



PHRN NEWSLETTER

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FROM THE ED'S DESK

Public health in uncertain times...

The year 2020 has revoked expectations and lost certainties. As the country is witnessing the exponential rise of COVID 19 positive cases each passing day, certain pockets are experiencing difficult situations for lack of adequate health facilities vis-a-vis increasing caseloads. The issue is not only about health and wellbeing as the impact of the pandemic is multi-dimensional. Lives and livelihoods of a large number of people, especially the daily wage earners/migrant workers, have been adversely impacted as the country remained under complete lockdown for more than two months. The COVID 19 crisis has forced India to finally acknowledge the presence of migrant workers as the lockdown made their presence visible and obvious to urban dwellers. The government had committed to providing temporary shelter with food for migrant workers and their families when the lockdown was announced but could not deliver. In the uncertainties and absence of adequate facilities, India witnessed this brutal and heart wrenching reality in the form of movement of thousands of migrant workers through long distances, mostly by foot or cycles (in absence of any transportation facilities) to escape the distress condition, with the aim of reaching home safely. The condition of stranded workers was even more pathetic as they were locked up in the cities without any wage and minimum avenues for survival. Most of these workers didn't have access

to one single meal for themselves or for their families. Basic survival came under question as there were no rent waivers and affording even a square meal became an impossible proposition for this section of the society. Needless to say, given the vulnerable situation, they were more prone to infection and other health hazards. The struggles of the migrant workers have shown no signs of ending. The basic rights of millions as human beings, as citizens, and as workers have been questioned. As a public health organization, we are committed to the health and wellbeing of the community. Our field presence in Odisha provided us an opportunity to respond to the crisis and meet the immediate needs of the community. With support from Azim Premji Philanthropic Initiative, PHRS distributed dry ration in nearly 75 PVTG villages covering 4909 households. The distribution was based on a scientific calculation of energy and protein requirements per person in each family (consisting of two adults and two children). The distribution also included the distribution of a hygiene kit. Our teams in the intervention villages worked with the frontline workers/crèche workers to sensitize the community about COVID 19 and prepared masks at home or through SHGs to ensure the availability of masks at the local level. We are committed to continuously work with the community and the local authorities to ensure the health and well-being of our beneficiaries. The journey is long and the dream is big, yet we hope to make a positive impact.

NEWS FROM THE SECRETARIAT

Nutrition and Social Protection: Presentations from India: An offshoot event from the cancelled World Public Health Nutrition Congress 2020

Aditi Hegde

Public Health Resource Network (PHRN) organized a two-day webinar series (1st and 2nd May 2020) on 'Nutrition and Social Protection: Presentations from India'. This event was an offshoot of the World Public

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Health Nutrition Congress that was to be held in Brisbane, Australia from 30th March to 2nd April 2020. The Congress was canceled because of the COVID-19 pandemic. Dr. Vandana Prasad (Technical Advisor, PHRN) was a part of the International Organising Committee for the Congress and led the organization of this India-specific event.

The two-day event saw almost 100

participants, from India and outside, joining in to listen to presentations from those who were expected to attend the Congress. Margaret Miller (WPHNA) welcomed the participants on Day 1 and set forth the context of the Congress with Dr. Vandana Prasad. Over the two days, the main presenters included Dipa Sinha (Ambedkar University), Vandana Prasad (PHRN), and Sejal Dand (ANANDI). Additionally, Pradeepa

Dube, Jyotsna Jadeja, Arundhati Sridhar, Rita Parmar (ANANDI), Sangeeta Sahu (Chaupal), and Deepika Joshi (PHRN) presented field-level experiences on social protection and nutrition. Each session was followed by open discussions making the whole webinar interactive in nature. The webinar was also live-streamed on the PHRN Facebook page.

