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EDITORIAL

On the 23rd of May, the general election results were declared, putting an end to discussions as to who will lead the country for the next five years.

Odisha experienced its second worst cyclone in over 3 decades. Though human casualties were contained due to urgent measures taken by the State government, Cyclone Fani wreaked havoc, affecting almost 36% of the entire population of the state. There was extensive damage to infrastructure, agriculture and livestock population in 14 districts.

Fani was followed by the hottest season of the year. The temperature in several areas across the country reached record levels. Many regions are witnessing severe water crisis, and in Odisha, the PHRS project population are finding it difficult to maintain their kitchen gardens, an essential component of their strategy to improve their nutrition.

Bihar saw the highest toll of children's lives due to AES this year, with over 100 children dying in Muzaffarpur district. While the cause is yet being debated, the deaths of these children appears to be linked to consumption of lychee on an empty stomach before

going to sleep. Reports of the deaths also highlight its easy management. However, such management requires well equipped PHCs and district hospitals including the availability of recommended intravenous fluids of the strength required, adequate number of trained health staff at all levels, and proper infrastructure to get the children to the health care centers on time.

The AES linked to lychee consumption affects only the children of marginalized and poor communities, highlighting the urgent need to effectively implement strategies to ensure that children do not go to sleep hungry. It remains to be seen how the newly elected government at the center deals with children's nutrition and rapid improvement of the health infrastructure as well as with the aftermath of Cyclone Fani and the water crisis.

On the plus-side, the impact of the nutrition initiative in Jharkhand – Lohe ki Kadahi – was covered in the national magazine Outlook. The Jharkhand government is showing interest in collaborating with PHRN to strengthen the health services at the field level. The government of Odisha is also planning to extend the Porborish Initiative to the entire state.

NEWS FROM CHHATTISGARH

Updates

Sulakshana Nandi

Workshop on Gender Training and Right to Health

PHRN and CHAUPAL in collaboration with SAMA and Oxfam organized a four-day training workshop on "Gender and Right to Health" at Hotel Madhuban

in Raipur from 24-27th March, 2019. The workshop saw the participation of 40 grassroots workers from 10 districts of the State. The participants comprised of women, men and members of the transgender community and belonged to different age groups, including adolescents. Tribal, dalit and other communities were also represented.

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The primary objective of the workshop was to understand the various facets of gender and the intersectionality that exists between gender and health. The medium of instruction in this workshop was Hindi. All course materials provided to participants were also in Hindi. Preference was given to those participants who have never attended gender sensitization trainings in the past and were not well versed in English.

The sessions were interactive with small video clippings and group activity after every session. Movies were also screened at the venue during dinner time which was followed by an interactive group discussion on the next day. Participants were able to talk about various nuances of gender and the issues that were portrayed in subtle manner in movies like “Stree” and “Mirch Masala”. Throughout the training, the participants highlighted various issues related to gender and health via poster

making, skit and group activities. The poster making was a cumulative effort by participants which highlighted various issues that was discussed in the training over the period of four days. It was a vivid portrayal of various issues that participants have observed in their daily lives and

their nearby surroundings.

State level meet on Health Inequity

PHRN, Chaupal and Oxfam India organized a state level meeting on “health inequity” on 28th March, 2019 in Raipur which was attended by members of various organizations working on health, adivasi and dalit issues, research organizations, legal-aid organizations, trade unions, patients’ rights groups, organizations working on transgender issues and other community-based organizations. This meeting focused on the existing inequalities in the State and importance of right to health in addressing these inequalities. It aimed to highlight the various health inequities faced by vulnerable and marginalized sections of the society and how these inequities formed a vicious cycle which contributed to their ill-health. Panel discussions that were organized, had, amongst others, representatives from

tribal and dalit communities, people living in conflict areas, transgender persons, persons living with HIV and AIDS, representatives of domestic worker union, and activists working on

forest rights, environmental pollution and unorganized sector.

Right to Food regional meeting

PHRN members including Block Program Officers (BPOs) of Narharpur, Kanker district and two field staff members - Dashoda Sahu and Champu Lal Sinha - attended the Right To Food (RTF) regional meet that was held in Raipur on 28th and 29th May, 2019. There were two main plenaries and 12 sub-plenaries on various topics like Public Distribution System (PDS), MNREGA, ICDS scheme, farmers’ issues, Pradhan Mantri Matru Vandana Yojana, health and nutrition, accountability on right to information, displacement due to mining issues, human rights, monitoring of aadhar, pension related issues and disability. The BPO of Mohgaon, Madhya Pradesh, also attended the meet.

At the regional meet, a letter was submitted to Dr. PremSai Singh Tekam, heading the state department of school education, Tribal and Scheduled Caste, Backward Class and Minority Development, Cooperation of Chhattisgarh urging him to speed up the process of inclusion of eggs in mid-day meal program and anganwadis across the state.

Sulakshana Nandi was one of the sub-plenary speakers in RTF regional meet on “nutrition and health”. Neelanjana from PHRN Chhattisgarh also shared her findings from the field visits conducted to eight Nutrition Rehabilitation Centres (NRCs) across the State, mostly in tribal areas and shed light upon the



present status of the NRCs providing care to malnourished children, existing gaps in its functionality. She stressed the need to advocate for nutritious food as a right for every child.

Other news

- Sulakshana Nandi was invited to speak at the 127th WHO Global Health Histories seminar organized by FMES in collaboration with Centre for Global Health Histories (CGHH), University of York, United Kingdom; the Centre for Law and Society, School of Law, Rights and Constitutional Governance & the Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai; and Centre for Policy

Studies, IIT Bombay. The seminar, titled "Towards Universal Health Care: History of 'Health for All' Struggles in India" was held at TISS on 18th June. Sulakshana presented on "Equity, access and utilization under state-funded universal health insurance schemes: Implications for tribal communities."

