



PHRN NEWSLETTER

JANUARY 2021

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FROM THE ED'S DESK

Dear friends and colleagues,

The year 2020 witnessed several uncertainties and brought drastic changes in our way of working and way of thinking. The year saw the challenges faced by the health systems to address the healthcare needs during pandemic, the slow down of economy, the migrant workers' crisis, food insecurity, loss of jobs and wages and natural calamities in various parts of the country impacting life of the people all around. The FCRA amendment 2020 has posed challenges across civil society organizations as tightening of rules and laying certain conditions have restricted avenues to access foreign funding, particularly for smaller organizations.

The National Family Health Survey V released in December 2020 reports that the mortality rate among infants and those under five years has improved but malnutrition among children has worsened in 14 states. The proportion of undernourished children (stunted and underweight) remains almost the same in 10 major states over last 4 years. In fact, in 6 out of 10 major states, incidence of stunting among children U5 has increased, and in 7 out of 10 of these states, incidence of underweight among children has increased. Although NMR for U5 has fallen in 15 states and UTs, this decline in NMR is at a slower rate than earlier.

Not just the budget provision for nutrition of children should increase, the budget earmarked for healthcare should also increase along with strengthening of the public healthcare institutions. This in fact was one of the recommendations made in the Memorandum submitted by PHRN to the Parliamentary Committee on both components of Ayushman Bharat – the Pradhan Mantri Jan Arogya Yojana and Health and Wellness Centres, details of

which find mention in this newsletter.

In this quarter, PHRN participated in the health and nutrition sessions at two national level events namely the social audit seminar and Samagam2020. At the programme level, the Tejaswini project is progressing well on the ground and holds great promise as hundreds of adolescent girls are getting empowered and finding a voice in Jharkhand. Odisha is doing pathbreaking work in dealing with malnutrition among children under three years through its crèche intervention where for the first time, the state government has started replicating the crèche model established by the PHRS team with support from Azim Premji Philanthropic Initiatives. Chhattisgarh-PHRS team is also doing a lot of ground work for assuring rights and a voice of the community health workers, especially the Mitans, apart from focusing on research in the field of health systems.

A heartfelt thanks to entire team, network members and partners for their support and commitment in these unprecedented times.

Season's Greetings and a best wishes for a safe and healthy New Year! May we all emerge stronger, healthier and happier!

- Rupa Prasad

NATIONAL NEWS

PHRN submits memorandum on Ayushman Bharat

Sulakshana Nandi

PHRN has submitted a Memorandum to the department-related Parliamentary Committee on both components of Ayushman Bharat – the Pradhan Mantri

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Jan Arogya Yojana (PMJAY) and Health and Wellness Centres (HWCs) – in response to the call for submissions. It was based on research undertaken by PHRN in various states and nationally, and our experiences of working with the marginalized communities.

The Memorandum states that PMJAY was introduced as a ‘strategic purchasing’ mechanism with an assumption that it will regulate the private sector and mitigate market failures. However, the assumption that markets can be tweaked to work for people’s health, goes against the overwhelming global evidence. The Memorandum additionally provides evidence on how PMJAY has led to provider and regulatory capture by the private sector. Engaging the for-profit private sector in providing health services with public funding has undermined the government health system, exacerbated health inequities and increased financial hardship for most people.

The Memorandum further states that HWCs represent a significant expansion of healthcare services in the country and can fill an important gap in the architecture of India’s public healthcare system. Ground level research shows that HWCs have been effective in providing primary healthcare close to where people live.

Some recommendations from the Memorandum are:

1. PMJAY needs to be radically restructured for it to make an impact on financial protection. The reliance on the for-profit private sector needs to be drastically reduced. The share of the private sector in the claim value shouldn’t be allowed to be more than one

third of the claim value. Most secondary care packages should be reserved for the public sector. Role of private sector should be only as a stop gap measure for bridging the identified and specific ‘critical gaps’ in public services. Only those services should be allowed under such a scheme in private sector which the government hospitals are not able to provide.

2. Public health facilities should be strengthened through recruitment of adequate human resources, expansion of infrastructure, efficient systems of procurement and supply, and strong grievance redressal systems.
3. Regulation of the private sector in healthcare needs to be strengthened. Under PMJAY, the rampant extra-charging by the private sector needs to be stopped.
4. The implementation structure of the PMJAY needs to be brought under the Ministry of Health and Family Welfare to enable better accountability and public scrutiny. The institutional arrangement should remove all possible conflicts of interest in management and regulation of PMJAY.
5. HWCs should be equipped to “**Resolve more, Refer less**” i.e. they should provide required healthcare for bulk of the patients (80%-90%) at HWCs. They should not be limited to screening and referral only. If they refer most of the patients, they will not be very useful in improving access and will fail to gain the trust of the communities they are meant to serve. Around 10%-20% of patients

will require higher levels of care for which adequate arrangement for referrals and follow-up need to be made. Tele-consultations have not proved to be very effective for this purpose. Instead, a vehicle needs to be provided to HWCs to ensure that the referred patients are able to reach the higher facility in a timely way.

6. HWCs should not be made an entry point for referring patients to private hospitals, with or without coverage under the PMJAY. If HWCs start being used for sending patients to private sector, they will lose much of their utility in improving access and reducing costs for patients. Such a move can break the trust of communities in services of HWCs. HWCs must continue to be managed by the district public health systems and should not be outsourced to the private sector.
7. HWCs should strengthen their work on health prevention and promotion, especially on aspects like tobacco cessation.
8. HWCs and strengthening the public sector need to be prioritized in terms of budgets and increase of public spending on health budget to at least 3.5% of GDP in the short run.
9. The normative environment in healthcare needs to be shifted from a market-based commercialized provisioning of healthcare to a system based on solidarity, human rights, public provisioning, and public accountability for ensuring equity, quality and financial protection.