NEWS FROM ODISHA

Distribution of dry ration and sanitation supplies during COVID-19

Aditi Hegde

The COVID 19 pandemic and the subsequent lockdown has disproportionately impacted vulnerable communities through the loss of



Villagers from Patalamba, Bissamcuttack, after receiving dry rations

livelihood activities, diminishing food supplies, and loss of access to markets. Public Health Resource Society (PHRS) has been involved in implementing community-based crèches in five districts of Odisha since

Tab-based reporting after receiving dry ration in Gondili village, Bissamcuttack



2017. Our close engagement with the communities has helped us better understand the vulnerability of the community members. Based on a needs assessment conducted in five districts of Odisha where PHRS works, we have begun distributing dry

rations and sanitation supplies to over 4,600 households (approximately 20,000 individuals) in three blocks: Bissamcuttack (Rayagada district), Lanjigarh (Kalahandi district), and Khairput (Malkangiri district) in April 2020. Our efforts are directed

towards reaching out to PVTG communities. The ration kit includes pulses, oil, spices, potatoes, onions, sugar, bathing soap, and detergent costing about Rs. 1897 per kit. This work is supported by Azim Premji Philanthropic Initiatives.



Person from Didai (PVTG) community returning after receiving dry ration in Muduliguda village, Khairput block

Community returning home after receiving dry ration in Patalamba village



Hand sanitization after dry ration distribution in Dangarranihandha village, Bissamcuttack



New crèches for Koraput district

Shahnawaz

One of the documented outcome of the programme “Mainstreaming Crèches to Reduce Malnutrition in Odisha” is to demonstrate a model for management of malnutrition through a community based and community-led intervention that can eventually be taken by the government or other agencies. Though, a small but very significant milestone in this process has been achieved. The administration of the Koraput district, Odisha has approved a proposal to open five new crèches in the district with the financial support from Hindustan Aeronautic Limited (HAL). An organisation EKTA has been shortlisted for implementation of these crèches. Public Health Resource Society has been invited by the district administration to provide technical support to the implementation. These will be the first set of crèches outside of the current crèche programme technically supported by the organisation with the direct involvement of the government. We hope more crèches will follow.

The Lockdown Has Worsened the Plight of Odisha’s Indigenous Bonda Community

(Excerpted from an article with the same name in The Wire, June 01, 2020)

Perched on the southern edge of Odisha, in Malkangiri district, is the forested hill region of Bondaghati, home to one of the 13 Particularly Vulnerable Tribal Groups (PVTGs) in the state, namely the Bonda. They collect minor forest produce (MFP), of which a part is used by them, and the rest sold by women at the local haats. The unprecedented situation brought upon by an extended lockdown has jeopardised the livelihoods, food and nutritional security of around 12,000 Bondas who live in 32 villages covering an area of around 130 square km, in Khairput block.

While the government is confident of taking adequate steps to stave off food emergency, Rajesh Pattanayak of PHRS is does not believe that accessing

PDS is enough to ensure the food and nutrition security of the Bonda people. “Their nutritional intake is far below the accepted standard,” he says.

According to Pattanayak, since the Bondas depend on rain-fed agriculture, their access to food in the off-season depends on the quantum of harvest and income raised from selling forest produce gathered mostly by women. Due to the variation in rain, temperature and soil moisture, the Bondas have been consistently reporting substantially reduced yields of their traditional crops such as millets, pulses and cereals. In fact, erosion of fertile top soil, drought, and the destruction of indigenous seeds from flash floods have reduced the number of crops that the Bonda people are usually able to grow, and they cannot anymore be sure of their income from agricultural products.

Also, while the Bondas have traditionally cultivated vegetables in their backyards mostly meant for household consumption during the winter season, it is a challenge for them to get nutritive vegetables in the summer because of water scarcity. The prolonged lockdown has worsened the situation for them.

Pattanayak is of the view that “the government should take a collaborative approach with the Bonda community leaders and elders, to implement land development initiatives.” He mentions that there is a need to prevent the disastrous impact of flash floods and promote preservation, cultivation, and multiplication of indigenous seeds. This will ensure long-term food and nutritional security among the Bonda communities, he feels.