- Sulakshana Nandi as NAMG member, has been made a member of the Committee for Ayushman Bharat -Strengthening the Convergence of components of Health and Wellness Centre and PMJAY formed by MoHFW. She participated in the first meeting of the Committee on 19th June at Delhi.

Narharpur block, Kanker district

Two batches of residential training of CVs were organised from 17th to 19th May, 2019 and 2nd to 4th June, 2019 respectively in Umradaha Cluster office, Narharpur. A total of 38 CVs were trained on PB-2 module from three clusters of Narharpur - Surhi, Sarona and Umradaha - on various topics including adolescent health and well-being, addressing malnutrition through life cycle approach and IYCF, prevention and management of childhood diseases such as diarrhoea, pneumonia, etc. and importance of immunization. Two members of the Jharkhand team, Sunil and Rahul as well as Ms. Soma Sen were invited as resource persons to conduct the first batch of training for CVs. The second batch was conducted with the help of state team members, Deepak and Neelanjana, along with mentors. An intern from Azim Premji University, Muazzam Ansari also attended the training to understand how PHRN is combating the issue of malnutrition in rural communities by engaging with Self-Help Groups(SHG).

A few good practices were adopted during the course of training like inclusion of locally available foods such as "madiya pej", a nutritious tribal drink made from millets, was served to the trainees instead of tea or coffee. A rare, indigenous breed of chicken, locally known as "kadaknath" was also prepared on the second day of training

Bastar block, Jagdalpur district

As part of revision module, community members and SHG members are now being encouraged to visit the Anganwadi center (AWC) to monitor the quality of services that are being provided there such as the diversity in the food that is being provided, in accordance with "teen rangon ki thali", THR ration, services given to pregnant and lactating women, services that are being given to adolescent girls, if any, etc.

The revision module also focusses on "Infant and Young Child Feeding" and there were events organized in AWC to showcase how to prepare THR with

Nilanjan Panda, BPO from Bastar, is going to pursue higher studies from Indian School of Management. We wish him success in his future endeavours!

locally available food and add to its nutrient value. The caregivers of the children were also invited to this live demonstration of preparing food to ensure that the same can be replicated in their homes as well.

In addition to this, change vectors (CVs) and mentors made home visits to share knowledge on exclusive breastfeeding, complementary feeding and diet diversity.

स्वास्थ्य

स्वास्थ्य और पोषण पर तीन दिनी आवासीय प्रशिक्षण में दी गई महत्वपूर्ण जानकारीयां

ग्राम संगठनों से चयनित 23 बदलाव दीदियों को विशेष प्रशिक्षण

कंचनर। नईदुनिया न्यूज

गोव की धारणाओं, प्रथाओं व व्यवहारों पर की गई चर्चा

विषयों जैसे किशोरावस्था में माहवारी के दौरान करती जाने वाली सावधानी और देखभाल, नवजात शिशुओं की देखभाल व खान पान और कुपोषण, उष्णी आहार का महत्व, कुपोषण और वचपन की बीमारियां जैसे दस्त, निमोनिया, खससा इत्यादि से बचाव पर दीदियों की धमतावर्धन की गई व इससे जुड़ी गांवों में व्याप्त धारणाओं, व्यवहारों और प्रथाओं पर भी चर्चा की गई।

प्रशिक्षण के दौरान बदलाव दीदियों को उपर्युक्त मुद्दों पर जानकारी खेल, कहानी व अन्य गतिविधियों के माध्यम से दी गई जिससे उनकी इन विषयों पर समझ कभी प्रशिक्षण के उपरान्त सभी दीदियों को प्रशिक्षण सामग्री वितरित की गई। पब्लिक हेल्थ रिसर्सेस नेटवर्क एक राष्ट्रीय स्तर की संस्था है जो विगत 14 वर्षों से जन स्वास्थ्य के विभिन्न मुद्दों पर सरकारी और गैर सरकारी संस्थाओं में काम कर रहे लोगों का स्वास्थ्य व पोषण के क्षेत्र में क्षमता वर्धन का काम करती है पब्लिक हेल्थ रिसर्सेस नेटवर्क में काम कर रहे कार्यक्रम अधिकारी दीपक कुमार ने बताया की जन स्वास्थ्य के क्षेत्र में महिलाओं की भूमिका काफी अहम है। जन स्वास्थ्य कार्यक्रमों में महिलाओं की भागीदारी के गुणवत्तापूर्ण महिला व शिशु स्वास्थ्य सेवा संभव नहीं है। इसके अतिरिक्त उन्होंने यह भी बताया की नरहरपुर विकासखंड में बदलाव दीदी का यह कार्यक्रम विगत एक वर्षों से चल रहा है। इस कार्यक्रम के अंतर्गत बदलाव दीदियों का स्वास्थ्य और पोषण के विभिन्न विषयों पर क्षमता वर्धन किया जाता है और इसके बाद ये बदलाव दीदियां वापस जाकर अपने अपने गांव में इन विषयों पर समूह की अन्य महिलाओं को प्रशिक्षण देती हैं और साथ ही अपने और समुदाय के स्तर पर स्वास्थ्य व पोषण से सम्बंधित व्यक्तिगत व सामुदायिक स्तर पर बदलाव लाने का प्रयास भी करती हैं।

इस प्रशिक्षण के दौरान पब्लिक हेल्थ रिसर्सेस नेटवर्क से नीलाजना दास मैटर के फट पर नरहरपुर विकासखंड के अलग-अलग क्षेत्रों में काम कर रहे दशोदा साहू, चम्पु लाल सिन्हा और प्रद्युम्न साहू उपस्थित थे। अरिम प्रेमजी विश्वविद्यालय, बंगलुरु से पछाई कर रहे। मो. अंसरी भी इस प्रशिक्षण के दौरान उपस्थित थे।

to promote the inclusion of animal protein that is locally available in rural areas.