Community returning home after receiving dm ration in Patalamba village

NEWS FROM THE SECRETARIAT

Shaweta Anand

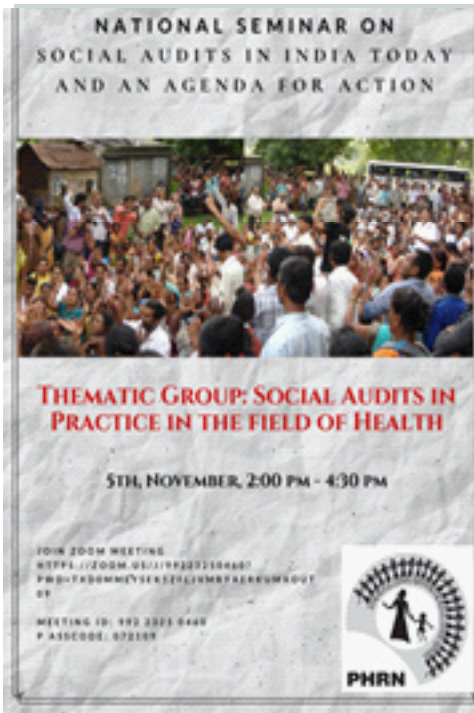
Governing Body Meeting and General Body Meeting

A Governing Body Meeting and General Body Meeting was conducted on November 27, 2020. Some of the key topics of discussion were expressing the will to challenge the IT department’s suo-moto imposition of a hefty fine on

the organization, solidarity for those resisting the new FCRA Amendment Act, potential funders, projects in the pipeline, need for improvement of JSA-PHRN linkages, the proposal for reducing weekly working days that resulted in the EC’s decision of allowing every second Saturday as an off etc.

National Seminar on Social Audits

A National Seminar on Social Audits in India was jointly organized on 5th November by a consortium of organizations comprising SAFAR, Right to Food Campaign, NCDHR, MKSS, CFAR and others. Mr. VR



Raman (National Convenor, PHRN) and Dr. Sulakshana Nandi (Chhattisgarh State Convenor, PHRN) moderated two sub-sessions respectively within

Samagam 2020

Samagam, meaning coming together, was a conclave organized by a consortium of CSOs including PRADAN, PRIA, CYSD, VANI along with the NITI Aayog on 27th – 28th November 2020. The theme of Samagam2020 being ‘collaborations’, the conclave acknowledged learnings from Government-CSO-corporate collaborative projects in various social fields, especially in the context of additional challenges created by Covid-19. Dr. Vandana Prasad from PHRN was invited to moderate the session on

the Health Session entitled Social Audits in Practice in the field of Health.

In the first sub-session, the esteemed panelists spoke about their state’s experiences of social audits and accountability in the health sector. Experiences from Community Based Monitoring (CBM) and planning initiative in Maharashtra; health accountability initiatives in Gujarat, Chhattisgarh, Jharkhand and Odisha, including Maternal Death Audits and People’s Budget Initiative were shared and discussed.

In the second sub-session, recommendations for strengthening and sustaining social accountability processes were discussed. Insights about overcoming hurdles and political bottlenecks encountered through the process of conducting CBM, or while seeking accountability were shared by Dr. Vandana Prasad, Technical



Advisor, PHRN. Other thematic covered included integrating health as a topic within social audits; ways of building and sustaining health budget accountability etc., The panelists for the Health Session represented organizations like JSA, COPASAH, SATHI, SAHAJ, PFI, SHRC (Chhattisgarh), BGVS, SAHAYOG, SAU (Jharkhand), NHSRC, PHRN etc. The event concluded with Dr. Nandi’s summary presentation, including key challenges and learnings from the health session, to a Plenary. The event was livestreamed on FB with 1100+ views.



Aja Miniaka, the crèche worker

Health and Nutrition.

The key speakers were Ms. Nandita Nayak,

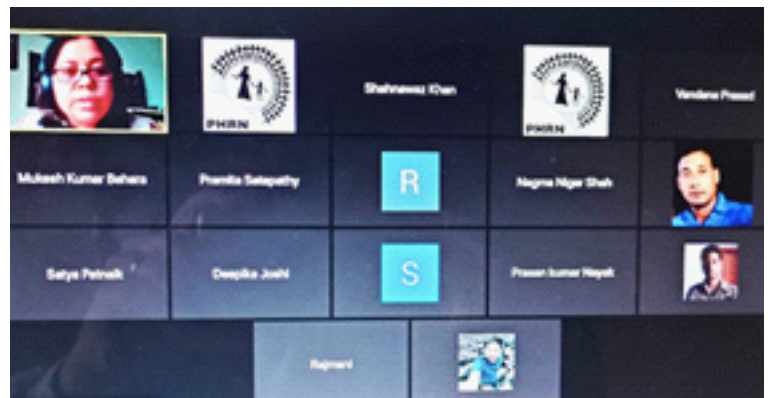
from Dept. of SC/ST Development, GoO, Mr. Mohammad Ziauddin from The Philanthropy, and crèche worker Aja Miniaka from Kodapadi village, Rayagada, Odisha. At least 244 people attended the event when it went live.

Internal Training on Social Media Usage

An internal training for PHRN members was conducted online by Dr. Sulakshana Nandi on December 12. The purpose was to introduce the 17 participants to the power of social media so that they could utilize it optimally, responsibly, and safely to showcase their work, more specifically on FB and Twitter. The training included topics such as how to open a FB/Twitter account, how to post

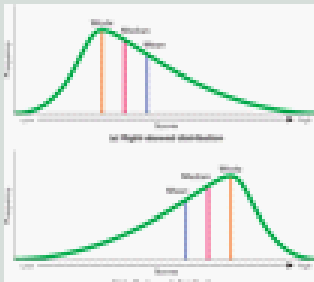


DWCD&MS, Govt. of Odisha (GoO), who presented the success and challenges of collaborations between GoO-PHRS-The Philanthropy; and Dr. Sunil Babu from the Bihar Technical Support Program, CARE-India, who presented the experience of collaboration between Govt. of Bihar-CARE & PHRS-BMGF. The other esteemed panelists were Mr. Shailesh Dikhal from SATHI (Maharashtra), Mr. Dipti Ranjan Gantayat



photographs/videos there, create tags and hashtags, how to deal with online trolling and bullying etc.

Ongoing internal training on Quantitative Data Analysis



PHRS has been organizing a series of training sessions on quantitative data analysis for the internal team starting from 7th November. Dr. Priyanka Chatterjee and Dr. Aditi Hegde have been roped in as resource persons. They have taken three sessions until now: i) Measures of Central Tendency, ii) Measures of Dispersion, and iii) Graphical Representation of Data. Every session is interactive with on-the-spot statistical exercises as well as home assignments for revision.