PHRS, in collaboration with Azim Premji Philanthropic Initiative, has distributed hand sanitisers and food supplies to 1139 Bonda households in 11 villages in the Mudulipada panchayat and two villages in the Andrahal panchayat. “Our prime focus is to provide nutritionally rich food items,” says Pattanayak.

Each Bonda household received arhar



Kitchen garden in a household in Bandapada village, Khairput block

dal, masoor dal, refined oil, flattened rice, soyabean, Bengal gram, salt, suji, turmeric powder, coriander, sugar, potato, onion, bathing soap and detergent powder.

Apart from distributing food supplies, PHRS has also conducted several sensitisation programmes to educate the Bondas on the preventive measures to be followed during the pandemic. However, due to restrictions on travel to Bondaghati (announced on April 21, PHRS) has not been able to continue its outreach programmes. “The state government should urgently focus on nutritional food supplies to cover all the Bonda households under PDS,” says Pattanayak.

Building community action for nutrition security

Rajendra Mahapatra

The crèche at Goudaguda village, Manbar GP, in district Koraput of Odisha started functioning in the month of January 2019. Currently, 16 children are enrolled at the crèche. As per the plan, each crèche centre has been managed by two crèche workers who are also responsible for managing a kitchen garden. Goudaguda crèche centre’s kitchen garden is around 10ftx15ft in area, where CWs harvested various vegetables in the past such as palanga (spinach), kosala (amaranthus), ladies finger, brinjal, kunduru (ivy gourd), radish and pumpkin. Earlier, the two crèche workers took care of the kitchen garden and used these vegetables regularly while preparing lunch for the children at the crèche.

Recently the kitchen garden has had a good harvest of green leaves of



Mother of creche child from Goudaguda village, Koraput receiving green leafy vegetable from creche kitchen garden during lockdown



Mother of creche child from Goudaguda village, Koraput receiving green leafy vegetable from creche kitchen garden during lockdown



Mother of creche child from Goudaguda village, Koraput receiving green leafy vegetable from creche kitchen garden during lockdown



Amaranthus and pumpkin. But as per the COVID guidelines of the state government, crèches are closed and food preparation at the crèche centres remain suspended. As cooking in crèches has stopped since March 2020, consumption of vegetables from the kitchen garden has also stopped. The crèche workers and mothers recently decided to distribute the harvest amongst all mothers. The mothers decided that the vegetables should be first distributed among families who are needy and with weak children. They identified five families (children with poor growth status or suffering from any disease) with the help of crèche workers. Next, the rest of the greens were distributed among 11 other

families. The process of distribution has ignited in the community a sense of belongingness and empathy for the needy families. Mothers of Goudaguda are now planning to invest some time in kitchen gardens on a regular basis and distribute the harvest among themselves. This will bring down their dependency upon the local markets for seasonal vegetables and greens. They have decided to start from the crèche kitchen garden as it has a fair amount of space, fencing, water supply and good soil. Crèche workers Moni Gouda and Dhanamati Gouda, are taking the lead and the block coordinator is guiding this process smoothly.

The district and block team of Koraput is trying to replicate this initiative across all 30 operational crèches.

NEWS FROM CHHATTISGARH

Activities during COVID-19 outbreak

Sulakshana Nandi

- Pritam Kumar Roy pursuing Masters in Public Health from JIPMER Pondicherry had come to PHRN Chhattisgarh for an internship for a period of three months. The intern undertook a study on the assessment of Mitadin Help desk facilitators in collaboration with SHRC. The study had a mixed-method approach wherein 10 public health facilities were selected from Durg and Raipur districts and data was collected during April & May 2020, amidst the lockdown.

Mitadin Help Desks falls under

the concept of Patient Navigation System which was initiated by the Government of Chhattisgarh with the help of State Health Resource Centre (SHRC), Chhattisgarh in 2009. It is a community-based service delivery intervention which is designed to promote access to timely diagnosis and treatment of diseases by eliminating barriers to care. The Patient Help Desks or the ASHA Help Desks are called as Mitadin Help Desks (MHD) or 'Mariz Sahayata Kendra' in Chhattisgarh and the Mitadins who are facilitating this entire process are known as Mitadin Help Desk facilitators.