The trainings were also covered by local media and the links are as below:-

1. https://naiduniaepaper.jagran.com/Article_detail.aspx?id=4032&boxid=20979&ed_date=2019-6-05&ed_code=51&ed_page=15

2. <https://www.bhaskar.com/chhatisgarh/kanker/news/chhatisgarh-news-telling-women-to-avoid-pneumonia-070505-4704357.html>

Building Capacities of Village Organizations on Health & Nutrition

In a strategic move to take collective action on Health and Nutrition, a one-day capacity building training of Village Organizations (VOs) was conducted in Narharpur with the support from BPO and Mentors. These trainings have been conducted at Panchayat Bhawans or schools or Community hall in the village with the help of laptop and projector. Till date 7 VOs in the Narharpur block have been given training on various health and nutrition issues. The community members have acknowledged the need to work on these existing issues in their respective villages through community action. There is a plan to capacitate a total of 20 VOs in the Narharpur block in the near future.



An excerpt from a field mentor's diary:

तिरंगा भोजन बनाने में महिलाओं का संघर्ष

चम्पू लाल सिन्हा

आदिवासी बाहुल्य एवम पिछड़े समुदाय की महिलाओं एवं बच्चों के बेहतर स्वास्थ्य के लिए भोजन एवं पोषण की स्थिति को समझने के लिए प्रदान एवं पी एच आर एन के सहयोग से बस्तर संभाग के उत्तर बस्तर जिले के नरहरपुर पिकासखंड में सुरही, उमरादाहा, सरोना क्लस्टर में महिला स्वयं सहायता समूह एवं गाँव के सभी जन समुदाय के साथ स्वास्थ्य एवं पोषण को लेकर कार्य कर रही है जिसके अंतर्गत भोजन एवं पोषण को समझने के लिए बदलाप दीदी द्वारा गाँव में तिरंगा भोजन के महत्व पर प्रशिक्षण एवं चर्चा किया जा रहा है।

साथ ही साथ खेल के माध्यम से तिरंगा भोजन को समझने का प्रयास किया गया जिसमें उर्जा या ताकत मिलने वाली खाद्य पदार्थ जैसे चावल, रोटी, आलू, चीनी, तेल, घी आदि चीजें एवं वृद्धिकारक आहार से भरपूर जो शरीर के विकास एवं मांसपेशी के निर्माण के लिए आहार जैसे दूध, दाल, सोयाबीन, मांस, मछली एवं अंडा एवं रक्क आहार यानि बीमारी से बचने वाला में सभी मौसमी फल, एवं हरी साग भाजी एवं सब्जियों को सम्मिलित किया गया है। इस तरह इन आहारों को सफेद, पीला और हरे रंग में वर्गीकृत कर तिरंगा भोजन पर समझ बनाने का प्रयास किया गया। सुरही क्लस्टर के अंतर्गत 15 गांवों में बदलाप दीदी द्वारा खेल के माध्यम से भोजन से मिलने वाली पोषक तत्वों को समझने का प्रयास किये एवं उनसे मिलने वाली पोषण को समझे है।

तिरंगा भोजन के महत्व पर प्रकाश डालकर एवं वर्तमान में हमारे जीवन शैली एवं खान पान पर इसके प्रभाव पर चर्चा किया गया जिसके चलते महिलाओं एवं बच्चों में बेहतर पोषण की कमी से उनमें कुपोषण की बढ़ते स्तर को बताने

का प्रयास किया गया जिसके दुष्परिणाम से स्वास्थ्य पर होने वाले समस्याओं जैसे एनीमिया, कमजोरी, थकान, बार बार बीमार पड़ना इत्यादि का होना बताया गया एवं सभी समूह की सभी दीदियों एवं समुदाय को तिरंगा भोजन को अपनाने पर जोर देने की बात कही गयी। चर्चा के दौरान अधिकांश दीदियों ने अपनी खाने की थाली में चावल और दाल या फिर चावल और सब्जी का होना ही बताया। ज्यादातर घरों में तीनो चीजें चावल दाल और सब्जी नहीं बन पाती है। सुरही क्लस्टर के सभी गांवों में कुछेक परिवार ही अपने खाने की थाली में दाल चावल सब्जी तीनों का होना बताया मांस भी सप्ताह में एकाध बार ही ले पाते है।

सुरही क्लस्टर के 15 गांवों में प्रशिक्षण के दौरान तिरंगा भोजन न ले पाने में हो रही कठिनाइयों एवं बाधाओं पर समूह में चर्चा किया गया तो निम्न बाधाएं दीदियों के समक्ष निकल कर सामने आई-

1. तिरंगा भोजन बनाने के लिए समय का आभाव- गाँव की अधिकतर महिलाएं कामकाजी होने के कारण उन्हें खाना बनाने के लिए अतिरिक्त समय नहीं मिल पाता है। क्योंकि महिलाओं के ऊपर अन्य कामों का बोझ ज्यादा रहता है जैसे घरेलू कामों में व्यस्त रहना, खेतों में काम करना, बच्चे की देखभाल करना, जंगल से लकड़ी लाना, मजदूरी करने घर से बाहर जाना इत्यादि। इसके अतिरिक्त घर में अन्य सदस्यों द्वारा उनके बहुत सारे कामों में कोई हाथ नहीं बंटा पाता है जिसके कारण उन्हें तिरंगा भोजन बनाने के लिए अतिरिक्त समय नहीं मिल पाता है।