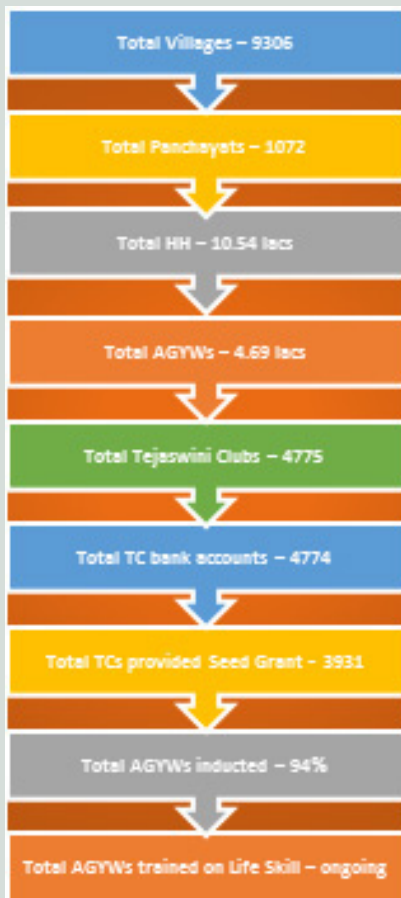
Shivani being awarded by Corona Warrior

NEWS FROM JHARKHAND

Programme Updates

Shampa Roy

Project Tejaswini started in 17 districts of Jharkhand in June 2019. Through the project, PHRN as a Technical Support Agency, and Indian Gramin Services (IGS) are jointly facilitating intervention as Community Service Providers in two zones. Six districts out of 17 namely Palamau, Chatra, Koderma, Deoghar, Godda and Pakur have been allotted to



PHRN-IGS consortium.

The project aims at socio-economic empowerment for Adolescent Girls and Young Women (AGYW) of the age group between 14-24 years. The major activities in the project are formation of Tejaswini Clubs (TC), opening of bank accounts of the clubs, enabling TCs to use funds and grants for their establishment and learning club management through different activities like establishing pad banks, starting a poshan bari, establishing club library (pustakalaya) and initiating Tejaswini tuitions.

UPCLOSE: Impact of Tejaswini Clubs

Case Study 1- Story of Shivani “Moving out of Four Walls”

Diwakar Sharan, Block Coordinator, Satgawan, Dist. Koderma

Presently a member of the Marchoi TC, Shivani hails from Marchoi Uttari village of Marchoi panchayat Satgawan Block. Her father runs a small general store in the village while her mother is a homemaker. She has one brother too. Due to lack of any other source of income, her father’s income is just enough to sustain the minimum needs of the family members. With little to spare at home, Shivani has struggled with her education and managed to complete class 12. This is Shivani’s story, before and after joining the TC.

Life in Shivani’s village was one marred with gender discrimination against girls right from birth (female foeticide). She remembered small gestures that broke her heart as she grew up, like her brother getting a glass full of milk when she would get only a half, or she would be stopped from freely stepping out of home, at least not without justifying it with reasons and so on. In her own words, “girls from her village are expected to follow restrictions laid out by everyone, and live a life within four walls of the house.”

Reflecting upon her quality of life before joining the TC, she remembered being timid and hesitating to speak before anyone. Going to the market alone was a big challenge for her. She fondly remembered her decision of attending an Aam Sabha despite all her hesitation and fear. The sabha was organised by Reshmi Rani Pandey, the Youth Facilitator (YF) in charge for running the Tejaswini Club in the village. Shivani also participated in a parents meeting organised by the YF for informing the community about the Tejaswini project, its objectives and relevance. Soon Shivani had internalized the forthcoming personal benefits and advantages of being associated with TCs. She began to regularly attend the TC meetings and also took pride in motivating others to participate in them. From being a silent listener during initial club meetings to becoming an enthusiastic participant in group discussions, Shivani’s journey of turning into a confident young girl is an inspiration for many.

Besides all these activities, Shivani also

actively participated in a seven-day Induction Training Programme for the AGYWs that helped her a lot in terms of personal growth. She is now able to openly express about the social evils existing in the society that had affected her too.

Shivani took initiative in participating in the Independence Day programme celebrated by the TC. She worked in a team and lived up to the responsibility of purchasing different items for the programme, without overspending or wasting club funds. Along with other AGYWs, Shivani took the lead in inviting Corona Warrior Devendra Kumar, a policeman who worked as a Radio operator for spreading the message for prevention of Covid-19 in the block, as chief guest during the Independence Day celebration at their club. She was awarded by Shri. Kumar for her impressive speech and dance

performance during the programme.

She shared her happiness at being able to make friends at the TC and for being able to express and share her feelings and experiences with them through all the club activities they did together. They expressed ill-effects of social evils like dowry through skits, they make rangoli at the club on festive occasions and so on. They discussed a lot of things at the club like seeking answers to questions about what is considered right and wrong in society, the oppressive social culture that restricts women and how that affected them while growing up and so on.

Shivani now wants to cultivate sewing skills in the near future so that she can contribute to the household income and improve their quality of life. In her words, "I want to support my family, including my brother, in the future."

भी कुछ भी समझा सकती हूँ और कहीं भी अकेले आ-जा सकती हूँ।

तेजस्विनी परियोजना झारखंड सरकार की एक महत्वकांक्षी परियोजना है जो किशोरियों एवं युवतियों के सामाजिक और आर्थिक सशक्तिकरण के लिए प्रतिबद्ध है। परियोजना के उद्देश्यों की पूर्ति के लिए दो आंगनवाड़ी केन्द्रों को मिलाकर एक तेजस्विनी केन्द्र बनाया गया है तथा इन दोनों आंगनवाड़ी के पोषण क्षेत्रों की सभी चौदह से चौबीस वर्ष की किशोरी एवं युवतियों को इसका सदस्य बनाया गया है। इन किशोरियों एवं युवतियों को विभिन्न विषयों पर प्रशिक्षण प्रदान किया जाता है जिससे कि ये सामाजिक और आर्थिक रूप से सशक्त बन सकें, अपने जीवन से जुड़े हुए विभिन्न विषयों पर ये निर्णय ले सकें, अपने पैरों पर खड़ी हो सकें और आत्म निर्भर बन सकें।

Case Study 2:

