposal to include demands on maternity entitlements in the postcard campaign initiated by labour groups on Social Security Code. Action points primarily focused on demands for eggs, crèches, and a check on the violations in PMMVY.

2. Summarizing the meeting with the Food Minister - Although the



meeting was largely promising, the minister seemed to have no idea that PMMVY violates NFSA. Having been informed of that, he assured that he would write to the MoWCD to look into this.

3. On the new draft of the Social Security Code - The latest update is once again riddled with confusions on two aspects mainly – on what happens to the pre-existing laws like the BoCW Act and on the contributions expected from the employee/employers. Some believe that there aren't any drastic changes in this apart from those in the ESI and PF. Overall, however, this update is an expression of how the Central Govt's attitude towards the future of both organized and

unorganized labor, i.e. to destroy existing laws and to dismantle trade unions.

4. Some suggestions to be made in response to the Social Security Code - inclusion of home based workers, agricultural workers, and domestic workers in the code; removal of contributions demanded from people in unorganized sectors. Mahila Sangathans should be allowed to meet the labour ministry and discuss the scope of maternity entitlements.
5. Sharing updates on PMMVY and other state sponsored ME entitlements from Assam, Jharkhand, Odisha and Chhattisgarh.

In addition, the following action points were taken:

- Comments to be sent in response to the Social Security Code.
- NFIW to share a modified set of questions with female parliamentarians for the upcoming Parliament session.
- Regular follow-ups with the food ministry regarding developments in ME after previous meeting.
- Contexts and malpractice notes to be added to the FIAN concept note. Plan to be modified to not make it state specific.
- Legal proceedings on violations in Maternity Entitlements to be coordinated.

**Action Week on Maternity Entitlements was organized from 2 – 8 December, 2019. Different activities were organized in Chhattisgarh, Madhya Pradesh, Rajasthan, Gujarat and West Bengal.**



*Pregnant and lactating women discussing ME in Chhattisgarh*



*Women discuss ME in anganwadis in West Bengal*



*Women in Rajasthan hand over petition for ME under NFSA to the Chief Minister*



*Rallies taken out for ME in Panna, Rampur and Umeriya in Madhya Pradesh*

## NUTRITION NEWS

### Children's Right to Food

Madhya Pradesh government plans to introduce eggs in anganwadis in tribal areas. Right to Food Campaign Madhya Pradesh conducted a signature campaign in 17 districts. About 1.18 lakh signatures from 17 districts demanding eggs in anganwadis, maternity entitlements and social audits were submitted to the Principal Secretary, Dept. of WCD (Govt. of MP).

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### One Nation One Ration

The 'One Nation, One Ration Card' scheme seems to be not working in favour of many in Odisha, according to a survey that found that hundreds of people have not been provided rice through the Public Distribution System for two months due to non-seeding of Aadhaar. The study also found that exclusion due to Aadhaar linking is more prevalent in tribal areas.

The 'One Nation, One Ration Card' programme to be launched in June 2020 aims to provide subsidised food to India's 450 million itinerant workers anywhere in the country. To implement it, some basic conditions must be met - states must have accurate migrant numbers, currently not available, and thousands of fair price shops would need electronic point-of-sale (PoS) machines for flawless biometric authentication of a beneficiary's identity.

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## NEW READINGS

The primers developed by PHRN and JSA during NHA3 are now available online on PHRN's website: <http://phrsindia.org/resource-materials>.

- Government-funded health insurance: promises and reality.
  - Public private partnerships: reflecting on 20 years of theory and practice.
  - Comprehensive primary health care in the context of the health and wellness center initiative.
  - Strengthening public health system.
  - From the Alma Ata declaration to universal health coverage: decoding the changing discourse on Health for All.
  - Policy brief: Crisis in Leprosy Control Programme.
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## PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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

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

### ADDRESS

Public Health Resource Society,  
2/42 Sarvapriya Vihar,  
New Delhi, 110016  
India  
Tel.: 91-11-26868118