2. पर्याप्त रोजगार के अभाव के कारण गरीबी-नरहरपुर की अधिकतर जनसंख्या गरीब होने के कारण गरीबी रेखा के नीचे जीवन यापन करते हैं और अपने खान पर जरूरतों को पूरा नहीं कर पाते हैं। गाँव के लगभग सभी गरीब परिवार की महिलाओं के पास रोजगार गारंटी योजना के तहत जॉब कार्ड में उनका नाम तो है लेकिन उन्हें वर्ष में पूरे 100 दिन काम नहीं मिल पाता है और न ही समय पर मजदूरी भुगतान हो पाता है। जिससे उन्हें खान पान की जरूरतों को पूरा करने में समस्या आती है। गाँव में सरकार द्वारा राशन दुकान से खाद्य पदार्थों में सिर्फ चावल, नमक और चना ही मिल पाता है जिससे गरीब परिवारों में तिरंगा भोजन नहीं बन पा रहा है।

3. कृषि में दलहन फसलों का न होना- गाँव की अधिकतर आबादी कृषि पर निर्भर है। लेकिन हमारे यहाँ कृषि में सिर्फ धान को ही प्राथमिकता दी जाती है। दलहन वाली फसलों की नहीं के बराबर खेती करते हैं और न ही दलहन को लेकर इतने जागरूक हैं। दाल की खेती में ज्यादा समय लगने

और इसके खर्च खराब के कारण भी इसकी खेती करने में भी उन्हें बहुत दिक्कत होती है। हालाँकि कुछ खेतों में उड़द दाल को टिकरा, भर्ती जमीन पर लगाते भी हैं तो इसको बेच देते हैं और इसको खाते नहीं हैं। इसके कारण भी तिरंगा भोजन के लिए उन्हें दाल बाहर बाजारों से खरीदना पड़ता है जो गरीब परिवार के लिए काफी महंगा होता है।

4. बढती गलत जीवन शैली का चुनाव और खान पान में जागरूकता की कमी - आजकल गलत जीवन शैली के चलते अन्य चीजों पर लोग खर्च करते हैं परन्तु अपने पोषण पर खर्च करने को जल्दी तैयार नहीं होते हैं और अगर खर्च भी करते हैं तो बाजार में उपलब्ध वैसी खाद्य पदार्थों पर खर्च करते हैं जिनमें पोषण आहार नहीं होता और स्वास्थ्य पर बुरा प्रभाव डालते हैं जैसे समोसा, पैकेट वाली चीजें जैसे मिक्सचर, बिस्कुट, कुरकुरे, चिप्स, इत्यादि। घर में बच्चे भी इनको पसंद से खाते हैं और खाने की जिद करते हैं और यह गाँव के बाजारों और दुकानों में आसानी से उपलब्ध भी रहते हैं। इस तरह की खराब जीवन शैली और खान पान लोगों के जीवन पर देखा देखी हावी हो रही है और तिरंगा भोजन को व्यवहार में लाने में बाधक बन रही है

उपरोक्त सभी कारणों से सुदही क्लस्टर के गांवों में समूह की दीदियों को तिरंगा भोजन बनाकर खाने में उन्हें काफी असुविधा हो रही है। गाँव में हो रही तिरंगा भोजन को लेकर हो रही प्रशिक्षण एवं जागरूकता को लोग समझ तो रहे हैं लेकिन अपनाने में बाधाओं का सामना कर रहे हैं। प्रशिक्षण प्राप्त कर लोग अपने घरों में जाकर तिरंगा भोजन को लेकर चर्चा करना शुरू कर दिया है एवं कुछेक परिवार इसकी सकारात्मक पहल शुरू कर दिए हैं।

etc.”

Some of the teachers, who were observing the meeting wanted us to conduct such a meeting with other students of the school as well. PRADAN Team Coordinator Sidharth Swain was also present and he appreciated this initiative.

Some learnings and suggestions

1. Tell the participants directly about the prior meeting on “Teen Rangon ki Thali” and why this is important for adolescents as well as for everyone, rather than question them about the earlier meeting.
2. Make a list of 12-15 activities where children need help from their parents e.g. a) who helps you wake up in the morning, b) who gives you food to eat, c) who wash your clothes, d) who helps you in study at home, etc. Based on these children will put the pebbles in the circle (Mother or Father). This will help them as they experience these activities at home. Then in next step, workload distribution based on gender will be asked to the group through some rapid fire questions from mentor like a) who brings water in the morning, b) who cleans the house, c) who cooks the food, etc.
3. Impact on health will include only anemia and depression charts.

Torpa

The mentors of the Torpa block had transacted MM7 in 27 schools in Torpa in August and September, 2018. After these meetings, our mentors kept contact with the adolescent girls in their respective areas, who were always asking about adolescent health and nutrition. This was also the case in Bazartoli, a hamlet of Ukrimadi village in Ukrimadi Panchayat. These adolescents also wanted to know what they could do as youth for bringing changes in society.

After discussion, Prem Shankar, the team coordinator, Sushila, the mentor and I decided to form an adolescent

NEWS FROM JHARKHAND

Gender training for adolescents

Rahul Chandra, Sunil Thakur & Rajesh Sriwastwa

Gola

Mr. Rajesh Sriwastwa, the BPO and mentors of Gola block visited Dabhatu Kishan High School on 12th April 2019 for training adolescent boys from class VI to VIII on Gender inequality and its impact on health. Some girls also participated in the meeting, by surrounding the circle of boys.

The meeting shared the experience of an earlier meeting in the school with the adolescent girls on Food and Nutrition. This was followed by a discussion on the workloads of their father and mother. The boys and girls started keeping pebbles in two piles to depict the daily work of the father and the mother. They realized after counting the pebbles in each pile that the mother's

workload was higher compared to the father's workload. We then connected the workload with the feeding pattern – who eats first, who eats less food? Most of the students replied “Maa ant me khaati hai, unki kuch ghat jaata hoga”. This was followed by linking it with the health status of women in rural areas, We showed them some of the data (i.e. Anemia in Rural Areas among Women and Men, Depression status among Men and Women, maternal mortality rates, and so on).