युवा उत्प्रेरक और क्लस्टर समन्वयक कैसे बने आत्मनिर्भर

सुनील कुमार ठाकुर, ट्रेनिंग और यूथ स्पेशलिस्ट, डिस्ट्रिक्ट गोड्डा

तेजस्विनी परियोजना की शुरुआत तो चौदह से चौबीस वर्ष की किशोरियों एवं युवतियों के सामाजिक एवं आर्थिक विकास को ध्यान में रख कर की गई है, परन्तु इसके माध्यम से उन सैकड़ों युवा उत्प्रेरकों के जीवन में भी बदलाव देखा जा सकता है जो कि इस

परियोजना में काम करने के लिए जुड़े थे।

तेजस्विनी क्लब मानगड़, मेहरमा, की 27 वर्षीय युवा उत्प्रेरक नज़मा खातून बताती है, "पहले कभी मैं घर से बाहर नहीं निकलती थी और अगर कहीं जाती भी थी तो किसी से बात नहीं कर पाती थी। मेरे घर पर भी जब कोई आता था तो मैं दरवाजे के ओट से बात करती थी। मुझमें किसी से बात करने की या किसी के सामने जाने की हिम्मत नहीं थी। लेकिन जब से मैं तेजस्विनी परियोजना से जुड़ी हूँ तब से मुझमें आत्मविश्वास की वृद्धि हुई है। अब मैं किसी से भी, महिला या पुरुष, बात कर सकती हूँ, किसी को

क्लस्टर समन्वयक रिम्मी मिश्रा बताती है कि, "ग्रामीण इलाके का परिवेश ही कुछ इस तरह से है कि यहाँ बचपन से ही लड़कियों को पर्दे के अन्दर रहना सिखाया जाता है। ज्यादातर लड़कियाँ मैट्रीक तक की ही पढाई किसी प्रकार से, बहुत दिक्रत के साथ, पूरी कर पाती है और सरकारी स्कूलों की व्यवस्था भी इनके जीवन में किसी प्रकार का बदलाव लाने में सक्षम नहीं हो पाती है। लड़कियों का ज्यादातर वक्त उनकी माँ के साथ घर-गृहस्थी के कार्यों में बीतता है जिस कारण पुरानी विचारधाराएँ उनके मन-मस्तिष्क पर हावी होने लगती है। लड़कियों को बचपन से ही सिखाया जाता है कि उन्हें किसी से



नज़मा खातून
(युवा उत्प्रेरक)



क्लस्टर समन्वयक पीकी के साथ कुमारी रजनी



ज्यादा बात-चीत नहीं करनी चाहिए, खासकर पुरुषों से, उन्हें घर के बाहर अकेले नहीं जाना चाहिए। सामाजिक बाधाएँ, पितृसत्तात्मक विचारधाराएँ भी महिलाओं को घर के अन्दर ही रहने पर मजबूर कर देती है। लड़कियों को लड़कों के साथ खेलने नहीं दिया जाता है। इतना ही नहीं, लड़कों वाला खेल भी नहीं खेलने दिया जाता है। इन कारणों से उनके अन्दर आत्मविश्वास की कमी आ जाती है। महिलाएँ कभी सोंच ही नहीं पाती हैं कि वह भी जिन्दगी में कभी कुछ कर सकती हैं। परन्तु

तेजस्विनी परियोजना के तहत दिए जा रहे विभिन्न प्रकार के प्रशिक्षणों से महिलाओं के अन्दर आत्मविश्वास जग रहा है और धीरे-धीरे अब वे अपने जीवन से सम्बन्धित विभिन्न विषयों में निर्णय लेने की भूमिका में आ रही हैं।

तेजस्विनी परियोजना उन सैकड़ों युवा उत्प्रेरकों एवं क्लस्टर समन्वयकों को घर से बाहर जाकर काम करने का मौका दे रही है और जो महिलाएँ कभी घर की चौखट को पार करने से भी कतराती थी, अब वे घर-घर जाकर किशोरियों एवं

युवतियों के परिवार वालों से बात करती हैं और सैकड़ों किशोरी एवं युवतियों के जीवन को संवारने में लगी हुई हैं।

ईटहरी क्लब की युवा उत्प्रेरक कुमारी रजनी बताती हैं, "मेरा जीवन बहुत संघर्ष के साथ बीता है और मेरी हमेशा यही चाह थी कि मैं घर से बाहर जाकर काम करूँ परन्तु घर के लोगों ने हमेशा ही मेरा विरोध किया। लेकिन इस परियोजना से जुड़ने के बाद मेरे जीवन में काफी बदलाव आया है। क्लब की किशोरियों एवं युवतियों को मैं अपने जीवन का उदाहरण देकर समझाती हूँ कि शिक्षा कितनी जरूरी है। मेरा मानना है कि सभी महिलाओं को अपने पैरों पर खड़ा होना चाहिए और तभी शादी करनी चाहिए। मैं बड़ी होकर पुलिस में शामिल होना चाहती थी परन्तु मेरी दादी ने मेरी उच्च शिक्षा का विरोध किया और मैट्रिक पास करते ही मेरी शादी करवा दी गई। तेजस्विनी परियोजना में जुड़ने के बाद अब मैं स्वतंत्र महसूस करती हूँ और अपने क्लब की सभी किशोरियों का जीवन सबल बनाने की दिशा में काम करती रहती हूँ।

नज़मा खातून तथा कुमारी रजनी के क्लबों पर किशोरियों एवं युवतियों के अन्दर जो उत्साह देखने को मिलता है उससे यह अंदाजा लगाया जा सकता है कि झारखंड के ग्रामीण इलाकों के लिए इस परियोजना की बहुत जरूरत थी, और यह परियोजना निरंतर अपने उद्देश्य की पूर्ति की दिशा में अग्रसर है।



NEWS FROM ODISHA HAL Sponsored Crèches in Koraput

Shahnawaz Khan

Photo credits: District team (Koraput)

A major objective of the programme,

Mainstreaming Crèches to Reduce Malnutrition in Odisha – a collaborative effort of PHRS with Azim Premji Philanthropic Initiatives and supported by the DWCD&MS, Government of Odisha (GoO) – is scaling up of crèches for children under 3 years of age in the

state. Recent developments with regards to strategies to combat malnutrition by the GoO bear testimony to PHRS's advocacy and efforts. Crèches are now seen as a major component of new initiatives for the fight against malnutrition among children below the age of three years in the state.