The study revealed that most of the MHDs were performing well and MHD facilitators have been found to be proactive after the OPD timings were over which provided support to patients in critical situation, thus, highlighting their importance. They had helped patients in consulting the doctor after OPD hours, procuring medicines from the pharmacy at the health facility, arranging free transportation for the patients and getting laboratory reports before time. The MHDs had also played a pivotal role with vulnerable groups in navigating the hospital space when they were seeking care, for instance, helping survivors of sexual violence,

persons with disability and elderly population. MHDs had also ensured that patients who had come to facilities were not denied essential healthcare services during COVID-19 lockdown.

Some Mitanin Help Desks faced challenges due to lack adequate facilities in the form of desks, chairs and registers. They were also overburdened with administrative work which hampered their routine job and often faced harsh behavior from their superiors because they are considered to be at a lower rank.

- Neelanjana Das, Programme coordinator and Pritam Kumar Roy, intern from JIPMER took part in ‘Health System Emergency Preparedness Assessment’ in collaboration with UNICEF, SHRC and Ekam Foundation during 11th-22nd May, 2020. The assessment was carried out in 26 districts in Chhattisgarh and PHRN took part in three of them. The main objective of the assessment was to explore the preparedness of health facilities for any emergency such that the health facilities can continue to provide essential services without any disruption. The key areas of assessment were elements of disaster planning, emergency coordination, training of human resources for disaster preparedness, supplies and capacities of health facilities etc.

The assessment provided an



Staff quarters at CHC facility (Currently quarters are not being used because the roof had fallen down)



Sand buckets not in usable condition at District Hospital



Crammed storage space in district hospital.

opportunity to assess the quality of services being provided at public health facilities as well as the impact of COVID-19 lockdown on the delivery of essential services in different districts. The assessment will be helpful in identifying key gaps for preparedness of health systems in mitigating any disaster in the future.

- The Chhattisgarh team also helped the People’s Health Movement Indian chapter, Jan Swasthya Abhiyan with gathering data about health system preparedness for COVID-19. The team comprising programme coordinator and intern from PHRN helped in evidence synthesis by collating information state government websites, newspaper and other relevant sources. The data reflected the measures taken by the state government in combating COVID-19 along with action plans for preventing acute exacerbations due to COVID-19. This information then in turn, helped in drafting statements by PHM for proposing recommendations for advocating for strengthening public health system. Programme Coordinator also helped in collating case

BMW dumping pit at CHC facility (Syringes visible at the top)



कोरोना वायरस की रोकथाम के लिए नौ सावधानियाँ रखनी चाहिए

इन 9 उपायों से कोरोना वायरस बीमारी से बचा जा सकता है।



stories of human rights violation during initial phase of lockdown and engaged with government authorities to address it.

Publications

Nandi, S., Schneider, H. Using an

equity-based framework for evaluating publicly funded health insurance programmes as an instrument of UHC in Chhattisgarh State, India. Health Res Policy Sys 18, 50 (2020). <https://doi.org/10.1186/s12961-020-00555-3>

NEWS FROM JHARKHAND COVID 19 Training

Kishlay Anand

“Training ke liya dhannyabad hame isse bohut kuch naya sikhne ko mila, isko le kar hum gaon ke samoohon me charcha kareneg” This was stated by one of the mentor from Gola Block during the virtual training on COVID 19 pandemic .This training was organized in the month of June 2020 which included total 7 module based on behavioral change, prevention, nutrition, advocacy and sensitization during COVID 19 pandemic which was prepared by TRIF with the support of CHETNA. This initiative of virtual training was organized by PHRN with the support of TRIF for five PRADAN blocks, namely Gola, Torpa, Sikaripara, Poriyahat, and Raidih by PHRN with the

support of TRIF. The broad objective of this training was to groom mentors who are engaging in the field with women collectives on health and nutrition.