When asked whether they helped their mother with household work, most of the girls but only two or three boys said “yes”. However all the boys took a pledge to help their mothers now onwards with their workload – “Aaj hi ghar jake maa ka khana dekhenge kuch ghatta hai ki nahi aur Maa kaa kaam mein madat karenge jaise bartan dho denge, paani la denge, kapda dho denge

group in the village. On 3rd March, when we reached the village, 40-50 adolescent girls had gathered. The girls were then divided into three groups based on age, and after a general discussion, they were given two tasks to be completed within a week – a) to decide on a name for the group and b) to decide on the goals to be achieved over the coming one year.

A week later, the girls had formed three groups; the first comprised of girls aged 17 to 19, the second was aged 14 to 16 and the last was aged 10 to 13. The girls had named their groups, and had written down the tasks they wanted to complete in the following year.

The first group, Santoshi Kishori Mandal, have decided that girls who do not go to school (drop-out) should be brought back to the school. They have talked to their parents, who have assured them that they would send their girls to the school again. Some girls have left the village to earn money outside; their parents too have said that they would bring their children back and would try to complete their education.

The second group, Unnati Kishori Mandal, have decided to keep their hamlet neat and clean. They will check all the hand pumps and wells and if they find sludge around it, they will try to clean it with the help of inhabitants of the area. The group has already successfully started this work.

The youngest group, Chameli Kishori Mandal, have decided to convince the people to use toilets and try to stop open



defecation. They have also decided to convince all the children of this hamlet for proper hand wash before taking meals.

The groups had invited the mentor, Sushila, for transacting MM-7, as some of the girls had not been present in the school on the day of the health meeting on MM-7.

At the next meeting, the groups, which will meet every Sunday, will share two problems, one from family level and one from personal level, which we and the other groups will try to resolve. We will also transact MM-2 (tiranga thali) and MM-9 (Kuposhan aur bachpan ki bimariyan) with these groups.

Outlook carries story on Lohe ki Kadhai

The national magazine Outlook, carried a story on the increasing use of iron vessels in Jharkhand villages to combat

anemia. The story, entitled “Cooking in iron kadhais: a movement of women’s collectives in Jharkhand to combat anaemia”, written by Kandala Singh, is available at <https://www.outlookindia.com/website/story/cooking-in-iron-kadhais-a-movement-of-womens-collectives-in-jharkhand-to-combat-anaemia/332609>.

NEWS FROM ODISHA

Updates from Creche Programme

Shahnawaz Khan

PMU-CRC Events:

Meeting with civil society organizations

With an aim to update the organizations working in the area and to the concerned government official, meetings were held in Rayagada, Kalahandi and Koraput districts on 23rd April 2019, 30th April 2019 and 14th May 2019 respectively. Representatives from civil societies and government especially from the district social welfare departments



were updated on the activities as well as possibilities were explored for further association in formal or informal ways.

DCPMU review meeting

Continuing with the regular review meetings of the five DCPMUs, a meeting was held on 22nd May 2019 at Hotel Tejasvi International, Rayagada.

Representatives from the district teams working on the creche programme presented the activities undertaken during the last two months. Noteworthy development was the contribution of the creche committees in the management of creches including initiation of creche kitchen garden, construction of toilet and purchase of fans for creche by the committee in few crèches. Crèche committees have been able to take decisions while changing creche workers, utilization of unspent funds provided to them for monthly expenses etc.

Anthropometric training 23-26th May 2019

A three-day training on anthropometric measurements was organised at Rayagada. The main objective was to get trained on the correct method and technique of taking measurements like length/height, weight and MUAC as well as getting clarity on the need to calibrate equipment periodically. The training was conducted by Ms. Vasundhara Bijalwan, from Nutrition International and was attended by

members from the national office, CRC, PMU and all DCPMUs.

The training was divided into three parts-the first day focussed on building an understanding on undernutrition and its indices, method to measure height, weight, MUAC and check bilateral pitting oedema and calibrate anthropometric equipment (digital weighing machine, stadiometer and infantometer). Besides, the participants were also briefed on critical points to remember and communication messages while measuring the child. Videos on taking correct measurements were also shown for better understanding. The second day included practice session wherein practical demonstration of anthropometry was done and later the participants practiced taking anthropometry using the correct technique on crèche children below 3 years of age. On final day, for field simulation, the participants were taken to the project area where they measured the crèche children in the actual setting.

Scaling up of creches by Govt of Odisha

Currently, PHRN, supported by Azim Premji Philanthropic Initiative and the Govt. of Odisha is running 150 creches in five southern-most districts; EXJUT is running 30 creches with support from District Mineral Foundation in Keonjhar. Encouraged by learnings

from these creches, the Govt

of Odisha is planning to bring up new 2400 creches in four districts of Keonjhar, Mayurbhanj, Sundargarh and Jajpur. These creches may be setup through financial support from Odisha Mineral Bearing Area Development (OMBADC) fund.

Rising Temperatures and Community Participation

Dangariguda creche is situated in Dangariguda Panchayat, Jharigaon block, Nabarangapur district. Since inception of the creche program in the village the contribution of the community people to run the creche had been quite impressive.

The temperature in the district rises to almost 40 degree Celsius during summers; the humidity averages 69% across the year. May is expected to be the hottest month of the year. As the summer season was approaching, an inverse relationship was observed between rising temperatures and attendance of children in creche. Though the program has quite a few aspirational guidelines for setting up a creche with regards to creche space (house), locating such resources within the intervention areas has always been a big challenge arising out of poor socio-economic condition of the strata of population that the program is engaged with. However, the saying "United we Stand, Divided We Fall" was actualized to mitigate the effects of summer in the village. A community meeting, facilitated by PHRS and the creche workers, was organized on



8th April 2019 in the village to find ways of nullifying the effect of rising temperatures on attendance of children in creche. The one-and-a-half-hour meeting sought to make people realize that conscious efforts and contributions were needed to deal with the issue of

heat. The meeting was successful and it was democratically decided that a ceiling fan will be purchased through community funding. The PHRS team was quite optimistic and believed that funds will be gathered soon. But the surprise was that the funds were

gathered within a day and the ceiling fan was purchased on 10th April, 2019. It has already been installed in the creche.