A significant highlight of the Strategy for Odisha's Pathway to Accelerated Nutrition (SOPAN) is the setting up of crèches for children under 3 years of age. Different districts are also trying to bring crèches into operation using different funds. Koraput district administration is pooling crèches with CSR funds from the Hindustan Aeronautical Limited (HAL) is one such example. With the support of funds from HAL, Koraput district administration is in the process of operationalising five new crèches in Semiliguda block.

PHRS has played an important role in initiating a dialogue for opening of these crèches and is continuously providing technical support to implementing organizations like EKTA that have been invited by the district administration. In this regard, the first crèche at Manipung village of Semiliguda block was inaugurated by the Collector and District Magistrate Sri Madhusudan Mishra, OAS(SAG) on 5th December 2020. The district administration has indicated that more crèches would also be soon coming up with support from HAL. The district team of PHRS has been playing an

important role in building the capacity of the implementing agency on the functioning of the crèche.

Crèche Workers Training on Covid-19

Pramita Satpathy

Photo credits: District Teams

Crèche workers across five districts

have already been engaged in creating community awareness regarding Covid-19 throughout the lockdown period. However, many formal orientation and training sessions for crèche workers were undertaken in November 2020. These were conducted in small batches during review meetings itself.

So far, twenty two batches comprising

of 300 crèche workers have been trained with at least 289 receiving training specifically on Covid-19. Participation during community-level training will be ensured for the remaining 11 crèche workers who could not attend due to health reasons etc.

The community-level trainings have also started across districts and will



Crèche workers training in Jharigaon Block



Crèche workers training in K.singpur



Crèche workers training in Rayagada Block



Crèche workers training in Koraput



Crèche workers training in Th.Rampur



Community orientation in Dantlingi I of K.singpur block.

continue till December-end. A high level of participation by the Front Line Workers (FLWs) has been observed at this level. These trainings have been facilitated by the district teams but due to Covid-19 restrictions, the PMU team could hardly participate in trainings only at a very few places.

The main objective of the trainings is to build an understanding of Covid-19 disease among the crèche workers so that they can further create awareness among the community in coordination with ASHAs and AWWs. Also, to develop a common perspective among crèche committee mothers regarding taking care of children in terms of hygiene practices and nutritional issues.

For the ease of rollout of Covid-19 training at the grassroots, a module on “Understanding Covid-19” has been developed by PHRS covering basic issues like:

1. What are infectious diseases?
2. Covid-19 disease: What is it, its signs and symptoms, modes of transmission, high risk groups and how to care for them
3. Preventive measures: Hand hygiene, respiratory hygiene, social distancing,
4. Quarantine: What is quarantine and isolation, how to take care during home quarantine
5. Nutrition during Covid-19
6. Myths and Facts

During the training, the crèche workers got a common platform to share their experiences through the lockdown period, difficulties faced during that period, their understanding of the disease, how it impacted their livelihood, education of children, crèche-running, dietary practices, myths about how to prevent the disease and so on. At the end of the session, plans for organizing orientation at the community-level in coordination with FLWs were prepared.

Linking Livelihood Action to Nutritional Outcomes, November 2020

Sanjeeb Nayak

In continuation with the activities of the action-research study to promote continued livelihood activities all through three seasons among the beneficiaries, the team worked with the Horticultural Department, GoO and other partner organizations to promote vegetable gardens in the Rabi season after the Kharif season. Fruit plants were also provided for planting as additional nutritional support.

Convergence with Department of Horticulture for Seed Kits

The Department of Horticulture agreed to provide seeds of vegetables for the programme and also supported with seed kits to 52 beneficiaries in Dantilingi and Badanayakguda village. Each seed kit consisted of 13 varieties of vegetable seeds, including onion and cauliflower seeds (these two being the special Rabi season crops).

Training, Demonstration and Progress

On receiving seed kits from the



Distribution of seed kit in Dantilingi 1 Mothers



Distribution of seed kit in Dantilingi 2 Mothers

Horticulture Department for promotion of Rabi kitchen garden, PHRS team coordinated with Harsha Trust and jointly organized training-cum-demonstration for making nurseries for onion and cauliflower seeds, and planting of other seeds in two villages. As a result, thirty nine households presently have vegetable gardens in their backyard and premises.



Field Demonstration in Badanayakguda



Kitchen Garden promotion by Parents of Nitya Jani, Dantilingi 2 for Rabi



Technical Training by HT for Mothers in Badanayakguda



Distribution of lemon & drumstick saplings among Dantilingi 2 mothers



Distribution of lemon & drumstick saplings among Dantilingi 1 mothers



Distribution of lemon & drumstick saplings in Badanayakguda



Distribution of guava & drumstick saplings in Badanayakguda

Promotion of Fruit Sapling Plantation:

PHRS team also promoted fruit sapling plantation among all the beneficiaries under the livelihood programme. In this regard, PHRS team once again coordinated with Harsha Trust along with the support of Department of Horticulture to support planting three types of fruit saplings - guava, drumsticks and lemon. This way, 64 households in the intervention village of Dantilingi and Badanayakguda could successfully grow fruit saplings.

Participatory Learning & Action (PLA) Meeting and Nutritional Counselling

The Odisha team has a six-month plan to conduct PLA meetings on six different topics followed by nutritional counselling at the household-level. The team has successfully conducted three PLA meetings in Dantilingi and Badanayakguda already. Two of these were conducted in Dantilingi village itself, one for ST mothers and the other for OBC mothers. The topic for PLA meetings was “**Food Diversity and**



PLA Meeting in Badanayakguda



PLA Meeting in Dantilingi 2

Tri-Colour Food”.

The PLA meeting were followed by household nutritional counselling in two villages. This was purely aimed to motivate mothers and households to practice the learnings from the

PLA meeting. In this regard, the team developed a livelihood activity-based guideline under the guidance of the Executive Director and has so far conducted seven household counsellings.

NEWS FROM CHHATTISGARH

Programme Activities

Neelanjana Das

In most discussions pertaining to health workers in our country, very little focus is given to Community Health Workers (CHWs). Thus, a webinar was hosted by PHRN-Chhattisgarh and Oxfam-India on 19th September for them to engage with the larger community and voice their concerns, especially during Covid-19.