This training has not only groomed the team on COVID 19, but has also given an opportunity to use technology during the virtual training. The training served the purpose of providing them a new opportunity to connect together and learn together in one virtual forum.

Currently mentors are engaging with the members of women collectives as well as frontline workers in their respective areas in different forums formed by women collectives for sensitizing the community. During the sensitization, mentors are using modules and picture cards for better understanding on behavioral change in regards to COVID 19.

Tejaswini Project – a glimpse *Shampa Roy*

Targeting youth is key to empowering women and addressing a major bottleneck to Jharkhand’s overall state competitiveness and development prospects. An estimated 62% of young women (of age group 16-24 years) from Jharkhand are neither engaged in education, employment, or training, compared to 14% of young men from the same households (World Bank 2015 survey). In response to this critical development challenge, the Government of Jharkhand—with World Bank financial and technical assistance—is implementing a five-year project, Tejaswini: Socio-economic Empowerment of Adolescent Girls & Young Women. The project aims at socio-economic empowerment for Adolescent Girls and Young Women (AGYW) of age group 14-24 years in 17 selected districts of Jharkhand.

PHRN in consortium with Indian Grameen Services is engaged as Community Service Provider for delivery of Community Level Interventions . The engagement began in August ,2019 and the following table gives the progress of the engagement.

Progress under Community level interventions in 6 districts of Jharkhand								
Sl.	Progress Indicators	Zonal Cluster-I			Zonal Cluster-V			Total
		Palamu	Chatra	Koderma	Deoghar	Godda	Pakur	
1	Number of Panchayats	289	154	106	194	201	128	1072
2	Number of Villages	1958	1472	708	2354	1670	1144	9306
3	Number of Cluster Personnel engaged	166	77	50	100	115	72	580
4	Number of Youth Facilitators engaged	685	305	204	420	451	302	2367
5	Number of Household listed	274352	143588	81975	181375	212375	152890	1046555
6	Number of Tejaswini Clubs constituted	1361	594	404	834	955	625	4773
7	Number of AGYW Registered in Clubs as member	140432	69799	47568	88899	75931	43850	466479
8	→ No. of Club member belonging to SC, ST and PVTG community	39251	22538	6926	28548	26104	23629	146996
9	Average no. of AGYW per Club :	103	118	117	107	79	70	594
10	Number of Clubs members (AGYW) imparted induction training	55404	21596	11439	20102	58985	26126	193652
11	Number of Tejaswini Clubs bank account to be opened	1362	594	406	834	956	625	4777
12	Number of Clubs which have been provided Seed Grant amount of Rs. 20,000	310	387	237	139	393	265	8527
13	Number of Clubs in which Development Plan for utilization of Seed Grant of FY 2019-20, have been prepared	1259	372	178	726	698	207	8160

NUTRITION NEWS

WHO brief on breastfeeding during COVID 19

Excerpted from Scientific Brief of 23 June 2020, available at <https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

Breastfeeding is the cornerstone

of infant and young child survival, nutrition and development and maternal health. The World Health Organisation recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years and beyond. Early and uninterrupted skin-to-skin contact,

rooming-in and kangaroo mother care also significantly improve neonatal survival and reduce morbidity and are recommended by WHO.

However, concerns have been raised about whether mothers with COVID-19 can transmit the SARS-CoV-2 virus to their infant or young child through breastfeeding. Recommendations on

mother-infant contact and breastfeeding must be based on a full consideration not only of the potential risks of COVID-19 infection of the infant, but also the risks of morbidity and mortality associated with not breastfeeding, the inappropriate use of infant formula milks, as well as the protective effects of skin-to-skin contact.

WHO analysed the results of a total of 12,198 records, of which 6945 were screened after removing duplicates, and 153 records with mother-infant dyads in which the mother had COVID-19. These recommendations are based on the analysis.

WHO recommendations

WHO recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed. Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.

Mother and infant should be enabled to remain together while rooming-in throughout the day and night and to practice skin-to-skin contact, including kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19.

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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

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

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