Such contributions show the impact as well as the need of such program in these locations.

CASE STUDY OF BHAKTI MALI, KORAPUT

Bhakti Mali, a 23-month old girl, lives with her parents and grandmother in Jhariguda village in Sadar block, Koraput. Her father works as a daily wage earner and her mother is house-wife. They have a small piece of agricultural land. They belong to the Mali community which comes under OBC category.

Medical history

Bhakti Mali, who weighed 1.89 kg at birth, has been suffering from Congenital Heart Disease (CHD), an anatomical defect in heart since birth. CHD can cause life-threatening complications. No one else in the family suffers from any long-term disease.

Early interventions

The team has been continuously following up on Bhakti Mali ensure a healthy childhood for her. On 8th November 2018 the PHRS team visited the village and met the frontline workers. During the visit the condition of the child was poor and she was not able to attend the creche regularly. Though program protocols and guidelines put special focus on referring ill children to health centers, the people in the project intervention area are mostly quite reluctant to visit them. However, the PHRS team made special efforts to help the child's parents understand the importance and need of taking the child to health center. After visiting health center, the family learnt that the child was suffering from CHD.

Thereafter, PHRS team linked the child with the Rastriya Bal

Swasthya Karyakram (RBSK) team for free treatment. The RBSK team referred the child to Cuttack but mentioned that free treatment could be availed only if the family's income is less than INR 40,000/annum. Normally people from rural areas work in the informal sector and do not have requisite formal certificates; thus their endowments are not converted into entitlements. Bhakti Mali's parents also did not have an income certificate. In between the time required for obtaining income certificate Bhakti Mali was admitted in NRC for nine days in the month of January 2019, where her health improved and she became more active than before. Thereafter the RBSK team helped to get her admitted in Cuttack hospital, where an Echo test was done and medication started.

Cardiac medical screening camp

On 29th March 2019, the Cardiac Screening Camp was organized at S.L.N. Medical College, Koraput, in collaboration with Narayan Hrudayalaya and RBSK. During this camp, another Echo test was done on Bhakti Mali, after which the doctors advised surgical treatment for her.

Follow-up

The team is keeping a close eye on the health of Bhakti Mali and engaging in conversations with her family members consistently. It was observed that the child is becoming active. At present she is attending creche regularly.



Present Status

While the team was consistently in close contact with both the RBSK department as well as with the parents of Bhakti Mali regarding the health of the child. The RBSK team members Mrs. Mahapatra and Mr. Bibhu Ranjan Mund called the PHRS team on 17th April 2019 and said that Narayan Hrudayalaya has finalized the date of operation of Bhakti Mali after 30th of April 2019 at Howrah, Kolkata after thorough health checkup of the child. Accordingly, Koraput team counselled and convinced the parents to go ahead with the operation of the child. Now the parents have agreed to move to Howrah on 30th of April for the operation.

FACILITATING ACTION AGAINST MALNUTRITION (FAAM) – STORIES FROM THE FIELD

Aditi Hegde

Chhattisgarh

Care of newborn

When Asto didi, a CV of Chingpalpara village, Darbha, conducted the MM7 meeting, her daughter-in-law was pregnant. Later, in the month of October 2018, the daughter-in-law gave birth to a child. As it was a premature delivery, they did not get the time to go to the hospital and the baby was born at home with the support of ASHA worker. The baby weighed less than normal at birth. As Asto didi had learnt from MM7, she helped her daughter-in-law with colostrum feeding, arranged kangaroo care for the baby, and gave the baby a bath after seven days. During this period, the baby did not get sick as better care was given. Now, they are experiencing better growth of the baby.

Asto didi shares her experience within the meetings which has immensely motivated the other members to take care of the child in the way mentioned in the module for the better care of both mother and infant.

Care of infants and complementary feeding

The health meetings have brought about changes in not only the food plate of the families, but also in other health related practices. Kamalbat didi from the village Dilmili, Darbha regularly attends meetings nowadays. She has experienced the death of two of her children in the past years. Last year, she gave birth to a child but due to difficult circumstances and lack of awareness about the importance of timely initiation of complementary feeding, she did not start the same for her child till the age of 1 year. After attending health meetings of MM8, she came to know about the importance and process of complementary feeding and presently she has started giving her child khichdi. She also takes her child to the AWC and health centre for immunization. The health of the child is gradually improving.

Jharkhand

Care of infants – importance of MTC

Sitaram Marandi is an eight-month-old baby living with his parents and five siblings in Dalahi, Bichiyapahari panchayat, Kathikund. His family is very poor and barely manage to get three meals a day. The parents are daily wage labourers. Apart from the situation of poverty, both the parents, and Sitaram suffer from tuberculosis. Based on the information given by the MT, a home visit was conducted. During this visit, it was observed that Sitaram had all the symptoms of severe acute malnutrition, his height was 52 cm. and his weight was 2.8 kg. His parents were also in poor health, and the father was unemployed and addicted to alcohol. When Sitaram's health was discussed with the parents, they conveyed that they did not find anything wrong with him. They thus refused to visit the MTC even after receiving counselling.

A village meeting with all the community members and the Sarpanch was called for the very next day. At this event, the symptoms and indicators of malnutrition were introduced and discussed with all participants using the micromodule and picture cards. The provisions of the MTC were



Sitaram Marandi at the MTC

also discussed. The community then counselled Sitaram's parents and, as a result his father agreed to take him to the MTC. Simultaneously, a discussion was also held with the MTC nurse. Finally, Sitaram was admitted into the MTC. Within 7 days, his weight increased to 3.3 kg and the oedema disappeared. He and his mother also began receiving treatment for tuberculosis.