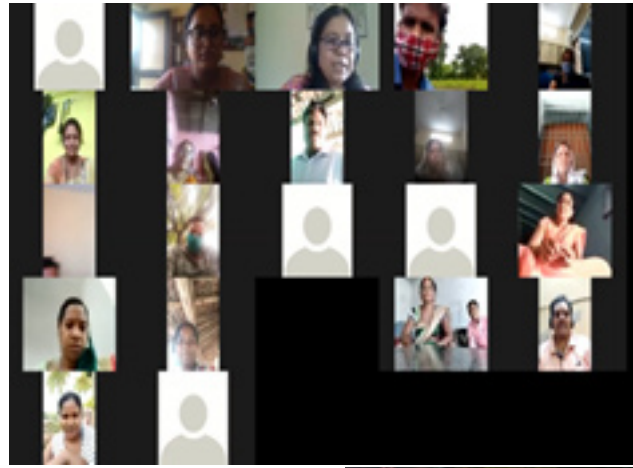
The webinar was entitled

‘कोविड-19 में सामुदायिक स्वास्थ्य कार्यकर्ता: एक झलक छत्तीसगढ़ में उनके योगदान और मुद्दों पर’.

The speakers for the session were CHWs from different regions of the State as well as the Area Coordinator and the State Coordinator for the Mitanin programme. Around 50 participants (including groups of people joining together under one participant ID) attended the event online from various districts like Raipur, Durg-Bhilai, Mungeli, Surguja, Jashpur, Kabeerdham, Bilaspur, Kanker, Bastar.

Issues raised by CHWs at the webinar include:

- Exacerbation of the vulnerability of marginalized sections of society during lockdown. Mitanins and Mahila Arogya Samiti played an important role in mitigating this crisis.



A screenshot from the webinar on CHWs



Mitanins & JSA-Chhattisgarh activists met Health Minister on Mitandin Diwas (23rd November) to submit their demands

- A demand for health benefits by Mitanins like regular public health employees: Mitanins have been at the forefront of Covid-19 aid and relief work, often putting their own lives at risk without hesitation. Their demands included free healthcare and enrollment in employee provident fund and other social schemes.
- Long pending concerns about remuneration: During the pandemic, all other essential services came to a halt and CHWs were employed for management of the pandemic instead, but without proper reimbursement.
- Concerns about the inherent hierarchy in the medical sector: CHWs felt that their work was invisibilised and undermined. They felt treated with less dignity by fellow health workers as they were considered as voluntary workers and not a part of the regular health workforce.
- Discrimination during the pandemic: Many Mitanins shared that they were treated as ‘carriers of corona disease’ as they travelled far and wide within the community for work.

Participation in Conferences/ Meetings

- Neelanjana Das participated in an online Consultation on Urban Health organized by the Azim Premji University on 27th November. This Consultation was held with members of civil society organizations and volunteer networks who have been engaging with the health issues of the urban poor and urban health in general and/or have taken specific initiatives to address these issues in the context of the Covid-19 pandemic.
- Sulakshana Nandi participated in the Sixth Global Symposium on



Health Systems Research that was held virtually in November. She made a presentation on the “Failure of publicly-funded health insurance schemes to provide financial protection: Role of power, social institutions and political economy of healthcare” in the session titled “The politics and practice of Universal Health Coverage – local, national and global challenges”.

Research and Publications

- A Perspectives article on the learnings from the study of retention of human resources was done in collaboration with WHO-SHRC, and was published in the WHO bulletin. Full reference: Zapata, T., Buchan, J., Tangcharoensathien, V., Meliala, A., Karunathilake, I., Tin, N., Nandi, S., Tobgay, T., & Noree, T. (2020). Rural retention strategies in the South-East Asia Region: Evidence to guide effective implementation. Bulletin of the World Health Organization, 98(11), 815–817. <https://doi.org/10.2471/BLT.19.245662>.
- Sulakshana Nandi has joined the Editorial Board of the journal Human Resources for Health (<https://human-resources-health.biomedcentral.com/>)

NUTRITION NEWS

NFHS 5 Shows Increase in Child Malnutrition

(Based on various analyses)

The partially released early data from NFHS-5 for 22 States/Union Territories reveal that the nutritional status of children declined in 2019-20 compared to levels in 2015-16 (NFHS-4) in many of the surveyed States. Data for U.P., M.P. Tamil Nadu, Rajasthan, Punjab, Jharkhand and Odisha are not yet out.

Childhood stunting has increased in

13 of the 22 states, indicating that the children have stopped getting adequate food from 2016 onwards; only Bihar and Assam have shown any improvement, and even this is lower than the government’s targets. The rise in stunting for Goa (25.8%) and Kerala (23.4%) since NFHS-4 where they were the lowest, is a cause of concern. Gujarat, Maharashtra and West Bengal have recorded an increase in anemia and wasting among children, while the percentages have stagnated in other states.

At the same time, IMR has improved in all states except Tripura, Manipur and Meghalaya, although big states like Maharashtra and Bihar reported only modest gains. However, rural IMRs have worsened in Tripura, Manipur, Meghalaya and Kerala, while urban IMRs have worsened in seven states, including bigger states like Bihar, Andhra Pradesh, West Bengal, Karnataka and Telangana, apart from Tripura and Meghalaya. Other than Mizoram, where urban IMR improved from 31 in 2015 to 20.6 in 2019, and Kerala, where urban IMR almost halved, the improvements across remaining states were relatively modest. These findings appear to reinforce what the SRS data and Dreze et al (2020) suggested - that the general adverse effects of poverty and unemployment as well as the sudden shock of demonetisation may have negatively impacted the urban population’s health status. The NFHS-5 data suggests that urban populations in particular may be paying the costs of a stagnant economy and the distress triggered by demonetisation, in the form of children’s lives.

The same trend is seen in U5MR. On the flip side, NFHS-5 report indicates a significant drop in NMR in 15 states and UTs compared to the previous round of the NFHS (2015-2016).

Overweight in under five children is clearly on the rise with some states/

union territories showing steep incline. These include Himachal Pradesh, Tripura, Mizoram, Lakshadweep and Ladakh.

IYCF practices continue to be inadequate. Early initiation of breastfeeding has decline in 12 states/UTs, with the maximum decline happening in Sikkim, Dadra and Nagar Haveli and Assam. Exclusive breastfeeding rates show marginal improvement except in Sikkim where there is a steep decline of 26.3 percentage points. A similar trend is observed in the introduction of complementary feeding, with nine states/union territories showing a decline in rates. There is wide variation in states with Tripura showing an increase of 39.5 percentage points and Himachal Pradesh a decline by 15.4 percentage points. Some positive trend has been observed in children 6-23 months receiving an adequate diet.