Accepting family planning methods

Babita Sundi is a member of Tara Mahila Mandal, Sonua. She has two children and personally did not want to increase her family size further. When she heard the story of Maya in the micromodules, she gained awareness of the different types of birth control methods. She felt inclined to adopt the Copper-T but was afraid to discuss the same with her family.

A few days afterwards, the mentor met Babita and asked her if she had adopted any method of contraception. Babita shared that she had shared her feelings with her husband who has then expressed his worry about using birth control. The mentor went to Babita's house and discussed contraceptive methods with her mother-in-law and her husband, after which they agreed to adopt a contraceptive.

Babita and her family took an informed decision and with the help of the ASHA went to a hospital where a copper-T was inserted.

She continues to use the IUCD as of now and has no problem with it. The couple are happy.

Odisha

Preschool children go to the AWC

In the initial stage of the intervention in Bandhaguda and Karanjholi villages (Rayagada), it was found that no preschool children were going to the AWC. The mentor, Roji, along with the CVs conducted home visits to the homes of the preschool children. During this visit, they highlighted the importance of nutrition and preschool

education for these children, and also discussed the need for feeding, caring, play, etc. At first, only one woman, Hema didi of Bandhaguda village, sent her two children to the centre. Gradually, the practice spread in the community. The CVs in Karanjholi also took the additional responsibility of accompanying preschool children to the AWC. After MM9, the mothers were able to get clarity on the reasons behind the services provided by the government. They began feeling that the facilities will help their children in the long run. Then they decided to send their children to the AWC on a regular basis. Now, all preschool children from both the villages are going to the AWC!

The AWW is also very happy and offers her thanks to the mentor, the SHG mothers and the program. She attributes the change in community behaviour to the program.

Nutrition Savings Pot



Village with their nutrition savings pot

The women of Pokarisahi, a village in Odisha, have been participants to the health and nutrition meetings for a long time. Recently, during the transaction of the first revision module, the idea of 'nutrition savings pot' was introduced to them. The idea, along with the message of teen rangon ka thali, took root in their minds. Now, they are saving a small amount of money each month in a piggy bank. They have used the savings of one month on fish and fruits.

West Bengal

Dietary diversity - mushroom cultivation

Anamika Mahato is a 42-year-old woman living in Ichag, Ichag



Anamika and the mushrooms she grows

panchayat, Jhalda 1 block with her husband, one son and three daughters. She is a farmer.

Anamika Mahato was a regular participant in the VO (Upasangha) meeting. One of the agenda points of the meeting was health and nutrition. After understanding the importance of teen rangon ki thali, she talked to her family about carbohydrate, protein, vitamin and mineral consumption. She realized that while their carbohydrate consumption was good, other nutrients were lacking. She wanted to plant a kitchen garden but did not have the land to do so. She finally decided that she would grow mushrooms and use the money to purchase more vegetables from the market. With the help of her husband and daughter, this endeavour has been successful. They now eat a teen rangon ki thali as well as their home-grown mushrooms regularly!

She shared, "It was a challenge for me to do this mushroom cultivation as every villager demotivated me. But I got support from my daughters and husband, and I was quite sure that I have to increase the protein and vitamin consumption of my family. Today, I am successfully cultivating mushrooms and cook it in on a regular basis for myself and my family. My daughters enjoy having mushroom curry very much."

Preventing early marriage

Sangita Mahato is a 16-year-old girl living in Gopalpur, Jhalda Dorda panchayat, Jhalda 1 block. She is the eldest daughter of her parents. She lives with her parents, grandmother and two brothers. Her mother Komola Mahato is an SHG member. She has attended

all the micromodule meetings and has developed her perspective on larger issues such as consequences of early marriage.

One day in August 2018, Sangita's father suddenly received a marriage proposal and invited the family home. The family as well as the boy liked Sangita and were ready for the marriage. Sangita's mother tried to make her husband understand not

to proceed, but he didn't listen to anyone. So, Sangita's mother shared the matter with her SHG. The SHG didis took the issue to Upasangha. As an action point, Upasangha didis visited Sangita's house and informed her parents that they will not allow any child marriage in their area. They made Sangita's father understand about the problems his daughter would have to face if she gets married early. Finally, he agreed to postpone her marriage until after she turned 18.

Now, Sangita is studying in class XI, and her family supports and encourages her education.

Madhya Pradesh

Institutional delivery

Nainwati is a 32-year-old woman living in Paradar village, Badjhar panchayat, Mohgaon with her husband and three young children. She belongs to a very poor family. All her children were born at home and had low birth weight. Now she was pregnant with her fourth child. After attending the MM6 meeting and talking to the CV during home visit, Nainwati and her husband learnt about the extra care that is to be taken during pregnancy. They also decided to have an institutional delivery this time at the District Hospital in Mandla.

Last month, Nainwati gave birth to a health child weighing 2.9 kg. This was the first of her children who did not suffer from low birth weight! She is now also planning to talk to her husband to adopt a family planning method.

FAAM Dipstick survey

As part of the FAAM program, PHRN undertook a dipstick survey in eight blocks where the project is being

implemented and covered about 1,000 households in each block, in villages where work is ongoing. Structured interviews were conducted with women on their own dietary diversity and that of their children, eating habits, food security, source of food, nutrition-related practices, and changes attributable to the intervention. At the time of this survey, that is December 2018 – January 2019, the intervention was entering its end phase; all nine modules had been largely completed.

The preliminary analysis from three blocks, Mohgaon in Madhya Pradesh, Kathikund in Jharkhand, and Kolnara in Odisha, tells us that the communities have felt a change since they began attending health and nutrition meetings. For example, in Kolnara, nine out of 10 women felt that their food habits had changed. Women have diversified the diet they and their family consume. The consumption of fruits and vegetables was encouraging: about one-third of the women in Mohgaon were consuming a teen rangon ka thali at least twice a day! Kitchen gardens (discussed during the meeting on ‘Silwanti’s dream’) were important contributors as a source of vegetables and fruits. In fact, about nine out of 10 women in Mohgaon and Kolnara had a kitchen garden of their own!

NUTRITION NEWS

Religious fundamentalism, conflict of interest and nutrition schemes for children in India

Mid-day meals (MDM) in schools are an important measure to reduce malnutrition in children. Akshaya Patra Foundation (APF), the charitable arm of the religious organization ISKON, has contracted providing these meals in several states, including many districts in Karnataka. Their meals do not contain onions and garlic, as the organization believes that these ingredients are against their religious precepts. The children however do not enjoy these meals as they find them lacking in flavour, Right to Food

activists in the state took up the issue with the Department of Education, who asked the country’s premier nutrition institute, the National Institute of Nutrition (NIN), among others to assess whether the meals supplied by APF met the nutritional requirements of the children. NIN endorsed Akshaya Patra’s stand. The Right to Food activists raised several issues with NIN’s assessment in particular. They argued that firstly, the assessment was not based on science and was backed only by the personal comments of some NIN scientists who visited some of APF’s kitchens in Telangana and Karnataka. Secondly, they held that as children were rejecting these meals, they were not getting the nutrition supposed to be supplied by the MDM.

The presence of Dr. Subha Rao M. Gavaravarpu, a deputy director of NIN who is not a nutrition scientist, in APF’s consultative council that decided on the contents of MDM, signals serious conflict of interest. Though Dr. Gavaravarpu told *HuffPost India* that he had attended only one meeting and given “a bit of advice”, APF has removed his name from the consultative council members’ list.

A glance at NIN’s dietary recommendations over the years reveals that they are pro-vegetarianism. An authoritative study completed in 1993 by the Anthropological Survey of India found that 88% of the Indian population comprised ‘meat eaters’. SRS data reveals that only about 30% of Indians are vegetarians. Further, data reveals that the Jains and Brahmins, who eschew onion and garlic, form only 0.07% and approximately 5% of the Indian population. Thus it is clear that a very small minority group of Indians is setting the dietary agenda for the entire country, including its malnourished children. The meals and Take Home Rations offered by the ICDS do not include eggs and meat, though evidence shows that these foods are best absorbed and contribute effectively towards reducing malnutrition; a few states have

started including eggs in MDM and meals for 3-6 year olds at anganwadis as a result of intensive campaigning by Right to Food Campaign.

New report in Lancet links non-communicable diseases (NCDs) to excessive intake of sodium, but not to sugar and ultra-processed food

(excerpted from Healthy for Whom – Consumers or the Food and Beverage Industry?)

The Global Burden of Disease (GBD) Diet Collaborators Report, titled Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017 and published in April in *The Lancet*, lays the blame for the increasing burden of NCDs on excessive intake of sodium. Though the 16 dietary risk factors identified by the report include sugar, trans fat and processed meats, it states that these risk factors were “towards the bottom in ranking of dietary risks for deaths and DALYs for most high-population countries.” This statement may affect the interventions by countries to reduce consumption of sugar and ultra-processed foods by decreasing their priority.

The Global Burden of Disease and risk factors are assessed by the Institute of Health Metrics and Evaluation (IHME), which has received a substantial grant from the Bill and Melinda Gates Foundation (BMGF) for its activities. The Gates Foundation and Bill Gates’ investment portfolios show considerable investment in Coca Cola FEMSA, Coca Cola’s largest bottling company, and Arcos, the largest franchise holder of McDonald’s in South America. Warren Buffet, a partner in BMGF, is the largest shareholder in Coca Cola. Thus, the BMGF grant represents a grave conflict of interest in the generation of the GBD report and casts doubts on its credibility. (The full article can be accessed at <https://worldnutritionjournal.org/index.php/wn/article/view/635/568>).

INSTITUTE OF HEALTH MANAGEMENT, PACHOD, RECEIVES THE CHILDREN'S NOBEL PRIZE 2019

The Founder of Institute of Health Management, Pachod (IHMP), Dr. Ashok Dyalchand, is the recipient of the Children's Nobel Prize of 2019, a prestigious award presented by the World's Children's Prize (WCP) Foundation, Sweden. On his visit to Sweden to receive the prize, Dr. Dyalchand was accompanied Divya, 16 year old girl from village Dungaon in Jalna district of Maharashtra. She was a participant in IHMP's Life Skills Education.

For the past 40 years, Institute of Health Management, Pachod (IHMP) has been providing innovative public health services in the villages of some of the most backward districts of Maharashtra and in the slums of Pune city. Since 1998, the emphasis has been on adolescent girls. More than 80 percent girls were married before the age of 18 years when IHMP started working with this group. Over these years, IHMP has provided these teenage mothers with

reproductive health services, which has resulted in a significant reduction in illnesses and deaths among these married adolescent girls and their new born children.

Since 1998, IHMP has provided Life Skills Education to vulnerable unmarried girls between the ages of 11 and 19 years, with the aim of empowering them to negotiate with their parents to delay their age at marriage and allow them to continue with their education. This has resulted in a significant increase in the self-esteem and self-efficacy of these girls, a marked increase in age at marriage, and an increase in their schooling. More than 50,000 girls from 500 villages and 54 slums have benefited from this program.

Approximately 50 percent of girls in the rural and slum communities of Maharashtra are married before the legal age of marriage, IHMP continues tirelessly to change this situation.

Chhattisgarh office relocates

The PHRN Chhattisgarh office in Raipur has shifted. The new office is adjacent to the old one. The new address is

2nd Floor.
29, New Panchsheel Nagar,
Raipur,
Chhattisgarh. 492001

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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

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

ADDRESS

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