The worsening of nutritional outcomes, in spite of improvements in access to sanitation, clean cooking fuels and bank accounts, and decline in spousal violence, is especially worrying as such reversals generally coincide with economic distress. Any negative impact of COVID-19 on nutritional indicators will be over and above what is already seen in NFHS-5 results.

Poshan Abhiyan has not worked

Poshan Abhiyan, launched by the Prime Minister in 2018 as a flagship programme to reduce malnutrition and achieve a Kuposhan Mukta Bharat., appears to have neglected most of the structural issues related to malnutrition.

Poshan Abhiyan has spent till December 31, 2019, only 37% of funds released (Rs 1,576 crore out of Rs 4,286 crore) by the government during the period between fiscal year 2017-18 and 2019-20.

Another 36% of the total expenditure on the Abhiyan has been on communication

for behaviour change as revealed by data that the Accountability Initiative got in response to an RTI. Under this anganwadi workers have been given smart phones for entering growth monitoring data. However, there is little supervision as over 30% of supervisory positions in ICDS remain vacant. Further, the data collected are not even available in the public domain.

Lack of funds for ICDS

Budgetary allocations for ICDS and other nutrition schemes remain inadequate. Analysis by the Accountability Initiative shows that approved budgets for the SNP accounted for only 44% of the total funds required in 2019-20. Further in 21 states and UTs, the number of children receiving SNP was less than half the number of estimated number of beneficiaries with a rapid decline in number of SNP beneficiaries between March 2017 and June 2019.

NFHS 5 results reflect growing food insecurity among poor households, growing joblessness, corporate take over of agriculture and fiscal policies such demonetisation. What is needed is a combination of both inclusive growth as well as concerted direct action towards improving the determinants of nutrition for women and children. .

Pointers on the Links between Agriculture and Malnutrition in the Context of the Farmers' Struggle and the Early Data from the NFHS-5

Vandana Prasad

1. The NFHS-5 confirms that in a number of states in the country, malnutrition has remained steady or increased. The data, being of averages, fails to reveal the significant hunger and even starvation within households within the lowest income quintile.

It also confirms the fact that even relatively better off states like Gujarat have made little progress with respect to malnutrition and have shown deteriorations. Thus, it calls into question the models of intervention used by the country and various states for impact upon malnutrition .

2. In our understanding, malnutrition is a 'tip-of-the-iceberg' phenomenon expressing a massive underlying socioeconomic disempowerment and inequity. Therefore, solutions need to focus on a large range of issues beginning with social injustice, poverty and gender discrimination, while including specific interventions such as food supplementation through the systems of PDS, MDMs and ICDS.
3. The links between agriculture are fundamental and multiple. All these links need to be understood in their entirety before agricultural policy can be made relevant to and consonant with nutrition.
4. Agriculture is the largest sector in our country. Most of the farmers in our country are small and marginal farmers . Most of these farmers are women. It is these women and their children who suffer maximally from malnutrition. Any policy that hurts the economic status and food security of these farmers and their children has adverse consequences upon overall status of nutrition in the country with intergenerational impact. These farmers depend upon microeconomic processes from farming to marketing of their produce and also depend upon their own farms for feeding themselves and their families. Thus, securing and supporting the micro economies in rural and tribal areas is critical.
5. The two main sources for food

security amongst the families with malnourished children remain their own produce as well as the so-called systems for food subsidy: the PDS, MDM and ICDS. This fact has two important implications:

- a. Their own fields need to grow nutritious food – food grains as well as fruits, vegetables, dairy and poultry. This needs to be supported; cash crops do not directly feed the family and are not a stable form of cash supply either as experience with GM cotton etc has shown us. All evidence suggests that any cash received does not necessarily translate to nutrition.
 - b. The food supplement systems need to continue, expand and become more nutritious.
6. The microeconomy as well as food supplementation systems (such as PDS) depend upon MSP. The current laws under discussion as well as the overall neoliberal environment of disbanding all forms of social security are not compatible with the continuance of MSP. Thus the current laws are inimical to achieving good nutritional status and must be resisted.
 7. In addition, there are many nutrition issues related to the corporatization of food systems that will hurt the entire microeconomy around food and agriculture. The most important current one relates to mandatory fortification of foods in the name of nutrition. This centralized, top-down diktat disrupts local, decentralized micro-food-systems, which in turn makes food insecure families even more vulnerable (just as demonetization etc did), with adverse consequences for nutrition.
 8. Simultaneously, the unregulated penetration of high-sugar, high-

salt and high-fat ultra-processed foods (chips, biscuits etc) into local markets must be resisted. These contribute to anemia, obesity and undernutrition and appropriate a vast market at the cost of fresh local foods. Advertising of these foods should also be restricted by law.

9. Further social security measures such as employment guarantees, childcare and maternity entitlements need rapid universalization and implementation if malnutrition has to be impacted. These support women farmers, agricultural labourers and their children directly as well as through supporting economic stability.

10. In summary – malnutrition cannot be majorly impacted through narrow, centralized, technocratic solutions. It requires decentralized, community-based comprehensive socioeconomic interventions that serve to narrow inequity rather than centralizing, corporatizing measures that enhance it.

Hunger Watch

(edited excerpts from the Press Release issued by the Right to Food Campaign on December 9, 2020)

The 11 states survey carried out by Right to Food Campaign and Center for Equity Studies in October-November 2020 found acute situation of hunger across the country. The survey was carried out in Chhattisgarh, Delhi, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal. The 4000 respondents were mainly from marginalised communities, over half of them women, and had a family income of Rs. 7000/- or less.

A large number of households reported lower levels of income (62%), reduced intake of cereals (53%), pulses (64%),



Photo credit: Al Jazeera

vegetables (73%) and eggs/non-vegetarian items (71%), worsened nutritional quality (71%) and an increased need to borrow money to buy food (45%).

Government support in the form of free rations, and alternatives to school and anganwadi meals in the form of dry rations and/or cash transfers reached more than half the people (PDS having relatively better outreach). While this support from the government programmes has been crucial, the staggering levels of hunger witnessed

during the Hunger Watch also showed the inadequacy of these schemes. RtFC and CES demanded the following from the Government:

- A universal public distribution system that provides every individual with 10 kg grain, 1.5 kg pulses and 800 gm cooking oil for at least the next six months (up to June 2021).
- Nutritious hot cooked meals, including eggs, through anganwadi centres and school midday meals to be distributed while following

Photo credit: The Nation



all safety guidelines related to distancing, sanitisation etc.

- Revival of all services of ICDS, including growth monitoring, additional supplementary nutrition for severely malnourished and nutrition counselling
- Maternity entitlements under the Pradhan Mantri Matritva Vandana Yojana without any restrictions on number of births or conditionalities to be met
- Enhanced social security pensions of at least Rs. 2000 per month for old people, single women and disabled persons.
- Repeal of the Farm Acts and steps to guarantee MSPs not just for rice and wheat but also pulses, oilseeds and millets.
- Strengthening of the FCI and setting up systems for decentralised procurement of a wide variety of food crops while linking these to food distribution schemes such as PDS, mid-day meals and ICDS.
- The Food Corporation of India (FCI) was created to save Indians from hunger. Despite the additional grains being provided as part of covid relief, the additional budgetary provision for FCI in the supplementary budget is only Rs.10000 crores. This continuous underfunding of the FCI weakens it and has been pushing it into huge debt. Government of India should provide adequate budget to strengthen the system of FCI.

Malnutrition and the Use of Biofortified Foods

At the end of 2018, the Government of India announced that the use of biofortified rice will become mandatory in all school meals and public nutrition programmes across the country by

December 2019. India is one of the target countries for the release of several biofortified crops like iron and zinc pearl millet, iron and zinc rice and provitamin A rice.

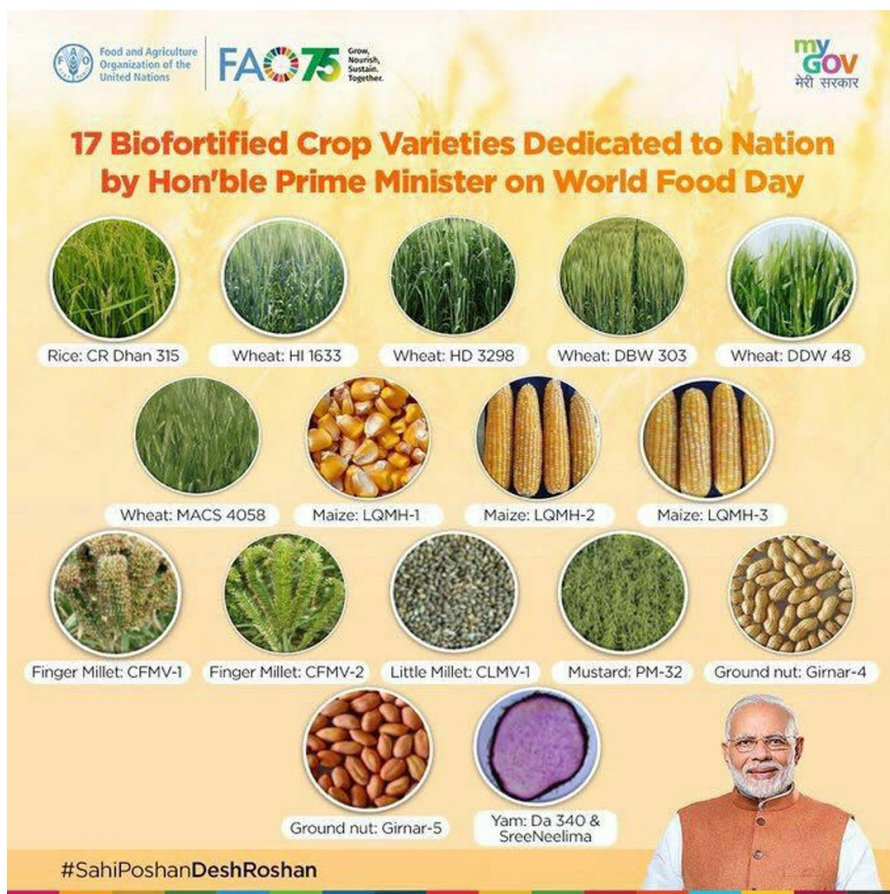
Global research on biofortified crops is led by the CGIAR system, with research currently underway to develop biofortified rice, wheat, sorghum, banana, lentil, potato, sweet potato, cassava, beans and maize. This work is managed across three CGIAR units: the International Rice Research Institute, focusing on genetically modified rice; the International Potato Centre, focusing on sweet potatoes; and the HarvestPlus programme, which coordinates all the rest.

According to Sylvia Mallari of the People’s Coalition on Food Sovereignty, “Biofortification is a business strategy, not a solution to global malnutrition.” There is already significant demand from the food industry who see value in biofortification to both their business and the health of their customers and

the country. HarvestPlus is actively working with the private sector to conduct consumer and market research, develop effective supply chains, and strategic messaging for consumers.

Research on biofortification of foods is increasingly funded by unaccountable private interests from the Gates Foundation to Pepsico to Bayer and DuPont. In India, the Indian Council of Agricultural Research is doing biofortification work with PepsiCo. And since 2016, ICRISAT has been collaborating with Indian seed companies like Karnataka State Seeds Corporation Ltd and Maharashtra State Seeds Corporation Ltd to get high iron pearl millet seeds into farmers hands.

While the corporate agenda of pushing for biofortification, participatory research in Andhra Pradesh and Telangana with adivasi and small peasant communities shows that traditional farming systems provide diets are already highly nutritious, supplying ample levels of vitamin A,



folic acid, vitamin D, zinc and other micronutrients.

Biofortified foods reinforce the belief that health can be reduced to a few nutrients. Malnutrition cannot be isolated from poverty and inequality and biofortification does not address these determinants. It also reinforces the belief that adding nutrients to a few staple crops that are supposedly most accessible to the poor is better than promoting a diet rich in diverse foods, thus reducing the need for dietary diversity.

Furthermore, such foods are a top-down solution and shift control over farming and food systems away from the community and into hands of corporates such as PepsiCo, Nestle and Bayer, who are part of the industrial food system; their ultra-processed food products have already been implicated in the rise in malnutrition, especially obesity. Additionally, many biofortification programmes use transgenesis, mutagenesis and genome editing to pack nutrients into staple foods. They serve to create patented GMOs which pose significant threats to food sovereignty.

STAFF NEWS

Dr. Shaweta Anand has joined the Delhi Office, and Dr. Nagma Nigar Shah, Jayant Kumar, and Sradha Das have joined the Odisha office.

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

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